

The Development Model of Recovery: The Relapse/Recovery Grid

I. Transition	II. Stabilization	III. Early Recovery	IV. Middle Recovery	V. Late Recovery	VI. Maintenance
<ol style="list-style-type: none"> 1. Develop motivating problems. 2. Failure of normal problem-solving. 3. Failure of controlled use strategies. 4. Acceptance of need for abstinence. 	<ol style="list-style-type: none"> 1. Recognition of the need for help. 2. Recovery from immediate after-effects. 3. Interrupting pathological preoccupation. 4. Learning non-chemical stress management methods. 5. Developing hope and motivation. 	<ol style="list-style-type: none"> 1. Full conscious recognition of addictive disease. 2. Full acceptance and integration of the addiction 3. Learning non-chemical coping skills. 4. Short-term social stabilization. 5. Developing a sobriety-centered value system. 	<ol style="list-style-type: none"> 1. Resolving the demoralization crisis. 2. Repairing addiction-caused social damage. 3. Establishing a self-regulated recovery program. 4. Establishing lifestyle balance. 5. Management of change. 	<ol style="list-style-type: none"> 1. Recognizing the effects of childhood problems on sobriety. 2. Learning about family-of-origin issues. 3. Conscious examination of childhood. 4. Application to adult living. 5. Change in lifestyle. 	<ol style="list-style-type: none"> 1. Maintain a recovery program. 2. Effective day-to-day coping. 3. Continued growth and development. 4. Effective coping with life transitions.

Coping with Stuck Points in Recovery

1. Denial and evasion
(The relapse-prone style)
 - a. Evade/deny the stuck point.
 - b. Stress.
 - c. Compulsive behavior.
 - d. Avoid others.
 - e. Problems.
 - f. Evade/deny new problems.

MEMORY PEG = ESCAPE

1. Recognition and problem solving:
(The recovery-prone style)
 - a. Recognizing a problem exists.
 - b. Accept that it is okay to have problems.
 - c. Detach to gain perspective.
 - d. Ask for help.
 - e. Respond with action when prepared.

MEMORY PEG = RADAR

High-Risk Factors	Trigger Events	Internal Dysfunction	External Dysfunction	Loss of Control	Lapse/Relapse
<ol style="list-style-type: none"> 1. High-stress personality. 2. High-risk lifestyle. 3. Social conflict or change. 4. Poor health maintenance. 5. Other illness. 6. Inadequate recovery program. 	<ol style="list-style-type: none"> 1. High-stress thoughts. 2. Painful emotions. 3. Painful memories. 4. Stressful situations. 5. Stressful interactions with other people. 	<ol style="list-style-type: none"> 1. Difficulty in thinking clearly. 2. Difficulty in managing feelings and emotions. 3. Difficulty in remembering things. 4. Difficulty in sleeping restfully. 5. Difficulty in managing stress. 6. Difficulty with physical coordination. 7. Shame, guilt, hopelessness. 8. Return of denial. 	<ol style="list-style-type: none"> 1. Avoidance and defensive behavior. 2. Crisis building. 3. Immobilization. 4. Confusion and overreaction. 5. Depression. 	<ol style="list-style-type: none"> 1. Poor judgement. 2. Inability to take action. 3. Inability to resist destructive impulses. 4. Conscious recognition of the severity of loss of control. 5. Option reduction. 6. Emotional or physical collapse. 	<ol style="list-style-type: none"> 1. Initial use of alcohol or other drugs. 2. Severe shame, guilt, and remorse. 3. Loss of control over use. 4. Development of health and life problems.