

Post-Acute Withdrawal Syndrome

Deep Dives · The Recovery Files

P.A.W.S. — Understanding and Surviving the Long Road Home

From Neurological Chaos to Brain Healing — The Recovery Files

PAWS Active · Brain healing, systems offline · Brain Restored · Neuroplasticity, new pathways built

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Each reading is followed by its check-in questions and exercises, in the same order as the app. Your scored results are shown in the app.

PART 1 OF 4 · READING

What Is Post-Acute Withdrawal Syndrome?

What Is Post-Acute Withdrawal Syndrome?

Text to Speech

1x

☐ 0.75x ☒ 1x ☐ 1.25x ☐ 1.5x ☐ 1.75x ☐ 2x

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You made it through acute withdrawal. The worst physical symptoms have passed — the shakes, the sweats, the nausea. You expected to feel better by now. Clearer. Stronger. More like yourself. Instead, weeks or months into recovery, you find yourself struggling in ways you did not anticipate and cannot fully explain. Your thinking is foggy. Your mood crashes without warning. You cannot sleep despite being exhausted. Small stressors produce reactions that feel disproportionate, even to you. And somewhere in the back of your mind, a dangerous thought has begun to form: "Maybe sobriety isn't worth this."

What you are experiencing has a name. Post-Acute Withdrawal Syndrome — PAWS — is a prolonged neurological adjustment process that occurs after acute detoxification is complete. While acute withdrawal is driven by the body's immediate chemical dependence and typically lasts days to weeks, PAWS is driven by the brain's slower process of rewiring and rebalancing itself after chronic substance exposure — and it can last months to years, depending on the substance used, the duration of use, and the individual's neurological and genetic makeup.

PAWS is not a sign that something is wrong with your recovery. It is a sign that something is right with it: your brain is healing. But that healing process is nonlinear, unpredictable, and profoundly uncomfortable — and without an understanding of what is happening and why, it is one of the most common drivers of relapse in people who have successfully completed detox.

The symptoms of PAWS are primarily neurological. During chronic substance use, your brain underwent fundamental structural and chemical changes — alterations in dopamine pathways, stress-response systems, sleep architecture, and cognitive function. These changes did not happen overnight, and they do not resolve overnight. The brain is a remarkably adaptive organ, but that adaptability has a timeline.

The symptoms you are experiencing are not a psychological failure or a character flaw. They are the neurological equivalent of a broken bone healing: temporarily painful, occasionally unpredictable, but ultimately moving in the direction of repair.

The most important thing to understand about PAWS is this: it is temporary, it is treatable, and it improves with time and the right support. The brain that substance use changed is the same

brain that recovery is healing. Your job is not to power through PAWS while pretending it is not happening — your job is to understand it, manage it, communicate about it honestly, and refuse to let its temporary discomfort convince you to interrupt the healing process it represents.

Reflection Questions

1. Before learning about PAWS, how did you explain the symptoms you were experiencing in recovery — the fog, the mood swings, the fatigue, the difficulty concentrating? What stories were you telling yourself?

2. Which PAWS symptoms have been most difficult for you personally? Describe them in your own words — what do they feel like from the inside, and how have they affected your daily life?

3. Have you ever thought "I feel worse sober than I did using"? What was happening when that thought arrived, and how did you respond to it?

4. Has anyone in your treatment or support network talked to you about PAWS before? How does having a name and explanation for these symptoms change your relationship with them?

5. On a scale of 1 to 10, how much has PAWS — whether you knew what to call it or not — threatened your recovery? What has kept you going?

CHECK YOURSELF · CHECK-IN 1 OF 5

Emotional Regulation & Mood

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. My mood fluctuates dramatically and unpredictably — I can swing from okay to miserable without an obvious trigger
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I experience prolonged periods of low mood, emotional flatness, or anhedonia (inability to feel pleasure)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I feel irritable, agitated, or on edge without a clear reason — a low-grade hostility that I cannot fully explain
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I struggle with anxiety or a persistent sense of dread or unease that does not respond to reassurance
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I experience emotional overreactivity — my emotional responses are disproportionate to the actual situation
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I feel emotionally numb — disconnected from the emotions and relationships that used to matter to me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I have experienced episodes of depression in recovery that feel different from simple sadness
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. Managing my emotions in early recovery requires far more effort than it does for people who have not used substances
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

My PAWS Profile

Mapping Your Personal PAWS Experience

Why Map It

PAWS is not a generic experience — it is your specific brain, healing from your specific substance history, in your specific life context. Building a personal PAWS profile creates self-awareness that makes the difference between being blindsided by symptoms and being able to anticipate, recognize, and respond to them.

Substance History

List the substances you used chronically, the approximate duration of use, and when you stopped. Include any periods of prior recovery and relapse.

I used [substance] for approximately [duration]. My last use was [date/time in recovery]...

Acute Withdrawal Experience

Describe what acute withdrawal was like for you. What were the physical and psychological symptoms? How long did it last? Did you receive medically supervised detox?

During acute withdrawal I experienced...

When PAWS Began

When did you first notice symptoms that did not resolve with acute withdrawal? Describe the timeline.

I started noticing persistent symptoms around...

Cognitive Symptoms

Describe your specific cognitive PAWS symptoms — brain fog, memory, concentration, decision-making, word-finding. How severe are they? When are they worst?

My cognitive symptoms include...

Emotional & Mood Symptoms

Describe your emotional PAWS symptoms — mood swings, anhedonia, anxiety, depression, irritability, emotional numbness. Which are most disruptive?

My emotional symptoms include...

Physical & Sleep Symptoms

Describe your physical PAWS symptoms — sleep disruption, fatigue, physical sensations, stress overreactivity, appetite changes.

My physical symptoms include...

PAWS Triggers

What makes your PAWS symptoms worse? (Stress, poor sleep, certain people or situations, emotional distress, anniversary dates, exposure to cues, etc.)

My PAWS symptoms worsen when...

Patterns & Cycles

Have you noticed any predictable patterns in your PAWS — certain times of day when symptoms are worse, certain circumstances that reliably precede a PAWS episode?

I have noticed that my PAWS tends to...

Profile Summary

1. Looking at your full PAWS profile, what is the most important thing your treatment team or support network needs to know about how PAWS is affecting your recovery?

2. Which PAWS symptom domain — cognitive, emotional, or physical — is most threatening to your recovery right now, and why?

3. Write a one-paragraph "PAWS Summary" you could share with a new therapist, sponsor, or treatment provider.

YOUR EXERCISE

Symptom Tracking Log

7 Days of PAWS Symptom Monitoring

Why Track?

One of the most disorienting aspects of PAWS is its unpredictability — good days followed without warning by bad ones. Tracking symptoms daily reveals patterns that are invisible in the moment. Data creates perspective that emotion cannot.

Day 1

Rate each domain: 1 = none / 5 = severe

Cognitive Fog

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Mood/Emotional

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep Quality

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Energy Level

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Craving Intensity

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep last night (hours + quality description):

Any identifiable PAWS triggers today?

What helped today?

One honest observation about your recovery today:

Day 2

Rate each domain: 1 = none / 5 = severe

Cognitive Fog

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Mood/Emotional

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep Quality

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Energy Level

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Craving Intensity

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep last night (hours + quality description):

Any identifiable PAWS triggers today?

What helped today?

One honest observation about your recovery today:

Day 3

Rate each domain: 1 = none / 5 = severe

Cognitive Fog

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Mood/Emotional

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep Quality

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Energy Level

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Craving Intensity

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep last night (hours + quality description):

Any identifiable PAWS triggers today?

What helped today?

One honest observation about your recovery today:

Day 4

Rate each domain: 1 = none / 5 = severe

Cognitive Fog

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Mood/Emotional

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep Quality

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Energy Level

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Craving Intensity

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep last night (hours + quality description):

Any identifiable PAWS triggers today?

What helped today?

One honest observation about your recovery today:

Day 5

Rate each domain: 1 = none / 5 = severe

Cognitive Fog

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Mood/Emotional

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep Quality

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Energy Level

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Craving Intensity

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep last night (hours + quality description):

Any identifiable PAWS triggers today?

What helped today?

One honest observation about your recovery today:

Day 6

Rate each domain: 1 = none / 5 = severe

Cognitive Fog

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Mood/Emotional

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep Quality

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Energy Level

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Craving Intensity

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep last night (hours + quality description):

Any identifiable PAWS triggers today?

What helped today?

One honest observation about your recovery today:

Day 7

Rate each domain: 1 = none / 5 = severe

Cognitive Fog

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Mood/Emotional

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep Quality

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Energy Level

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Craving Intensity

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep last night (hours + quality description):

Any identifiable PAWS triggers today?

What helped today?

One honest observation about your recovery today:

7-Day Pattern Analysis

1. Looking at your seven days, which symptom domains were most consistently elevated? Which fluctuated most?

2. What pattern do you see between sleep quality and the following day's symptoms?

3. Which triggers appeared most frequently? What do they have in common?

4. What tools or behaviors most reliably reduced symptoms? What made the better days better?

5. What does this week's data tell you about your PAWS pattern that you did not fully know before tracking it?

PART 2 OF 4 · READING

Your Brain on Recovery: The Neuroscience of PAWS

Your Brain on Recovery: The Neuroscience of PAWS

Text to Speech

1x

☐ 0.75x ☒ 1x ☐ 1.25x ☐ 1.5x ☐ 1.75x ☐ 2x

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100

To understand PAWS, you have to understand what chronic substance use does to the brain — and what recovery asks the brain to undo. The brain's reward system is built around dopamine, a neurotransmitter that signals pleasure, motivation, and learning. Under normal circumstances, dopamine is released in modest amounts in response to natural rewards — food, connection, accomplishment, sex. Chronic substance use floods this system with dopamine levels far beyond what any natural reward produces.

The brain, in its relentless effort to maintain equilibrium, adapts to this chemical flood by downregulating — reducing the number of dopamine receptors and the baseline production of dopamine itself. This downregulation is the neurological foundation of both tolerance and addiction. It is also the neurological foundation of PAWS.

When substances are removed in early recovery, the brain is left in a profoundly dopamine-deficient state. This is the neurological basis of anhedonia, the inability to feel pleasure that is one of PAWS's most distressing and relapse-provoking symptoms.

The hypothalamic-pituitary-adrenal (HPA) axis — the brain's primary stress-response system — undergoes parallel disruption. In recovery, the HPA axis is hyperresponsive: stress triggers that would produce a measured response in a non-addicted brain produce a disproportionate physiological and emotional reaction. This is why PAWS sufferers experience seemingly minor stressors as overwhelming.

Sleep architecture is also profoundly disrupted. Different substances disrupt sleep in different ways — alcohol suppresses REM sleep, stimulants prevent sleep onset, opioids fragment sleep architecture — but all chronic substance use ultimately corrupts the brain's natural sleep cycle. Since sleep is when the brain performs critical repair and consolidation functions, disrupted sleep in PAWS compounds every other symptom.

The prefrontal cortex — the region responsible for decision-making, impulse control, emotional regulation, and executive function — is among the last brain regions to recover. When prefrontal function is impaired, the limbic system operates with less rational oversight. Emotions feel more

intense, decisions feel harder, and the pull toward familiar coping mechanisms feels stronger.

Here is what this means for your recovery: the brain is not malfunctioning. It is healing. Research consistently shows that with sustained abstinence, the dopamine system rebalances, the HPA axis recalibrates, sleep architecture restores, and prefrontal function returns. The timeline is not comfortable — but it is real, and it is happening in every moment of your sobriety.

Reflection Questions

1. Describe what anhedonia — the inability to feel pleasure — has felt like in your recovery. What things that should feel good have felt flat, empty, or effortful?

2. Reflect on the HPA axis dysregulation described above. Can you identify times in recovery when your stress response felt completely disproportionate to what was actually happening?

3. How has disrupted sleep affected the other PAWS symptoms you experience? Describe the cycle: when sleep is poor, what happens to your mood, cognition, and cravings?

4. Does understanding that prefrontal cortex impairment is temporary and neurological change how you relate to the difficulty of decision-making and emotional regulation in early recovery? How?

5. Write a brief "letter to your healing brain" — acknowledging what it is doing, expressing patience for the timeline, and committing to the behaviors that support neurological recovery.

CHECK YOURSELF · CHECK-IN 2 OF 5

Cognitive & Mental Functioning

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I experience "brain fog" — difficulty thinking clearly or concentrating for extended periods
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. My memory and recall feel significantly impaired compared to how they functioned before substance use
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I have difficulty completing tasks that require sustained mental effort or multi-step thinking
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I struggle to make decisions — even simple ones feel overwhelming or take far too long
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. My thinking is noticeably slower than I expect it to be, especially in early recovery
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I experience word-finding difficulty — the right word simply will not come
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I have difficulty reading, following conversations, or retaining information I just encountered
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. Mental tasks that used to feel easy now feel genuinely difficult or exhausting
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Letter to My Healing Brain

Replacing Blame with Understanding and Partnership

Brain as Partner, Not Enemy

PAWS is easy to experience as betrayal — you did everything right, and your brain is still making recovery miserable. But your brain is not betraying you. It is healing you. Learning to relate to your brain as a partner in recovery, rather than an obstacle or an enemy, is one of the most powerful reframes available in PAWS management.

Part 1: The Honest Grievances

Write what you genuinely want to say to your brain about what PAWS has cost you:

What I want to say to my brain about what these past months have been like: ...

Part 2: What You Now Understand

Write what you understand about why your brain is producing these symptoms:

I understand now that my brain is producing these symptoms because: ...

Part 3: The Full Letter

Write the complete letter — starting with the honest grievances, moving through understanding, arriving at a declaration of partnership:

Dear Brain, ...

Reflection 1

What evidence do you have that your brain IS healing — even slowly? List every small improvement you have noticed since early recovery.

Evidence of healing I have noticed: ...

Reflection 2

What commitments are you making to support your brain's healing?

To support my brain's healing, I commit to: ...

Reflection 3

Write your self-compassion statement for PAWS — the statement you can return to when the symptoms are most severe.

When PAWS is at its worst, I will remember: ...

YOUR EXERCISE**Evidence From Good Days**

Building a Case for Recovery When PAWS Says There Isn't One

PAWS Lies in the Dark

During a PAWS episode, the brain's negativity bias — already amplified by neurological impairment — makes recovery feel impossible, and good days feel like anomalies or lies. But they are not lies. They are evidence. This exercise documents that evidence so it is available when your brain cannot generate it on its own.

Catalog Your Good Days

List every good day, good hour, or good moment in recovery that you can remember — no matter how brief. Be specific. These are neurological data points, not just memories:

Good days / moments I remember in recovery: ...

Evidence 1

Describe your longest or most sustained good period in recovery. What was happening? How did it feel? What was different about your life during that time?

My best period in recovery so far...

Evidence 2

Compare yourself now to where you were in active addiction or early acute withdrawal. List every specific improvement — cognitive, emotional, physical, relational — that you can honestly identify.

Ways I have genuinely changed and improved: ...

Evidence 3

Even with anhedonia, have there been moments when you felt something good — satisfaction, connection, a brief spark of genuine pleasure or meaning? Describe them in detail. These are evidence of your brain's recovering dopamine system.

Moments when I genuinely felt something good in recovery...

Evidence 4

What relationships have improved, been rebuilt, or become available because of your recovery? Who is present in your life now that would not be there if you were still using?

Relationships that are better because of my recovery...

Evidence 5

Write a letter from your "good day self" to your "PAWS episode self" — the self who is certain recovery is not working. Use the evidence above. Make it honest and specific, not falsely cheerful.

Dear me (on my worst PAWS day), ...

PART 3 OF 4 · READING

PAWS by Substance: What to Expect Based on Your History

PAWS by Substance: What to Expect Based on Your History

Text to Speech

1x

☐ 0.75x ☒ 1x ☐ 1.25x ☐ 1.5x ☐ 1.75x ☐ 2x

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100

PAWS is not a single uniform experience. Its character, intensity, duration, and predominant symptoms vary significantly depending on the substance or substances involved.

Alcohol is among the substances most associated with prolonged and complex PAWS. Alcoholic brain syndrome can persist for six months to two years. The predominant alcohol PAWS symptoms include cognitive impairment, emotional instability, sleep disruption, and heightened stress reactivity. The good news is that the brain's recovery from alcohol-related changes is among the best documented in the neuroscience literature: the vast majority of changes are reversible with sustained abstinence.

Opioids produce a PAWS profile dominated by emotional and motivational symptoms. Dysphoria, protracted anxiety, sleep disruption, and — most characteristically — profound anhedonia are the hallmarks. This emotional flatness is frequently a relapse trigger, because the memory of emotional normalcy with opioids is vivid and the anhedonia of early recovery is genuinely debilitating. PAWS from opioids typically lasts three to twelve months.

Stimulants produce perhaps the most dramatic acute contrast between active use and early recovery. Extended stimulant PAWS is characterized by severe anhedonia, profound fatigue, prolonged depression, cognitive impairment, and intense drug cravings. Methamphetamine, given the physical damage it causes to dopamine-producing neurons, has one of the longest and most challenging PAWS profiles — recovery of cognitive function may take one to two years.

Benzodiazepines produce a PAWS profile that is uniquely prolonged and often clinically severe. Their withdrawal and PAWS involve a hyperexcitability of the nervous system that can persist for months or even years. Protracted benzo withdrawal is characterized by anxiety, cognitive impairment, perceptual disturbances, sleep disruption, and physical symptoms including muscle pain, tinnitus, and gastrointestinal distress.

Cannabis, despite its cultural reputation as benign, produces measurable PAWS in heavy, chronic users — primarily sleep disruption, irritability, anxiety, and cognitive impairment. Cannabis PAWS is typically shorter in duration — weeks to a few months.

Polysubstance use typically produces a PAWS profile that is more complex, more severe, and longer in duration than any single substance alone.

Reflection Questions

1. Based on your substance history, which PAWS profile — or combination of profiles — most closely describes your experience? What specific symptoms match what you have been going through?

2. Has anyone in your treatment ever specifically discussed the PAWS profile associated with your particular substance(s)? How does reading this description change or validate what you have been experiencing?

3. For people with opioid or stimulant history: the anhedonia described above — the inability to feel pleasure — is one of the most relapse-provoking PAWS symptoms. How has it shown up in your recovery, and how have you managed it so far?

4. If your history includes polysubstance use, describe how your PAWS symptoms seem to combine or cycle between different profiles.

5. What specific PAWS symptoms have been most closely connected to your highest-risk moments in recovery? What does knowing this about yourself allow you to do differently going forward?

CHECK YOURSELF · CHECK-IN 3 OF 5

Physical & Sleep Symptoms

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I experience significant sleep disturbances — difficulty falling asleep, staying asleep, or getting restful sleep

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have unusual fatigue that does not improve with rest — a bone-deep tiredness that feels disproportionate to my activity level

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I experience physical sensations that feel like withdrawal symptoms even though acute detox has passed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have difficulty with physical coordination, balance, or fine motor tasks at times

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I experience increased sensitivity to stress — minor stressors produce physical stress responses that feel extreme

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I have episodes of sweating, tremors, or physical unease that I know are not caused by anything medical

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. My appetite, digestion, or physical energy fluctuate significantly and unpredictably in recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. Stress, excitement, or exposure to triggers produces physical symptoms that feel similar to early withdrawal

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Riding the Waves

Mapping PAWS Episodes to Build Surf Skills

PAWS as Waves

PAWS does not arrive as a wall — it arrives in waves. A wave has a beginning, a peak, and an end. Even the most intense PAWS episode is temporary. Learning to map your past episodes builds the conviction that this wave — like all the ones before it — will pass.

PAWS Episode #1

When did this episode occur? Where were you in your recovery timeline?

This episode happened approximately...

How did it begin? What were the first signs?

The first signs were...

Describe the peak of the episode — the worst it got.

At its worst, I experienced...

How long did the episode last?

The episode lasted approximately...

What did you do that helped you get through it? What made it worse?

What helped: ... What made it worse: ...

How close to relapse did this episode bring you? What stopped you from using?

My relapse risk during this episode was...

What did you learn from this episode?

What I learned...

PAWS Episode #2

When did this episode occur? Where were you in your recovery timeline?

This episode happened approximately...

How did it begin? What were the first signs?

The first signs were...

Describe the peak of the episode — the worst it got.

At its worst, I experienced...

How long did the episode last?

The episode lasted approximately...

What did you do that helped you get through it? What made it worse?

What helped: ... What made it worse: ...

How close to relapse did this episode bring you? What stopped you from using?

My relapse risk during this episode was...

What did you learn from this episode?

What I learned...

PAWS Episode #3

When did this episode occur? Where were you in your recovery timeline?

This episode happened approximately...

How did it begin? What were the first signs?

The first signs were...

Describe the peak of the episode — the worst it got.

At its worst, I experienced...

How long did the episode last?

The episode lasted approximately...

What did you do that helped you get through it? What made it worse?

What helped: ... What made it worse: ...

How close to relapse did this episode bring you? What stopped you from using?

My relapse risk during this episode was...

What did you learn from this episode?

What I learned...

Your Surf Skills — What the Episodes Have Taught You

1. Looking across all your episodes, what is the single most reliable early warning sign that a PAWS wave is building?

2. What is the one action you could take at the first sign of a wave that most reliably reduces its intensity or duration?

3. What thought, belief, or reminder has been most useful for surviving a PAWS peak?

4. Write a "surf memo" — a brief note from your present self to your future self that you could read during the next PAWS peak.

YOUR EXERCISE

Sleep Architecture Repair Plan

Rebuilding the Sleep That PAWS Has Disrupted

Sleep Is the Foundation

Every PAWS symptom is amplified by poor sleep and reduced by good sleep. Repairing sleep architecture is not one of many PAWS interventions — it is the most important one.

Current Sleep Assessment

Describe your current sleep — how many hours, how long it takes to fall asleep, whether you wake during the night, and the quality of sleep you get.

My current sleep pattern: ...

How did your primary substance affect sleep? How is this showing up in your recovery sleep?

The specific way my substance disrupted sleep...

What are the primary barriers to better sleep in your current life?

The main things standing between me and better sleep...

Sleep Hygiene Audit

Consistent wake time (same time every day, including weekends)

Currently doing this:

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

No caffeine after noon

Currently doing this:

- ☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

No screens in the 60 minutes before bed

Currently doing this:

- ☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Sleep environment: dark, cool (65–68°F), and quiet

Currently doing this:

- ☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

No alcohol (disrupts REM and sleep architecture throughout the night)

Currently doing this:

- ☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Regular exercise (but not within 3 hours of bedtime)

Currently doing this:

- ☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Wind-down routine: a consistent sequence of calming activities before bed

Currently doing this:

- ☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Cognitive off-ramp: journaling, prayer, or mindfulness to process the day before sleep

Currently doing this:

- ☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Design Your Wind-Down Routine

Design a specific 60-minute wind-down routine you will begin one hour before your target sleep time:

60 minutes before bed:

45 minutes before bed:

30 minutes before bed:

15 minutes before bed:

The last thing I do before trying to sleep:

Managing Racing Thoughts at Bedtime

What thoughts most commonly keep you awake?

The thoughts that keep me awake tend to be about...

What specific strategy will you use when racing thoughts begin at bedtime?

When thoughts race at bedtime, I will...

If sleep problems are severe, prolonged, or significantly worsening your PAWS, describe your plan to discuss this with your treatment team:

My plan for addressing sleep clinically if needed...

PART 4 OF 4 · READING

Managing PAWS: A Practical Guide to Healing Your Brain

Managing PAWS: A Practical Guide to Healing Your Brain

Text to Speech

1x

☐ 0.75x ☒ 1x ☐ 1.25x ☐ 1.5x ☐ 1.75x ☐ 2x

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100

Understanding PAWS is necessary, but it is not sufficient. Managing PAWS requires a set of concrete, consistent behavioral practices that directly support the neurological healing process, combined with honest communication and realistic expectation-setting.

Sleep is the single most powerful neurological recovery tool available to you. Everything that supports better sleep also supports PAWS recovery: consistent sleep and wake times, a sleep environment that is dark, cool, and free from screens, elimination of caffeine after noon, a wind-down routine that begins an hour before bed, and management of the cognitive activation that makes sleep initiation difficult. If sleep disruption is severe, this warrants direct clinical attention.

Exercise is among the most research-supported interventions for PAWS: aerobic exercise increases dopamine production and receptor sensitivity, reduces cortisol, improves sleep quality, and stimulates neuroplasticity. Thirty minutes of moderate aerobic exercise most days of the week produces measurable improvements in mood, cognitive function, and craving intensity.

Nutrition supports neurological recovery in ways that are too often minimized in addiction treatment. The brain requires specific nutrients for neurotransmitter synthesis — amino acids, B vitamins, omega-3 fatty acids, and adequate overall caloric intake. Eating regularly, prioritizing protein and complex carbohydrates, and reducing processed sugar and caffeine are behavioral interventions that are genuinely neurologically relevant.

Stress management is not a luxury in PAWS recovery — it is a clinical necessity.

Mindfulness-based practices produce measurable reductions in cortisol and improvements in HPA axis regulation. Ten to fifteen minutes of daily mindful attention to breath and body produces demonstrable neurological benefit over time.

Social connection is the most underrated element of PAWS management. Connection, belonging, and being known produce dopamine in ways that support recovery. Isolation, by contrast, amplifies anhedonia and increases craving intensity. Meetings, therapy, support groups, honest conversations with trusted people — these are neurological interventions for PAWS.

Finally: realistic expectations and self-compassion. PAWS symptoms are not permanent. They are not evidence of failure. They are the temporarily uncomfortable signs of a brain that is healing at the pace neurological healing requires.

Reflection Questions

1. Rate each of the five management domains (sleep, exercise, nutrition, stress management, social connection) from 1 to 5 in terms of how consistently you are currently practicing them. Where is the biggest gap?

2. Which of the management strategies described above is most immediately actionable for you — something you could begin or improve this week? What would that look like in concrete, specific terms?

3. Describe your current relationship with stress in recovery. When stress arrives, what does your body do? What does your mind do? What do you do? How is this connected to PAWS?

4. Have you been practicing self-compassion around PAWS symptoms, or have you been blaming yourself for experiencing them? What changes when you fully accept the neurological explanation?

5. Write your personal PAWS management plan — one specific action in each of the five domains (sleep, exercise, nutrition, stress management, social connection) that you commit to practicing this week.

CHECK YOURSELF · CHECK-IN 4 OF 5

Cravings, Urges & Relapse Risk

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. PAWS symptoms directly intensify my cravings — when symptoms worsen, my urge to use increases

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. The discomfort of PAWS symptoms is one of the primary reasons I have considered or attempted relapse

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have thought or said "I feel worse sober than I did using" during PAWS episodes

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. When PAWS symptoms are at their worst, I question whether long-term recovery is actually possible for me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have told myself that one use would relieve the PAWS symptoms I am experiencing

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. The unpredictability of PAWS — good days followed by sudden crashes — has been one of my biggest relapse triggers

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have difficulty separating PAWS symptoms from co-occurring mental health conditions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have relapsed in the past during a PAWS episode without fully understanding that PAWS was the trigger

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CHECK YOURSELF · CHECK-IN 5 OF 5

Understanding & Managing PAWS

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I understand that PAWS is a neurological healing process with a predictable pattern and timeline

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I can distinguish PAWS symptoms from symptoms of co-occurring mental health conditions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have specific strategies in place for managing PAWS when symptoms intensify

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I communicate openly with my treatment team, sponsor, or support network about PAWS symptoms

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I practice the lifestyle behaviors (sleep, exercise, nutrition, stress management) that support PAWS recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I have reduced the shame and self-blame around PAWS — understanding it as brain healing rather than weakness

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I use PAWS symptom awareness as a relapse prevention tool rather than a source of despair

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have built a PAWS-specific support plan that I can activate when symptoms worsen

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

PAWS & Relapse Risk Assessment

Understanding the PAWS-to-Relapse Pathway

The Hidden Risk

PAWS is among the most common — and least discussed — causes of relapse in people who have successfully completed acute withdrawal. Understanding exactly how each PAWS symptom creates a specific relapse pathway allows you to interrupt that pathway before it reaches its endpoint.

Anhedonia — Nothing Feels Good

THE RELAPSE PATHWAY

The inability to feel pleasure that characterizes PAWS leads to the dangerous thought: "What's the point of being sober if I can't enjoy anything?" This is one of the highest-risk PAWS-to-relapse pathways.

Have you personally experienced this pathway? Describe a specific example:

On a scale of 1–5, how active is this specific risk pathway in your recovery right now?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your specific interrupt strategy for this pathway?

PAWS Exhaustion

THE RELAPSE PATHWAY

When physical and mental exhaustion from PAWS depletes the energy required for recovery-supporting behaviors, isolation, meeting avoidance, and relapse risk increase.

Have you personally experienced this pathway? Describe a specific example:

On a scale of 1–5, how active is this specific risk pathway in your recovery right now?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your specific interrupt strategy for this pathway?

The "Good Day" Trap

THE RELAPSE PATHWAY

After sustained PAWS suffering, a sudden good day can produce overconfidence — and a reduction in protective behaviors at the precise moment vigilance is most needed.

Have you personally experienced this pathway? Describe a specific example:

On a scale of 1–5, how active is this specific risk pathway in your recovery right now?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your specific interrupt strategy for this pathway?

Duration Despair

THE RELAPSE PATHWAY

Months into PAWS with no clear end in sight, hopelessness sets in: "This is just what my life is now." Duration despair is among the most common PAWS-related relapse narratives.

Have you personally experienced this pathway? Describe a specific example:

On a scale of 1–5, how active is this specific risk pathway in your recovery right now?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your specific interrupt strategy for this pathway?

Impaired Decision-Making

THE RELAPSE PATHWAY

When prefrontal cortex function is impaired by PAWS, the quality of recovery-protecting decisions deteriorates — making relapse-promoting choices feel more reasonable than they actually are.

Have you personally experienced this pathway? Describe a specific example:

On a scale of 1–5, how active is this specific risk pathway in your recovery right now?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your specific interrupt strategy for this pathway?

PAWS-Driven Isolation

THE RELAPSE PATHWAY

Social withdrawal as a PAWS symptom removes the support network that buffers relapse risk — a cruel feedback loop where the symptom eliminates its own antidote.

Have you personally experienced this pathway? Describe a specific example:

On a scale of 1–5, how active is this specific risk pathway in your recovery right now?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your specific interrupt strategy for this pathway?

Emotional Volatility

THE RELAPSE PATHWAY

When mood swings or emotional overreactivity produce an acute crisis state, substances are remembered as a reliable stabilizer — and the impaired brain is less equipped to resist the logic.

Have you personally experienced this pathway? Describe a specific example:

On a scale of 1–5, how active is this specific risk pathway in your recovery right now?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your specific interrupt strategy for this pathway?

Your PAWS Relapse Risk Summary

1. Which risk pathway scored highest on your current scale? What does this tell you about where you need the most support right now?

2. Which PAWS symptoms have been most directly connected to your past relapses or closest calls? How will you manage them differently going forward?

3. Write a "relapse warning statement" — a honest description of what it looks and feels like when your PAWS-to-relapse pathway is activating.

4. What one commitment will you make today to interrupt the highest-risk pathway you identified?

YOUR EXERCISE

PAWS Recovery Toolkit

Building Your Personalized Neurological Support System

Tools Are Treatments

The behaviors in this toolkit are not suggestions for general wellness — they are neurological interventions for a healing brain. Sleep supports dopamine rebalancing. Exercise builds new neural pathways. Nutrition provides the biochemical building blocks for neurotransmitter synthesis. These are not optional. They are the treatment.

Movement & Exercise

☐ 30-min brisk walk ☐ Running ☐ Swimming ☐ Yoga ☐ Cycling ☐ Strength training ☐ Dancing ☐
☐ Stretching routine ☐ Hiking ☐ Team sport

Add your own tools for this category:

Sleep Support

☐ Consistent sleep time ☐ No screens after 9pm ☐ Magnesium supplement ☐ Sleep meditation ☐
☐ Progressive muscle relaxation ☐ Dark / cool room ☐ White noise ☐ Journaling before bed

Add your own tools for this category:

Nutrition & Body

- ☐ Regular meals (no skipping) ☐ Protein at every meal ☐ Reduce sugar & caffeine ☐ Hydration tracking ☐ Omega-3s ☐ B-vitamin complex ☐ Herbal tea routine ☐ Mindful eating

Add your own tools for this category:

Mind & Stress

- ☐ Mindfulness meditation ☐ Deep breathing (4-7-8) ☐ Body scan practice ☐ Journaling ☐ Gratitude list ☐ 5-4-3-2-1 grounding ☐ Guided imagery ☐ Prayer or spiritual practice

Add your own tools for this category:

Connection & Support

- ☐ Attend a meeting ☐ Call sponsor or mentor ☐ Individual therapy ☐ Group therapy ☐ Honest check-in with support person ☐ Service work ☐ Recovery community event ☐ Family communication

Add your own tools for this category:

Cognitive Support

- ☐ Brain puzzles or games ☐ Reading (short sessions) ☐ Learning something new ☐ Memory exercises ☐ Creative writing ☐ Art or music ☐ Reduce cognitive load (simplify tasks) ☐ Accept cognitive limits without shame

Add your own tools for this category:

My PAWS Recovery Commitment

1. Design your daily PAWS management routine — name at least one tool from each category you commit to practicing consistently.

2. What will you do at the first sign of a PAWS episode worsening — your immediate, automatic response plan for the first 30 minutes?

3. Who will be your PAWS accountability partner — the person who knows your toolkit and will check in with you about whether you are using it?

4. Review this toolkit monthly and mark which tools you have consistently used. What would you add or change based on your experience?

YOUR EXERCISE

Building Your PAWS Support Team

You Were Not Designed to Do This Alone

Connection Is Neurological Medicine

Social connection is not a soft supplement to PAWS management — it is a direct neurological intervention. Human connection stimulates dopamine, reduces cortisol, activates the brain's social engagement system, and buffers stress reactivity.

Clinical Team

Who on your clinical team knows about your specific PAWS symptoms? Have you had an honest, detailed conversation with your therapist, counselor, prescriber, or case manager about what you are experiencing? What needs to be discussed that hasn't been yet?

My clinical PAWS team and what I need to communicate...

Sponsor / Mentor / Peer Support

Does your sponsor or recovery mentor understand PAWS? Have you described your symptoms to them, or have you minimized or hidden them to avoid appearing weak or less committed to recovery?

What honest PAWS communication with my sponsor would look like...

Recovery Peers

Are there people in your recovery community who you know have experienced PAWS? How can you connect with people who understand what you are going through?

How I can find PAWS-informed peers in my recovery community...

Family & Close Relationships

Who in your personal life needs to understand that PAWS is a real, neurological phenomenon — not a lack of willpower? What would you want them to know? What would be the most helpful way they could support you?

What I wish my family or partner understood about PAWS...

Crisis Contact

Who is your go-to person when a PAWS episode becomes a relapse crisis? Is this person available, do they know the role, and have you talked to them about PAWS specifically?

My PAWS crisis contact and our agreement...

Barriers to Building Support

1. What has stopped you from being fully honest with your support team about your PAWS symptoms?

2. How has isolation during PAWS episodes — withdrawing rather than reaching out — affected your recovery? Describe the cycle.

3. Write a specific, honest statement you could say to one person in your support network today about what PAWS is doing to you right now. Practice the words here first.

4. What one action will you take in the next 48 hours to strengthen your PAWS support team?

YOUR EXERCISE

My PAWS Crisis Response Plan

A Step-by-Step Plan for When PAWS Becomes a Recovery Emergency

Plan Before the Crisis

The worst time to make a plan for a PAWS crisis is during one. Cognitive impairment, emotional flooding, and dopamine depletion make clear thinking impossible in the moment. This plan is

written by your current, functional self — and it will be read by the self who is struggling.

Step 1: Recognize Your Crisis Signs

List the specific signs that tell you a PAWS episode is escalating toward a crisis:

Cognitive warning signs (can't think, decision-making broken, etc.):

Emotional warning signs (hopelessness, irritability, emotional flooding, etc.):

Behavioral warning signs (isolation, meeting avoidance, canceling commitments, etc.):

Thought warning signs ("I can't do this," "one use won't matter," "what's the point", etc.):

Step 2: The First 15 Minutes

When you recognize that a PAWS crisis is beginning, what do you do in the first 15 minutes? This should be automatic — specific, achievable, and written by your functional self:

In the first 15 minutes of a PAWS crisis, I will: 1. ...

Step 3: Your Crisis Contact Sequence

List your crisis contacts in order — the specific people you will call, what you will say, and what you need from them:

Contact #1

Who:

Name / relationship...

What I will say:

The specific words I will use...

What I need from them:

What I am asking for...

Contact #2

Who:

Name / relationship...

What I will say:

The specific words I will use...

What I need from them:

What I am asking for...

Contact #3

Who:

Name / relationship...

What I will say:

The specific words I will use...

What I need from them:

What I am asking for...

Step 4: What to Remember When Everything Feels Hopeless

Write the statements that are most true and most grounding — the things you most need to hear when PAWS is at its worst:

This is temporary because:

Evidence that this will pass: ...

My recovery is real because:

Specific evidence that recovery is working: ...

The cost of using right now would be:

What relapse would actually mean for my life: ...

I have survived this before. Specifically:

Previous PAWS episodes I got through: ...

I am worth fighting for because:

Why I deserve this recovery: ...

Step 5: Your Commitment

1. I will share this crisis plan with [name] by [date] so someone else knows it exists and can remind me of it when I need it.

Your commitment...

2. The single most important thing I want to remember about PAWS when I am in the worst of it is:

Your commitment...

3. Write your sobriety commitment statement — not a promise to be perfect, but a declaration of what you are fighting for and why the temporary discomfort of PAWS is worth enduring:

Your commitment...
