TRIGGERS

Many people in recovery refer to the holiday season as the “Bermuda Triangle of Addiction” because of the season’s many events and emotions that may trigger a relapse. There are specific external triggers like champagne toasts and parties; as well as emotional triggers like family interactions or memories of unhappy past events. The stress of the holiday season can prompt people to unconsciously respond to triggers by acting out in ways unrelated to their “primary” addiction: for instance, a recovering alcoholic might not drink but could engage in numbing behavior by going on a binge with gambling, food, spending, or drugs; creating chaos that leads to a larger relapse.

A trigger can be the beginning of a recovering addict’s worst nightmare. Just like the first few grains of snow that start down a hillside and trigger an avalanche, a relapse can be triggered by what seems like the smallest of events or emotions. Knowing your own triggers and making a plan for intervening immediately is the key to maintaining recovery.

With new brain-imaging technology, scientists now understand that the brain of an addict eventually undergoes structural and functional changes. Scientists currently think that once these changes happen, the addicted brain cannot be changed back to the pre-addicted brain. A group of cells form what is often referred to as an “addiction template.” These cells become organized to be the route of least resistance to the pleasure centers inside the brain. The addiction template then is the path chosen first in response to both external and internal stimuli (triggers) that set off an addictive response cycle.

This process is much like what a person experiences when on a looping roller coaster. Once the car gets to a certain point, there is no turning back. The thrill of riding the roller coaster elicits anticipation, fear, joy, excitement, and amazement. The experience is similar to the feeling an addict experiences in the early stages of addiction. The use of the drug or addictive behavior is full of anticipation and sometimes fear and excitement. For many, during and after the use or behavior there is a feeling of a rush and pleasure. The brain is wired to seek interest and excitement, joy and enjoyment. Couple those feelings with fear and anxiety, and the brain has the perfect cocktail. Unfortunately, the brain encourages the addict to repeat the process. As the cycle is repeated over and over, the loop becomes more and more powerful, and tolerance is created. More risk or drugs are needed for a similar rush and sense of pleasure. The addict becomes sensitive to anything that triggers the need to use, and becomes less and less in control.

Triggers can be almost anything, external or internal. Examples of external triggers include anything outside the addict. For the alcoholic, it could be an ad for a favorite beer; the click and whoosh of a beer can being opened; the smell of Tequila used in making a margarita. For the sex addict, a trigger could be a TV commercial showing a lot of flesh, such as a model in a bikini or an athlete in tight shorts; driving by a video store specializing in X-rated adult movies; certain body smells or perfumes and colognes. For the cocaine addict, a trigger could even be the contents of a bag of Sweet and Low spilled onto a table, a rolled-up dollar bill, or something resembling a crack pipe. For the prescription addict, a trigger could be the sight of amber-colored
medication bottles, a prescription pad lying unattended on the doctor’s desk, or a friend's bathroom medicine chest.

Internal triggers are much more difficult to control because they involve the addict learning to manage his or her emotional states. An internal trigger could be a feeling of anger that the addict uses to justify taking a drink, swallowing a pill, or having an affair. Or it can be a blue or depressed mood that the addict is moved to alter by a couple of lines of cocaine – even though the addict knows the “happiness” he or she will experience will be short lived. Or the addict may feel lonely and head to the mall for a shopping binge that creates a sense of satisfaction and delight – at least until the bill comes. For food addicts, eating all or even half of a Black Forest chocolate cake will so alter their mood that the distraction seems worth the misery at first. Since the addict frequently feels bad about himself or herself, he or she may use the Internet to alter the feelings by talking to someone in a chat room or finding an anonymous sexual partner.

Since a trigger is the very start of the addiction cycle, it has the least power and momentum. This is the place where the addiction loop is most easily stopped. The mechanism to stop the trigger in its tracks is called an “intervention” – something to interrupt the pull of the addiction.

For an intervention to be successful, it must:

(1) be immediately available to the addict;
(2) be possible to do in the real world;
(3) have a reasonable chance of working successfully where or when an intervention is needed;
(4) be something that the addict is likely to do; and
(5) be specific for the trigger, ritual, or event that is likely to result in acting out with the addict’s choice.

People in recovery who are working on relapse prevention frequently cite “Calling my sponsor,” and “Going to a meeting,” as successful ways to stop the trigger.

These interventions must be rehearsed before they are needed. Provided this part of the relapse prevention program has been thoroughly rehearsed, it can stop the addiction cycle at its weakest point – at the trigger.

The OAAP offers confidential 12-step meetings, Monday through Friday, for members of the legal profession, and can provide suggestions for temporary sponsors and other support groups. Call Meloney Crawford Chadwick, Mike Long, Shari Gregory, or Doug Querin at 503-226-1057 for more information.

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