

Internal Dialogue Prior to Relapse

Relapse Prevention · The Recovery Files

Exposing the Voice That Builds the Case for Using
Your progress0 of 6 parts done

Deception · Disease voice disguised as reason · Detection · Recognized, named, countered

In this workbook

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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 5 · READING

The Voice Before the Relapse: Understanding Internal Dialogue

Every relapse begins with a conversation — but not the kind you can hear from across the room. It begins with the conversation you have with yourself. The internal dialogue that precedes relapse is one of the most important and most misunderstood phenomena in addiction recovery.

Internal dialogue is the continuous stream of thoughts, interpretations, beliefs, and self-talk that runs through your mind every waking moment. It is the voice that narrates your experience, evaluates your circumstances, predicts your future, and — critically — tells you what to do next. For most people, this internal voice operates largely below conscious awareness, like background music that shapes your mood without you realizing it's playing.

For people in recovery from substance use disorders, this internal dialogue takes on life-or-death significance. Because the disease of addiction is, at its core, a disease of thinking. It doesn't just hijack your body's relationship with substances — it hijacks your mind's relationship with reality. Addiction installs a voice inside your head that sounds exactly like you, uses your vocabulary, references your experiences, and constructs arguments using your own logic. But it serves a single agenda: to return you to substance use.

This voice doesn't announce itself by saying, "Hello, I'm your addiction speaking, and I'd like to convince you to relapse." Instead, it disguises itself as rationality, as wisdom, as self-knowledge. It says things like: "You've been doing so well — you could probably handle just one." "Your problem was really just with the hard stuff. A beer would be fine." "The stress you're under is unbearable. You need relief." "Recovery is making your life smaller. You deserve to live normally."

Each of these thoughts feels like yours. Each of them feels reasonable. And each of them is a lie wearing the mask of truth.

The metaphor that captures this most accurately is the Trojan Horse. The Greeks couldn't breach the walls of Troy through direct assault, so they built a beautiful wooden horse and left it as a "gift" outside the gates. The Trojans, believing the horse was a tribute, brought it inside their walls. And in the dead of night, Greek soldiers emerged from inside the horse and destroyed the city from within.

Your relapse-oriented internal dialogue operates exactly this way. It doesn't try to breach your recovery defenses with a direct assault. Instead, it packages destructive thoughts inside the language of reason, fairness, self-care, and personal freedom — and you carry them past your own defenses because they don't look like threats. They look like gifts.

The goal of this intensive is to drag this voice into the light. To name it. To catalog its strategies. To understand its patterns. And to develop concrete tools for recognizing it, challenging it, and responding to it with recovery-protective action — before it opens the gates of your city.

Reflection Questions

1. When you read the description of internal dialogue that precedes relapse, did you recognize your own voice? Which specific thought pattern sounded most familiar?

2. Can you recall a specific time when your internal dialogue shifted from recovery-supportive to relapse-oriented? What triggered the shift, and how did it feel from the inside?

3. How does the Trojan Horse metaphor land for you? Can you identify a time when a relapse-oriented thought entered your mind disguised as something reasonable, fair, or even healthy?

4. On a scale of 1 to 10, how aware are you — right now, today — of your internal dialogue? Do you notice your thoughts as they happen, or do you tend to act on them before recognizing what they are?

5. If your addiction had a voice that was separate from yours, what would it sound like? What would it say to you right now?

CHECK YOURSELF · CHECK-IN 1 OF 5

Relapse Justification & Permission-Giving

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

1. I have told myself that using would be okay "if I decide to" — as though making it a conscious choice makes it safe

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have used my emotional pain as justification: "After everything I've been through, I deserve a break"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have convinced myself that staying in recovery isn't worth the effort or the sacrifice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have thought "recovery is preventing me from living a normal or fun life"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have used other people's behavior as justification: "If they hadn't done X, I wouldn't need to use"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I have created so much unnecessary pain and problems for myself that using starts to seem like the logical escape

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I catch myself building a case — collecting evidence for why relapse would be reasonable or inevitable

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have mentally rehearsed the act of using — imagining how it would feel, where I would go, what I would use

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Relapse Voice Catalog

Identifying and Naming Every Voice Your Disease Uses

Know Your Enemy

Your disease doesn't use one voice — it has a whole cast of characters, each designed to exploit a different vulnerability. Cataloging these voices strips them of their disguise.

The Minimizer

Tells you your addiction wasn't that bad, your consequences weren't that severe, and you're overreacting by being in recovery.

COMMON PHRASES — tap any you've heard in your own head:

☐ "It wasn't really that bad" ☐ "Other people had it way worse" ☐ "I was functional — I could still work and pay bills" ☐ "I'm being dramatic about this whole thing"

What specific versions of this voice have YOU heard? Write your own phrases — the exact words your disease uses:

When does this voice get loudest? What situations, emotions, or circumstances activate it?

How does this voice make you feel? (Empowered? Justified? Hopeless? Entitled? Resigned?)

The Negotiator

Tries to find loopholes — different substances, different circumstances, moderation plans, controlled use scenarios.

COMMON PHRASES — tap any you've heard in your own head:

- ☐ "Maybe just beer, not the hard stuff" ☐ "I could limit myself to weekends only" ☐ "One won't hurt"
- ☐ "This substance was never my problem"

What specific versions of this voice have YOU heard? Write your own phrases — the exact words your disease uses:

When does this voice get loudest? What situations, emotions, or circumstances activate it?

How does this voice make you feel? (Empowered? Justified? Hopeless? Entitled? Resigned?)

The Victim

Uses your pain, unfairness, and suffering as justification. Makes relapse seem like a reasonable response to unreasonable circumstances.

COMMON PHRASES — tap any you've heard in your own head:

- ☐ "After everything I've been through, I deserve a break"
- ☐ "Nobody understands what I'm dealing with"
- ☐ "If they hadn't done X, I wouldn't need this"
- ☐ "Life keeps kicking me when I'm down"

What specific versions of this voice have YOU heard? Write your own phrases — the exact words your disease uses:

When does this voice get loudest? What situations, emotions, or circumstances activate it?

How does this voice make you feel? (Empowered? Justified? Hopeless? Entitled? Resigned?)

The Escapist

Focuses on the desire for relief, freedom from pain, or just wanting to feel "normal" — framing substance use as self-care.

COMMON PHRASES — tap any you've heard in your own head:

- ☐ "I just need something to take the edge off"
- ☐ "I can't keep feeling like this"
- ☐ "I just want to feel normal for one night"
- ☐ "Recovery is exhausting and I need a break"

What specific versions of this voice have YOU heard? Write your own phrases — the exact words your disease uses:

When does this voice get loudest? What situations, emotions, or circumstances activate it?

How does this voice make you feel? (Empowered? Justified? Hopeless? Entitled? Resigned?)

The Rebel

Frames recovery as restriction and substance use as freedom, autonomy, or living life on your own terms.

COMMON PHRASES — tap any you've heard in your own head:

- ☐ "Recovery is stopping me from living my life" ☐ "I should be able to make my own choices" ☐ "I'm tired of being told what I can and can't do" ☐ "Normal people don't have to live like this"

What specific versions of this voice have YOU heard? Write your own phrases — the exact words your disease uses:

When does this voice get loudest? What situations, emotions, or circumstances activate it?

How does this voice make you feel? (Empowered? Justified? Hopeless? Entitled? Resigned?)

The Fatalist

Uses hopelessness and catastrophic thinking to make relapse seem inevitable, removing the point of trying to prevent it.

COMMON PHRASES — tap any you've heard in your own head:

- ☐ "I'm going to relapse eventually anyway" ☐ "Nothing ever works out for me" ☐ "What's the point? Recovery isn't even working" ☐ "I was born broken — this is just who I am"

What specific versions of this voice have YOU heard? Write your own phrases — the exact words your disease uses:

When does this voice get loudest? What situations, emotions, or circumstances activate it?

How does this voice make you feel? (Empowered? Justified? Hopeless? Entitled? Resigned?)

PART 2 OF 5 · READING

The Control Fantasy: "I Can Handle It This Time"

Of all the lies that the addicted brain tells, the control fantasy may be the most seductive and the most lethal. It is the belief — sometimes whispered, sometimes shouted — that the fundamental relationship between you and substances has changed. That the work you've done in recovery has somehow rewired your brain to the point where you can now do what you could never do before: use substances in a controlled, moderate, safe way.

This belief is not evidence of growth. It is evidence that your disease is adapting.

The first variation is the "drug of choice" rationalization: "My problem was really with opioids. Alcohol was never my thing — I could probably drink socially." This rationalization exploits the common misunderstanding that addiction is substance-specific rather than brain-based. The reality is that addiction is a disorder of the brain's reward, motivation, and decision-making circuits. Using any mind-altering substance reactivates the same neurological pathways that drove your primary addiction.

The second variation is the "changed circumstances" theory: "I was using because of my marriage/job/living situation. Those circumstances have changed, so the reasons for my addiction no longer exist." This rationalization confuses triggers with causes. Remove the stressor, and your brain's addictive wiring is still intact.

The third variation is the "willpower" delusion: "I'm stronger now. I know what I'm doing. I can control it because I understand it." This variation is particularly dangerous because it contains a partial truth — you ARE stronger, you DO know more, you HAVE grown. But the conclusion it draws from these facts is catastrophically wrong. Understanding fire doesn't make you fireproof.

The fourth variation is the "just this once" exception: "I won't make a habit of it. Just tonight. Just this once." For the addicted brain, "just once" is a neurological impossibility. A single use reactivates dormant neural pathways with extraordinary efficiency. Research on relapse neurobiology demonstrates that the brain's response to a substance after a period of abstinence is often MORE intense, not less, than it was during active addiction.

The fifth — and perhaps most insidious — variation is the "conscious choice" fantasy: "If I decide to use, really decide, with full awareness, then it's a choice, not a relapse." This rationalization co-opts the language of autonomy and freedom to serve the agenda of the disease. By the time you "decide" to use, the decision has already been made by a process you weren't monitoring. The feeling of choice is the final illusion.

Reflection Questions

1. Which variation of the control fantasy have you experienced? Be specific about what your internal voice has said.

2. Have you ever used the "drug of choice" rationalization — telling yourself that a different substance would be safe? What was the logic, and how does it hold up under honest examination?

3. Have you told yourself that changed circumstances mean your addiction no longer applies? What circumstances changed, and does the logic actually hold?

4. Has your understanding of addiction ever made you feel invulnerable — like knowing how it works protects you from it? How is that confidence itself a vulnerability?

5. Have you ever framed potential relapse as a "choice" you're entitled to make? What does it reveal about where your internal dialogue has been heading?

CHECK YOURSELF · CHECK-IN 2 OF 5

Control & Moderation Fantasies

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

1. I have thought about whether I could use "just a little" or "just once" and still be okay

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have convinced myself that certain substances weren't really my problem — just the "hard" ones were

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I find myself developing theories about how my addiction was tied to specific circumstances that no longer exist

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have thought about how my life situation has changed enough that using would be different this time

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have minimized the severity of my addiction, telling myself "it wasn't that bad" or "I was never really an addict"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I catch myself comparing my use to someone whose addiction was "worse" as evidence that I could control it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have researched or thought about whether certain substances or methods of use would be "safer" for me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have created elaborate mental scenarios where substance use would be understandable, justified, or acceptable

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Control Fantasy Deconstruction

Testing "I Can Handle It" Against Reality

The Test

The control fantasy survives by never being examined closely. This exercise forces it into the light of specificity — where it almost always collapses under its own weight.

The "Drug of Choice" Switch

The belief that a different substance — one that "wasn't really your problem" — would be safe to use.

Write out this fantasy in your own words — exactly as it appears in your head:

What "evidence" does this fantasy use to support itself?

What evidence from your ACTUAL HISTORY contradicts this fantasy?

Write the truth that replaces this fantasy:

The "Changed Circumstances" Theory

The belief that because your life situation has changed, the conditions that drove your addiction no longer exist.

Write out this fantasy in your own words — exactly as it appears in your head:

What "evidence" does this fantasy use to support itself?

What evidence from your ACTUAL HISTORY contradicts this fantasy?

Write the truth that replaces this fantasy:

The "Just Once" Exception

The belief that a single, isolated use wouldn't restart the cycle of addiction.

Write out this fantasy in your own words — exactly as it appears in your head:

What "evidence" does this fantasy use to support itself?

What evidence from your ACTUAL HISTORY contradicts this fantasy?

Write the truth that replaces this fantasy:

The "Conscious Choice" Delusion

The belief that if you deliberately decide to use — rather than "giving in" — it's an exercise of freedom rather than a relapse.

Write out this fantasy in your own words — exactly as it appears in your head:

What "evidence" does this fantasy use to support itself?

What evidence from your ACTUAL HISTORY contradicts this fantasy?

Write the truth that replaces this fantasy:

The "Moderation Plan"

The belief that you could set and maintain rules about frequency, quantity, or context of use.

Write out this fantasy in your own words — exactly as it appears in your head:

What "evidence" does this fantasy use to support itself?

What evidence from your ACTUAL HISTORY contradicts this fantasy?

Write the truth that replaces this fantasy:

PART 3 OF 5 · READING

Self-Sabotage: How Self-Defeating Behaviors Build the Case for Relapse

There is a pattern that appears with eerie consistency in the weeks and months before a relapse, and it operates almost entirely beneath conscious awareness. The person in recovery begins engaging in self-defeating behaviors — procrastination, people-pleasing, conflict-creation, avoidance, impulsivity — that gradually make their life unmanageable. As the unmanageability increases, the person experiences escalating stress, frustration, and hopelessness. And as the hopelessness grows, the internal dialogue shifts from "recovery is worth it" to "recovery isn't working" to "maybe using would actually make things better."

The devastating irony is that the person doesn't recognize that they are the architect of the very circumstances they will use as justification for relapse.

Procrastination is one of the most reliable warning signs. It serves multiple functions for the disease. First, it creates a growing pile of unaddressed responsibilities that generates anxiety, guilt, and shame — all potent relapse triggers. Third, it produces concrete evidence of failure that feeds the catastrophic narrative: "See? You can't even handle basic responsibilities. What's the point of trying?"

People-pleasing serves a different but equally destructive function. When a person in recovery begins pouring all their energy into meeting others' needs while completely ignoring their own, they create a slow-burning resentment that will eventually need an outlet. And they set up a future justification: "I do everything for everyone else and nobody does anything for me. I deserve to do something for myself for once."

Catastrophic thinking — the tendency to interpret minor setbacks as evidence of total, inevitable failure — is perhaps the most direct pipeline to relapse justification. A bad day at work becomes "I'll never succeed at anything." A missed meeting becomes "I've already ruined my recovery." Each catastrophic interpretation adds another brick to the wall of hopelessness, and hopelessness is the emotional state most likely to produce the thought: "What's the point of staying sober?"

The return of old, impulsive and compulsive behaviors is a flashing red warning signal. These behaviors (compulsive spending, risky sexual behavior, gambling, binge eating, rage episodes) serve the same neurological function that substances once served: they provide a burst of dopamine, a temporary escape from emotional discomfort. When these behaviors return, it means your brain is already seeking the kind of neurochemical relief that substances provided. You haven't relapsed on your substance of choice yet — but you've relapsed on the thinking and behavioral patterns that will take you there.

The most important thing to understand about self-sabotage is this: it is not evidence of your weakness. It is evidence that your disease is running a play — a sophisticated, multi-step play that uses your own psychology against you. Recognizing it is the first and most critical act of defense.

Reflection Questions

1. As you read about the self-sabotage pattern, did you recognize specific behaviors in your own life — currently or in past periods before a relapse or near-relapse?

2. Which self-defeating behavior pattern is most active in your life right now: procrastination, people-pleasing, catastrophic thinking, or the return of old impulsive behaviors?

3. Can you trace a connection between a self-defeating behavior and a relapse justification? For example: "I procrastinated on X → I felt like a failure → I thought, What's the point of trying?"

4. Have you ever created your own crisis or pain and then used that pain as a reason to consider using? What did that look like?

5. If your disease could design a perfect sequence of self-defeating behaviors to lead you back to use, what would that sequence look like?

CHECK YOURSELF · CHECK-IN 3 OF 5

Self-Defeating Beliefs & Behaviors

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

1. My procrastination has returned with a vengeance — important tasks get delayed indefinitely

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. My people-pleasing has escalated while my own needs get completely ignored

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have started using old, impulsive, or compulsive behaviors that preceded my substance use
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I catch myself engaging in all-or-nothing thinking: if I can't do something perfectly, I don't do it at all
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. My catastrophic thinking has escalated — minor setbacks feel like evidence of inevitable complete failure
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I have been sabotaging good things in my life through avoidance, procrastination, or self-destructive choices
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I notice myself creating unnecessary drama, chaos, or conflict in my relationships
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I have been making decisions based on instant gratification rather than long-term wellbeing
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Self-Sabotage Pattern Mapping

Tracing How Self-Defeating Behaviors Build the Case for Relapse

The Setup

Self-sabotage is the disease's long game. It creates the conditions that make substance use seem like the only logical escape. Trace the full sequence: self-defeating behavior → consequences → emotional escalation → relapse justification.

Procrastination & Avoidance

Important tasks pile up, creating anxiety, guilt, and shame that feed the "I can't handle this" narrative.

Describe specifically how this pattern is showing up in your life:

What problems, pain, or stress is this behavior creating?

How could your disease USE these consequences to justify relapse?

What is one specific action you can take THIS WEEK to interrupt this pattern?

People-Pleasing & Self-Neglect

Pouring energy into others while ignoring your own needs, creating depletion and resentment that fuel "I deserve a break."

Describe specifically how this pattern is showing up in your life:

What problems, pain, or stress is this behavior creating?

How could your disease USE these consequences to justify relapse?

What is one specific action you can take THIS WEEK to interrupt this pattern?

Catastrophic Thinking

Interpreting minor setbacks as total failure, creating hopelessness that feeds "What's the point of trying?"

Describe specifically how this pattern is showing up in your life:

What problems, pain, or stress is this behavior creating?

How could your disease USE these consequences to justify relapse?

What is one specific action you can take THIS WEEK to interrupt this pattern?

Impulsive/Compulsive Behavior Return

Old behavioral patterns resurface, signaling your brain is already seeking neurochemical relief.

Describe specifically how this pattern is showing up in your life:

What problems, pain, or stress is this behavior creating?

How could your disease USE these consequences to justify relapse?

What is one specific action you can take THIS WEEK to interrupt this pattern?

Chaos & Smile Creation

Unconsciously generating conflict, crisis, or upheaval that provides the emotional justification for using.

Describe specifically how this pattern is showing up in your life:

What problems, pain, or stress is this behavior creating?

How could your disease USE these consequences to justify relapse?

What is one specific action you can take THIS WEEK to interrupt this pattern?

PART 4 OF 5 · READING

The Neuroscience: How Your Brain Builds the Case for Relapse

Understanding the neuroscience behind relapse-oriented internal dialogue is not academic — it is strategic intelligence for a war you are fighting inside your own nervous system.

The first critical concept is the hijacked reward system. In the addicted brain, substances produce dopamine releases that are 2 to 10 times greater than natural rewards, and the brain adapts by downregulating dopamine receptors. The result: natural rewards produce less pleasure than they used to, and the memory of substance-induced reward becomes disproportionately powerful. When your internal dialogue says "nothing is as good as using was," it's reporting on a neurological distortion.

The second concept is the stress-relapse pathway. The brain's stress response system becomes sensitized in addiction. This means that even moderate stress produces an outsized neurological response. This sensitized stress response directly activates craving circuits, creating a neurological bridge between "I feel stressed" and "I need to use." When your internal dialogue says "I can't handle this without something to take the edge off," it is expressing a real neurological state. But the solution it proposes would make the underlying sensitization worse, not better.

The third concept is cognitive narrowing. Under stress, the prefrontal cortex — the brain region responsible for rational thought, impulse control, future planning, and consequence evaluation — becomes less active. This is why relapse-oriented thinking often has an all-or-nothing quality: "Everything is terrible," "Nothing will ever get better." These are artifacts of a brain that has temporarily lost access to its own complexity.

The fourth concept is euphoric recall. The brain stores emotional memories in a biased way: it preferentially encodes the initial rush of pleasure and relief that substances provided while attenuating the memory of the consequences that followed. When your internal dialogue romanticizes past use — "Remember how good that felt?" — it is accessing this neurologically biased memory system. The memory is real, but it is incomplete. It is a highlight reel without the crash footage.

The fifth concept is decision fatigue and ego depletion. Self-regulation draws on a finite neurological resource. When you are depleted — after a long, stressful day, during emotional upheaval, when you haven't slept or eaten well — your capacity for self-regulation is at its lowest. This is when relapse-oriented internal dialogue is most persuasive. The disease knows this. It waits for the moments when your defenses are down.

Reflection Questions

1. Which of the five neuroscience concepts resonated most with your experience? Can you identify a specific instance where that process was operating in your own brain?

2. Have you experienced the "flat" feeling of downregulated dopamine receptors in recovery — where nothing feels as rewarding as substances did? How has your internal dialogue used that experience against you?

3. Can you recall a time when cognitive narrowing affected your thinking — when stress made everything feel black-and-white and hopeless?

4. How vivid is your euphoric recall compared to your memory of consequences? If you were to make a "full memory" — including ALL the consequences — what would it contain?

5. When are you most depleted — most vulnerable to relapse-oriented thinking? What specific circumstances, times of day, or emotional states lower your defenses?

CHECK YOURSELF · CHECK-IN 4 OF 5

Cognitive Distortions & Thinking Errors

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

1. I engage in black-and-white thinking: things are either perfect or completely ruined, with no middle ground

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I overgeneralize: one bad day becomes "everything always goes wrong" or "nothing ever works out for me"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I selectively filter: I focus on the negative while ignoring or dismissing positive evidence

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I engage in emotional reasoning: because I feel hopeless, I conclude that the situation IS hopeless

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I "should" all over myself: I constantly tell myself what I should be, should feel, should have accomplished

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I personalize: I take responsibility for things that aren't my fault while blaming others for things that are

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I engage in fortune-telling: I predict negative outcomes with certainty before they happen

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I magnify problems and minimize strengths, resources, and past successes in recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Cognitive Distortion Identifier

Learning the Thinking Errors That Fuel Relapse Dialogue

Bugs in Your Software

Cognitive distortions are systematic errors in thinking — like bugs in software that produce predictable wrong outputs. Your disease exploits these bugs to generate relapse-oriented conclusions from everyday experiences.

All-or-Nothing Thinking

Seeing things in black and white. If it's not perfect, it's a total failure.

EXAMPLE

"I missed one meeting, so my whole recovery is ruined."

Write a RECENT example of this distortion from your own life — a specific thought you had:

Now rewrite it — what is the balanced, accurate version of this thought?

Overgeneralization

Taking one negative event and treating it as a never-ending pattern.

EXAMPLE

"I always mess things up." "Nothing ever works out for me."

Write a RECENT example of this distortion from your own life — a specific thought you had:

Now rewrite it — what is the balanced, accurate version of this thought?

Mental Filter

Focusing exclusively on negatives while ignoring or dismissing positives.

EXAMPLE

You had 364 good days but obsess over the one bad day.

Write a RECENT example of this distortion from your own life — a specific thought you had:

Now rewrite it — what is the balanced, accurate version of this thought?

Emotional Reasoning

Treating feelings as facts. Because I feel hopeless, the situation must be hopeless.

EXAMPLE

"I feel like a failure, therefore I am a failure."

Write a RECENT example of this distortion from your own life — a specific thought you had:

Now rewrite it — what is the balanced, accurate version of this thought?

Catastrophizing

Magnifying problems to their worst possible outcome.

EXAMPLE

"One slip will destroy my entire life."

Write a RECENT example of this distortion from your own life — a specific thought you had:

Now rewrite it — what is the balanced, accurate version of this thought?

"Should" Statements

Punishing yourself with rigid expectations.

EXAMPLE

"I should be further along by now." "I shouldn't still be struggling."

Write a RECENT example of this distortion from your own life — a specific thought you had:

Now rewrite it — what is the balanced, accurate version of this thought?

Fortune-Telling

Predicting negative outcomes with certainty before they happen.

EXAMPLE

"I'll never be able to stay sober long-term."

Write a RECENT example of this distortion from your own life — a specific thought you had:

Now rewrite it — what is the balanced, accurate version of this thought?

Personalization & Blame

Taking excessive responsibility for things outside your control, or blaming others for things within your control.

EXAMPLE

"It's all my fault." / "It's all their fault."

Write a RECENT example of this distortion from your own life — a specific thought you had:

Now rewrite it — what is the balanced, accurate version of this thought?

YOUR EXERCISE

The Full Story Document

Your Complete Counter to Euphoric Recall

The Director's Cut

Your brain stores a highlight reel of substance use. This document creates the director's cut: the FULL story, including everything your brain conveniently edits out. Keep this accessible. Read it when the highlight reel starts playing.

Part 1: What My Brain Remembers (The Highlight Reel)

What sensations does your brain remember most vividly?

Write what your brain shows you...

What emotional state did substances initially provide?

Write what your brain shows you...

What does the "best" version of your using look like in your memory?

Write what your brain shows you...

Part 2: What My Brain Edits Out (The Full Consequences)

Physical Consequences: What happened to your body?

Mental/Emotional Consequences: What happened to your mind?

Relationship Consequences: Who was hurt? What was lost?

Legal/Financial Consequences: What did it cost?

Dignity Consequences: What did you do that violated your own values?

THE WORST MOMENT: The single worst moment of your active addiction — the moment you most need to remember when euphoric recall is playing.

Part 3: The Complete Truth Statement

1. Having written both the highlight reel and the full consequences, write a complete truth statement: "When my brain tells me using was [highlight reel], the complete truth is [full story]..."

Write the complete truth...

2. What would happen to you — specifically, concretely — if you relapsed today?

Write the complete truth...

3. When do you most need to read this document? What specific situations signal you should pull it out?

Write the complete truth...

PART 5 OF 5 · READING

Countering the Voice: From Dialogue to Defense

Now that you understand what the relapse-oriented internal dialogue is, how it operates, and why your brain generates it, the critical question becomes: what do you do about it?

The first tool is recognition and naming. The moment you notice relapse-oriented thinking, name it — out loud if possible: "That's my disease talking." "That's a relapse justification." "That's euphoric recall." "That's the control fantasy." Research on affect labeling shows that the act of naming activates the prefrontal cortex and reduces activity in the amygdala. Naming the thought puts you back in the observer's seat rather than the passenger's seat. This single act creates a gap between the thought and the behavior it wants to produce — and in that gap, you have a choice.

The second tool is the full-story counter. When your internal dialogue presents the highlight reel of past use, you counter it with the director's cut — the complete, unedited story. Not just "remember how good that first drink felt" but "remember what happened next: the blackout, the argument, the shame, the arrest." Write out your full story — the complete consequences — and keep it accessible.

The third tool is thought challenging. When you catch a relapse-oriented thought, subject it to cross-examination: "Is this thought based on evidence or on how I feel right now?" "Would I give this advice to someone I love in recovery?" "What would my sponsor say about this thought?" Most relapse-oriented thoughts cannot survive honest cross-examination.

The fourth tool is externalization — getting the thought out of your head and into the light. The relapse-oriented voice is most powerful when it operates in isolation. The moment you share the thought with another person — your sponsor, a therapist, a recovery friend — it loses much of its power. Secrecy is the atmosphere in which relapse-oriented thinking thrives; transparency is the environment in which it suffocates.

The fifth tool is pre-planned action protocols. Because you know the voice will come — it's not a question of if but when — you can plan your response in advance: "When I notice myself fantasizing about controlled use, I will call my sponsor within 10 minutes." These protocols bypass the decision-making process that is compromised during relapse-oriented thinking.

The sixth tool — and perhaps the most fundamental — is daily practice. The relapse-oriented voice doesn't take days off. Morning meditation, step work, meetings, journaling, therapy — these are the sentinels standing guard at the gates. When they're present, the Trojan Horse gets inspected before it enters. When they're absent, the gates are wide open.

Reflection Questions

1. Which of the six tools described above feels most immediately useful to you? Which one are you already using? Which one are you avoiding?

2. Practice the recognition and naming tool right now: is there any relapse-oriented thought you've had recently that you can name? Say it: "That was my disease telling me..."

3. Do you have a "full story" — a complete account of the consequences of your addiction — written down and accessible? If not, what stops you from creating one?

4. How comfortable are you sharing your most dangerous thoughts with another person? What makes externalization feel risky, and what makes it necessary?

5. Write out three specific if-then protocols that you can commit to starting today. Be precise about the trigger and the response.

CHECK YOURSELF · CHECK-IN 5 OF 5

Reality Testing & Honest Self-Awareness

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

1. I can recognize when my thinking has shifted from recovery-supportive to relapse-oriented

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I share my honest internal dialogue with my sponsor, therapist, or support person — even the shameful parts

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I can distinguish between a feeling and a fact — knowing that feeling hopeless doesn't mean the situation is hopeless

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I challenge my own thinking when I notice patterns of justification, minimization, or catastrophizing

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have specific tools for interrupting dangerous thought patterns before they escalate

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I understand that the voice telling me to use is a symptom of my disease, not evidence of truth

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I can name my most common relapse justifications and recognize them when they appear

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I maintain regular practices (therapy, meetings, journaling) that keep me honest about my internal landscape

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Thought Cross-Examination

Putting Relapse-Oriented Thoughts on Trial

The Courtroom

Relapse-oriented thoughts are expert witnesses for the disease — they sound credible but they cannot survive cross-examination. This exercise teaches you to be the opposing attorney.

Thought on Trial #1

THE THOUGHT: Write a specific relapse-oriented thought you've had recently:

CROSS-EXAMINATION:

Is this thought based on evidence or on how I feel right now?

What has happened EVERY OTHER TIME I've believed this thought and acted on it?

Would I give this advice to someone I love who is in recovery?

What am I conveniently leaving out of this analysis?

Is this MY voice or my DISEASE's voice? What does the disease gain if I believe this?

THE VERDICT: Write the corrected, honest version of this thought:

Thought on Trial #2

THE THOUGHT: Write a specific relapse-oriented thought you've had recently:

CROSS-EXAMINATION:

Is this thought based on evidence or on how I feel right now?

What has happened EVERY OTHER TIME I've believed this thought and acted on it?

Would I give this advice to someone I love who is in recovery?

What am I conveniently leaving out of this analysis?

Is this MY voice or my DISEASE's voice? What does the disease gain if I believe this?

THE VERDICT: Write the corrected, honest version of this thought:

Thought on Trial #3

THE THOUGHT: Write a specific relapse-oriented thought you've had recently:

CROSS-EXAMINATION:

Is this thought based on evidence or on how I feel right now?

What has happened EVERY OTHER TIME I've believed this thought and acted on it?

Would I give this advice to someone I love who is in recovery?

What am I conveniently leaving out of this analysis?

Is this MY voice or my DISEASE's voice? What does the disease gain if I believe this?

THE VERDICT: Write the corrected, honest version of this thought:

Thought on Trial #4

THE THOUGHT: Write a specific relapse-oriented thought you've had recently:

CROSS-EXAMINATION:

Is this thought based on evidence or on how I feel right now?

What has happened EVERY OTHER TIME I've believed this thought and acted on it?

Would I give this advice to someone I love who is in recovery?

What am I conveniently leaving out of this analysis?

Is this MY voice or my DISEASE's voice? What does the disease gain if I believe this?

THE VERDICT: Write the corrected, honest version of this thought:

Thought on Trial #5

THE THOUGHT: Write a specific relapse-oriented thought you've had recently:

CROSS-EXAMINATION:

Is this thought based on evidence or on how I feel right now?

What has happened EVERY OTHER TIME I've believed this thought and acted on it?

Would I give this advice to someone I love who is in recovery?

What am I conveniently leaving out of this analysis?

Is this MY voice or my DISEASE's voice? What does the disease gain if I believe this?

THE VERDICT: Write the corrected, honest version of this thought:

YOUR EXERCISE

If-Then Response Protocols

Pre-Planned Responses to Relapse-Oriented Dialogue

Decide Now, When You Can Think Clearly

When relapse-oriented thinking is active, your prefrontal cortex is compromised. That's why you need protocols — pre-planned responses you decided on when your brain was functioning clearly.

When I Hear the Control Fantasy ("I could handle just one...")

WITHIN 5 MINUTES: What will I do immediately?

WITHIN 1 HOUR: What follow-up action will I take?

WITHIN 24 HOURS: What structural recovery action will I take?

WHO WILL I TELL? Name the specific person and what you will say:

When I Start Building a Case for Why Relapse Is Justified

WITHIN 5 MINUTES: What will I do immediately?

WITHIN 1 HOUR: What follow-up action will I take?

WITHIN 24 HOURS: What structural recovery action will I take?

WHO WILL I TELL? Name the specific person and what you will say:

When Catastrophic Thinking Tells Me Recovery Isn't Worth It

WITHIN 5 MINUTES: What will I do immediately?

WITHIN 1 HOUR: What follow-up action will I take?

WITHIN 24 HOURS: What structural recovery action will I take?

WHO WILL I TELL? Name the specific person and what you will say:

When I Romanticize Past Use (Euphoric Recall)

WITHIN 5 MINUTES: What will I do immediately?

WITHIN 1 HOUR: What follow-up action will I take?

WITHIN 24 HOURS: What structural recovery action will I take?

WHO WILL I TELL? Name the specific person and what you will say:

When Self-Defeating Behaviors Start Escalating

WITHIN 5 MINUTES: What will I do immediately?

WITHIN 1 HOUR: What follow-up action will I take?

WITHIN 24 HOURS: What structural recovery action will I take?

WHO WILL I TELL? Name the specific person and what you will say:

When I Start Mentally Rehearsing the Act of Using

WITHIN 5 MINUTES: What will I do immediately?

WITHIN 1 HOUR: What follow-up action will I take?

WITHIN 24 HOURS: What structural recovery action will I take?

WHO WILL I TELL? Name the specific person and what you will say:

When I Feel the Urge to Keep Dangerous Thoughts Secret

WITHIN 5 MINUTES: What will I do immediately?

WITHIN 1 HOUR: What follow-up action will I take?

WITHIN 24 HOURS: What structural recovery action will I take?

WHO WILL I TELL? Name the specific person and what you will say:

YOUR EXERCISE

Daily Internal Dialogue Monitor

7 Days of Catching the Voice in Real Time

The Practice

Each day for one week, monitor your internal dialogue — specifically looking for relapse-oriented thinking, self-defeating beliefs, and cognitive distortions. The more you practice noticing, the faster you'll catch dangerous patterns.

Day 1

Did I notice any relapse-oriented thoughts today? What did the voice say?

What triggered the thought? (Situation, emotion, physical state)

Did I notice any self-defeating behaviors today?

What did I DO with the thought? (Ignored it? Challenged it? Shared it?)

Internal dialogue danger level today (1 = recovery-supportive, 10 = actively relapse-oriented)

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

Day 2

Did I notice any relapse-oriented thoughts today? What did the voice say?

What triggered the thought? (Situation, emotion, physical state)

Did I notice any self-defeating behaviors today?

What did I DO with the thought? (Ignored it? Challenged it? Shared it?)

Internal dialogue danger level today (1 = recovery-supportive, 10 = actively relapse-oriented)

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

Day 3

Did I notice any relapse-oriented thoughts today? What did the voice say?

What triggered the thought? (Situation, emotion, physical state)

Did I notice any self-defeating behaviors today?

What did I DO with the thought? (Ignored it? Challenged it? Shared it?)

Internal dialogue danger level today (1 = recovery-supportive, 10 = actively relapse-oriented)

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

Day 4

Did I notice any relapse-oriented thoughts today? What did the voice say?

What triggered the thought? (Situation, emotion, physical state)

Did I notice any self-defeating behaviors today?

What did I DO with the thought? (Ignored it? Challenged it? Shared it?)

Internal dialogue danger level today (1 = recovery-supportive, 10 = actively relapse-oriented)

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

Day 5

Did I notice any relapse-oriented thoughts today? What did the voice say?

What triggered the thought? (Situation, emotion, physical state)

Did I notice any self-defeating behaviors today?

What did I DO with the thought? (Ignored it? Challenged it? Shared it?)

Internal dialogue danger level today (1 = recovery-supportive, 10 = actively relapse-oriented)

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

Day 6

Did I notice any relapse-oriented thoughts today? What did the voice say?

What triggered the thought? (Situation, emotion, physical state)

Did I notice any self-defeating behaviors today?

What did I DO with the thought? (Ignored it? Challenged it? Shared it?)

Internal dialogue danger level today (1 = recovery-supportive, 10 = actively relapse-oriented)

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

Day 7

Did I notice any relapse-oriented thoughts today? What did the voice say?

What triggered the thought? (Situation, emotion, physical state)

Did I notice any self-defeating behaviors today?

What did I DO with the thought? (Ignored it? Challenged it? Shared it?)

Internal dialogue danger level today (1 = recovery-supportive, 10 = actively relapse-oriented)

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

YOUR EXERCISE

Counter-Dialogue Development

Building the Voice That Answers Back

Your Recovery Voice

The disease has a voice. Recovery needs one too. This exercise develops your counter-dialogue — the specific, practiced responses that meet every relapse-oriented thought with truth.

Disease Voice vs. Recovery Voice

THE DISEASE SAYS:

"I could handle just one. I'm different now."

YOUR RECOVERY VOICE ANSWERS: (Write a specific, personal, powerful counter-statement)

What evidence from YOUR life supports your counter-statement?

Disease Voice vs. Recovery Voice

THE DISEASE SAYS:

"I deserve a break. After everything I've been through, using is understandable."

YOUR RECOVERY VOICE ANSWERS: (Write a specific, personal, powerful counter-statement)

What evidence from YOUR life supports your counter-statement?

Disease Voice vs. Recovery Voice

THE DISEASE SAYS:

"Recovery isn't worth it. I was happier when I was using."

YOUR RECOVERY VOICE ANSWERS: (Write a specific, personal, powerful counter-statement)

What evidence from YOUR life supports your counter-statement?

Disease Voice vs. Recovery Voice

THE DISEASE SAYS:

"Recovery is preventing me from living a normal, fun life."

YOUR RECOVERY VOICE ANSWERS: (Write a specific, personal, powerful counter-statement)

What evidence from YOUR life supports your counter-statement?

Disease Voice vs. Recovery Voice

THE DISEASE SAYS:

"Nothing is going to work. I'm going to relapse eventually anyway."

YOUR RECOVERY VOICE ANSWERS: (Write a specific, personal, powerful counter-statement)

What evidence from YOUR life supports your counter-statement?

Disease Voice vs. Recovery Voice

THE DISEASE SAYS:

"That substance wasn't really my problem. A different one would be fine."

YOUR RECOVERY VOICE ANSWERS: (Write a specific, personal, powerful counter-statement)

What evidence from YOUR life supports your counter-statement?

Disease Voice vs. Recovery Voice

THE DISEASE SAYS:

"If I choose to use — really choose — then it's a decision, not a relapse."

YOUR RECOVERY VOICE ANSWERS: (Write a specific, personal, powerful counter-statement)

What evidence from YOUR life supports your counter-statement?

My Recovery Voice Declaration

Compose a single powerful statement — your Recovery Voice Declaration — that you can read, say aloud, or share when the disease voice is at its loudest:

I know that my disease will tell me... But the truth I have learned through my own experience is... And when I hear that voice, I will...

YOUR EXERCISE

My Relapse Defense Plan

A Comprehensive Protocol for When the Voice Gets Loud

Your Battle Plan

This plan synthesizes everything you've learned throughout this intensive into a single, actionable document. Write it carefully. Share it with your support system. Keep it where you can access it instantly.

Part 1: My Personal Warning Signs

MY TOP 3 RELAPSE-ORIENTED THOUGHTS (the exact phrases my disease uses most effectively):

MY TOP 3 SELF-DEFEATING BEHAVIORS (the patterns that create the conditions for relapse justification):

MY TOP 3 COGNITIVE DISTORTIONS (the thinking errors my disease exploits most):

MY MOST DANGEROUS EMOTIONAL STATES (the feelings that make me most vulnerable):

Part 2: My Response Protocol

IMMEDIATE RESPONSE (first 5 minutes): What will I do the moment I recognize relapse-oriented thinking?

SHORT-TERM RESPONSE (within 1 hour): What recovery action will I take?

STRUCTURAL RESPONSE (within 24 hours): What will I do to address the underlying condition?

MY CRISIS CONTACTS: Name, relationship, and phone number of at least 3 people I will call (in order):

MY SAFE PLACES: Where can I go immediately when the dialogue gets dangerous?

Part 3: My Commitment

RELAPSE DEFENSE COMMITMENT

I understand that my disease communicates through my internal dialogue — through thoughts that sound like reason but serve the agenda of relapse. I commit to monitoring my internal dialogue daily, challenging relapse-oriented thoughts when they appear, sharing my most dangerous thoughts with my support system, and following my response protocols even when my disease tells me I don't need to. I know that the voice will come. I choose to be ready.

Your Name:

Today's Date:

Who will you share this plan with?

When will you review and update this plan? (Recommended: monthly)

Remember

The voice that precedes relapse is the most dangerous symptom of your disease — not because it's powerful, but because it pretends to be you. Now that you can hear it, name it, challenge it, and counter it, you have something the voice cannot defeat: awareness. Use it. Every day. One thought at a time.