A Survey of the Experiences and Opinions of Adult Males in a Long-Term Addictions Treatment Facility Regarding Effective Relapse Prevention Strategies

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Dedication

To my family and friends, without whose support I would not be where I am today.

“Fear is the devil’s greatest illusion” – r.m. drake
Abstract

Relapse prevention Plans (RPP’s) are defined as a self-help tool designed to teach an individual how to acknowledge, anticipate, and cope with the idea of relapse (Donovan & Witkiewitz, 2011). The main goal of an RPP is to assist an individual in learning how to effectively manage and cope with the different concepts and ideas regarding the relapse process. As a result, an RPP is an important tool for an individual to utilize when attempting to maintain sobriety following the completion of a treatment program (Farabee et al., 2013). A review of the current literature on RPPs suggested improvements could be made to the individualization of the document. The aims of the current project were to use effective strategies identified by treatment alumni from an inpatient addictions program to create both a standard RPP and a survey for current clients of the program. The survey was meant to be used as a starting point to individualize the standard RPP for use after discharge from the program. The project involved three phases as follows: a group interview with the alumni; the creation of a survey for the current residents, and the creation of a general RPP.

The first phase of the project involved nine alumni who had previously completed treatment at the agency. A standardized ten question interview was designed to gather a variety of information in regards to factors that have contributed to participants’ sobriety, as well as the relapse process. The information collected from this interview was later reflected in the next two phases of the project.

The second phase incorporated information collected from the alumni interview into a survey that current clients could use to help individualize their personal RPPs. The survey included 15 questions reflective of the factors that the alumni believed to be most effective for the recovery process. The layout of the survey reflected the RPP and each of the questions highlighted a key point of the RPP.

Phase three of the project was the development of a general RPP, based on the responses from the alumni interview/questionnaire, as well as a review of the RPP literature. The RPP was created to act as a general guide for the individuals once they have completed a long-term treatment.

Implications for future research, multilevel challenges, the strengths and weaknesses of the project and future recommendations for research are discussed.
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Chapter I: Introduction

According to Donovan and Witkiewitz (2012), chemical dependence is described as a long term disorder that may cause an individual to lose control over his or her chemical use; this often correlates with a high percentage of relapse outcomes. Professionals who work in the field of addictions frequently believe that relapse is both foreseeable and predictable for those individuals who have been diagnosed with a chemical dependency (Donovan & Witkiewitz, 2012). It is important to understand that relapse is not simply the return to substance use, but rather a process by which the individual experiences a loss of control. According to Gorski (2001), relapse can be defined as the progressive loss of an individual’s sight of recovery, to a point where the idea of self-medication via substance use is believed to be the only viable option to cope with life stressors. Gorski (2001) makes the analogy of the relapse process as a game of dominos. Each domino represents a life stressor that creates a progressive chain of actions, which eventually lead the individual to return to substance use as a coping mechanism (Gorski, 2001).

The key component in relapse prevention is learning how to stop the chain reaction from occurring, and if a relapse is imminent, how to manage stressors in a more healthy and effective manner. In order to reduce the likelihood of relapse with those individuals who have a chemical dependency, the development and use of a Relapse Prevention Plan (RPP) has been proposed as a key part of an individual’s program to maintain sobriety. An RPP is an individualized plan designed to aid an individual with a chemical dependency to maintain sobriety by helping him or her learn how to recognize and cope with risky situations and thoughts of substance use as well as potential relapse (Donovan & Witkiewitz, 2012). The goal of the RPP is to provide the individual with a self-support mechanism for use after leaving the long-term treatment facility. The RPP should act as a tool that the individual can reference when managing sobriety, particularly in times of stress, extraordinary challenge, or weakness. Part of the plan is to teach the individual to recognize personal triggers and warning signs and to plan tools and choices to cope with these potential stressors. It is important to note that while the overall structure of an RPP may be general, each individual will engage in personalizing the details of the plan so that it meets his or her particular needs. This individualization process is necessary in that every individual has different triggers and warning signs, as well as personal coping mechanisms. More importantly, the process of personalizing the relapse prevention plan helps to create ownership, and may potentially increase the likelihood that the tool will be utilized.

In addition to empirical studies of effective relapse prevention strategies, gaining insight and best practices from individuals who are already successful in their recovery may be important in the development of a meaningful and effective RPP. By utilizing information that is provided by successful alumni and graduates of an addiction treatment agency regarding what they have found useful, it is believed that a tool can be developed that will be a more effective reference component of the recovery process. Alumni of the agency include individuals who have completed the three month minimum commitment of the agency and who are still maintaining sobriety in the community and have agency access as well as individual who have completed a program outside of the agency and who were granted agency access to attend group sessions. The firsthand experience of individuals who have graduated from the program may also provide current residents with some additional support in knowing which tools have been effective and successful for individuals maintaining sobriety within the community.

The present project used the opinions and suggestions provided by alumni, who are
successfully maintaining sobriety in the community, regarding effective coping strategies and techniques for the recovery process in order to create a survey for residents currently attending the long-term treatment facility. The survey asked current residents to indicate which strategies or techniques they believed would be most helpful in their recovery. The information gained from the survey was then used to guide the individualization of the general RPP for each resident beginning treatment and the reintegration process into the community.

**Project Goals**

Understanding what strategies are most useful from individuals who have been successful in maintaining their own sobriety may contribute to better the individualization of a RPP. Input from alumni and graduates should provide a starting point and a better understanding of what techniques, in regards to relapse prevention, have been successful for other people. Although the development of a general RPP is beneficial for the agency, devising a tool that helps to personalize the RPP while focusing on strategies that have already been reported to be useful, may assist the individual who is working on their own recovery. Therefore, the purpose of this project was to develop a survey based on strategies and techniques that have been reported as useful treatment options by alumni who are successfully maintaining his or her sobriety. In addition, current treatment residents could utilize the survey to help identify what they believe will be useful to themselves for maintaining sobriety in the community. The survey was developed based on information that was collected through a group interview and questionnaire completed by alumni and graduates of the agency who have been successful in their own recovery. It is hoped that the development of the survey and subsequently the individualization of the RPPs will increase the ability of the residents to maintain sobriety post-treatment, improving overall quality of life and welfare.

**Overview**

This project includes a literature review of empirically based research on the treatment of substance use, as well as reviews of the concepts and ideas related to relapse, and how to effectively develop a relapse prevention plan. A main focus of the literature review is the importance of the development of an RPP and the advantages of a strategy such as the survey developed for this particular project. The methodology section provides information on how and why the survey was developed in order to individualize RPPs as well as a summary of the interviews with the alumni. An overview of data collection and analysis procedures is provided. The results section describes the data and information collected during the project. The conclusion reviews the strengths, limitations, and challenges of the study as well as the impact of the results for the agency, on the Behavioural Psychology field, and provides recommendations for future research.
Chapter II: Literature Reviews

Treating Substance Addictions

According to CAMH (2010), the term addiction is often defined as any behaviour that leads to a loss of control and results in symptoms of withdrawal when the behaviour is stopped. This definition is very broad and can be related to a variety of addictions such as gambling, sex, substance, etc. It is important to note, however, the word addiction is often used as an ambiguous term that is overused in improper fashions (CAMH, 2010). As a result of this fact, numerous definitions have been developed to create a universal and commonly known term for addiction specific to substance use to ensure that it is utilized in an efficient and effective manner. There are 4 C’s that are utilized to represent the different aspects of addiction to a chemical substance. The 4 C’s include: craving, compulsion, loss of control over amount used, as well as the use of a substance despite the negative consequences (CAMH, 2010).

Furthermore, the American Psychological Association (2013) incorporates a number of factors when diagnosing substance abuse that include, but are not limited, to the 4 C’s previously mentioned. A few of the criteria that are included by the American Psychological Association (2013) are: a consistent desire to cut down amount ingested with little or no success, spending the majority of time in activities related to substance use, the presence of strong cravings for substance, experiencing negative life consequences (e.g. loss of job), as well as continued use despite the negative consequences that occur. Although there are a number of additional components to the diagnosis of any substance use disorder, having a basic idea of the criteria is important for developing effective treatment plans.

There are a variety of treatment options for substance use and addictions. A few of the most common treatment options for addictions and substance use include, but are not limited to: abstinence based programs, harm reduction, and Cognitive Behavioural Therapy (CBT). The most common abstinence based treatment programs involve the use of the 12-step program (e.g., Alcoholics Anonymous) and focus on peer support and sponsorship in order to maintain sobriety (Lee, Engstrom, & Petersen, 2011). Twelve step programs revolve around the principle of total abstinence to the drug of choice and incorporate the concept of acknowledging one’s powerlessness over the substance (Lee et al., 2011). They also focus on building or maintaining a relationship with a higher power, repairing relationships with individuals who have been harmed by the substance use, accepting responsibility of mistakes, as well as helping other individuals who are recovering. Thus, the main goal of 12-step programs is to remain completely abstinent from all harmful substances. In contrast to the 12-step program, harm reduction, as suggested by its name, works to reduce the harm associated with repeated substance use (Lee et al., 2011). Unlike abstinence-based programs, harm reduction focuses on reducing the negative consequences associated with substance use rather than completely eliminating substance use (Lee et al., 2011). The goal of harm reduction is to decrease the adverse effects that substance use has on medical, social, and psychological factors, which may not necessarily result in complete abstinence. The final common treatment option for substance abuse that will be discussed is the use of CBT. Cognitive behavioural therapy (CBT) is defined as the process of changing an individual’s negative or maladaptive thoughts to more positive and adaptive thoughts (Hoffman, Asnaani, Vonk, Sawyer, & Fang, 2012). The general goal of CBT is to change individual’s maladaptive thoughts and subsequently assist the individual in relieving emotional stress while reducing the behaviours of greatest concern (Hoffman et al., 2012). In addition to the process of altering an individual’s maladaptive thoughts, CBT also involves changing the actual behaviours that may be contributing to the substance abuse (Hoffman et al.,
The use of CBT techniques cause the individual to learn and implement a variety of new skills and behaviours that can be generalized into his or her daily life (Hoffman et al., 2012). CBT actually refers to a variety of intervention techniques that focus on an individual’s cognitions and the relationship between the behaviours that are exhibited (Hoffman et al., 2012). In the treatment of substance use, CBT works to reduce the frequency and quantity of substances that are consumed by the individual. As noted there are a number of different treatment options that can be utilized for substance abuse and addictions. Relevant to the present paper, different aspects from each treatment may carry over into the development of an RPP.

**Relapse**

There are numerous ways to define the word relapse, however; the most common definition in regards to addiction is a return to problematic use prior to obtaining treatment (Gonzales et al., 2012). The relapse process does not simply involve the individual using a substance again, but involves a variety of warning signs. These warning signs may include denial and emotional pain, as well as stress (Gorski & Miller, 1989). According to a study by Amaro and Vallejo (2009), a strong correlation between high stress and substance abuse is becoming apparent to professionals working in addictions. The study proposed that substance abuse may be used as a coping strategy for individuals dealing with high stress and emotional pain (Amaro & Vallejo, 2009). If stress were indeed perceived as a common predictor of craving and potential relapse, this would have an impact on the development of an RPP (Amaro & Vallejo, 2009). However, there are a number of other factors that may be related to an increased likelihood of relapse. A few of the factors supported by research include a craving for the substance, the individual’s emotional state, as well as the potential presence of peer pressure (McIntosh & McKeganey, 2000). As a result, an effective RPP should incorporate a variety of aspects that have been identified to help individuals in the prevention of relapse and in maintaining sobriety. These aspects should include education on the process of relapse, identification of potential triggers or warning signs of use or relapse, strategies on how to cope with these particular warning signs, all of which are tailored to each individual.

As there are numerous factors that can affect an individual’s chance of relapse, it is important to develop strategies and coping mechanisms that help prepare individuals to effectively deal with different situations. According to Gorski and Miller (1989), there are nine steps in learning how to recognize and prevent early signs of relapse. These nine steps include: stabilization, assessment, education on relapse, learning how to identify personal warning signs, management of warning signs, recovery planning, inventory training, family involvement, and finally follow-up (Gorski & Miller, 1989).
Relapse Prevention Plans (RPP)

Identifying Warning Signs and Factors. According to Donovan and Witkiewitz (2011), RPPs are defined as a self-help tool designed to teach an individual how to acknowledge, anticipate, and finally cope with the idea of relapse. Learning how to identify personal warning signs is a crucial aspect of the relapse prevention process. As previously stated, stressful situations, emotional pain, as well as social isolation may present as warning signs of relapse for individuals who are chemically dependent (Vietan, Astin, Buscemi, & Galloway, 2010). As part of the recovery process, the individual needs to identify the people, places, or events that may call into question his or her ability to refrain from using substances (Vietan et al., 2010).

Coping Mechanisms. According to Vietan et al. (2010), substance use may be attributed to a process of negative reinforcement, meaning that individuals often feel a sense of relief from pain or discomfort through the use of a substance (Vietan et al., 2010). Substance use then becomes a key coping mechanism for the individual to deal with potentially stressful and uncomfortable situations. As the goal of the RPP is to assist the individual in maintaining sobriety, providing examples of more appropriate and healthy coping mechanisms is important. Research conducted by Farabee et al. (2013), suggested that individuals who are in the recovery process must learn new behaviours that are incompatible with the substance use behaviours. A few examples of potential incompatible behaviours would be attending AA meetings, talking with a sponsor, or going to the gym. Although there are numerous behaviours that an individual could partake in, the specific behaviours that individuals engage in will differ based on the needs and interests of each person. In addition, a variety of coping skills may be utilized to help the individual deal with his or her particular challenges. Examples of appropriate coping skills include: breathing techniques, talking to a sponsor, attending AA meetings, building social supports, proper nutrition and exercise, as well as learning how to effectively manage and schedule time. Coping skills effectiveness differs for each individual, and it is up to the recovering person to learn which techniques will be the most beneficial to him or her.

Common RPPs often focus on techniques that maintain behaviours that initiate the cessation of substance use (Farabee et al., 2013). However, it was further explained by Farabee et al. (2013), that when developing effective treatment plans, "what is often overlooked with this focus on initial cessation during the treatment phase is that the maintenance of change, once it has been induced, may be governed by entirely different principles than those that are associated with initial cessation" (p. 206).

As such, an effective relapse prevention plan should not necessarily focus on the behaviours that resulted in the original cessation of substance use behaviours, but rather should focus on the behaviours that are maintaining the sobriety in the individual, along with the potential triggers and warning signs that occur prior to the use of any substances. As previously stated, it is important to understand the concept that individuals who are in the recovery process do not simply or suddenly relapse. Relapse is a progressive process that involves a number of warning signs which inevitably cause the individual to self-medicate through the use of addictive substances (Gorski, 2001). Although the triggers and warning signs differ on an individual basis, there are a variety of general life-stressors that can contribute to potential relapse. According to a study conducted by McIntosh and McKeganey (2000), commonly reported potential warning signs include: cravings and desires towards the use of drugs, negative emotional states (i.e. depression or loneliness), stressful situations that may include conflict, as well as being pressured to continue to use by social supports. Furthermore, in a study conducted
by Gonzales et al. (2012), four major antecedents were considered to be relevant when dealing with the concept of relapse. The four major precursors noted in the study included: the specific drug of choice, the characteristics of the user, the characteristics of the user’s social circle, as well as the environmental factors (Gonzales et al., 2012). Gonzales et al. (2012) further discussed the idea that negative emotional states, cognitive/behavioural factors, self-fulfilling prophecies, cravings, coping strategies, as well as motivation to change are also well supported warning signs of relapse. Gorski (2013), described ten phases and warning signs that are attributed to relapse. The ten warning signs included: denial, avoidance and defensive behaviours, catastrophizing, immobilization, overreaction, depression, loss of control over behaviour, recognizing loss of control, reduction of options, and finally an episode of relapse. As the process of relapse is not the simple event of returning to substance use, understanding the warning signs and behaviours that are indicative of relapse is a crucial aspect of the development of an effective RPP. It is also crucial to understand that the triggers and warning signs will differ between each individual. However, providing basic information on how to effectively understand and recognize the general warning signs is a necessary process when developing an effective RPP. Once the warning signs have been established and discussed, the next section of the RPP is to develop and discuss effective strategies and coping mechanisms for dealing with the stressors and warning signs.

A study conducted by McIntosh and McKeganey (2000) incorporated the feedback from the interviews of 70 participants who were recovering from a form of substance abuse. Each participant in the study must have either completely ceased his or her drug use or had limited the substance use to only cannabis (McIntosh & McKeganey, 2000). The goal of the study was to collect descriptive information from individuals who use drugs and other substances, and their first-hand experiences of coming off of substances and the strategies that were used to prevent relapse (McIntosh & McKeganey, 2000). Based on the information collected from the interviews, McIntosh and McKeganey (2000) reported that a number of strategies can be utilized and discussed when developing an RPP. Again, like any treatment plan, the idea of individualization to the needs of the particular person will be central to the development of an effective RPP. Although there are a variety of tools and techniques that could be incorporated into a general RPP, it is necessary to understand that the success of said techniques will vary based on the individual’s needs. McIntosh and McKeganey (2000) discussed a few strategies for relapse prevention which include: moving away from areas in which an individual used or where drug users still inhabit, developing a new and drug free lifestyle, learning how to effectively schedule and manage time, as well as learning to develop new social supports that avoid old drug using friendships. Despite the fact that there are a number of strategies outlined in the study conducted by McIntosh and McKeganey (2000), the concept of social and peer support is deemed to be the most effective. Based on the interviews conducted with the participants of this study, it was frequently reported that individuals often felt lonely and isolated as a result of his or her drug use (McIntosh & McKeganey, 2000). Based on this fact, the development of new and positive social relationships also allowed for the individual to begin building a new and improved self-identity (McIntosh & McKeganey, 2000). In another study conducted by Farabee et al. (2013), a number of additional strategies for relapse prevention were identified. The data was collected based on information from a parent study in which 302 individuals that had previously completed an intensive substance abuse treatment program participated in 12 weeks of phone based interviews (Farabee et al., 2013). Each participant of the study were offered weekly telephone counselling sessions in addition to the attendance of weekly meetings and self-
help groups (Farabee et al., 2013). The goal of the interviews were to develop and identify the factors and mechanisms that are underlying the relapse process and how individuals can effectively prevent relapse (Farabee et al., 2013). A few of the strategies that were outlined by Farabee et al. (2013) included, but were not limited to: attending regular 12-step meetings, exercise, avoidance of drug using peers, thought stopping records, limited access to money, attending regular counselling sessions, gaining a sponsor, as well as deep breathing and muscle relaxation. Similarly to the previous study discussed, Farabee et al. (2013) also stressed the importance of positive social support through the use of a sponsor and attendance to weekly 12-step programs. Finally, an article written by Donovan and Witkiewitz (2011), discussed the importance of building problem solving skills that could potentially be utilized in general settings. The goal of the article was to compare a variety of techniques that derived from Cognitive Behavioural Therapy (CBT) in order to effectively and appropriately teach said problem solving skills. The literature review mainly outlined the use of coaching, modeling, as well as role-playing (Donovan & Witkiewitz, 2011). These techniques were utilized in order help the individual learn to identify and change negative cognitions in regards to his or her substance use as well as the relapse process.

Post- Acute Withdrawal Symptoms (PAWS). Furthermore, in the literature review written by Donovan & Witkiewitz (2011), the concept of post-acute withdrawal symptoms (PAWS) were discussed. PAWS are defined as a group of symptoms that often occur during the recovery process (Gorski, 2013). PAWS can often be further broken down into six different categories of negative effects that can occur throughout the recovery process. These six categories included: difficulty thinking, difficulty with emotion regulation, memory ailments, sleep disturbances, clumsiness/ difficulty with coordination, and sensitivity to stressful situations (Gorski, 2013). The idea of PAWS is extremely important when developing a relapse prevention plan, as they often create starting points to target in the recovery process. In addition, having an understanding of the concept of PAWS will also ensure that the individual’s needs are being appropriately met and that the relapse prevention plan fits with the individual’s stage of recovery.

By creating an RPP that provides individuals with the basic information and coping strategies that are necessary for preventing a return to substance use, a number of positive benefits may occur for the individual. If the individual is able to maintain sobriety while also learning how to effectively cope with stressful or emotionally painful situations, an increase in his or her quality of life, wellbeing, social relationships, as well as a potential increase in his or her occupational status may occur (Donovan & Witkiewitz, 2011).

Individualizing Relapse Prevention Plans

As previously stated, the individualization of a Relapse Prevention Plan is crucial to the overall effectiveness and usefulness of said tool. Expanding on previous research, this project was designed to incorporate the feedback and experiences from alumni of a substance abuse treatment program that are currently maintaining sobriety in the community. Based on the data collected from the interview with the alumni, a survey was created for current residents of the treatment program to complete prior to graduating from the agency and reintegrating into the community. The survey was designed to act as a guide to allow the individual to benefit from the successes of former residents while focusing his or her Relapse Prevention Plan on the strategies they believe will be most beneficial and substantial for their own recovery. The information from alumni that was included in the survey consisted of information on how to identify warning signs and triggers of relapse, strategies and coping mechanisms for dealing with
stressors, as well as how to keep busy and stay focused on the recovery process. The use of alumni in the creation of the survey was based on the belief that the feedback of individuals who were currently in recovery and have completed a long-term in-patient facility treatment can provide first-hand experience and insight into the relapse process. Individuals that are currently maintaining sobriety can provide information on the coping strategies that proved to be both most and least effective in maintaining sobriety. It was hoped that the use of the survey questionnaire based on this information would help ensure that what the current residents of the long-term treatment facility believe to be the most important aspects of relapse prevention are accurately reflected in the development of the RPP. The final goal of the project was to ensure that each individual that leaves the agency is provided with the most relevant and useful tools and techniques to apply to his or her own recovery and relapse prevention.

**Summary**

Based on the above literature review, there is evidence to suggest that the use of an RPP may be effective in assisting individuals with maintaining sobriety following a treatment program. The literature suggests that an effective RPP would incorporate the concept of relapse, learning to identify potential warning signs and triggers, identifying and developing effective coping skills, as well as learning how to utilize effective social skills. Despite the identification of relevant concepts to be incorporated into an effective RPP, previously utilized templates were not found for the field of addictions. In addition, a gap in the individualization process for RPP was identified. As a result, this project aimed to utilize information gathered from a questionnaire/interview with alumni of the treatment facility in order to develop effective general RPP as well as a survey to aid current agency participants with individualization of the general RPP.
Chapter III: Method

Participants

Participants for the project included a total of 9 men, whose ages ranged from 20- to 55-years old. Each of the individuals who participated in the study was required to have completed the program offered by the agency. The participants also had to be maintaining abstinence within the community, which was determined based on self-report measures. Involvement in the study was voluntary. Participants for this study were recruited through the use of referrals by the agency staff as well as through the use of flyers that were posted on the agency’s information board. The agency’s executive director, house manager, as well as the addictions counsellor made referrals to the study. Potential participants were given the opportunity to volunteer to take part in the study following an information session that took place in the treatment facility. The information session described the basic details in regards to the purpose of the research, the information that was required by any participant who wanted to take part in the project, as well as the potential benefits and risks that may occur as a result of the project. Prior to involvement in the project, all participants were required to sign the informed consent form (Appendix A). Prior to signing the consent form, the researcher explained the details of the project to each of the potential participants and included information on the purpose of the project, roles of participation, benefits and risks of participation, as well as the importance of confidentiality. Due to confidentiality, participants were not required to sign their name to any identifying documents, apart from the consent form. Furthermore, all data collected throughout the project as well as the signed consent form will be kept in a locked filing cabinet at the agency for a minimum of 7 years.

As the project involved the use of human participants, the researcher was required to have approval granted by the St. Lawrence College Research and Ethics Board (REB). A proposal as well as the informed consent form was submitted to the ethics board and revised accordingly. The study was approved on October 29, 2014.

Setting and Apparatus

The project took place at a long-term treatment facility for men with addiction concerns and had three phases. Phase one involved a questionnaire and interview with alumni of the agency. Phase two involved asking current clients to complete a survey, and Phase three involved the creation of a standardized Relapse Prevention Plan (RPP) for the agency. The materials used included the interview created by the researcher (Appendix B), the Relapse Prevention Plan (Appendix C), the survey created by the researcher (Appendix D), as well as pens and pencils for participants to complete the interview questions.

Phase 1: Group Interview with Alumni

The completion of the interview with the alumni occurred in the dining room of the facility where the regular group therapy sessions occurred. As previously stated, a total of 8 alumni participated in the group interview that took place at the agency. The interview was developed by the researcher and covered a variety of information in regards to sobriety as well as the relapse process. The questions were developed based on observations made by the researcher while working with residents as well as through inferences made from previous research studies. In addition, the questions that were included in the group interview questionnaire were created based on suggestions from staff members (e.g. executive director, house manager, as well as counsellor) of the agency. The questions were developed and written in plain language so that the information was clearly understood. The questionnaire/interview consisted of a total of 10
questions, which reflected information regarding the importance of relapse prevention and the different tools and techniques that assisted individuals who had relapsed in maintaining sobriety. The questions also covered information in regards to different triggers or warning signs that may occur during the potential relapse process, coping skills and how to deal with the potential triggers, as well as any ideas or techniques that the alumni believed to be beneficial to individuals once they leave the treatment facility. The questionnaire was provided to each of the participants (following the signing of the informed consent) and they were provided time to complete the questionnaire prior to commencement of the open discussion. The interview lasted for approximately 1-hour. The participants were given 15 minutes to review and complete the questions in the questionnaire. Following the provided time to complete the questions, the discussion was opened to the participants, who could volunteer their responses. The direction of the discussion was influenced by the participants’ responses to the provided questionnaire but was facilitated in an open manner. The alumni comments during the discussion were recorded by the researcher and the information that was collected was used as the basis for the development of the survey for the current residents. Based on the responses provided during the group interview with the alumni, categories were chosen for the bar graph. For example, some of the questions (i.e. question 2) elicited a range of responses from the alumni (i.e. 2 to 3 meetings attended). In order to provide the most accurate data, the researcher developed categories to best represent the responses provided. In addition, zero was not included as a possible choice for the bar graphs, as there were no questions to which zero was provided as an answer.

**Phase 2: Survey for Current Residents**

Based on the information that was collected from the questionnaire and interview with the alumni, a survey was developed and provided to the current residents of the agency. The survey consisted of a total of 15 questions and took approximately 15 minutes to complete. However, for some individuals, more time was allotted based on how much in-depth information the questions required from said individual. A few of the questions that were reflected in the survey included: “On a scale of 1 to 10 (with 1 being not comfortable and 10 being extremely comfortable), how comfortable are you in social situations?” “How often do you attend meetings on a weekly basis?” “What coping strategies do you find useful that you will continue to use in the community?” “What outside supports will you be able to rely on to help maintain your sobriety once you leave this agency?” “Are you planning to stay in the community after reintegration?” “What financial supports will you have after leaving this agency?”, as well as “How comfortable are you with managing your time?”. The purpose of the survey that was created was to guide the development of a standardized RPP plan informed by the strategies found most useful by successful alumni but that also reflected the individual needs of the current residents. It was hoped that the survey would act as a starting point for the individuals to begin to think about reintegration and the different aspects of the relapse process relevant to themselves. The survey included a combination of both qualitative and quantitative questions to ensure that the residents put adequate thought and effort into the completion of the survey. The questions that were developed also reflected information in regards to personal triggers, coping mechanisms, time management, exercise, a balanced diet, as well as the importance of social supports. Information that is provided in any RPP is very generalized, however it was hoped that the survey would prompt individuals to focus their attention on the key aspects of the recovery process as well as the areas in which they specifically need to continue to work on. It is also hoped that the survey will help to guide the residents in creating a tool that would benefit their
own recovery once they have reintegrated into community. The survey was used to collect information about which of the strategies suggested by the alumni the residents believe will be most beneficial to the prevention of potential relapse, and the information shown to have the most value was reflected in the development of the general RPPs. In addition, the questions incorporated in the survey were ordered in accordance to the layout of the RPP; each of the questions were also designed to highlight a key point that was incorporated in the RPP.

**Phase 3: Development of a Relapse Prevention Plan**

The RPP was designed specifically for the needs of the individuals who were residing at the agency. The accumulated information from the alumni questionnaire and interview, the current resident survey, research from both journal articles as well as guidance from the agency’s addictions counsellor, executive director, and house manager, were used to develop a Relapse Prevention Plan (RPP). The general RPP that was developed utilized plain language and avoided any technical jargon to ensure that the target population understood the plan. The information that was reflected in the RPP included details on the triggers and warning signs, appropriate coping mechanisms, as well as appropriate life skills. The RPP will work as a general guide for all individuals to utilize once they have completed the program and are working on reintegration into the community. However, the development of the survey, discussed in phase two, acted as an individualization mechanism to ensure that the personal needs for each person were reflected in their personal RPP.
Chapter IV: Results

Phase 1: Group Interview with Alumni

The information that was collected during the group interview with the participants was effective and beneficial to the development of the survey as well as the relapse prevention plan. The interview was set up as an open discussion but also provided the opportunity for participants to complete a written response to the interview questions. The majority of the 10 questions were open ended in order to facilitate an open discussion, however, three of the 10 questions could only be answered as a yes, no, or maybe. Furthermore, one of the questions was of numerical value as it questioned the number of sponsor interaction, AA/NA meetings, as well as house access that the alumni participated in on a weekly basis.

Despite the fact that the questions were posed as open-ended and a variety of responses could have been provided, common themes were quickly apparent. As previously stated, the first three questions of the group interview required yes, no, or maybe responses. The main themes of the first three questions were interactions with sponsors, and home groups for AA/NA, as well as comfort levels in social situations. Graphed results for the first three questions demonstrate that the majority of the individuals who participated in the interview have a sponsor as well as a home group for either AA/NA. In addition, although more of the participants indicated they found comfort in social situations, many of the participants also reported that they were unsure and/or felt uncomfortable in social situations.

![Figure 1: Graph of Participant Responses for Questions 1-3.](image)

Participant responses to questions 1-3 of the group interview with alumni. Question 1 was “Do you have a sponsor in the community?”, Question 2 was “Do you have a home group for AA/NA meetings in the community?”, and Question 3 was “Do you find comfort in social situations?”.

For question four (i.e. how often do you attend AA/NA meetings, house resources, or communicate with your sponsor on a weekly basis?), the response choices were numerical (e.g. 1- 5, 6-10, and 11+). Based on the graphed results five out the nine alumni utilized the recovery resources at least six to 10 times per week. Although some of the participants utilized recovery
resources more or less frequently than this. The difference in frequency of recovery tools could have been due to a number of factors (e.g. length of "clean" time or length of time out of the agency); however, it still provides a guideline for adequate amount of recovery related activities, based on usage rates of successful alumni, for individuals who are working to develop their own RPP.

Figure 2: Graph of Participant Responses for Question 4. Distribution of AA/NA meetings, house access, or communication with sponsor weekly attended by alumni.

As previously discussed, the remaining six questions were open-ended in order to facilitate discussion during the interview. However, common themes were apparent among the nine participants. When discussing the fifth question of the interview (i.e. are there any tools you learned while a resident that you continue to use in the community?), a number of reoccurring ideas were discussed. The most common themes and tools are presented in Figure 3 and include social interactions, managing stress (i.e. diet and exercise), and AA/NA meetings. These responses reinforce the usefulness of the tools and resources provided at the agency in relation to the recovery process for alumni still maintaining sobriety in the community.
Figure 3: Graph of Participant Responses for Question 5.
Distribution of types or tools and resources utilized by alumni, included in the other category involved gym or staying active, diet, routine, meditation, as well as the employment and education centre.

Question six asked the participants to give examples of times when they felt stress and thought about returning to substance use. The responses to this question provided examples of potential triggers that the participants believed to be relevant to their own recovery. The participants identified four main potential triggers and warning signs for relapse including stress, pain (emotional as well as physical), work, and relational stress and concerns. Although there were a number of responses (e.g. issues with staff members, lack of balance in overall daily activities, as well as the response of simply no that using was not an option) that did not fall into these four categories, these were identified as the most commonly occurring triggers.
Expanding on question six, the seventh question (when do you feel most vulnerable about the return of your substance use? Does it happen more with people, places, or life events?) was designed to have the participants identify potential warning signs that could make their own recovery vulnerable to relapse. This question is important, as learning how to identify potential warning signs, which can then be avoided or dealt with proactively, is a critical part of any relapse prevention plan. People, places, as well as life events were the most common triggering events for the participants. The graphed results indicate that people (i.e. from past use, family, or friends previously associated with substance use) were deemed to be the most common vulnerability for a return to substance use.

Figure 4: Graph of Participant Responses for Question 6. Distribution of responses of situations that triggered participants thinking about a return to substance use.
Questions eight and nine of the interview were designed to prompt participants to identify the most and least helpful coping strategies they found when dealing with stressful situations. The most beneficial coping strategies are presented in the graph below. These coping mechanisms include talking with a sponsor or counsellor, attending AA/NA meetings, journaling, and exercise, as well as relaxation. A number of participants provided more than one response to the question, however, talking with a sponsor or counsellor was one of the most commonly occurring replies. Participant responses for question eight that were categorized as other included: praying, reading inspiring material, having plans, the reliance on a higher power, as well as remembering a time before seeking treatment.

Figure 5: Graph of Participant Responses for Question 7.
Distribution of participant responses of the times when they feel most vulnerable to a return to substance use. Included in the other category were responses such as isolation, has not happened yet, as well as thoughts of loss and death.

Figure 6: Graph of Participant Responses for Question 8.
Distribution of participant responses for the most effective coping strategies.

The graph displaying the data from question nine (i.e. the least helpful coping mechanisms) is also presented below. The least effective coping mechanisms that were identified by the participants include isolation, and journaling, as well as "getting caught up in one’s own thoughts." Both isolation as well getting caught up in one’s own thoughts were the most common responses. Participant responses for question nine that were categorized as other included: being lazy/sitting around doing nothing, watching TV, remaining in head, spending time with people who do not care, as well as going to church.

![Graph of Participant Responses for Question 9.](image)

**Figure 7: Graph of Participant Responses for Question 9.**
Distribution of participant responses for the least effective coping mechanisms.

The final question of the interview was designed to capture any gaps in support or treatment that the participants received while completing treatment. The responses from the nine participants were separated into four different categories. These categories included employment, one on one counselling, not applicable/unsure, and "other" category. The majority of the responses fell into the not applicable or unsure category, however, receiving a limited amount of one on one counselling was another commonly cited gap.
Figure 8: Graph of Participant Responses for Question 10. Distribution of participant responses for the gaps in service at the agency. Included in the other category were responses such as I don’t know, not applicable, as well as more of a focus on past trauma.

The information collected from the group interview with the alumni, which is described above, was crucial to the development of the survey for new residents as well as the RPP. The majority of the information provided in the survey and RPP is based on the main themes and ideas that were discussed during the alumni interview.

Phase 2: Survey for Current Residents
As stated above, the development of the survey (Appendix D) for current residents was based on the main themes and ideas that were identified during the group interview with the alumni. The goal of the survey was to provide a starting point for the current residents of the agency in the development of their own individualized RPP. The survey consisted of 15 questions that reflect what is thought to be the most important aspects of relapse prevention according to the alumni. In addition, the questions incorporated in the survey were ordered in accordance to the layout of the RPP that was also created. Each of the questions was also designed to highlight a key point that was incorporated in the RPP. In the first question participants were asked to rank order 12 different potentially stressful situations. The reason for this question was to prompt the individual to think about what situations he or she believes to be the most and least stressful in their own lives, as well as which ones could become a trigger for their substance use. Nine of the 15 questions were based on a Likert type rating scale (i.e. a scale of 1 to 10). The nine questions using the Likert type scale were reflective of different concepts such as the participants’ comfort in social situations, the perceived effectiveness of AA/NA meetings, the perceived effectiveness of meditation and deep breathing exercises, their comfort
level with budgeting and money management, their comfort level with time management, as well as the frequency of participation in proper diet and exercise on a weekly basis. These questions were again meant to prompt the individual completing the survey to think about the areas of recovery that he/she is doing well and the areas that may need improvement. The last five questions of the survey required the individual to provide written responses about a variety of topics including information about weekly attendance at AA/NA meetings, effective coping mechanisms, plans following graduation from the program (e.g., living arrangements, home groups, and sponsorship), financial support following reintegration, as well as additional information on time management skills. As noted, the style and questions were designed to correspond with the layout of the general RPP that was created later.

**Phase 3: Development of a Relapse Prevention Plan**

Following the development of the survey, an RPP (Appendix C) was created that incorporated the information collected from a review of relevant research as well as the common themes that were identified through the group alumni interview. The layout of the RPP corresponded with the layout of the survey for the current residents of the agency. The RPP was developed to serve as a general reference point for those individuals currently obtaining treatment. The general RPP is meant to be individualized further with the use of the survey for the current residents described in phase two. The main sections in the RPP include the definition of relapse, the concept of post-acute withdrawal symptoms (PAWs), the goals of RPPs, how to identify warning signs and triggers, how to cope with cravings and triggers, as well as how to effectively utilize a variety of life skills. Each of these sections includes a brief summary of the main concepts related to the topic and activity sheets (e.g., schedules, budgets, or warning sign identification) that the individual can complete to further individualize their own RPP. The amount of detail required for each section is based on what areas the individual believes to be the most relevant and important in his or her own recovery. In addition, it is important to note that the development of the general RPP was the overall goal for the agency as this document was the tool the agency hoped to develop during the present project. The plan is that the general RPP will be utilized by the current residents, who are nearing the end of their treatment program, as a starting point to ensure that a thoroughly developed relapse prevention plan is completed prior to discharge. The survey was designed to help the current residents think about ways to individualize the general RPP to make it more personal to their own situation.
Chapter V: Conclusion/Discussion

Project Overview

Based on the literature review, it seems the use of an RPP may be an effective tool for assisting individuals with maintaining sobriety following a treatment program (Donovan & Witkiewitz, 2011). Gorski (2013) noted that an effective RPP would incorporate the concept of relapse, learning to identify potential warning signs and triggers, identifying and developing effective coping skills, as well as learning how to utilize effective social skills. A study conducted by Gonzales et al. (2012) proposed that negative emotional states, cognitive/behavioural factors, self-fulfilling prophecies, cravings, coping strategies, as well as motivation to change are also relevant to an effective RPP. Further, McIntosh and McKeganey (2000) encourage the use of a variety of techniques when developing an RPP that includes the following: moving away from areas in which an individual used or where drug users still inhabit, developing a new and drug free lifestyle, learning how to effectively schedule and manage time, as well as learn how to develop new social supports that avoid old drug using friendships. It is important to note, that although the literature identifies factors recommended for an effective RPP, previously utilized templates were not found for the field of addictions. In addition, a gap was found in the literature in terms of the individualization process for a RPP. As a result, this project hoped to utilize information gathered from a questionnaire/interview with alumni of the treatment facility in order to develop a general RPP as well as a survey to aid current residents with individualizing the general RPP to make it relevant to their personal circumstances.

As noted above based on the literature review it became apparent that the individualization process of an RPP was not well developed in the literature. As an RPP is utilized as a personal guideline for individuals who are attempting to maintain sobriety once he or she has reintegrated into the community, it is very important that the information reflect the specific needs of the individual. As a result of this fact, the goal of this project was to provide a structured way for clients to begin thinking about ways to individualize the general RPP to make it relevant to their personal situation. As previously stated, according to Donovan and Witkiewitz (2011), RPPs are defined as a self-help tool designed to teach an individual how to acknowledge, anticipate, and finally cope with the idea of relapse. As the importance of individualization of the RPP is clear in the literature, it was determined that developing a survey based on the experiences of successful alumni of the agency might be of benefit to current clients in the process of creating their own RPPs. Through the interview with the alumni, a variety of very important themes and ideas were identified and explored. Among the information collected, the most useful and beneficial concepts discussed included potential triggers and warning signs, effective coping skills, as well as the importance of social support within the community. Although a variety of important concepts were identified during this interview, the information that reoccurred most frequently was utilized in the development of the RPP as well as the survey for current clients. Unfortunately due to time constraints while completing the thesis, neither the RPP nor the survey were utilized by current residents and followed up to determine if the documents were in fact effective tools to individualize their relapse prevention plans. Further research needs to be completed in order to evaluate the effectiveness of the documents created during this thesis, however, it is believed that the work completed by the researcher will be an effective first step in providing a more structured method for clients to begin individualizing their RPPs.
Summary

The overall purpose of this thesis was to develop a relapse prevention plan (RPP), and a survey based on the reported experiences of individuals maintaining sobriety in the community. The survey was developed in order to assist current residents to individualize their RPP to best fit their specific needs. The purpose of the survey was to provide current residents of the agency the opportunity to consider a total of 15 questions on a range of topics related to relapse prevention and use this information to individualize the general RPP by thinking about both strengths and weaknesses that they possess. The idea was that the current residents could use the successes and failures of alumni in recovery to focus their personal RPPs. The general RPP that was developed as well as the survey are intended to be utilized together by current residents of the agency. The RPP was, in part, based on the best practices for relapse prevention and reflected a variety of research including Terrence Gorski (information utilized at the agency) as requested by the agency staff. However as part of the current study the RPP was also based on the content of a group interview with the alumni of the agency, during which the participants were required to fill out a brief 10-item questionnaire as well as engage in a group discussion. The survey for current residents was then based on the information collected from both the questionnaire and the interview with the alumni of the agency. Following the completion of the first draft of both the RPP as well as the survey, two agency staff members were asked to review the documents and provide any feedback or suggestions to ensure that they would be beneficial to the agency. The staff commended the completion of the RPP as it was deemed to be easily understood and user friendly for individuals of all different learning styles and backgrounds. In addition, it was felt that the information that was included was relevant to the recovery process and incorporated the general concepts taught throughout the treatment program. However, it was suggested that more information be added into the post-acute withdrawal symptoms section to ensure sufficient information was incorporated. It was also suggested in some sections that some of the terminology used be modified to more simplified and generic language. The feedback was incorporated and the RPP was modified to reflect said changes.

Strengths

One of the main strengths of this thesis was the information that is reflected in the RPP. The information that was collected and provided in the RPP was based on an extensive literature review and worked to incorporate information from a variety of sources. This is consistent with the material that the agency provides to residents on relapse prevention. In addition, the RPP that was developed was reviewed by agency staff members to ensure that the document would be useful within the agency. It is hoped this will increase the likelihood that it will be utilized regularly.

Another strength of this thesis is the development of the survey to help individualize the RPP for each resident. It is believed that the process of individualizing the RPP will be beneficial for the current residents' future recovery needs. Based on the research reviewed by the student, there are limited resources available to individualize a general RPP. It is also believed that this aspect of the thesis will be beneficial to the residents to aid them in the relapse prevention process and provide a starting point for them to consider both their strengths as well as areas of improvement.

Limitations and Challenges

During the placement experience, a number of changes occurred that interfered with the deadlines that were set out for the student as well as the ability to complete certain aspects of the
thesis. Prior to the completion of the placement, it was hoped that a current resident would be able to actually complete the survey and RPP in order to provide feedback on the documents. However, as previously stated, due to unforeseen changes in staff and deadlines, this component was not realized. It would have provided further information and input from individuals who had actually utilized the documents and whether or not it was useful and beneficial tool for them, although the overall outcome of the RPP and survey would have remained relatively the same.

The fact that the RPP is developed based mainly on the works of Gorski can be seen as a strength for the agency, however, it is also seen as a limitation from a comprehensiveness perspective. Although the documents were created specifically for the agency, this may limit the ability to generalize the RPP to other agencies.

An additional limitation was that determining alumni sobriety was based solely on self-report measures. Alumni could have been dishonest regarding their sobriety. This may have influenced the information that they provided during interview. As the interview with the alumni was completely voluntary, limited participation could have impacted the volume and quality of information obtained. Type and quality of information may also have been impacted by who chose to volunteer. These alumni may be different from alumni that did not choose to participate.

A final limitation to this thesis was that there was insufficient time to study the effectiveness of the RPP developed based on the results of research and the group interview with the alumni as the placement ended before the current residents were discharged back to the community. Although the residents will be provided with the RPP and survey and a staff member will go over the process with them, there will be no follow-up to discuss if the plan was actually effective in preventing relapse.

Multilevel Challenges to Service Implementation

Client level. A client level challenge relevant to this thesis was that the interview conducted with the alumni of the agency was voluntary. There was no extrinsic reinforcer provided to the individuals to promote participation. Consequently, the level of participation may not have been affected or some individuals may not have participated because of the lack of an external motivator.

Program level. The main challenge that occurred at the program level was the hesitation of both the alumni and residents to having a female student attend group each week. Although this hesitation quickly resolved as the residents and alumni became comfortable with the student presence, the comfort and trust level had to be established before any of the thesis could be completed. In the end, however, the overall participation during the group interview was positive and provided substantial insight for the development of the RPP and survey documents.

Organizational level. A challenge that occurred at the agency level was that the addictions counsellor resigned midway through the placement. This individual was the main agency resource for the RPP as he was most interested in the development of this project. In addition, as the agency had to hire a new addictions counsellor, there was a delay in the completion of the RPP and survey as the new staff member had to be trained in the agency policies and procedures. The reason for this delay was that the new addictions counsellor was not able to provide insight and input into the RPP or the survey on the scheduled date.

Societal level. The main challenge at the societal level is generalization. It is unknown whether either the survey or the RPP will be adopted by other agencies and individuals in the addictions field. In addition, as the survey that was created to accompany the RPP was based solely on
information collected from the alumni of this agency, the information may not be relevant to other recovering addicts who are accessing different treatment. Another challenge that occurred at the societal level is that once the residents have completed the program and reintegrated into the community, there may not be adequate supports to aid in his or her RPP. Despite the fact that the agency provides numerous resources to the residents, the same supports may not be available to the individual when he or she returns to the community.

**Implications for Behavioural Psychology Field**

The results of this thesis positively contribute to the field of behavioural psychology in a variety of ways. Although a variety of literature exists on the effectiveness of RPPs, limited research was found that discussed the process of individualizing the document for the person’s needs. The survey was created in order to allow the individuals completing the RPP as part of treatment to have a starting point to focus on his or her areas of improvement, while also highlighting the areas in which he or she is effectively managing. It is hoped that this integration of the survey and individualization process will improve the success of the RPP as well as provide a more meaningful and beneficial document for the individual.

**Recommendations for Future Research**

As previously mentioned, a limitation of the thesis was the fact that due to time constraints, the effectiveness of the combined survey and RPP was not evaluated. An important study would be to compare long term outcomes of residents prior to and after the implementation of the new RPP process.

It is also recommended that both the survey as well as the RPP be evaluated by individuals who are currently receiving treatment for addictions to determine if they can identify any gaps in the documents or any aspects that they believe to be particularly effective. This would provide further insight into the effectiveness of the thesis project and provide information regarding the usefulness of the document for the agency.
References


Centre for Addiction and Mental Health (CAMH) (2010). Addiction Information. Retrieved from:


Appendices

APPENDIX A: Informed Consent Alumni

Project title: A Survey of the Experiences and Opinions of Adult Males in a Long-Term Treatment Facility Regarding Effective Relapse Prevention Strategies
Principal Investigator: Lydia Scotland
Name of supervisor: Dr. Yolanda Fernandez
Name of Institution: St. Lawrence College
Name of part partnering institution/agency: Brock Cottage

Invitation
You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at Brock Cottage. As a part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want to take part.

Why is this study being done?
The project that I am currently working on is developing a survey that will help to ensure that future Relapse Prevention Plans (RPP) assist individuals with the relapse process. The goal of the RPP is to help individuals who are recovering from a chemical dependency to learn about relapse, the situations and events that may bring up or trigger the craving or want to use a substance, and how to manage and cope with the feelings of craving and want. It is very important for individuals to learn these different parts of relapse so that they can work to effectively maintain their sobriety and how to deal with stressful and unpleasant situations. As an alumni of Brock Cottage, we believe that you can be of great help when designing the RPP. We are hoping to get input from you as to what you believe to be the most important and necessary parts of relapse prevention so that we can help future residents in their recovery process. The opinions and experience of alumni is crucial to this project and I am asking for your help in ensuring that this valuable information is incorporated into future RPPs.

What will you need to do if you take part?
As an alumni, if you chose to take part in this study, you will be asked to attend a group interview that will work as an open discussion. This discussion will involve ideas and strategies about what you have found to be helpful and not so helpful in staying sober and preventing the potential of relapse. The information that is collected during this interview will be kept anonymous; however, it will be used to create a survey that the current residents will complete. This survey will reflect both the positive and negative parts of the relapse process and will act as a way to collect information that current residents believe to be important in remaining sober. The interview will be held in the...
dining room and will be run by myself and as well as either a supervisor or counsellor at the agency, and will last for a maximum of one hour. All details for the interview, including location, time, as well as date, will be posted on the information board at the agency.

What are the potential benefits of taking part?
As an alumni of Brock Cottage, the potential benefits of taking part in this research project will be the chance to evaluate and share your own recovery process and the things that have proven to be helpful or unhelpful to you. You may feel good and/or proud of the fact that you are helping other individuals who are struggling with addiction by making identifying what you have found effective at preventing relapse.

What are the potential benefits of this research study to others?
The potential benefits of this research project to others are that it could improve the development of a more effective RPP for residents of the agency in the future.

What are the potential disadvantages or risks of taking part?
There may also be some minimal risks to the study. Discussing the relapse process may cause emotional distress or feelings of discomfort. It is important for you to understand that if you feel as though you are experiencing any emotional distress that extra support will be available. If you feel you need extra support, both myself, as well as the other staff members of the agency will be available to talk to you.

What happens if something goes wrong?
If you experience any negative or harmful emotions as a result of the discussion of relapse, myself and the other staff members will be available to you to discuss your feelings.

Will my information you collect from me in this project be kept private?
As previously discussed, all information that is collected will be completely anonymous and no names will be required. However, all information that is collected including this consent form will be kept in a locked cabinet at the agency for one year, at which point they will be destroyed and discarded. In addition, any information that is stored on the computer will be encrypted on a computer with password protection and destroyed immediately following the placement. The data will also be kept at the agency for 7 years as per policy. It is also very important to understand that any and all information that is shared during the interview must remain private and should not be discussed outside of the group; this information includes the names of other participants. These precautions will ensure that all information is kept confidential and no personal information will be identifiable. Finally, all information will be kept private by the researcher unless otherwise required by law.

Do you have to take part?
Participation is voluntary. It is up to you to decide whether or not to take part in this research project. If you do decide to take part, you will be asked to sign this consent form to show that you understand and agree with the terms of the study. If you do decide to take part in this research project, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty, or negative effects. Also, any treatment or services that you are already receiving from the agency will remain in place and will not be affected in any way.

Contact for further information
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Dr. Yolanda Fernandez my supervisor from St. Lawrence College. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me, Lydia Scotland (lscotland19@student.sl.on.ca). You can also contact my College Supervisor (Yolanda.Fernandez@csc-scc.gc.ca) or you may also contact the Research Ethics Board at reb@sl.on.ca.
Consent
If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency [and in a secure location at St. Lawrence College, if applicable].

By signing this form, I agree that:

✓ The study has been explained to me.
✓ All my questions were answered.
✓ Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
✓ I understand that I have the right not to participate and the right to stop at any time.
✓ I am free now, and in the future, to ask any questions I have about the study.
✓ I have been told that my personal information will be kept confidential.
✓ I understand that no information that would identify me will be released or printed without asking me first.
✓ I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Signature of Participant</th>
<th>Date</th>
</tr>
</thead>
</table>
APPENDIX B: Group Interview with Alumni

Group Interview with Alumni

Name ______________________________    Date ______________________________

1. Do you have a sponsor in the community?

2. Do you have a home group for AA/NA meetings in the community?

3. Do you find comfort in social situations?

4. How often do you attend AA/NA meetings, house resources, or communicate with your sponsor on a weekly basis?

5. Are there any tools you learned while a resident that you continue to use in the community?

6. Can you give examples of times when you have felt stress and thought about returning to substance use?

7. When do you feel most vulnerable about the return of your substance use? Does it happen more with people, places, or life events?
8. What tools do you find most helpful in coping with these stressful situations?

9. What tools do you find least helpful in coping with these stressful situations?

10. If any, what gaps in support have you experienced in your recovery process? Do you believe there are any aspects of recovery that the agency did not cover that would be helpful to current residents?

Additional Comments:
______________________________________________________________________________
______________________________________________________________________________
_____________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
APPENDIX C: Relapse Prevention Plan Manual

Relapse Prevention Plan
Lydia Scotland
Relapse Prevention Plan

Definition of Relapse

It has been explained by many authors that the definition of relapse is not a simple or linear progression. Relapse in reference to addiction is most often defined as a return to problematic use that occurred prior to obtaining treatment. Relapse often involves a variety of warning signs that may include denial, emotional pain, as well as stress. Most individuals experience these warning signs automatically and at an unconscious level. It is also believed that relapse happens in three different stages. The three stages include emotional relapse, mental relapse, and finally physical relapse. When looking at the emotional aspect of relapse, a number of warning signs may occur that include; anxiety, anger, mood swings, isolation, skipping meetings, as well as an individual’s general self-care (e.g. poor eating and sleeping habits). It is important to understand when discussing relapse, however, that the process and experiences will differ for each individual and no relapse will be the same. When looking at the idea of mental relapse, it most often begins with the battle between thinking about wanting to use and not wanting to use. During this phase a number of signs may occur that include thinking about people and places where you used to use, fantasizing about using, thinking about relapse as well as actually beginning to plan your relapse. The final stage involves the actual physical relapse in which you return to substance use.

Post-Acute Withdrawal Symptoms (PAWS)

Post-acute withdrawal symptoms (PAWs) occur in the majority of recovering alcoholics or addicts and is a normal part of the recovery process. PAWs often occur as a result of the damage done to the nervous system as a result of prolonged and extensive alcohol or drug use. In combination with the damage to the nervous system, it is believed that the psychosocial stress of coping with sobriety can also play a role in the development of PAW symptoms. The time in which PAWs begin to appear can vary depending on the individual; however, they generally begin between three and six months in recovery. Again, the extent to which PAWs symptoms occur will vary on an individual basis, however, there are six groups or clusters that make up the PAWs symptoms. These six clusters include; difficulty in thinking clearly, managing emotions, memory, sleep cycles, problems with physical coordination, and finally sensitivity to stress. It is important to also understand that similarly to acute withdrawal symptoms such as vomiting, shakes, or pains, PAWS will also decrease with time as the individual continues in their own recovery. PAWs may also contribute to relapse because individuals often experience the negative symptoms (e.g. vomiting, poor sleep care) and give up on the recovery process because the effects become too overwhelming. When trying to work through and understand the idea of PAWs, it is good to note that in order to be successful in overcoming the symptoms, outside support is required.

Relapse Prevention Plans

It is important to understand that relapse is a central issue in recovery for all individuals. Even individuals who are highly motivated to remain sober can be vulnerable to the potential of
a relapse in their own recovery. Prevention of a relapse requires awareness, planning, as well as care by the individual. Throughout your time at the agency, you have learned a number of skills have been taught to help prevent a relapse from occurring. These skills included:

- Identifying personal triggers and warning signs
- Learning how to cope with cravings and triggers
- Learning and utilizing a variety of life skills

These three aspects will be the central components of the following relapse prevention plan.

IDENTIFYING PERSONAL WARNING SIGNS AND TRIGGERS

Possible triggers are defined as people, places, or events that may cause an individual to experience a craving or compulsion towards the use of a certain substance. Although some triggers are unavoidable (e.g. advertisements in magazines), it is important for you to understand not only what may trigger you, but also how to effectively deal with these triggers when and if they occur. During one of the relapse prevention groups that occurred throughout your stay, you were provided with a very useful tool in regards to identifying potential warning signs and triggers. This document provided you with a chart that discussed warning signs for both the road to relapse as well as the road to recovery. Although the warning signs that occur will be different for each individual, this handout has very general ideas that can be related to your own individual recovery process. The purpose of adding the relapse/ recovery bound chart into this Relapse Prevention Plan is to help you to come up with a few of your own triggers and warning signs to help you complete the following exercise. By using this worksheet to complete the following exercise, the goal is to assist you in discovering your own potential triggers and warning signs for relapse and the possibility of a return to substance use. Ultimately, if you have a better understanding of your own relapse triggers and warning signs, you will be able to further develop and learn how to appropriately deal with these stressful situations.
Identifying Warning Signs and Triggers- Worksheet

1. Are there people, places, or events that you think would trigger you to want to use? Provide an example of at least one of the above experiences you believe would be a trigger.

2. Are there any emotions or feelings you believe would trigger you to want to use? Provide at least one example.

3. Are there any thoughts that you associate with a potential trigger? Provide at least one example.

4. What can you do if you cannot avoid certain people, places, or events that may trigger you? Provide at least one example of a coping skill that you could use.
COPING WITH CRAVINGS AND TRIGGERS

Throughout your program at the agency, you were given the opportunity to learn a variety of different coping techniques that you can use throughout your recovery process. Although there a number of definitions for the phrase ‘coping skills’ they are best defined as tools that individuals utilize in order to manage the events and changes that occur in daily life. It is important to understand that coping skills can be both negative as well as positive, however, the goal during the recovery process is to develop healthier and more positive coping tools. Developing new coping skills can be a lengthy process and often requires trial and error before an individual is able to find the most effective and useful strategies to fit their own recovery.

Coping skills are a very important aspect in the recovery process as they help the individual to deal with not only the changes and events of life, but they may also help an individual to prevent a potential relapse. Although a number of coping skills are discussed or suggested through the content and material at the agency, a few of the most common examples include: attending AA meetings, working with a sponsor, keeping a journal, meditation, prayer, developing a support network, as well as deep breathing/relaxation techniques. Again, the coping skills that are used will differ based on each individual’s preference and the effectiveness of the strategies for their own recovery.

The following worksheet provides a list of warning signs and behaviours that could potentially indicate if you are recovery or relapse bound. The information incorporated into the worksheet is adapted from the relapse prevention information provided from the Residential Treatment Services of Southeast Ontario District. The chart is designed to provide you with a variety of behaviours and potential thoughts that could help you decipher if your current state is pushing you more towards relapse or recovery.
### Bound for Relapse or Recovery?

<table>
<thead>
<tr>
<th>Recovery Bound</th>
<th>Relapse Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Honest, realistic about self and problems</td>
<td>• Minimizing, maximizing, distorting</td>
</tr>
<tr>
<td>• Socializes with others</td>
<td>• Isolated, avoids others</td>
</tr>
<tr>
<td>• Listens, accepts input from others</td>
<td>• Not listening, knows it all</td>
</tr>
<tr>
<td>• Asks for help, accepts help from others</td>
<td>• Will not ask for help</td>
</tr>
<tr>
<td>• Positive attitudes</td>
<td>• Negative attitudes</td>
</tr>
<tr>
<td>• Focusing on personal recovery</td>
<td>• Too many concerns outside recovery</td>
</tr>
<tr>
<td>• Trusting, sharing with others</td>
<td>• Suspicious, distrustful</td>
</tr>
<tr>
<td>• Harmonious relationships</td>
<td>• Conflicts with others</td>
</tr>
<tr>
<td>• Turns will over to higher power</td>
<td>• Depends on personal willpower</td>
</tr>
<tr>
<td>• Stable lifestyle</td>
<td>• Unstable lifestyle</td>
</tr>
<tr>
<td>• Takes full responsibility for own behaviour</td>
<td>• Blaming, resentful, feels “victimized”</td>
</tr>
<tr>
<td>• Appears, warm, friendly, caring about others</td>
<td>• Appears hostile</td>
</tr>
<tr>
<td>• Attends plenty of 12-step group meetings</td>
<td>• Not attending 12-step or other group</td>
</tr>
<tr>
<td>• Has close working relationship with sponsor</td>
<td>• Has no sponsor</td>
</tr>
<tr>
<td>• Reasonable expectations of self and others</td>
<td>• Pities self, focuses on what is missing</td>
</tr>
<tr>
<td>• Shares thoughts and feelings openly</td>
<td>• Acts immature</td>
</tr>
<tr>
<td>• Considerate, displays humility</td>
<td>• Not working on the 12 steps of recovery</td>
</tr>
<tr>
<td>• Has an attitude of gratitude for blessings of life</td>
<td>• Does not accept the need for abstinence</td>
</tr>
<tr>
<td>• Acts mature</td>
<td>• Rejects reality of associated health and personal risks</td>
</tr>
<tr>
<td>• Actively working with 12-steps of recovery or other self-help programs</td>
<td>• Hides, unwilling to discuss recovery</td>
</tr>
<tr>
<td>• Fully accepts need for abstinence</td>
<td>• Hides- denies disease to others</td>
</tr>
<tr>
<td>• Understands – accepts disease concept of addiction</td>
<td>• Appears angry, agitated</td>
</tr>
<tr>
<td>• Open and sharing about recovery process</td>
<td>• Looks for “magic solutions” to problems</td>
</tr>
<tr>
<td>• Openly shares about personal disease experience</td>
<td>• Acts depressed, withdrawn</td>
</tr>
<tr>
<td>• Appears peaceful, comfortable with self</td>
<td>• Unwilling to be helpful, supportive</td>
</tr>
<tr>
<td>• Takes personal responsibility for solutions</td>
<td>• No evidence of spiritual growth</td>
</tr>
<tr>
<td>• Acts cheerful, outgoing</td>
<td>• Returns to old relationships associated with substance use</td>
</tr>
<tr>
<td>• Actively helpful and supportive of others</td>
<td>• Returns to old substance using environments</td>
</tr>
<tr>
<td>• Discusses spiritual aspects of recovery</td>
<td>• Beginning to think “just using once will not be a problem”</td>
</tr>
<tr>
<td>•</td>
<td>• Lack of self-care</td>
</tr>
<tr>
<td>•</td>
<td>• Quits practicing newly learned skills</td>
</tr>
</tbody>
</table>
**Coping with Cravings and Triggers**

Using the information from the worksheet above, can you come up with a potential warning sign/trigger, a potential thought and emotion, a potential coping mechanism you could use, as well as a plan of action of how you will use the selected coping mechanism.

<table>
<thead>
<tr>
<th>Warning Sign/ Trigger</th>
<th>Thoughts/ Emotions</th>
<th>Coping Mechanism</th>
<th>Plan of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Isolating yourself from others</td>
<td>“No one will know if I were to have one drink”</td>
<td>Using social supports</td>
<td>Call and talk to my sponsor or attend an AA meeting</td>
</tr>
</tbody>
</table>

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UTILIZING LIFE SKILLS

Creating a Schedule

The basis of the programming that occurs at the agency is the development and teaching of new life skills. One of the most important aspects of recovery that is taught during the program is the importance and need for a balanced schedule that includes appropriate activities (e.g. work, AA meetings), recovery, as well as leisure time. Learning how to effectively structure and manage your time can be very helpful and may prevent feelings of boredom, loneliness, isolation, and a lack of positive recovery related activities. Creating structure for yourself may also help to motivate you in completing necessary daily activity and routine. Although it may sometimes be tough to follow a schedule, it is very beneficial in helping to organize and plan out your day to ensure that you do not become too overwhelmed or too bored. When creating a schedule, it can be done either daily or weekly and should focus on incorporating daily living (e.g. meals or exercise), recovery (e.g. AA or NA meetings or groups at Brock Cottage), relaxation and wind down time, as well as healthy and appropriate leisure activities (e.g. playing hockey or coffee with friends). It is important to note however, that when you are developing a schedule that you do not over book yourself to the point where the day becomes unrealistic and unmanageable. It is also important to understand that there are days where you will be busier than others and where unexpected situations will occur that will change your schedule for that particular day. The basic and most important idea of developing a schedule is to help you to find a balance for daily living that is best suited for your life style. In order to help you create your own schedule, a variety of blank schedule templates are provided below.
<table>
<thead>
<tr>
<th>Day</th>
<th>Morning</th>
<th>Weekly Schedule</th>
<th>Afternoon</th>
<th>Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Budgeting

Money can be a very stressful and potentially triggering event for some people and as the cost of daily living increases, the stress often does as well. Even if you do not find money stressful, the use of a budget can be a very effective and helpful tool to learn and utilize. Creating a monthly or even weekly budget for yourself can help you to get a better understanding of how much you spend in a month, where you spend the most, help to potentially save money, reduce stress, help you pay your bills on time, and can help to prevent you from overspending. Budgeting also doesn’t have to be a difficult process; it can be quite simple and very effective. Similarly to most things in life, the budget you create will be quite different than any other individual based on your own personal needs and requirements. The following worksheet is a general layout of how to complete a budget and is designed to help you create and individualize your own.
Creating a Personalized Budget

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td></td>
</tr>
<tr>
<td>ODSP</td>
<td></td>
</tr>
<tr>
<td>OW</td>
<td></td>
</tr>
<tr>
<td>CPP</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td></td>
</tr>
<tr>
<td>Utilities (e.g. heat, water, electricity)</td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Cable</td>
<td></td>
</tr>
<tr>
<td>Transportation (e.g. bus pass, car/gas, cab)</td>
<td></td>
</tr>
<tr>
<td>Groceries</td>
<td></td>
</tr>
<tr>
<td>Other bills (e.g. loan, child support, fines)</td>
<td></td>
</tr>
<tr>
<td>Entertainment (e.g. movies, dinners out, social events)</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous (e.g. Cigarettes or coffee)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Budget Totals</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Monthly Income</td>
<td></td>
</tr>
<tr>
<td>Total Monthly Expenses</td>
<td></td>
</tr>
<tr>
<td>Total Amount Remaining</td>
<td></td>
</tr>
</tbody>
</table>
Summary

Once you have completed the information provided in this RPP, it is important that you share the information with the addictions counsellor at the agency. Although the information that you have gathered through the completion of the RPP will be valuable to your recovery process, the addictions counsellor might be able to provide further insight and information for you. In addition, as part of the RPP is to discuss and explore the potential warning signs and triggers for your relapse, it is possible that negative thoughts and emotions may surface and you will require extra support to work through these experiences. It is also important to understand that this RPP is a general tool to assist you in exploring a variety of concepts and aspects of the recovery process and that is ultimately up to you how you utilize the document.
References


APPENDIX D: Relapse Prevention Plan: Pre-Survey

Relapse Prevention Plan: Pre-Survey
1. Check the following situations that you believe may be stressful for you and then rank order them from 1 to 12, with 1 being least stressful and 12 being most stressful.

   ___ Relationship issues
   ___ Social isolation
   ___ Death
   ___ Work concerns (e.g. fired or demoted)
   ___ Overworking
   ___ Personal injury
   ___ Personal failure
   ___ Life changes/ transitions
   ___ Illness/ disease
   ___ Financial concerns
   ___ Holiday/ vacation
   ___ Leisure time

2. On a scale of 1 to 10 (with 1 being not comfortable and 10 being extremely comfortable), how comfortable are you in social situations?

3. On a scale of 1 to 10 (with 1 being not helpful and 10 being very helpful), how helpful do you find AA/NA meetings?

4. How often do you attend meetings on a weekly basis?

5. On a scale of 1 to 10 (1 being not helpful and 10 being very helpful), how helpful do you find morning meditation?

6. On a scale of 1 to 10 (1 being not helpful and 10 being very helpful), how helpful do you find deep breathing/relaxation exercises?

7. On a scale of 1 to 10 (1 being not helpful and 10 being very helpful), how helpful do you find journaling?

8. What coping strategies do you find useful that you will continue to use in the community (e.g. alumni, social support, meetings, house access, Church, etc.)?
9. What outside supports (e.g. family or friends) will you be able to rely on to help you maintain your sobriety once you leave Brock Cottage?

10. Are you planning to stay in the community after reintegration?
   
   a. If yes, what supports from the house/community will you continue to use?
   
   b. If no, how will you find new resources and supports?

11. What financial supports will you have after leaving Brock Cottage?

12. On a scale of 1 to 10 (1 being not comfortable and 10 being very comfortable), how comfortable are you with managing your money?

13. On a scale of 1 to 10 (1 being not comfortable and 10 being very comfortable), how comfortable are you with managing your time?
   
   a. Have you ever used a schedule to help manage your time?
   
   b. What times of day do you find most difficult to manage?
   
   c. What tools could you use to help manage these times?

14. On a scale of 1 to 10 (1 being never and 10 being daily), how often do you participate in physical activity or exercise during the week?

15. On a scale of 1 to 10 (1 being never and 10 being daily), how often do you eat a balanced meal during the week?