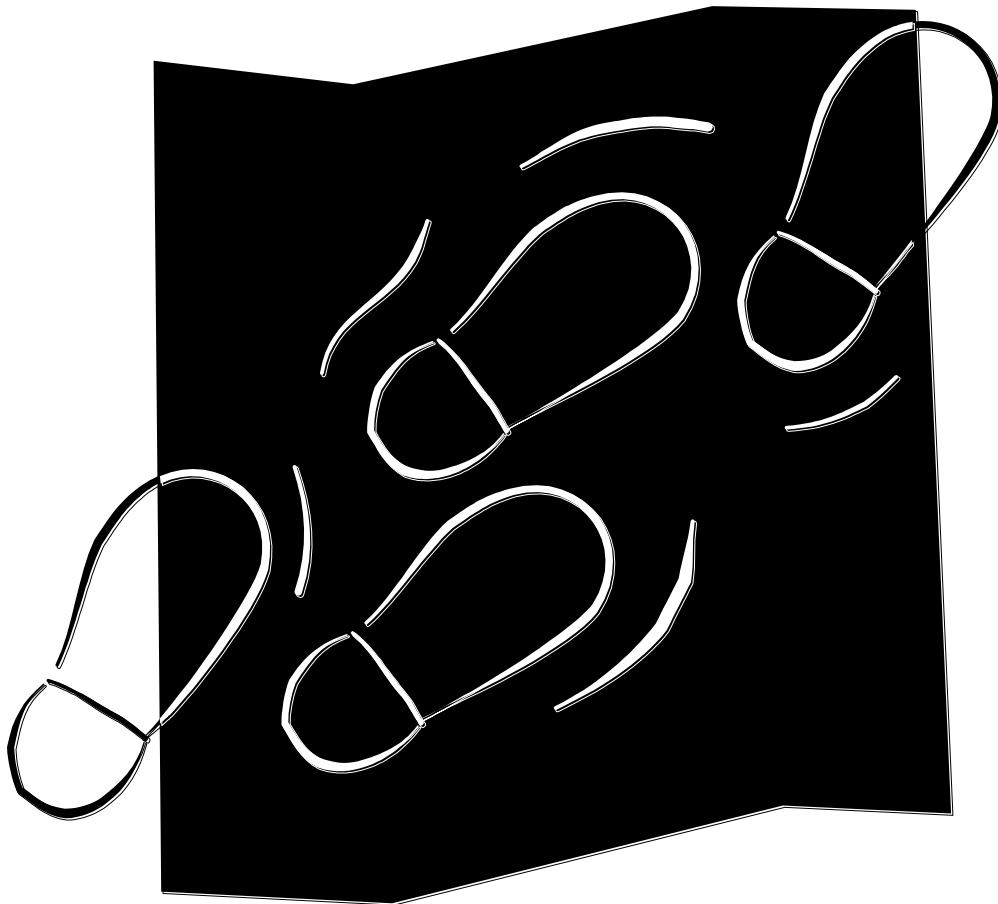


Relapse Prevention



THE JOHN HOWARD SOCIETY OF MANITOBA, INC.
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RELAPSE PREVENTION

Relapse Prevention was developed for the John Howard Society of Manitoba Basic Literacy Program. It contains fourteen lessons of information on the relapse prevention model for treatment of addictions. This workbook addresses: recognition of the problem, lapses and relapse, prevention, coping responses, high risk situations, support systems and professional guidance.

Each lesson is followed by an exercise designed to build basic literacy skills and reinforce materials contained in the lessons.

This workbook was developed to provide people with information on relapse prevention. While all can benefit from the use of this workbook, it is especially suited to low-level readers.

Words that are underlined within each lesson are defined in the glossary at the end of **LESSON 14**.

OUTLINE

Lesson #1 - Introduction

Lesson #2 - Recognizing the Problem

Lesson #3 - What is Relapse Prevention

Lesson #4 - Precursors to a Lapse

Lesson #5 - Lapses

Lesson #6 - Undoing Lapses

Lesson #7 - Preventing Lapses

Lesson #8 - High Risk Situations

Lesson #9 - Coping

Lesson #10 - Denial/Minimization/Rationalization

Lesson #11 - Victims, Family/Friends affected by the behaviour

Lesson #12 - Cycles of Behaviour

Lesson #13 - Support Systems

Lesson #14 - Professional Guidance

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Who to Contact?

Lesson References & Workbook References

LESSON #1

Introduction

You may be reading this workbook for many different reasons. You may have realised that you have a problem and want to do something about it. You may be a friend or family member of someone with a problem. Whatever your reasons, the information and the process of relapse prevention can be a difficult topic to work at. It is important to talk to your supports, which may include: family, friends, counsellors, a tutor from the literacy program, or a Crisis Line.

This workbook will review the steps to relapse prevention. The earlier you recognize that you may be heading towards a relapse the better. The earlier you recognize the steps backward, the less likely you will begin the behaviour you stopped. For each step, you look at behaviours you see yourself doing. The examples in this workbook are only to provide you with some ideas. These examples may not apply to your situation.

There are two goals of relapse prevention. The first goal is to anticipate and prevent a relapse from occurring after abstinence has begun. The second goal is know how to recover from a lapse, before it leads to a relapse. Take your time to read over each lesson. Ask the tutor or the counsellor if you do not understand any of the information. Words that are underlined within each lesson are defined in the glossary at the end of LESSON #14.

EXERCISE #1

ANSWER THE FOLLOWING QUESTIONS

1. What are your reasons for reading this book? Write down two possible reasons.

2. Write down two supports you have in your life.

3. What are the two goals of relapse prevention?

4. Do you believe that you have an addiction problem?

LESSON #2
Recognizing The Problem

Addictive behaviours are those habits or actions which people are dependent on. There are two types of dependence: 1) physical 2) psychological

Physical dependence occurs when your body needs something it has become used to. You may feel physical pain if you do not get it. An example of this may be the "DT's" from withdrawal of alcohol or drugs.

Psychological dependence is used to explain the pain or discomfort you feel when the need is not being met. An example of this is to have a drink of alcohol when you are trying to cope with stress, anger, loneliness or emotional pain.

There are many types of addictive behaviours.

smoking	under eating
drinking alcohol	over working
doing drugs	committing an offense, ie stealing
over eating	obsessive sexual activities

It is important to recognize the addictive behaviour you may experience. Taking responsibility for your self and the behaviour is the next step. You should remember that you do have control over your thoughts and actions.

EXERCISE #2

DEFINE THE FOLLOWING TWO WORDS.

Physical dependence:

Psychological dependence:

LIST EIGHT DIFFERENT TYPES OF ADDICTIVE BEHAVIOURS.

LESSON #3
What is Relapse Prevention?

Relapse prevention is a way to manage your addictive behaviour by learning how to predict and cope with the problem. It means taking control of your life by controlling your thoughts, feelings and behaviours. There are a series of changes that lead up to the addictive behaviour. Relapse prevention is monitoring the events, thoughts and actions that lead up to the addictive behaviour. It is a way of changing (managing) the cycle that includes the addictive behaviour. It is not a treatment that ends at the end of therapy programs, or at the end of this workbook.

These are some words that are used when applying relapse prevention to your life:

Relapse - a breakdown or setback in a person's attempt to change his/her addictive behaviour.

Lapse - emotions, thoughts or behaviours, that are part of the cycle of relapse.

Abstinence - remaining away from the addictive behaviour.

Defense mechanism - a way you escape dealing with the truth or reality.

High risk behaviours - can be feelings or situations that may threaten the control you have over yourself. These behaviours may increase the risk of lapse or relapse.

Precipitating Precursors - the thoughts, feelings and events that influence the way you think, feel and behave today. These may have begun when you were a child.

EXERCISE #3

MATCH THE WORDS TO THE DEFINITIONS.

DEFENSE MECHANISM _____	A) emotions, thoughts or behaviours, which are part of the cycle of relapse
RELAPSE _____	B) keeping away from the addictive behaviour
ABSTINENCE _____	C) a way you escape dealing with the truth or reality
HIGH RISK BEHAVIOUR _____	D) a breakdown or setback in a person's attempt to change his/her addictive behaviour
LAPSE _____	E) feelings or situations that may threaten the control you have over yourself

FILL IN THE BLANKS.

1. _____ is a way to manage your addictive behaviour.
2. Relapse prevention means taking control of your life by controlling your _____, _____ and _____.
3. There are a series of _____ that lead up to the addictive behaviour.

LESSON #4

Precursors to a Lapse

Thoughts and feelings that stem from events which may have occurred to you as a child increase the risk of a lapse. The events from your childhood may include: physical, sexual or emotional abuse, alcoholism in the family, family violence, limited education, neglect, divorced parents, and other bad experiences. These are not excuses for your addictive behaviour, but they may help you to understand better why you react, or behave the way you do. It is important to examine your past with a counsellor as it will continue to affect you even when you are abstinent.

Factors that occur immediately before a lapse may also increase your risk of a lapse. These include: anger, anxiety, boredom, depression, end of a relationship, emotionally closed, isolation, stress, and many others. High risk situations are events, places or thoughts which also increase the risk for a lapse (see **LESSON #8**).

Learning to recognize the events from your childhood, and the immediate factors, is one step in avoiding a lapse. The events and factors should then be addressed. You may do this by using different coping mechanisms which are discussed in **LESSON #9** and through counselling discussed in **LESSON #14**.

EXERCISE #4

List five early risk factors that may stem from events which may have occurred as a child.

List five factors that may occur immediately before a lapse.

Can you think of any factors that occur before you turn to your addictive behaviour? List three of your own factors.

LESSON #5

Lapses

Lapses are emotions, thoughts or behaviours that are part of the cycle of relapse. There are usually many different lapses that lead up to the relapse. As with events and immediate factors discussed in **LESSON #4**, recognizing the lapses is a step in preventing a relapse. You can learn from the lapse and prevent or undo the lapse. Ignoring the signs or behaviours will only lead to a relapse.

Lapses will be different for everyone and their separate addictive behaviours. For a smoker, a lapse may be going to the corner store where they usually bought their cigarettes, or to the bingo hall. For an alcoholic, walking down the street where the local bar is located may be considered a lapse. Going down the "junk food" aisle at the grocery store is a lapse for the over-eater.

Other examples of lapses:

Thinking about the addictive behaviour, (eg. thinking about the effect of alcohol on your body, drowsiness).

Finding a situation where you are alone with a possible victim. (Sexual addiction)

Being in the position for a relapse, (eg. phoning the person you get the drugs from).

Phoning friends who enable your addiction.

EXERCISE #5

Answer true or false.

1. _____ Lapses are emotions, thoughts or behaviours that are part of the cycle of relapse.
2. _____ Recognizing the lapse is not a step towards preventing a relapse.
3. _____ Ignoring the signs and behaviours of a lapse will not lead to a relapse.
4. _____ Lapses will be different for everyone and every separate addictive behaviour.

Name 3 lapses referred to in **Lesson #5**.

1. _____
2. _____
3. _____

Name 3 lapses that may occur or have occurred for you.

1. _____
2. _____
3. _____

LESSON #6
Undoing Lapses

In this case the lapse has occurred (eg. the ex-smoker has held the cigarette). The next step is to undo the lapse before a relapse occurs. There are many options to this step. Identifying what your options are will help you to prepare for this stage. The options are a way to escape or avoid a relapse. One option is to get rid of the addictive substance. For example, the smoker may throw out the cigarettes, or the over-eater can give the extra food away.

Another option is to leave the situation and do something else. For example, the alcoholic may turn around and leave the bar. Some people have found it helpful to call a friend for assistance. They may be able to help you to follow through on your plans for undoing the lapse.

Each time you lapse and try one of your options record whether this option worked for you or why you believe it did not work. If an option did not work and it was followed by a relapse, remove it from your list. This is a learning process which will take some time to clarify. It is a process that you will be required to modify as your life changes. Options that might have worked for you in the past, may no longer work for you today. Life changes may include: a new partner,

children, grandchildren, employment, owning a house, and new responsibilities. New options will be needed in order to include these new factors. For example: if your option was to call a friend and this friend no longer lives near you, you may have to explore new friendships. You will have to develop friendships with people whom you may trust with your history and may include in your plans for undoing lapses.

EXERCISE #6

Choose the best answer.

- 1. One way to prevent a relapse when a lapse has occurred is ...
 - a) to give up because it is too late
 - b) to undo the lapse
 - c) to hide
- 2. One option to undo the lapse is ...
 - a) to leave the situation and do something else
 - b) to stay in the situation and attempt to gain control
 - c) to give in to your addiction
- 3. If an option did not work, you should ...
 - a) try it again the next time
 - b) remove it from your list
 - c) go back to your addictive behaviour

List 5 things you may try to help you undo a lapse.

LESSON #7
Preventing Lapses

When preventing a lapse, you will look back at the events and immediate factors of your addictive behaviour. You will deal with these issues, thoughts, feelings and actions before they lead to a lapse.

Counselling is an option for managing the events from your childhood that have had an effect on you. If you are not interested in counselling or do not feel you are ready for counselling, there are self-help books and self-help groups.

An option for addressing the immediate factors is to replace the activity with something different. For example, if a lapse for the alcoholic is walking down the street of the local bar, preventing the lapse would be to go down a different street. If over eaters lapse when they enter the grocery store, they may want to have someone else do their shopping, or go with them when they shop.

As you begin to identify, modify and change your thoughts, feelings and actions you will gain a sense of control over your addictive behaviours. Anger management and stress management may give you the skills to make these changes. Programs are available at the institutions and in the community. Check the back of this workbook for information on various programs.

Some people find it helpful to fill in their time with other more positive, and healthy activities as a method of preventing a lapse. Some ideas to occupy your time may include: exercising, making new friends, joining sports teams, upgrading, or finding employment. Such activities will help to fill your spare time and keep you busy.

EXERCISE #7

FIND THE HIDDEN WORDS

ACTIVITIES	EVENT	PREVENTION	UPGRADING
ADDICTIONS	FEELINGS	REPLACE	MODIFY
COUNSELLING	HEALTHY	SPORTS	OPTION
EMPLOYMENT	LAPSE	THOUGHTS	EFFECT

A	C	T	I	V	I	T	I	E	S	U	Y	L	R	E	H
D	N	R	V	W	S	O	E	H	F	R	B	A	F	D	E
D	Y	O	T	H	O	U	G	H	T	S	D	P	V	J	A
I	O	S	I	X	Y	E	O	S	D	F	K	S	B	G	L
C	W	C	O	T	W	R	E	P	L	A	C	E	G	M	T
T	J	E	W	E	P	S	N	O	G	E	O	Q	T	F	H
I	P	M	L	V	E	O	I	S	H	S	U	P	Y	E	Y
O	H	P	R	E	V	E	N	T	I	O	N	H	F	E	G
N	E	L	D	N	D	A	V	T	H	O	S	F	N	L	L
S	P	O	R	T	S	R	Y	E	E	R	E	E	M	I	N
S	W	Y	P	S	I	C	E	D	N	C	L	L	J	N	N
X	F	M	O	D	I	F	Y	F	T	T	L	O	U	G	I
H	G	E	P	O	U	T	M	A	C	E	I	H	I	S	O
J	K	N	L	E	R	I	A	Y	H	P	N	B	K	Q	B
Q	Z	T	U	P	G	R	A	D	I	N	G	N	O	A	A
R	T	P	O	F	U	N	V	Y	P	E	N	U	W	S	W

LESSON #8
High Risk Situations

High risk situations threaten the sense of self-control you have developed in addressing the events, immediate factors, and lapses in relapse prevention. High risk situations will be different for everyone. It will be any event that will trigger the factors to the lapse or relapse.

For the alcoholic, the high risk situations may be the local bar, the friends who they go drinking with, the football game they buy beer at, the family events they drink at, or the holidays they celebrate by drinking.

For the gambler, high risk situations may be the casino, the bingo hall, the restaurants/bars where there are VLT's, or the race track.

For the over eater, high risk situations may be restaurants, fast food outlets, family celebrations, grocery stores or ice cream trucks.

For the offender, high risk situations may be the friends who also offend, hanging around school yards, going into department stores, or going to the bar.

These are only a few examples. The person with the addictive behaviour will know the high risk situations for himself.

EXERCISE #8**FILL IN THE BLANKS**

1. High risk situations are the events that threaten the sense of _____ - _____
you have developed.
2. _____ will be different for everyone.
3. It will be any event that will _____ the factors to the lapse or relapse.
4. For the _____, the high risk situations may be the local bar or
holiday celebrations.
5. For the gambler, high risk situations may be the _____, the _____
_____, restaurants with VLT=s or the _____.
6. For the _____, high risk situations may be restaurants, or grocery
stores.
7. The person with the addictive behaviour will know the _____
_____ for himself.

LIST THE HIGH RISK SITUATIONS FOR YOURSELF OR FOR YOUR FRIEND/FAMILY WHO HAS AN ADDICTION

LESSON #9

Coping

Coping responses help you to deal with the high risk situations. They also help you to stay in control of your thoughts, feelings and behaviours.

These are some ideas that will make certain your plan of coping responses are effective:

1. Be honest about your thoughts, feelings and behaviours. Telling the truth about the past and present is very important when changing your addictive behaviour. Small lies may become bigger lies, which may mean that a lapse leads to a relapse. Being honest about your feelings is also important.

2. You must want to change and be honest about yourself. Remember that no one is perfect. You must want to work at changing and using new ways to deal with your problems.

3. Plan your coping responses as an effective method of insuring that the responses work for you.

There are 6 types of coping responses.

1. **Desperate Measures** - If you are close to a lapse or relapse you may want to try something that is drastic. For example, a smoker may want to throw the cigarettes down the toilet.

2. **Environmental Controls** - You change your environment. You do this by **moving**, changing jobs or careers, or ending your contact with family/friends.

3. **Short Term Responses** - These are less drastic changes (eg. taking **time outs** when angry, chewing gum instead of smoking).

4. **Psychological Interventions** - **Concentrate** on your thoughts, and feelings, or physiological signs of emotions (eg. increased heart rate when you get angry). Ways to concentrate are: journalling, sharing with family and friends, listening to feedback about yourself, looking at how other people think and feel.

5. **Behavioural Interventions** - You look at your behaviours and identify which are positive or negative. When it is a negative **behaviour** you replace it with a positive or a healthy behaviour. For example, instead of having a cigarette, you go for a walk. Instead of drinking alcohol, you talk to one of your supports.

6. Long Term Interventions - These include responses that you will continue for the rest of your life. Some ideas are healthy life style changes, healthy eating, exercising, upgrading, or new **employment**.

(from Freeman-Longo, R. & Pithers, W. D. (1992). A structured approach to preventing relapse A guide for sex offenders. Orwell, VT: The Safer Society Press. Manual)

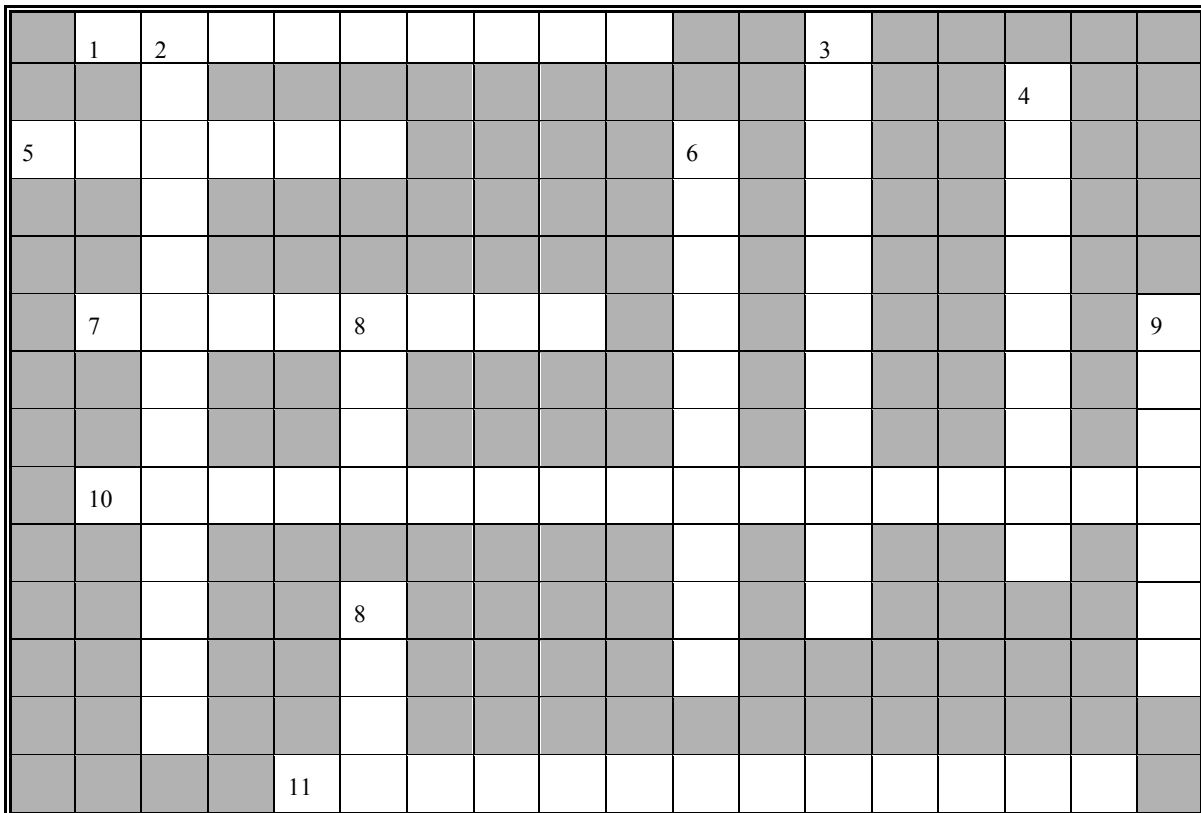
EXERCISE #9

ACROSS

1. This intervention replaces negative _____ with positive.
5. This is one of the environmental interventions a person may try.
7. These include responses that you will continue over the rest of your life.
(ie. healthy life style changes) (2 words).
10. If you are close to a lapse or relapse you may want to try something that is drastic (2 words).
11. This intervention involves concentrating on your thoughts and feelings.

DOWN

2. With this coping response you would move or change jobs.
3. A psychological intervention.
4. This intervention involves taking time outs when you are angry (2 words).
6. A long term intervention.
8. This coping response is less drastic (2 words).
9. A desperate measure could be considered _____.



LESSON #10
Denial/Minimization/Rationalization

Denial, minimization and rationalization are defense mechanisms. Defense mechanisms are used to escape dealing with the truth or reality.

Denial is when people state that something is not true. They convince themselves that they do not have an addiction. For example, the alcoholic who has only one drink a day, may believe that they have control of their drinking; they drink to relieve stress.

Minimization is to make a problem appear not as big or difficult as it really is. For example, people will state that they are not addicted to smoking because they limit themselves to half a pack of cigarettes.

When someone uses **rationalization**, they usually have a reason or an excuse for their addictive behaviour. For example, the alcoholic may state that although they may have a few drinks after work, they deserve it because they work hard.

In order for treatment to be effective and to stop the addictive behaviour, you have to accept responsibility for the addictive behaviour. The defense mechanisms have to end. You have to admit that you have a problem. The people who support you can only do so much, the rest has to come from you.

If you maintain these defense mechanisms, your addiction will not go away. The addictive behaviour will continue. The long term consequence of an addiction is the deterioration of one's health and the loss of family and friends.

EXERCISE #10

FOR EACH SITUATION DECIDE WHETHER THE PERSON IS USING **DENIAL, RATIONALIZATION OR MINIMIZATION**

1. John was stopped by police on the way home from the bar. He failed the breathalyser test. Since then, John has lost his licence. He had to attend an AFM assessment and was told that he has an alcohol problem. John refuses to attend treatment or any support groups because he believes that he does not have a problem. _____
2. Mary enjoys going out with her friends. They usually have a joint in the car. Mary likes to smoke up although there have been times when she has wanted to say no, but was not able to. When she begins to feel bad about smoking up, she thinks to herself that she does not have a problem because she only smokes pot when she goes out. _____
3. Jerry likes to gamble. He only goes gambling when it is pay day. He often tells his friends that he has to spend the extra money somewhere, because there is no point in "saving for a rainy day". _____

4. Dawn has made several mistakes on the computer. The mistakes usually occur after lunch when she has had a few drinks. Her employer warned her several times to not let the mistakes continue. Dawn was then let go and told to do something about her drinking problem. Dawn believes that she was let go because her employer did not like her. _____

5. Sam likes to party on the weekend. He drinks and uses drugs all weekend long. When Monday morning rolls around he is unable to get up and go to work. Sam tells his friends that he does not have any problems because he only misses one day a week of work. _____

6. Larry smokes about 2 packs of cigarettes a day. His job is stressful and he is having trouble making ends meet. He believes that he will quit smoking as soon as things get easier for him. He is often heard saying, "I may smoke a lot, but at least I don't smoke pot." _____

LESSON #11
Victim Empathy and Family/Friends

Part of relapse prevention is addressing the impact your addictive behaviour has on your family and friends. The effect of your behaviour may show in the way they feel about your addiction, and in the concern they have for your safety, health and lifestyle. They may also be affected when they assist you in some way (eg. loaning you money, caring for your children, taking you to the hospital). You can learn about their position and feelings by talking with your family and friends.

Another part of relapse prevention is addressing the impact on the victims of your addictive behaviour. For example, the grocery store owner you stole food from, the child you hurt, the person you fought with, or the family who cared for you after you used drugs.

Thinking about how the victim felt is an important part of your recovery. Place yourself in their "shoes" and try to understand how they feel.

EXERCISE #11

ANSWER THE FOLLOWING QUESTIONS

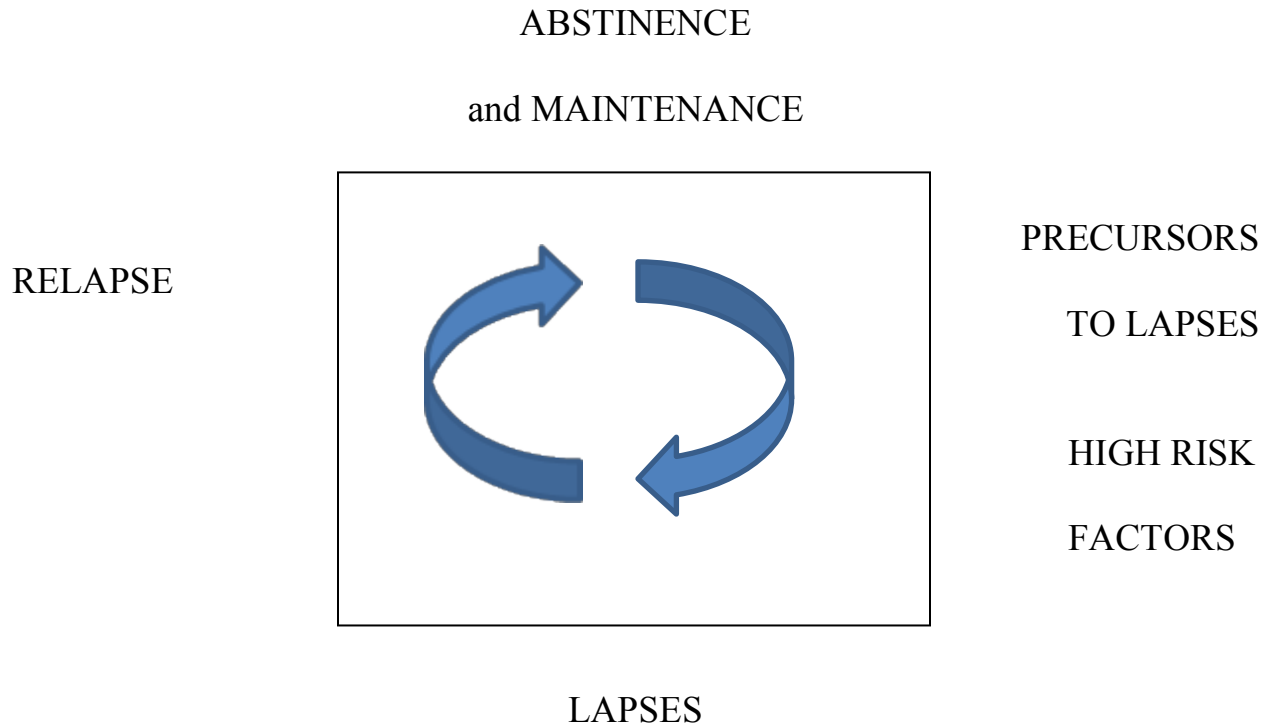
1. Do you think that anyone you know has been affected by your addictive behaviour? Name these people.

2. Choose one person you named above. How do they feel about your addictive behaviour? How do you feel about them?

3. The next time you see this person ask him/her how they feel about your addictive behaviour and how he/she believes your addictive behaviour affects him/her. Write important parts of this meeting down on paper.

LESSON #12
Cycles of Behaviour

As you have learned in this workbook, there are many things that occur before you turn to the addictive behaviour (taking a drink, smoking a cigarette, using drugs, over eating, under eating). It may become a cycle of precursors, lapses and relapses. This diagram may give you a better understanding of the cycle.



The main parts to the cycle are your thoughts, feelings and behaviours, and the addictive behaviour.

Thoughts may include: minimization, denial, rationalization, planning to obtain the addictive substance (alcohol, drugs, food, etc.)

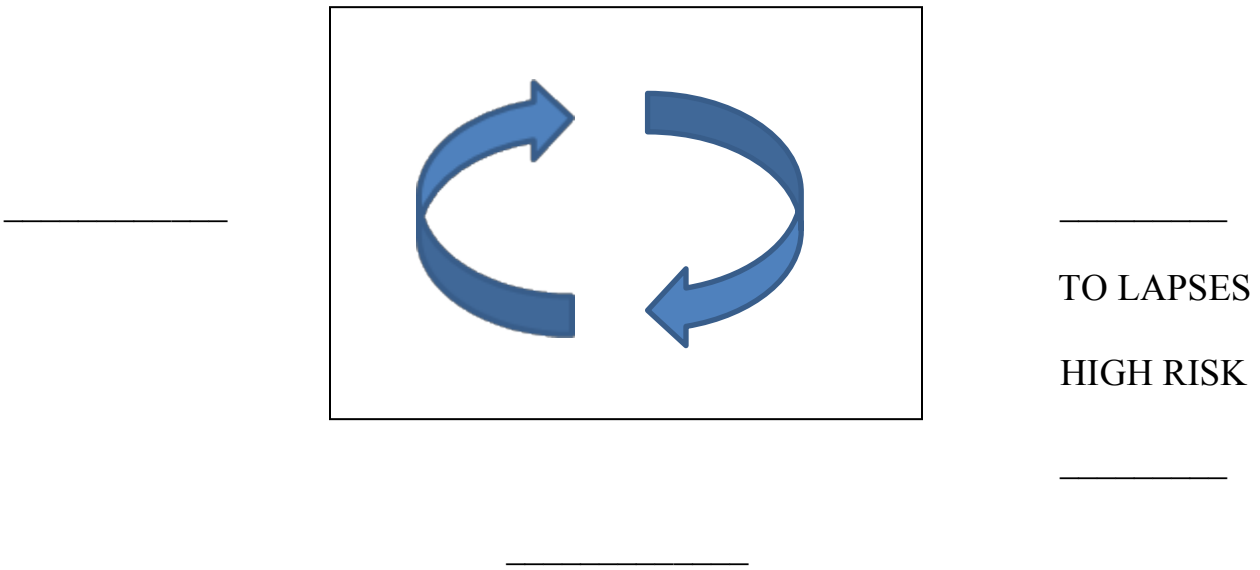
Feelings may include: anger, depression, isolation, guilt, and shame.

Behaviours may include: how you act before, during and after the addictive behaviour.

EXERCISE #12

FILL IN THE BLANKS TO COMPLETE THIS DIAGRAM.

and MAINTENANCE



1. The main parts to the cycle are your _____, _____ and _____ and the _____.
2. _____ may include: minimization, denial, rationalization and plans.
3. Feelings may include: _____, depression, _____, guilt and _____.
4. _____ may include how you act before, during and after the addictive behaviour.

LESSON #13
Support Systems

Your support system is made up of people who are aware of your addictive behaviour and your relapse cycle. People who know this information will be able to provide you with the support you will need. Telling someone about your problems is a difficult task. You may want to practice what you will say to them when the time comes to explain your history. Tell people you trust and believe will support you once they know your history.

Make a list of support people and groups along with their phone numbers. Keep this somewhere you can find it when the need arises. Having this list ready should be part of your coping response plan if a lapse or relapse is about to occur.

Here are some community supports you may want for your support system:

family	relatives
neighbours	friends
employer	co-workers
therapists/ counsellors	clergy, religious group members

Here are some organizations you may want for your support system:

John Howard Society

Alcoholics Anonymous

Addictions Foundation of
Manitoba

Al- Anon
ACOA groups

Narcotics Anonymous

Religious Institutions

Over Eaters Anonymous

Gamblers Anonymous

Native Addictions Council of
Manitoba

Interfaith Pastoral Institute

Check the back of this workbook for more community supports, addresses and telephone numbers.

EXERCISE #13

LIST 2 PEOPLE WHO YOU CAN NOT SHARE INFORMATION ABOUT YOURSELF.

LIST 4 PEOPLE WHO ARE YOUR SUPPORTS.

LIST 4 ORGANIZATIONS YOU MAY WANT TO CONTACT FOR SUPPORT.

LESSON #14
Professional Guidance

Relapse prevention is not something you can do on your own. You will need a strong support system and sometimes professional guidance. There are treatment programs who use the ideas written about in this workbook. There may be counsellors who also use these ideas. You will have to call yourself and meet with them to decide if their counselling methods are going to help you.

It is important to remember that everyone is nervous when meeting with someone new. It will take some time to get to know the counsellor. You will have to learn to trust them before you are able to share with them your thoughts, feelings, behaviour and addiction.

It is important for you to be honest with your counsellor, as discussed in **LESSON #9**. You should try to follow through with any contracts you make with your counsellor. By working hard, challenging yourself, and using your support systems, you will find that you will control your addictive behaviour and change your life.

EXERCISE #14

ANSWER TRUE OR FALSE.

1. ____ Relapse prevention is something you can do on your own.
2. ____ You will need a strong support system.
3. ____ Professional guidance means that you do not have to do anything.
4. ____ There are no treatment programs who use the ideas from this workbook.
5. ____ There may be counsellors who use these ideas.
6. ____ No one gets nervous when meeting with someone new.
7. ____ It will take some time to get to know the counsellor.
8. ____ You will have to learn to trust before you are able to share with the new counsellor.
9. ____ It is not important to be honest with your counsellor.
10. ____ By working hard and challenging yourself you will control your addictive behaviour.

GLOSSARY

LESSON ONE

RELAPSE PREVENTION - a way to manage an addictive behaviour by predicting lapses, and relapses, and by identifying events, factors and high risk situations.

ANTICIPATE - to expect something.

ABSTINENCE - the process of holding back from using a substance (eg. alcohol, drugs).

LAPSE - emotions, thoughts or behaviours that are part of the cycle of relapse.

LESSON TWO

ADDICTIVE BEHAVIOUR - to be using a substance and unable to abstain from the use.

RECOGNIZE - to identify.

LESSON THREE

PREDICT - to know what will happen in the future.

INFLUENCE - to affect something or someone, or sway them in your direction.

LESSON FOUR

STEM - originate from.

LAPSE - emotions, thoughts or behaviours that are part of the cycle of relapse.

ABSTINENT - to have held back from using an addictive substance (eg. alcohol, drugs, cigarettes).

EMOTIONALLY CLOSED - when emotions are not physically or verbally shown.

COPING MECHANISMS - the behaviour used to deal with something that may be emotionally difficult.

LESSON FIVE

DROWSINESS - to have the feeling of sleepiness.

ENABLE - to give the means to someone to allow them to do something.

LESSON NINE

DRASTIC - severe.

ENVIRONMENT - surroundings, the area around you.

CONCENTRATE - to use all your thoughts and actions towards one thing.

LESSON TEN

DETERIORATION - when something becomes worse.

LESSON ELEVEN

EMPATHY - To try to understand how another person feels.

IMPACT - to have a strong effect or influence on something.

LESSON FOURTEEN

PROFESSIONAL GUIDANCE - to have assistance from someone who belongs to a profession, for example, doctor, teacher, social worker, psychologist, or counsellor.

WHO TO CONTACT

From: Contact-Community Information, Community Resource Guide for Manitoba, for resources in your area, check your local telephone book.

Alcoholics Anonymous
942-0126
505-365 Hargrave St.

Klinik-Community Health Centre
786-8686 Crisis Lines
784-4090 Administration
870 Portage Ave.

Al-Anon Central Services
943-6051
586-8395
304-310 Donald St.

Native Addictions Council of Manitoba
160 Salter St.
Prichard House

Addictions Foundation of Manitoba
944-6200
1031-1041 Portage Ave.

Narcotics Anonymous
981-1730

Family Centre of Winnipeg
947-1401
400-287 Broadway St.

Overeaters Anonymous
475-5341
220 Helmsdale Ave.

Hope Centre Inc.
586-9679
240 Powers St.

Psychological Services-University of
Manitoba
474-9222
161 Dafoe Bldg.

Interfaith Pastoral Institute
786-9251
2B12-515 Portage Ave.

Gamblers Anonymous
589-8352
c/o North YM-YWCA
365 McGregor Ave.

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LESSON SIX

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LESSON NINE

Freeman-Longo, R. & Pithers, W. D. (1992). A structured approach to preventing relapse: A guide for sex offenders. Orwell, VT: The Safer Society Press, pp. 47-50.

LESSON ELEVEN

Freeman-Longo, R. & Pithers, W. D. (1992). A structured approach to preventing relapse: A guide for sex offenders. Orwell, VT: The Safer Society Press, p. 15.

LESSON TWELVE

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LESSON THIRTEEN

Freeman-Longo, R. & Pithers, W. D. (1992). A structured approach to preventing relapse: A guide for sex offenders. Orwell, VT: The Safer Society Press, pp. 61-62.

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What do you think of this Workbook?

What is the title of this workbook?

Did you find this workbook useful? Yes__ No__ Why or why not?

Did you learn things that you wanted to know about? Yes__ No__

Example: _____

Do you think that you will use any of the ideas in your everyday life? Y__N__

How: _____

Was the reading too easy__ just right__ or too difficult__?

Was the reading boring__ or interesting__?

I suggest: _____

Were the exercises too easy__ just right__ or too difficult__?

Were the exercises boring__ or interesting__?

I suggest: _____

Which other workbooks, if any, have you completed?

What other topics would you like to learn about in a workbook?

Do you think the workbooks are a good way to learn about these topics?

Yes__ No__

Do you think there are other ways to learn about these topics? Do you have any suggestions for us? _____

Thank you for taking the time to complete this form.

Please return the completed form to the John Howard Society instructor or send it to:

The John Howard Society, 583 Ellice Avenue, Winnipeg, MB, R3B 1Z7

Tel: (204) 775-1514 Fax: (204) 775-1670 e-mail: office@johnhoward.mb.ca