Relapse Syndrome Worksheet

Warning signs and prevention planning

Printable worksheet · 12 parts

Name _____ Date _____

The Relapse Syndrome

Relapse does not happen when the addict takes the first drug or drink. Relapse is a process that starts long before the addict begins to use. The relapse process causes the addict to feel pain and discomfort when not using. This pain and discomfort can become so bad that the addict becomes unable to live normally when not using.

In Alcoholics Anonymous this is called a dry drunk but the syndrome is recognized in all areas of addiction and is in essence, abstinence without recovery. The discomfort can become so bad that the addict feels that using can't be any worse than the pain of staying clean.

Important: This worksheet helps you identify warning signs and patterns that may lead to relapse. Understanding these phases can help you intervene early and strengthen your recovery. Remember, experiencing these symptoms doesn't mean relapse is inevitable—awareness is your first line of defense.

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PART 1 OF 12

Phase 1: Return of Denial

How relatable is this phase?

Not rated

During this phase the addict becomes unable to recognize and honestly tell others what s/he is thinking or feeling.

Common Symptoms

1. Concern about well-being

The addict feels uneasy, afraid and anxious. At times s/he is afraid of not being able to stay drug-free. This uneasiness comes and goes, and usually lasts only a short time.

2. Denial of the concern

In order to tolerate these periods of worry, fear and anxiety, the addict ignores or denies these feelings in the same way s/he had at other times denied being addicted. The denial may be so strong that there is no awareness of it while it is happening. Even when there is awareness of the feelings, they are often forgotten as soon as the feelings are gone. It is only when the addict thinks back about the situation at a later time that s/he is able to recognize the feelings of anxiety and the denial of those feelings.

Your Personal Experience with This Phase

Describe your personal experience with this phase:

Your Personal Warning Signs:

Your Thoughts:

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Your Feelings:

Your Urges:

Your Actions:

Your Coping Strategies for This Phase:

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PART 2 OF 12

Phase 2: Avoidance and Defensive Behaviour

How relatable is this phase?

Not rated

During this phase the addict doesn't want to think about anything that will cause the painful and uncomfortable feelings to come back. As a result, s/he begins to avoid anything or anybody that will force an honest look at self.

Common Symptoms

3. Believing "I'll never use again"

The addict convinces self that s/he will never use again and sometimes will tell this to others, but usually keeps it to self. Many are afraid to tell their counsellors or other fellowship members about this belief. When the addict firmly believes s/he will never use again, the need for a daily recovery program seems less important.

4. Worrying about others instead of self

The addict becomes more concerned with the recovery of others than with personal recovery. S/he doesn't talk directly about these concerns, but privately judges the recovery program of other recovering persons. In the fellowship this is called "working the other guy's program".

5. Defensiveness

The addict tends to defend when talking about personal problems, feelings or his/her recovery program even when no defense is necessary.

6. Compulsive behavior

The addict becomes compulsive ("stuck" or "fixed" or "rigid") in the way they think and behave. There is a tendency to do the same things over and over again without a good reason. There is a tendency to control conversations either by talking too much or not talking at all. They tend to work more than is needed, becomes involved in many activities and may appear to be the model of recovery because of heavy involvement in Fellowship 12 step work e.g. chairing meetings. S/he is often a leader in counselling groups by "playing therapist." Casual or informal involvement with people however is avoided.

7. Impulsive behavior

Sometimes the rigid behavior is interrupted by actions taken without thought or self-control. This usually happens at times of high stress. Sometimes these impulsive actions cause the addict to make decisions that seriously damage his/her life and recovery program.

8. Tendencies towards loneliness

The addict begins to spend more time alone. S/he usually has good reasons and excuses for staying away from other people. These periods of being alone begin to occur more often and the addict begins to feel more and more lonely. Instead of dealing with the loneliness by trying to

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meet and be around other people, he or she becomes more compulsive and impulsive.

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PART 3 OF 12

Phase 3: Crisis Building

How relatable is this phase?

Not rated

During this phase the addict begins experiencing a sequence of life problems that are caused by denying personal feelings, isolating self and neglecting the recovery program.

Common Symptoms

9. Tunnel vision

Tunnel vision is seeing only one small part of life and not being able to see "The big picture." The addict looks at life as being made up of separate, unrelated parts. S/he focuses on one part without looking at other parts or how they are related. Sometimes this creates the mistaken belief that everything is secure and going well. At other times, this results in seeing only what is going wrong. Small problems are blown up out of proportion. When this happens, the addict comes to believe s/he is being treated unfairly and has no power to do anything about it.

10. Minor depression

Symptoms of depression begin to appear and to persist. The person feels down, blue, listless, empty of feelings. Oversleeping becomes common. S/he is able to distract self from these moods by getting busy with other things and not talking about the depression.

11. Loss of constructive planning

The addict stops planning each day and the future. S/he often mistakes the slogan "One day at a time" to mean that one shouldn't plan or think about what s/he is going to do. Less and less attention is paid to details. S/he becomes listless. Plans are based more on wishful thinking (how the addict wishes things would be) than reality (how things really are)

12. Plans begin to fail

Because s/he makes plans that are not realistic and does not pay attention to details, plans begin to fail. Each failure causes new life problems. Some of these problems are similar to the problems that had occurred during using. S/he often feels guilty and remorseful when the problems occur.

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Phase 4: Immobilisation

How relatable is this phase?

Not rated

During this phase the addict is totally unable to initiate action. S/he goes through the motions of living, but is controlled by life rather than controlling his/her life.

Common Symptoms

13. Daydreaming and wishful thinking

It becomes more difficult to concentrate. The "if only" syndrome becomes more common in conversation. The addict begins to have fantasies of escaping or "being rescued from it all" by an event unlikely to happen.

14. Feelings that nothing can be solved

A sense of failure begins to develop. The failure may be real, or it may be imagined. Small failures are exaggerated and blown out of proportion. The belief that "I've tried my best and recovery isn't working" begins to develop.

15. Immature wish to be happy

A vague desire "to be happy" or to have "things work out" develops without the person identifying what is necessary to be happy or have things work out. "Magical thinking" is used: wanting things to get better without doing anything to make them better.

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Phase 5: Confusion and Overreaction

How relatable is this phase?

Not rated

During this period the addict can't think clearly. S/he becomes upset with self and others, becomes irritable and overacts to small things.

Common Symptoms

16. Periods of confusion

Periods of confusion become more frequent, last longer and cause more problems. The addict often feels angry with self because of the inability to figure things out.

17. Irritation with friends

Relationships become strained with friends, family, counsellors and fellowship members. The addict feels threatened when these people talk about the changes in behavior and mood that are becoming apparent. The conflicts continue to increase in spite of the addict's efforts to resolve them. The addict begins to feel guilty and remorseful about his/her role in these conflicts.

18. Easily angered

The addict experiences episodes of anger, frustration, resentment and irritability for no real reason. Overreaction to small things becomes more frequent. Stress and anxiety increase because of the fear that overreaction might result in violence. The efforts to control self adds to the stress and tension.

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Phase 6: Depression

How relatable is this phase?

Not rated

During this period the addict becomes so depressed that s/he has difficulty keeping to normal routines. At times there may be thoughts of suicide, using or drinking as a way to end the depression.

Common Symptoms

19. Irregular eating habits

The addict begins overeating or undereating. There is weight gain or loss. S/he stops having meals at regular times and replaces a well-balanced, nourishing diet with "junk food."

20. Lack of desire to act

There are periods when the addict is unable to get started or get anything done. At those times they are unable to concentrate, feels anxious, fearful and uneasy, and often feels trapped with no way out.

21. Irregular sleeping habits

The addict has difficulty sleeping and is restless and fitful when sleep does occur. Sleep is often marked by strange and frightening dreams. Because of exhaustion s/he may sleep for twelve to twenty hours at a time. These "sleeping marathons" may happen as often as every six to fifteen days.

22. Loss of daily structure

Daily routine becomes haphazard. The addict stops getting up and going to bed at regular times. Sometimes s/he is unable to sleep, and this results in oversleeping at other times. Regular meal times are discontinued. It becomes more difficult to keep appointments and plan social events. The addict feels rushed and overburdened at times and then has nothing to do at other times. S/he is unable to follow through on plans and decisions and experiences tension, frustration, fear, or anxiety that keep him/her from doing what needs to be done.

23. Periods of deep depression

The addict feels depressed more often. The depression becomes worse, lasts longer, and interferes with living. The depression is so bad that it is noticed by others and cannot be easily denied. The depression is most severe during unplanned or unstructured periods of time. Fatigue, hunger and loneliness make the depression worse. When the addict feels depressed, s/he separates from other people, becomes irritable and angry with others, and often complains that nobody cares or understands what s/he is going through.

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Phase 7: Behavioural Loss of Control

How relatable is this phase?

Not rated

During this phase the addict becomes unable to control or regulate personal behavior and a daily schedule. There is still heavy denial and no full awareness of being out of control.

Common Symptoms

24. Irregular attendance at fellowship and treatment meetings

The addict stops attending fellowship meetings regularly and begins to miss scheduled appointments for counselling or treatment. S/he finds excuses to justify this and doesn't recognize the importance of fellowship and treatment. S/he develops the attitude that meetings and counselling aren't making me feel better, so why should I make it a number one priority? Other things are more important.

25. Development of an "I don't care" attitude

The addict tries to act as if s/he doesn't care about the problems that are occurring. This is to hide feelings of helplessness and a growing lack of self-respect and self-confidence.

26. Open rejection of help

The addict cuts self-off from people who can help. S/he does this by having fits of anger that drive others away, by criticizing and putting others down, or by quietly withdrawing from others.

27. Dissatisfaction with life

Things seem so bad that the addict begins to think that s/he might as well use because things couldn't get worse. Life seems to have become unmanageable since using has stopped.

28. Feelings of powerlessness and helplessness

The addict develops difficulty in "getting started;" has trouble thinking clearly, concentrating, and thinking abstractly; and feels that s/he can't do anything and begins to believe that there is no way out.

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Phase 8: Recognition of Loss of Control

How relatable is this phase?

Not rated

The addict's denial breaks and suddenly s/he recognizes how severe the problems are, how unmanageable life has become, and how little power and control s/he has to solve any of the problems.

Common Symptoms

29. Self-pity

The addict begins to feel sorry for self and often uses self-pity to get attention at Fellowship meetings or from members of family.

30. Thoughts of social using

The addict realizes that drinking or using drugs would help him/her to feel better and begins to hope that s/he can drink/use normally again and be able to control it. Sometimes these thoughts are so strong that they can't be stopped or put out of mind. There is a feeling that drinking/using is the only alternative to going crazy or committing suicide. Drinking/using actually looks like a sane and rational alternative.

31. Conscious lying

The addict begins to recognize the lying and the denial and the excuses but is unable to interrupt them.

32. Complete loss of control

The addict feels trapped and overwhelmed by the inability to think clearly and take action. This feeling of powerlessness causes the belief that s/he is useless and incompetent. As a result, there is the belief that life is unmanageable.

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Phase 9: Option Reduction

How relatable is this phase?

Not rated

During this phase the addict feels trapped by the pain and inability to manage his/her life. There seems to be only three ways out – insanity, suicide, or drug use.

Common Symptoms

33. Unreasonable resentment

The addict feels angry because of the inability to behave the way s/he wants to. Sometimes the anger is with the world in general, sometimes with someone in particular, and sometimes with self.

34. Discontinuance of fellowship attendance and all treatment

The addict stops attending Fellowship meetings. When a helping person is part of treatment, tension and conflict develop and become so severe that the relationship usually ends. The addict drops out of professional counselling even though s/he needs help and knows it.

35. Overwhelming loneliness, frustration, anger and tension

The addict feels completely overwhelmed. S/he believes that there is no way out except using, drinking, suicide, or insanity. There are intense fears of insanity and feelings of helplessness and desperation.

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Phase 10: Acute Relapse Period

How relatable is this phase?

Not rated

During this phase the addict becomes totally unable to function normally. S/he may use drugs or alcohol or may become disabled with other conditions that make it impossible to function.

Common Symptoms

36. Loss of behavioral control

The addict experiences more and more difficulty in controlling thoughts, emotions, judgements, and behaviors. This progressive and disabling loss of control begins to cause serious problems in all areas of life. It begins to affect health and well-being. No matter how hard s/he tries to regain control it is impossible to do so.

37. Acute relapse period

The addict experiences periods of time when s/he is totally unable to function normally. These periods become more frequent, last longer, and begin to produce more serious life problems. The relapse cycle is ended by a serious crisis which causes the person to become totally unable to function for a period of time.

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Your Personal Relapse Prevention Map

Create your personal relapse prevention map by identifying your unique patterns, triggers, and protective strategies. This map will help you recognize danger zones early and navigate safely through challenging times.

My High-Risk Phases (Which phases are most dangerous for me?):

Identify which phases you're most vulnerable to and why...

My Early Warning System (First signs I notice):

What are the very first signs that tell you a relapse process might be starting? Physical sensations, thoughts, behaviors...

My Trigger Patterns:

What situations, people, places, emotions, or thoughts typically trigger movement into relapse phases?

My Protection Strategies:

What specific actions, tools, or strategies help me stay safe when I notice warning signs?

My Emergency Response Plan:

Who do I call? Where do I go? What immediate actions do I take when I'm in crisis phases (7-10)?

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My Recovery Reinforcement Plan:

What daily practices, routines, and connections keep me strong and prevent me from entering the relapse syndrome?

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PART 12 OF 12

Your Action Steps

Based on your reflections, what phase are you currently experiencing or most at risk for?

Be honest about where you are right now...

What three specific actions will you take this week to interrupt the relapse process?

1.\n2.\n3.

Who will you share this worksheet with for accountability?

Name specific people and when you'll share with them...

Remember: The relapse syndrome is a process, not an event. By recognizing these phases early, you can take action to protect your recovery. You are not powerless—awareness and action are your greatest tools.

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