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OREGON ATTORNEY ASSISTANCE PROGRAM

Welcome, Law Students

IN SIGHT for Oregon Lawyers

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

PREVENTING RELAPSE BEFORE IT STARTS

Relapse starts well before the decision to drink or drug again. While many people feel that relapse is a mysterious process in which people are “struck drunk,” research and experience shows that relapse is a gradual process. It starts with errors in thinking and progresses to actions (based on those thinking errors), eventually leading to a state of distress that the recovering person ultimately relieves by using alcohol or other drugs.

George DuWors, author of *White Knuckles and Wishful Thinking: Learning from the Moment of Relapse in Alcoholism and Other Addictions*, identifies two varieties of relapse. One type is the “@#\$\$ It!” relapse, in which an overload of stressful events and a lack of tools to deal with stress lead the individual to decide to use alcohol or drugs. The other is the “Just This Once” type of relapse, in which the person in recovery fails to recall the previous negative consequences of chemical use and erroneously decides that on this occasion he or she can use alcohol or other drugs with impunity.

Research on brain activity shows that the frontal cortex – the part of our brain that governs rational thinking and where our “attorney personality” resides – is **not** the part of our brain in control at the moment of relapse. The more emotional, primitive part of the brain, where addiction lives, creates the errors in thinking that precipitate relapse.

Terence T. Gorski, noted for his work in the development of “Relapse Prevention Therapy,” posits that strategies for dealing with high-risk situations need to be registered in both the thinking and feeling brain.

A recovering alcoholic needs to imagine what the situation will feel like, smell like, and sound like, and give it a name that has personal significance, like “The Office Holiday Party.” Then imagine the situation like a movie, identifying the crucial scene that changes the action from relapse to recovery, whether it’s leaving early, only drinking soda, or attending with a supportive friend or spouse.

Addiction is a chronic disease that requires long-term changes in attitudes and behavior. People who suffer from addiction sometimes relapse. Similar to other chronic illnesses, such as asthma, hypertension, and insulin-dependent diabetes, long-term changes in attitudes and behavior are needed, or health immediately deteriorates.

The danger of relapse is always present. People in recovery are susceptible to relapse whether they have decades in recovery or just a few weeks. However, working an active program of recovery and having a relapse prevention plan are ways to insure continued recovery.

Friends and family members can sometimes spot changes in your attitudes long before you can. Give them permission to speak up when they see a “HALT” situation – signs that you’re becoming hungry, angry, lonely, or tired. Then be willing to listen if you receive this feedback.

Identify high-risk situations. Prepare for three risks in particular:

- Any person, place, or feeling that has been associated with drinking or use of other drugs in the past;
- Any situation in which alcohol or other drugs are available; and

Continued on page 2

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- Mental Health
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- Any situation associated with high stress.

Create a relapse prevention plan. It's easy to say, "If I ever get in a slippery situation, I'll just call somebody." A vague intention is not enough. Write out a plan to handle high-risk situations. Include specifics such as:

- People you can call when you have thoughts about drinking or drugging again, including phone numbers that you can program into a cell phone;
- Places you can immediately go for help; and
- Actions you can take – excusing yourself from the place or situation, taking a walk, going to a 12-step meeting, etc.

Give copies of your plan to your sponsor, friends in recovery, family members, and other key people. Make an abbreviated copy small enough to fit on a card to put in your wallet, to review during a high-risk situation. This sheet of paper represents instant accountability – a contract with yourself and others to prevent relapse by taking the actions that sustain a lifetime in recovery.

The OAAP is forming a sustaining recovery group this fall. For more information, see the accompanying box on page 6.

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Sustaining Your Recovery

Are you interested in a recovery plan that works for the long haul? The OAAP is forming a six-week relapse prevention support group for lawyers in recovery, facilitated by OAAP Attorney Counselors Doug Querin, JD, MA, CADC I, and Meloney Crawford Chadwick, JD, CADC III, NCAC II. The group will meet at the OAAP on Mondays from noon to 1:30 p.m., beginning September 22, 2008. Attendance is limited, so register in advance. Please contact Doug Querin or Meloney Crawford Chadwick at 503-226-1057 or 1-800-321-6227.