

Complacency in Relapse

Relapse Prevention · The Recovery Files

When "I've Got This" Becomes the Most Dangerous Thought in Recovery
From Coasting to Committed

Your progress 0 of 6 parts done · Coasting · Recovery on autopilot, defenses down · Committed · Active, intentional, growing daily

In this workbook

- Part 1 · What Is Complacency in Recovery?
 - Check-in: Behavioral Disengagement
 - Exercise: Recovery Engagement Audit
 - Exercise: The Gradual Drift Timeline
- Part 2 · The "I've Got This" Trap: How Overconfidence Erodes Sobriety
 - Check-in: Overconfidence & Minimization
 - Exercise: "I've Got This" Belief Challenge
- Part 3 · The Cost of Coasting: Consequences of Recovery Drift
 - Check-in: Support System Erosion
 - Check-in: Risk Normalization & Boundary Erosion
 - Exercise: Personal Warning Signs Inventory
 - Exercise: Support Network Reconnection Map
- Part 4 · The Brain Science: Why Complacency Feels Natural
 - Exercise: Complacency Trigger-Response Planning
- Part 5 · From Complacency to Recommitment: The Path Back
 - Check-in: Active Recovery Maintenance
 - Exercise: Recovery Routine Rebuilder
 - Exercise: Daily Recovery Vitality Check-In (7 Days)
 - Exercise: New Goals & Growth Planner
 - Exercise: Recovery Recommitment Contract

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 5 · READING

What Is Complacency in Recovery?

Complacency in recovery is the gradual, often imperceptible erosion of the active effort, vigilance, and intentionality that initially sustained your sobriety. It is the slow drift from engaged recovery to passive maintenance — from doing the work to coasting on momentum. And it is one of the most dangerous forces in recovery precisely because it feels like everything is fine.

The word itself comes from the Latin "complacere" — to please greatly. That etymology is revealing. Complacency feels good. It feels like peace. It feels like you've arrived, that the hard part is over, that the crisis is behind you and now you can relax. And therein lies its lethal power: complacency doesn't announce itself as a threat. It disguises itself as success.

Think of recovery as a campfire in the wilderness. In early recovery, you understand that the fire is all that stands between you and the darkness. You feed it constantly. You gather wood, you protect it from the wind, you tend the flames with focused attention because you know — viscerally, in your bones — that if the fire goes out, you will be consumed by what waits in the darkness.

But as time passes — weeks, months, years — something shifts. The fire is strong now. It's been burning steadily for a long time. The darkness hasn't closed in recently. And gradually, so gradually you may not notice it happening, you begin to take the fire for granted. You stop gathering extra wood. You check on it less often. You wander further from the campsite. You start to believe the fire will tend itself.

This is complacency. And by the time you notice the fire flickering, the wood pile is empty and the darkness is closer than you realized.

For people in substance use disorder recovery, complacency is not a character flaw. It is a predictable psychological phenomenon that follows a well-documented pattern. The human brain is wired to habituate — to reduce attention to stimuli that remain constant over time. When recovery feels stable, the brain naturally reduces the alarm signals that once drove recovery behavior. The very success of recovery becomes the mechanism of its potential undoing.

This is why understanding complacency — recognizing its signs, understanding its psychology, and developing active countermeasures — is not optional homework for people who want to stay well. It is survival.

Reflection Questions

1. How does the campfire metaphor land for you? When you think about your own recovery, are you actively tending the fire, or have you started to drift away from it?

2. Can you identify a specific moment or period when your recovery effort began to decrease? What was happening in your life at that time?

3. On a scale of 1 to 10, how actively engaged in recovery are you right now compared to your first 90 days? What accounts for the difference?

4. Has complacency ever felt like peace to you — like you've "arrived" and the hard work is done? How does reframing it as a warning sign change your perspective?

5. If you could give a message to yourself from one year ago about the danger of complacency, what would you say?

CHECK YOURSELF · CHECK-IN 1 OF 5

Behavioral Disengagement

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

1. I have been attending fewer meetings, groups, or therapy sessions than I used to

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have stopped or significantly reduced my daily recovery practices (prayer, meditation, journaling, step work)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I no longer call my sponsor, mentor, or support people regularly

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have let my sleep, nutrition, exercise, or basic self-care slide without addressing it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have become increasingly irregular with commitments I made to my recovery plan

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I find myself putting recovery-related activities last on my priority list — after work, socializing, entertainment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have stopped reading recovery literature or engaging with recovery-related content

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I tell myself I'm "too busy" for recovery activities but find time for leisure and distractions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Recovery Engagement Audit

Comparing Then vs. Now — Where Has the Drift Occurred?

Why This Matters

Complacency is invisible until you measure it. This audit compares your recovery activity at your most engaged with your current level. The gaps between then and now reveal exactly where complacency has eroded your recovery infrastructure.

Meeting/Group Attendance

12-step, SMART Recovery, therapy groups, alumni groups

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Sponsor/Mentor Contact

Regular calls, meetings, check-ins with your sponsor or recovery mentor

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Prayer/Meditation

Daily spiritual or mindfulness practice

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Journaling/Self-Reflection

Written processing, gratitude lists, step work writing

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Individual Therapy/Counseling

Scheduled sessions with a therapist or counselor

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Recovery Literature

Reading recovery books, daily reflections, step guides

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Physical Self-Care

Exercise, nutrition, sleep hygiene, medical appointments

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Service Work

Helping others in recovery, commitments, volunteering

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Sober Social Connection

Intentional time with recovery-supportive people

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Boundary Maintenance

Avoiding people, places, things associated with use

AT MY MOST ENGAGED

RIGHT NOW (HONESTLY)

What changed, and why? What story did you tell yourself to justify the reduction?

Audit Summary & Action Plan

1. Looking at all ten areas, where is the gap between "most engaged" and "right now" the largest?

2. Which area of decline do you believe poses the greatest risk to your recovery? Why?

3. Which recovery activity, if reinstated immediately, would have the biggest positive impact?

4. What is the most common justification you've used for reducing recovery activity? Does that hold up under honest scrutiny?

YOUR EXERCISE**The Gradual Drift Timeline**

Mapping How Complacency Entered Your Recovery

The Purpose

Complacency doesn't arrive in a single moment — it infiltrates over time through a series of small decisions, rationalizations, and omissions. This timeline exercise helps you trace the specific sequence of events that led from active engagement to passive coasting.

Drift Point #1

When did this happen? (Approximate date or time period)

What did you stop doing, reduce, or change?

What thought or rationalization accompanied this change?

What were you feeling at the time? (Relief? Freedom? Guilt? Nothing?)

What happened as a result — immediately and over time?

Drift Point #2

When did this happen? (Approximate date or time period)

What did you stop doing, reduce, or change?

What thought or rationalization accompanied this change?

What were you feeling at the time? (Relief? Freedom? Guilt? Nothing?)

What happened as a result — immediately and over time?

Drift Point #3

When did this happen? (Approximate date or time period)

What did you stop doing, reduce, or change?

What thought or rationalization accompanied this change?

What were you feeling at the time? (Relief? Freedom? Guilt? Nothing?)

What happened as a result — immediately and over time?

Drift Point #4

When did this happen? (Approximate date or time period)

What did you stop doing, reduce, or change?

What thought or rationalization accompanied this change?

What were you feeling at the time? (Relief? Freedom? Guilt? Nothing?)

What happened as a result — immediately and over time?

Drift Point #5

When did this happen? (Approximate date or time period)

What did you stop doing, reduce, or change?

What thought or rationalization accompanied this change?

What were you feeling at the time? (Relief? Freedom? Guilt? Nothing?)

What happened as a result — immediately and over time?

Drift Point #6

When did this happen? (Approximate date or time period)

What did you stop doing, reduce, or change?

What thought or rationalization accompanied this change?

What were you feeling at the time? (Relief? Freedom? Guilt? Nothing?)

What happened as a result — immediately and over time?

Pattern Recognition

1. Looking at your drift points in sequence, what is the overall pattern? Was there a domino effect where one change led to another?

2. Which drift point was the most consequential — the one that, if reversed, would have prevented the others?

3. What common rationalizations appear across multiple drift points?

4. If you could go back to the earliest drift point and intervene, what would you say to yourself?

PART 2 OF 5 · READING

The "I've Got This" Trap: How Overconfidence Erodes Sobriety

"I've got this." Three words that have preceded more relapses than almost any other phrase in recovery. Not because confidence is wrong — confidence in recovery is earned and valuable. But because overconfidence — the quiet belief that you are somehow exempt from the fundamental realities of addiction — is one of the most sophisticated traps the addicted brain can set.

Overconfidence in recovery typically develops through a predictable sequence. First, you do the hard work. You go to treatment, you attend meetings, you get a sponsor, you work steps, you develop coping skills. And it works. You get days, then weeks, then months, then years of sobriety. Your life improves — relationships heal, career stabilizes, health returns.

The problem begins when you interpret these accomplishments as evidence that the fundamental nature of your addiction has changed — that you are now "cured," "fixed," or fundamentally different from the person who needed all that help. This cognitive shift is subtle but deadly. It typically sounds like one of these internal narratives:

"I'm not like those people in meetings anymore — I've moved past that."

"I've been sober for years; I think I can handle being around alcohol now."

"I used to need all that structure, but I've grown beyond it."

"I've learned my lesson — I would never go back to that."

Each of these thoughts feels reasonable. Each of them contains a kernel of truth about genuine growth. And each of them is a rationalization that, if acted upon, can dismantle years of recovery in remarkably short order.

The "I've Got This" trap operates through several psychological mechanisms. First, there is recency bias — the tendency to give more weight to recent experience than distant experience. If your recent experience has been stability and success, the brain naturally discounts the catastrophic consequences of addiction that happened in the more distant past. The pain fades. The lessons dim. The urgency dissolves.

Second, there is habituation — the neurological process by which the brain reduces its response to familiar stimuli. The gratitude you felt in early recovery for simple things — a clear morning, a conversation without lying, waking up without withdrawal — fades as these experiences become the new normal.

The most dangerous aspect of the "I've Got This" trap is that it cannot be defeated by willpower alone, because the trap IS the belief in your own willpower. The antidote is not more confidence — it is structured humility. It is the daily, deliberate practice of remembering that addiction is a chronic condition that requires ongoing management, and that the recovery behaviors you are tempted to abandon are not training wheels you've outgrown but load-bearing walls that are holding your life together.

Reflection Questions

1. Have you ever caught yourself thinking "I've got this" in a way that led you to reduce your recovery effort? What happened?

2. Which of the internal narratives listed above have you heard in your own head? Which one feels most seductive — most like the truth?

3. How has recency bias affected your recovery? Has the pain of your addiction faded enough that it no longer motivates you the way it once did?

4. Do you attribute your recovery success more to your personal qualities or to the recovery program and support system? How might that attribution affect your behavior?

5. What does "structured humility" look like in practical terms for your recovery?

CHECK YOURSELF · CHECK-IN 2 OF 5

Overconfidence & Minimization

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

1. I sometimes think I have my addiction "figured out" and don't need to be as careful as I once was

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I believe that the amount of clean time I have protects me from relapse

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I catch myself thinking "I could probably handle one drink/hit/use and be fine"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have started to minimize how serious my addiction really was — telling myself "it wasn't that bad"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I feel confident I would recognize relapse warning signs and stop before it got bad

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I have reduced or stopped certain recovery activities because I no longer feel I "need" them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I compare myself favorably to people who are struggling and feel a sense of superiority about my recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have started to believe that the rules of addiction — such as "one is too many" — may not fully apply to me anymore

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

"I've Got This" Belief Challenge

Examining the Thoughts That Make Complacency Feel Rational

The Trap

Complacency doesn't feel like complacency from the inside. It feels like wisdom. That's what makes it so dangerous — the thoughts that drive complacency are disguised as evidence of growth. This exercise examines each belief honestly, testing it against reality.

"My Clean Time Protects Me"

The belief that accumulated sober time creates a buffer zone that makes relapse less likely. In reality, relapse risk fluctuates based on current behavior, emotional state, and engagement with recovery.

How strongly do you hold this belief? (1 = not at all, 10 = deeply)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Complete this sentence: "I believe my clean time protects me because..."

What evidence supports this belief? What evidence contradicts it?

What would a person you respect in recovery say about this belief? What would your sponsor say?

"I've Graduated from Recovery"

The belief that recovery is a phase of life that you pass through and complete, rather than an ongoing way of living. This belief transforms recovery from a daily practice into a historical event.

How strongly do you hold this belief? (1 = not at all, 10 = deeply)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Complete this sentence: "I feel like I've graduated because..."

What evidence supports this belief? What evidence contradicts it?

What would a person you respect in recovery say about this belief? What would your sponsor say?

"I'm Not Like Those People Anymore"

The belief that you are fundamentally different from people who are actively struggling, and therefore the tools and practices that help them no longer apply to you.

How strongly do you hold this belief? (1 = not at all, 10 = deeply)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Complete this sentence: "I think I'm different from other people in recovery because..."

What evidence supports this belief? What evidence contradicts it?

What would a person you respect in recovery say about this belief? What would your sponsor say?

"I Could Handle Just One"

The belief that your recovery has given you the ability to control or moderate your use. This thought is the voice of the disease disguised as evidence of growth.

How strongly do you hold this belief? (1 = not at all, 10 = deeply)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Complete this sentence: "I think I could handle using in moderation because..."

What evidence supports this belief? What evidence contradicts it?

What would a person you respect in recovery say about this belief? What would your sponsor say?

"My Willpower Is Strong Enough"

The belief that personal willpower alone can sustain recovery without the ongoing support of program, community, and structured practice.

How strongly do you hold this belief? (1 = not at all, 10 = deeply)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Complete this sentence: "I rely on willpower because..."

What evidence supports this belief? What evidence contradicts it?

What would a person you respect in recovery say about this belief? What would your sponsor say?

"I'm Too Busy for Recovery Activities"

The belief that life demands have made active recovery impractical, when in reality, recovery is what makes meeting life demands possible.

How strongly do you hold this belief? (1 = not at all, 10 = deeply)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Complete this sentence: "I tell myself I'm too busy because..."

What evidence supports this belief? What evidence contradicts it?

What would a person you respect in recovery say about this belief? What would your sponsor say?

PART 3 OF 5 · READING

The Cost of Coasting: Consequences of Recovery Drift

Complacency rarely announces itself with a dramatic crisis. Instead, it operates through a series of small concessions, each one seemingly insignificant, that collectively create a pattern of gradual disengagement that can be devastating to long-term recovery.

The behavioral cost is the most visible. Recovery drift manifests as the slow erosion of the specific behaviors that built and sustained your sobriety. You skip a meeting here, miss a therapy appointment there. You stop calling your sponsor — not because something happened, but because you didn't get around to it. Each individual omission feels trivial. But addiction is an opportunistic disease, and each abandoned practice creates a gap in your defense system.

The emotional cost is less visible but equally dangerous. Active recovery provides emotional processing — meetings give you a space to feel, therapy helps you understand your inner landscape, step work requires honest self-examination. When these activities are abandoned, unprocessed emotions begin to accumulate. You may not notice at first because the numbness of disengagement can feel like calm. But beneath that calm, pressure is building. Unexpressed resentments, unacknowledged fears, ungrieved losses — all the emotional material that recovery practice was helping you process — begins to pile up. And emotional pressure, as every person in recovery knows, is rocket fuel for relapse.

The relational cost follows predictably. Complacency doesn't just disconnect you from recovery activities; it disconnects you from the people who participate in them. The sponsor you stop calling eventually stops reaching out. The meeting friends you don't see begin to fade from your life. What replaces these recovery relationships are often relationships with people who don't understand addiction, can't identify warning signs, and may actively enable your denial.

The cognitive cost is perhaps the most insidious. Complacency gradually reshapes how you think about your own addiction. In active addiction, denial sounds like "I don't have a problem." In complacent recovery, denial sounds like "I don't have that problem anymore." Both are equally dangerous. Both are equally false.

The critical insight is this: complacency doesn't just increase the risk of relapse — it recreates the emotional and psychological conditions that made substance use attractive in the first place. It is not simply a failure to maintain recovery; it is an active (if unconscious) return to the pre-conditions of addiction.

Reflection Questions

1. Which of the costs described above are you currently experiencing — even in small ways? Be specific about what you notice in your behavior, emotions, relationships, and thinking.

2. Can you trace a specific recovery behavior you've abandoned to a specific consequence that followed? What did the drift look like in real time?

3. How has your emotional processing changed since you reduced or stopped certain recovery activities? Are you accumulating unprocessed emotional material?

4. Has your social circle shifted away from recovery-oriented people? Who would notice if you were drifting, and would they tell you?

5. Do you experience the "flatness" described in the spiritual/existential cost section — a sense that recovery has lost its meaning or purpose?

CHECK YOURSELF · CHECK-IN 3 OF 5

Support System Erosion

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

1. I have gradually distanced myself from the people who supported me in early recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I avoid sharing honestly about my emotional or recovery state with others

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have stopped being accountable to anyone about my recovery activities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have drifted away from my recovery community without consciously deciding to leave

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I find conversations about recovery boring, repetitive, or irrelevant to where I am now

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I would rather socialize with non-recovery friends than attend recovery-related events

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have not been honest with my sponsor, therapist, or support people about where I really am in my recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. When someone expresses concern about my recovery, I feel defensive or dismissive rather than curious

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CHECK YOURSELF · CHECK-IN 4 OF 5

Risk Normalization & Boundary Erosion

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

1. I have returned to environments where substances are present and tell myself it doesn't bother me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have reconnected with people from my using days, believing the relationship is now "safe"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have relaxed boundaries I set in early recovery around people, places, or things associated with my addiction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I find myself romanticizing my past use — remembering the "good times" more than the consequences

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have started engaging in behaviors that used to accompany my substance use (staying out late, isolating, lying about small things)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I tell myself that being around substances is proof of how strong my recovery is

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have stopped planning ahead for high-risk situations and instead "wing it"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I notice that situations that used to feel dangerous now feel routine or even boring

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Personal Warning Signs Inventory

Building Your Personal Early Warning System

Your Smoke Detector

Complacency has warning signs — but they only work if you know what to look for AND you check regularly. Once identified, these become your recovery 'smoke detectors' — early alerts that something needs attention before a full fire develops.

Behavioral Warning Signs

Check any warning signs you are currently experiencing or have experienced in the past 3 months:

- ☐ Skipping or reducing meeting attendance
- ☐ Not calling sponsor or support people
- ☐ Neglecting physical health (sleep, diet, exercise)
- ☐ Taking on too much — overworking as avoidance
- ☐ Isolating from recovery community
- ☐ Returning to pre-recovery routines and habits

Add any personal warning signs specific to YOU that aren't listed:

Cognitive Warning Signs

Check any warning signs you are currently experiencing or have experienced in the past 3 months:

- ☐ "I've got this — I don't need as much help anymore"
- ☐ "My addiction wasn't really that bad"
- ☐ "I could probably handle just one"
- ☐ "I don't need meetings — I can do this on my own"
- ☐ "Other people need this program, but I've evolved past it"
- ☐ "The rules of recovery don't all apply to me"
- ☐ Minimizing past consequences of addiction
- ☐ Fantasizing about or romanticizing past substance use

Add any personal warning signs specific to YOU that aren't listed:

Emotional Warning Signs

Check any warning signs you are currently experiencing or have experienced in the past 3 months:

- ☐ Growing boredom with recovery and life in general
- ☐ Restlessness — feeling like something is missing
- ☐ Irritability and impatience with recovery processes
- ☐ Emotional numbness — loss of gratitude from early recovery
- ☐ Unexplained dissatisfaction despite things going well
- ☐ Resentment toward recovery obligations
- ☐ Feeling invulnerable or bulletproof
- ☐ Loss of fear about relapse

Add any personal warning signs specific to YOU that aren't listed:

Relational Warning Signs

Check any warning signs you are currently experiencing or have experienced in the past 3 months:

- ☐ Avoiding accountability conversations ☐ Being dishonest about recovery status ☐ Preferring non-recovery friendships exclusively ☐ Distancing from sponsor or mentor ☐ Becoming defensive when people express concern ☐ Spending more time with using associates ☐ Keeping secrets from support people ☐ Dismissing feedback about recovery as "overreaction"

Add any personal warning signs specific to YOU that aren't listed:

Warning Sign Action Plan

1. Looking at everything you checked, how many warning signs are active in your life right now?

2. Which warning signs appeared first — and which appeared most recently? What does this sequence reveal?

3. Choose your top 3 most important warning signs. For each one, what specific action will you take when you notice it?

4. Who in your life can you share this warning sign inventory with so they can help you stay alert?

YOUR EXERCISE

Support Network Reconnection Map

Rebuilding the Relationships That Protect Your Recovery

Why Connection Matters

Complacency thrives in isolation. The further you drift from people who understand your recovery, the easier it becomes to believe you don't need them.

Sponsor/Mentor

The person who guides your recovery work and holds you accountable

Who fills this role in your life? (Name them — or note if this position is empty)

Current status: How often are you in contact? How honest are you with them?

How has this connection changed since early recovery? What caused any distance?

What specific action will you take THIS WEEK to reconnect or strengthen this relationship?

Therapist/Counselor

Professional support for emotional and psychological health

Who fills this role in your life? (Name them — or note if this position is empty)

Current status: How often are you in contact? How honest are you with them?

How has this connection changed since early recovery? What caused any distance?

What specific action will you take THIS WEEK to reconnect or strengthen this relationship?

Recovery Community Friends

People from meetings, groups, or treatment who understand your journey

Who fills this role in your life? (Name them — or note if this position is empty)

Current status: How often are you in contact? How honest are you with them?

How has this connection changed since early recovery? What caused any distance?

What specific action will you take THIS WEEK to reconnect or strengthen this relationship?

Family/Partner

Loved ones who are invested in your recovery

Who fills this role in your life? (Name them — or note if this position is empty)

Current status: How often are you in contact? How honest are you with them?

How has this connection changed since early recovery? What caused any distance?

What specific action will you take THIS WEEK to reconnect or strengthen this relationship?

Sober Social Connections

People you enjoy spending time with who support your sobriety

Who fills this role in your life? (Name them — or note if this position is empty)

Current status: How often are you in contact? How honest are you with them?

How has this connection changed since early recovery? What caused any distance?

What specific action will you take THIS WEEK to reconnect or strengthen this relationship?

PART 4 OF 5 · READING

The Brain Science: Why Complacency Feels Natural

Understanding why complacency develops is not an intellectual exercise — it is a practical defense strategy. When you understand the neurological and psychological mechanisms that drive recovery drift, you can recognize them in real time and intervene before they dismantle the behavioral infrastructure of your sobriety.

The primary mechanism is neurological habituation. Your brain is an efficiency machine designed to reduce attention to stimuli that remain constant and redirect that attention to novel threats or opportunities. When recovery feels stable, the brain naturally reduces the alarm signals that once kept you vigilant.

The second mechanism is the hedonic treadmill. Humans adapt remarkably quickly to both positive and negative circumstances, returning to a relatively stable baseline of wellbeing regardless of what happens. The dramatic improvement in quality of life that accompanies early recovery produces a surge of satisfaction and motivation. But the hedonic treadmill pulls you back to baseline. What once felt like a miracle (waking up sober, holding down a job, having people trust you again) becomes the new normal. And "normal" doesn't generate the emotional energy that "miraculous" does.

The third mechanism is the extinction of conditioned fear responses. In early recovery, the pain of addiction is vivid and immediate. This emotional memory functions as a conditioned fear response that motivates avoidance. But conditioned responses extinguish over time when the feared stimulus is not re-experienced. The pain becomes a story rather than a feeling. And stories don't motivate behavior the way visceral emotional memories do.

The fifth mechanism is cognitive ease — the brain's preference for thinking patterns that require less effort. Active recovery requires cognitive effort: monitoring your emotional state, planning for high-risk situations, maintaining accountability, challenging unhealthy thought patterns. Complacency is cognitively easier. It requires nothing.

The practical implication is straightforward but sobering: your brain will actively work against sustained recovery effort. Not because it wants you to relapse, but because it is doing what brains do. Knowing this means you can stop treating complacency as a personal failing and start treating it as a predictable neurological pattern that requires structural countermeasures — not willpower, but systems. Not motivation, but habits. Not inspiration, but routine.

Reflection Questions

1. Which of the mechanisms described resonates most strongly with your experience? Can you identify it operating in your own recovery right now?

2. Has the gratitude or urgency you felt in early recovery faded? What specific things that once felt miraculous now feel ordinary?

3. How vivid is the emotional memory of your active addiction? Can you still feel it, or has it become more of a story?

4. Do you experience recovery as "boring"? If so, what does your brain want instead, and how might that wanting create vulnerability?

5. What "structural countermeasures" — systems, habits, routines rather than willpower — could you implement to protect yourself against the brain's natural drift toward complacency?

YOUR EXERCISE

Complacency Trigger-Response Planning

Replacing Drift with Deliberate Action

If-Then Planning

Instead of vague intentions ('I'll stay engaged'), you create specific response protocols: 'When I notice [complacency trigger], I will immediately [specific recovery action].' This bridges the gap between intention and behavior.

When I Think About Skipping a Meeting or Recovery Activity

How will I recognize this trigger early? What does the earliest warning look like?

What rationalizing thought typically accompanies this trigger?

My IMMEDIATE response (within 5 minutes of noticing): What will I DO?

My follow-up response (within 24 hours): What additional recovery action will I take?

Who will I tell? What will I say?

When I Start Believing "I've Got This" Without Support

How will I recognize this trigger early? What does the earliest warning look like?

What rationalizing thought typically accompanies this trigger?

My IMMEDIATE response (within 5 minutes of noticing): What will I DO?

My follow-up response (within 24 hours): What additional recovery action will I take?

Who will I tell? What will I say?

When I Return to a High-Risk Environment or Relationship

How will I recognize this trigger early? What does the earliest warning look like?

What rationalizing thought typically accompanies this trigger?

My IMMEDIATE response (within 5 minutes of noticing): What will I DO?

My follow-up response (within 24 hours): What additional recovery action will I take?

Who will I tell? What will I say?

When I Feel Bored, Restless, or Numb in Recovery

How will I recognize this trigger early? What does the earliest warning look like?

What rationalizing thought typically accompanies this trigger?

My IMMEDIATE response (within 5 minutes of noticing): What will I DO?

My follow-up response (within 24 hours): What additional recovery action will I take?

Who will I tell? What will I say?

When I Catch Myself Romanticizing Past Use

How will I recognize this trigger early? What does the earliest warning look like?

What rationalizing thought typically accompanies this trigger?

My IMMEDIATE response (within 5 minutes of noticing): What will I DO?

My follow-up response (within 24 hours): What additional recovery action will I take?

Who will I tell? What will I say?

When Someone Expresses Concern About My Recovery

How will I recognize this trigger early? What does the earliest warning look like?

What rationalizing thought typically accompanies this trigger?

My IMMEDIATE response (within 5 minutes of noticing): What will I DO?

My follow-up response (within 24 hours): What additional recovery action will I take?

Who will I tell? What will I say?

PART 5 OF 5 · READING

From Complacency to Recommitment: The Path Back

If you recognize yourself in the preceding sections — if the description of complacency landed with uncomfortable accuracy — then you are in a position of significant power. Not because you are in danger (though you may be), but because you can see the danger. Complacency's greatest weapon is invisibility, and the fact that you can name it means its camouflage has been broken.

The first step in moving from complacency to recommitment is to reject the shame narrative. Complacency is not evidence that you are a bad person, a failed recoverer, or someone who doesn't care enough about their sobriety. It is evidence that you are a human being with a human brain that operates according to predictable patterns. Every person in long-term recovery will encounter complacency at some point — likely multiple times. The question is not whether it will arrive, but whether you will recognize it when it does.

The second step is honest assessment. This requires looking at your actual behavior — not your intentions, not your self-image, not the story you tell about yourself — but what you are actually doing on a daily basis. Are you attending meetings? How often? Are you calling your sponsor? When was the last time? Are you doing step work?

The third step is rebuilding from the basics. The temptation when recognizing complacency is to make dramatic, sweeping declarations: "I'll go to a meeting every day!" "I'll restart all twelve steps!" While the intention is admirable, the approach often fails because it tries to go from zero to everything overnight. A more sustainable approach is to identify the single most important recovery behavior you've abandoned and reinstate it — consistently, for two weeks — before adding anything else.

The fourth step is reconnecting with your story. One of complacency's most effective tactics is disconnecting you from the emotional reality of your addiction. Reconnecting requires deliberately re-engaging with that reality — not to punish yourself, but to re-activate the awareness that makes recovery feel necessary rather than optional.

The sixth step — and perhaps the most important — is building accountability structures that don't depend on your motivation. The lesson of complacency is that motivation is unreliable. The structures that protect your recovery must be strong enough to function even when your motivation is at its lowest.

Remember: the onset of complacency is not a failure — it is a wake-up call.

Reflection Questions

1. As you read this section, what is the most important action step that spoke to you? What would it look like to implement it starting today?

2. What is the single most important recovery behavior you've abandoned? What would it take to reinstate it this week — not perfectly, but consistently?

3. How connected are you to the emotional reality of your addiction? Can you still access the pain, or has it faded?

4. What new goal or challenge could reignite the sense of growth and purpose in your recovery?

5. What accountability structures can you build that will protect you even when your motivation drops?

CHECK YOURSELF · CHECK-IN 5 OF 5

Active Recovery Maintenance

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

1. I maintain a consistent daily routine that includes specific recovery-oriented activities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I actively seek out new challenges, goals, and growth opportunities in my recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I regularly assess my recovery and am honest about areas that need improvement

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I remain connected to a support community and contribute to it through service or sponsorship
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I am alert to subtle changes in my thinking, behavior, or attitude that could signal drift
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I treat my recovery as a dynamic, evolving process rather than a problem that has been solved
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I continue to practice gratitude, self-reflection, and accountability as daily habits
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I believe that recovery requires daily, intentional effort regardless of how long I have been sober
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Recovery Routine Rebuilder

Designing a Sustainable Daily Recovery Practice

Structure Over Motivation

Motivation fades — that's the lesson of complacency. But structure persists. This exercise helps you design a daily recovery routine that doesn't depend on how you feel.

Morning Recovery Anchors

My very first recovery action upon waking (something that takes 5 minutes or less):

My morning spiritual/mindfulness practice (prayer, meditation, reflection):

My morning recovery reading or literature:

My daily intention-setting practice (how will I actively protect my recovery today?):

Weekly Recovery Structure

Map out your weekly recovery schedule. For each day, identify specific recovery activities and the time you will do them:

Monday

What specific recovery activities will you do on Monday? Include time of day.

Tuesday

What specific recovery activities will you do on Tuesday? Include time of day.

Wednesday

What specific recovery activities will you do on Wednesday? Include time of day.

Thursday

What specific recovery activities will you do on Thursday? Include time of day.

Friday

What specific recovery activities will you do on Friday? Include time of day.

Saturday

What specific recovery activities will you do on Saturday? Include time of day.

Sunday

What specific recovery activities will you do on Sunday? Include time of day.

My Non-Negotiables

Identify 3-5 recovery practices that are completely non-negotiable — things you will do regardless of how you feel:

Non-Negotiable #1:

Non-Negotiable #2:

Non-Negotiable #3:

Non-Negotiable #4:

Non-Negotiable #5:

What will you do if you miss a non-negotiable? What is your recovery protocol for getting back on track immediately?

My plan for when I slip...

YOUR EXERCISE

Daily Recovery Vitality Check-In

7 Days of Measuring Active Engagement

The Practice

Each day for one week, take 5-10 minutes to honestly assess your recovery engagement. This practice builds the habit of regular self-monitoring — the opposite of the autopilot that complacency creates.

Day 1

What specific recovery actions did I take today?

Did I skip or avoid any recovery activity today? If yes, what was my justification?

Did I have a genuine, honest connection with anyone in recovery today? What did I share?

Did I notice any complacent thoughts or attitudes today? What were they?

Recovery vitality rating today (1 = completely on autopilot, 10 = fully engaged)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Day 2

What specific recovery actions did I take today?

Did I skip or avoid any recovery activity today? If yes, what was my justification?

Did I have a genuine, honest connection with anyone in recovery today? What did I share?

Did I notice any complacent thoughts or attitudes today? What were they?

Recovery vitality rating today (1 = completely on autopilot, 10 = fully engaged)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Day 3

What specific recovery actions did I take today?

Did I skip or avoid any recovery activity today? If yes, what was my justification?

Did I have a genuine, honest connection with anyone in recovery today? What did I share?

Did I notice any complacent thoughts or attitudes today? What were they?

Recovery vitality rating today (1 = completely on autopilot, 10 = fully engaged)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Day 4

What specific recovery actions did I take today?

Did I skip or avoid any recovery activity today? If yes, what was my justification?

Did I have a genuine, honest connection with anyone in recovery today? What did I share?

Did I notice any complacent thoughts or attitudes today? What were they?

Recovery vitality rating today (1 = completely on autopilot, 10 = fully engaged)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Day 5

What specific recovery actions did I take today?

Did I skip or avoid any recovery activity today? If yes, what was my justification?

Did I have a genuine, honest connection with anyone in recovery today? What did I share?

Did I notice any complacent thoughts or attitudes today? What were they?

Recovery vitality rating today (1 = completely on autopilot, 10 = fully engaged)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Day 6

What specific recovery actions did I take today?

Did I skip or avoid any recovery activity today? If yes, what was my justification?

Did I have a genuine, honest connection with anyone in recovery today? What did I share?

Did I notice any complacent thoughts or attitudes today? What were they?

Recovery vitality rating today (1 = completely on autopilot, 10 = fully engaged)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Day 7

What specific recovery actions did I take today?

Did I skip or avoid any recovery activity today? If yes, what was my justification?

Did I have a genuine, honest connection with anyone in recovery today? What did I share?

Did I notice any complacent thoughts or attitudes today? What were they?

Recovery vitality rating today (1 = completely on autopilot, 10 = fully engaged)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

YOUR EXERCISE

New Goals & Growth Planner

Making Recovery Generative Again

Growth Is the Antidote

Complacency thrives when recovery becomes pure maintenance. Setting new goals transforms recovery from a defensive stance into an expansive journey. When you're growing, you're engaged. When you're engaged, complacency can't take root.

Areas of Stagnation

Identify the areas of your recovery and life where growth has stalled:

Spiritual/Emotional Growth: Where has your inner development plateaued?

Recovery Program Engagement: Where have you stopped going deeper (step work, sponsoring, service)?

Relationships: Where are you settling rather than building more authentic connection?

Professional/Educational: Where are you coasting rather than challenging yourself?

Physical Health: Where have you stopped improving and started maintaining (or declining)?

Personal Character: What defects or patterns have you stopped working on?

Growth Goal #1

What is the new goal? (Specific, meaningful, and challenging)

Why does this goal matter for your recovery — not just your life, but your sobriety?

Connect it directly to recovery...

What are the first 3 concrete steps toward this goal?

1. / 2. / 3.

What is your timeline? When will you start, and what milestones will you hit?

Who will hold you accountable, and how will they check on your progress?

Growth Goal #2

What is the new goal? (Specific, meaningful, and challenging)

Why does this goal matter for your recovery — not just your life, but your sobriety?

Connect it directly to recovery...

What are the first 3 concrete steps toward this goal?

1. / 2. / 3.

What is your timeline? When will you start, and what milestones will you hit?

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What are the first 3 concrete steps toward this goal?

1. / 2. / 3.

What is your timeline? When will you start, and what milestones will you hit?

Who will hold you accountable, and how will they check on your progress?

YOUR EXERCISE

Recovery Recommitment Contract

A Formal Agreement Between You and Your Recovery

Making It Real

This contract is not symbolic. It is a concrete, written commitment that synthesizes everything you've learned and processed throughout this intensive. Writing it down, signing it, and sharing it transforms insight into intention and intention into action.

Part 1: Acknowledgment

I acknowledge that complacency has entered my recovery in the following specific ways:

I acknowledge that the following beliefs, thoughts, or rationalizations have contributed to my drift:

I acknowledge that the following recovery behaviors have been reduced or abandoned:

I acknowledge that complacency poses a real threat to my sobriety and that taking action is not optional — it is necessary.

Part 2: Specific Commitments

MY DAILY NON-NEGOTIABLE RECOVERY PRACTICES (list each one):

MY WEEKLY RECOVERY COMMITMENTS (meetings, therapy, sponsor contact, etc.):

MY ACCOUNTABILITY STRUCTURE (who will I be accountable to, and how?):

MY RESTORED BOUNDARIES (what environments, people, or situations will I avoid or limit?):

MY WARNING SIGN PROTOCOL (what will I do at the first sign of complacency returning?):

MY NEW GROWTH GOALS (what am I building toward, not just maintaining?):

Part 3: My Why

1. Write about why your recovery matters — not in abstract terms, but in specific, personal, visceral terms. Who are you staying sober for? What are you protecting?

2. What would you lose if complacency led to relapse? Be specific and unflinching.

3. What is the life you are building in recovery? Describe it — the relationships, the self-respect, the freedom, the purpose.

4. Write a letter to your future self — the version of you who might read this contract six months from now when complacency has started whispering again.

Part 4: Signature & Witness

RECOVERY RECOMMITMENT CONTRACT

I acknowledge that complacency has entered my recovery and that active recommitment is required. I commit to the specific practices, boundaries, accountability structures, and growth goals outlined in this contract. I understand that recovery is a daily practice, not a destination.

Your Name:

Today's Date:

Witness (sponsor, therapist, or trusted support person):

Review Date (when will you revisit this contract? Recommended: 30 days):

Next Step

Share this contract with your witness within 48 hours. Put your review date on your calendar. Reference it weekly. The fact that you completed this intensive is already an act of recommitment. Build on it — one day at a time.