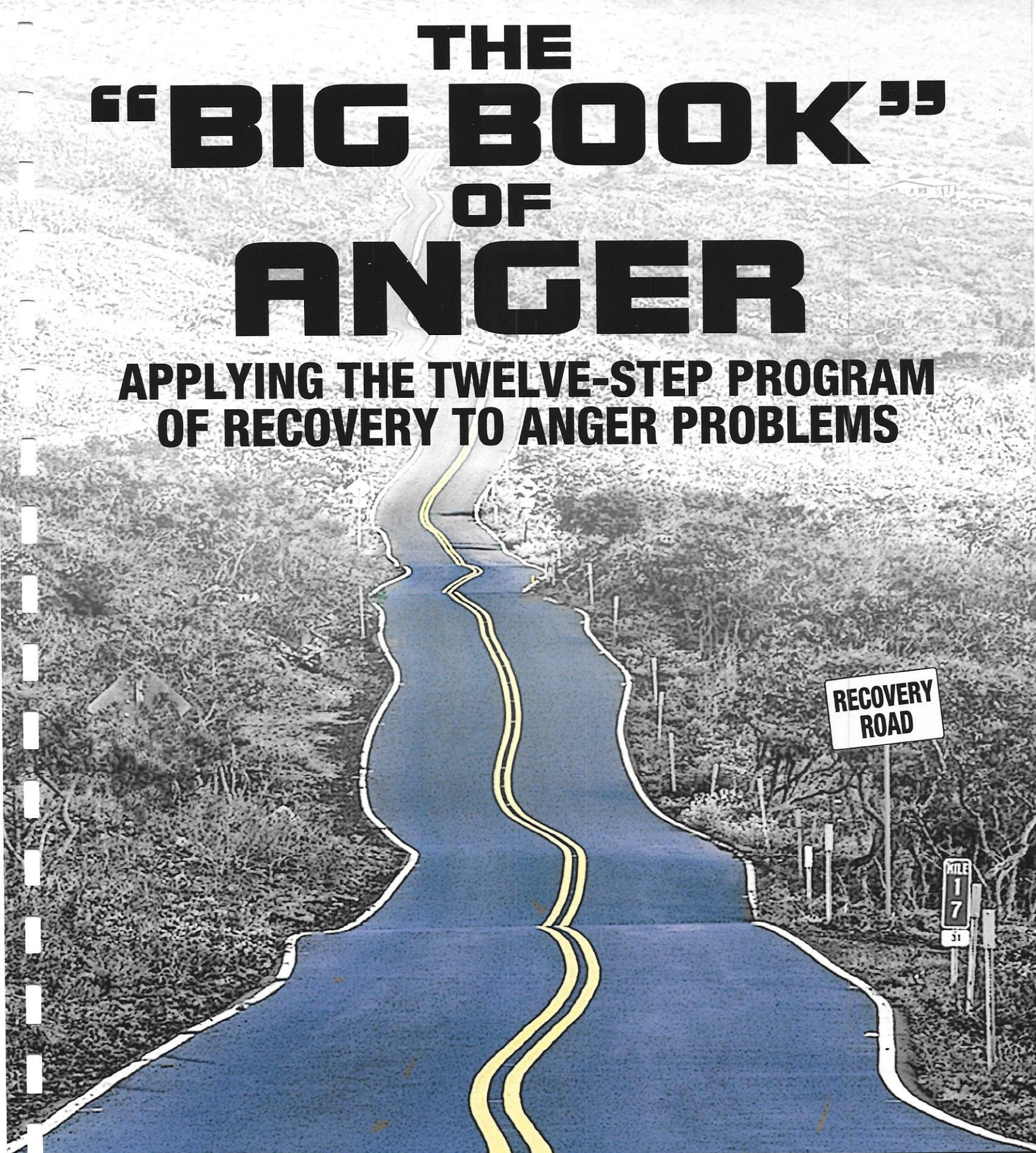


THE "BIG BOOK" OF ANGER

APPLYING THE TWELVE-STEP PROGRAM
OF RECOVERY TO ANGER PROBLEMS



Mark Sterling Miller, MA, MFT - Executive Director, EMERGE FROM ANGER

Patricia E. Patton, Ph.D., Staff Member, EMERGE FROM ANGER

TABLE OF CONTENTS

<u>Title</u>	<u>Pages</u>
T.J.'s Story	2 - 3
Am I an Anger Addict?	4 - 5
The <i>Miller-Patton</i> Anger Self-Assessment Test	6 - 8
How do I know if my Substance Use (and Anger) is a Problem?	9 - 10
Characteristics and Patterns of Anger Addiction	11 - 13
Anger Addiction and the 12 Steps	14 - 16
The 12 Steps for Family Members and Friends of Anger Addicts	17 - 18
Stopping the Anger Cycle	19 - 21
For Family Members: Caring for Ourselves	22 - 23
Affirmations for the Anger Addict	24 - 26
H.O.W.	27
The Serenity Prayer	28 - 29
The Role of Anger, Alcohol and Other Drugs in the Cycle of Violence	30 - 33
“Slippery Places” - What Triggers Your Anger?	34
Using Anger as a Defense	35 - 36
Making the Connection between Anger, Alcohol, and Other Drugs	37
The “Hidden Connection” between Anger and Depression	38
Time-out Contract	39
The Anger Escalator	40
What’s Stress Management got to do with it?	41
Communication Bloopers	42
Mud Wrestling: Dirty Fighting Tactics	43 - 44
The Dirty Dozen: Twelve Styles of Stinking Thinking	45 - 46
How Trauma Triggers Stinking Thinking & Substance Abuse	47 - 49
Dual Diagnosis	50
Examples of Common Dual Diagnoses & Multiple Disorders/Additional Medical Concerns	51 - 52
Making the Connection Between Dual Disorders and Anger	53
The Twelve steps of Dual Recovery Anonymous	54 - 55
Red Flags for Relapse Potential with Dual Diagnosis & Anger	56 - 59
“Happy, Joyous and Free” and “Into Action”	60

*T.J.'s Story

*T.J., a middle-aged man with twenty-two years of sobriety, is well-known in the AA community for being one of the nicest, most dedicated of group members. He is a popular sponsor, a step study leader, and after all these years, he still attends 3 or 4 groups every week. So, you can see why no one saw it coming - not even, T.J.

Last week he was arrested for domestic violence.

T.J. had never gotten physical with his wife before, but during an argument he started a "pushing match" and his wife accidentally fell into a glass coffee table, cutting her arms and face.

T.J.'s wife had stuck by his side during his drinking years, even when he cheated on her with her best friend. But it was his anger that eventually ended their marriage. He called her names like "bitch," "whore," and even worse, often in front of their children. He would become angry over the littlest things at home and blame his wife for everything. He never believed his wife that his anger was scaring her and the children. Although T.J. had spent all these years working a program for his alcoholism, he was addicted to anger and did not know it.

Some of us can become stuck in our anger to the point of being addicted, like T.J. Could you also have a problem with anger but not realize it? Keep reading....

- Do others say that you get angry too often and too easily?
- Do you abuse substances?
- Are you "sick and tired" of being sick and tired from the emotional and physical toll that your anger and/or substance use takes upon yourself and others?
- Do you have problems in your personal relationships because of anger? Because of substance abuse?
- Would you like to learn practical ways to cope with your feelings of anger?

It is not uncommon for people in recovery to have anger problems. A person can feel angry for being "told" to stop using substances by someone else - like the court, probation officer or even a partner. There can be anger and resentment about being randomly tested for substance use. A person can feel overwhelmed by the many feelings that have been covered up by the substances. There can be anger about losing alcohol or drugs as a way of "coping" with life's problems. There can be feelings of anger about having to change friends and familiar habits from the "old days" of using. Being angry can make us feel powerful, while feeling sad or anxious can leave us feeling weak and vulnerable.

So where do we turn for help?

There's no better place to start than with the 12 Step Program of recovery - the same principles that apply to substance abuse can apply to anger problems.

This workbook is intended for people who are concerned about their feelings of anger and how it impacts their daily lives. The authors of this workbook take many of the 12 Step principles of recovery and apply it to anger problems. It teaches individuals how to have less anger in their relationships and ways to express wants and needs more directly. It gives practical information to help individuals manage conflict and solve problems in various situations. Unlike many anger management books that are too theoretical and difficult to apply in everyday situations, this information can be applied to real events in your daily life.

This workbook is a self-help book. The more time and effort you invest into the lessons, the more you will increase your ability to handle your anger and resolve conflicts more effectively. For those people who are also seeing a psychotherapist, the lessons in this workbook can be even more effective if you talk with your therapist about them.

Substance abuse counselors, psychotherapists in private practice or clinic settings, as well as group facilitators of anger management programs may find this workbook helpful, as most of the lessons are short and easily applicable to common, everyday situations. The book is applicable for individuals who voluntarily seek treatment and for those who are court-ordered due to issues of substance abuse and/or anger. It can be helpful for couples and family members. The book also addresses emotional and verbal abuse, as well as domestic violence.

The authors of this workbook are all certified by the *Los Angeles County Probation Department's Domestic Violence Monitoring Unit* to conduct Batterers' Treatment Programs for court-ordered clients. Mark S. Miller, MFT, is the founder and executive director of *Emerge from Anger*, which offers batterers' treatment programs and anger management groups for men and women in the Santa Clarita Valley. He also conducts DUI evaluations and specializes in the treatment of addictions. Patricia Patton, Ph.D., is a clinical psychologist and a clinical staff member, with *Emerge from Anger*. She has a certificate in the treatment of chemical dependency. Both have private practices, in addition to offering various workshops on the subject of addictions, anger management and domestic violence.

If you would like more information about the *Emerge from Anger* program, contact Mark Miller at his Newhall office at (661) 255-6634 or his Sherman Oaks office at (818) 783-0781. We also offer workshops for substance abuse counselors, licensed psychotherapists and group facilitators of domestic violence programs.

*** T.J. is a fictional character. Any resemblance to real persons is unintentional.**

Special note: There is a specific 12-Step program for people with anger addiction called Rageaholics Anonymous and for their family members and friends called Rage-Anon. For more information, their web sites are www.rageaholics.org and www.rage-anon.org.

AM I AN ANGER ADDICT?

- Do you get so angry that your heart races and you feel as if you are having a heart attack?
- Does your anger make the veins in your neck and head throb and pound as if you are having a stroke?
- Do you experience feelings of anger every day or almost every day?
- Are you easily irritated or annoyed?
- Is it difficult for you to let go of your angry feelings and forgive others?
- To live and let live?

Feeling angry creates an adrenaline rush in our bodies and brains and can overwhelm us. Our anger keeps the adrenaline pumping and for many of us this is a powerful reaction that we want to continue feeling. Rage triggers a neurochemical reaction in the brain that can be addicting. We can become addicted to the physical and emotional "highs" that are associated with rage. It is similar to drinking or using any other drug.

For some individuals with anger problems, they remain in a semi-constant state of anger. They live on the verge of anger, scanning the environment around them, looking for any triggers that may set off their anger. Like an alcoholic, a person with anger problems is addicted to feelings of anger and to angry outbursts of behavior that may include verbal abuse, emotional abuse and even physical violence.

Anger can make us feel powerful, while other emotions such as fear, anxiety, sadness, trauma, shame, unworthiness, helplessness, hopelessness, or grief may make us feel "weak" or vulnerable. Sometimes anger is a more comfortable and familiar feeling to express because we feel powerful and in charge of a situation.

We get attention when we are angry, even if the attention is negative. But the problem is that the angry blow-ups are often caused by the person stuffing back other feelings until it builds up to the breaking point. Over time, stress of any kind can be a trigger. The more we avoid experiencing these painful feelings, the more likely we are to become "addicted" to anger – just like we are more likely to use substances to numb the emotional pain in our lives. But, until we identify the genuine feelings that are hiding behind the anger, we can not really live in a safe, happy or healthy way.

For people with anger problems, their blow-ups can be a cry for love and attention – yet the cycle of anger continues because they are afraid to accept the love and attention that they crave. Many people with problems of substance abuse fight this same battle for love and attention, but their fears and low self-esteem get in the way of receiving it.

For those individuals that use alcohol or drugs, anger problems can increase while under-the-influence or during the sobering up process. Substances can also numb out our feelings and be a way of avoiding anger or other emotions. You do not have to be addicted to alcohol or drugs in order for your anger level to be affected. Many adults, cannot use substances because they trigger chemical changes in the brain that interfere with judgment – and we do things that we normally would not do that get us into trouble.

If you use or abuse substances, the first step is to get help. Being sober is an important part of anger management so that your mind can think clearly in stressful situations.

Answer the following questions to help you learn more about your own angry feelings and how you might be at risk for anger addiction:

How does your anger keep you in the same dysfunctional relationships or situations? _____

What are some feelings that have been "hidden" by your own anger? (E.g., sadness, worry, anxiety, fear, etc.) _____

What are some feelings that have been "hidden" by your substance abuse? (E.g., insecurity, fear of abandonment, grief, etc.) _____

When you are angry, how do you experience the adrenaline rush in your body? _____

Do you show anger so that you can avoid hearing the other's person's opinions or feelings? _____

How does your anger keep you from dealing with constructive criticism or feedback from others? _____

Does your anger help you say what is hurting you – but it comes out in such an angry way that the other person is too intimidated to hear it? _____

How does your anger prevent you from making changes in your own life because you are too focused on blaming the other person? _____

How does your anger prevent you from facing your own doubts or criticism about yourself? _____

What is one new idea that you learned about anger addiction so far? _____

THE MILLER-PATTON ANGER SELF-ASSESSMENT TEST

Just like with substances, sometimes we can have problems with our anger and be the last one to realize it. Our family members and friends may be too afraid to tell us that our anger is out of control. Or they may have tried to tell us, again and again, but we deny or minimize their feedback. To see if you might have a problem with anger, take the "Miller-Patton Anger Self-Assessment Test" below.

THE MILLER-PATTON ANGER SELF-ASSESSMENT TEST

Circle "T" for TRUE if you agree with the statement or
"F" for FALSE if you disagree with the statement.

- T F 1. I use abusive language, such as, name-calling, insults, sarcasm or swearing.
- T F 2. People tell me that I become too angry, too quickly.
- T F 3. I am easily annoyed and irritated and then it takes a long time to calm down.
- T F 4. When I think about the bad things people did to me or the unfair deals that I have gotten in life, I still get angry.
- T F 5. I often make critical, judgmental comments to others, even if they do not ask for my advice or help.
- T F 6. I use passive-aggressive behaviors, such as ignoring the other person or promising to do something and then "forgetting" about it to get the other person to leave me alone.
- T F 7. At times, I use aggressive body language and facial expressions, like clenching my fists, staring at someone, or deliberately looking intimidating.
- T F 8. When someone does or says something that angers me, I spend a lot of time thinking about what cutting replies I should have used at the time or how I can get revenge.
- T F 9. I use self-destructive behaviors to calm down after an angry outburst such as drinking alcohol or using drugs, gambling, eating too much and vomiting, or cutting myself.
- T F 10. When I get really angry about something, I sometimes feel physically sick (headaches, nausea, vomiting, diarrhea, etc.) after the incident.
- T F 11. It is very hard to forgive someone who has hurt me even when they have apologized and seem very sorry for having hurt me.
- T F 12. I always have to win an argument and prove that I am "right."
- T F 13. I usually make excuses for my behavior and blame other people or circumstances for my anger (like job stress, financial problems, etc.)

- T F 14. I react to frustration so badly that I cannot stop thinking about it or I can't sleep at night because I think about things that have made me angry.
- T F 15. After arguing with someone, I often hate myself for losing my temper.
- T F 16. Sometimes I feel so angry that I've thought about killing another person or killing myself.
- T F 17. I get so angry that sometimes I forget what I said or did.
- T F 18. I know that some people are afraid of me when I get angry or they will "walk on eggshells" to avoid getting me upset.
- T F 19. At times I have gotten so angry that I have slammed doors, thrown things, broken items, or punched walls.
- T F 20. I have been inappropriately jealous and possessive of my partner, accusing him or her of cheating - even when there was no evidence that my partner was being unfaithful.
- T F 21. Sometimes I have forced my partner to do sexual behavior that he or she does not want to do, or I have threatened to cheat on my partner if he/she does not do what I want them to do to please me sexually.
- T F 22. At times I have ignored my partner on purpose to hurt him or her, but have been overly nice to other family members or friends.
- T F 23. I have kept my partner dependent on me or socially isolated so that I can control and manipulate their feelings and actions so they will not leave me or end our relationship.
- T F 24. I have used threats to get my way or win an argument.
- T F 25. I feel that people have betrayed me a lot in the past and I have a hard time trusting anyone.

SCORING THE MILLER-PATTON ANGER SELF-ASSESSMENT TEST

Note: This test is an informal screening test to help you find out more information about your own feelings and expressions of anger. It is not intended to be a formal assessment.

- If you answered "true" to 10 or more of these questions, you most likely have moderate-to-severe anger problems.
- If you answered "true" to 5 questions, you are most likely at risk for having a problem with your anger.
- Even if you answered "true" to just one of the questions, it may be helpful to learn some anger management techniques to improve your coping skills.
- **If you answered "true" to #16 and feel as if you cannot stop from hurting yourself or someone else, please call 911 for immediate help.**

THE MILLER-PATTON ANGER SELF-ASSESSMENT TEST
POST- ASSESSMENT QUESTIONS

What have you learned about yourself and your anger after taking this self-assessment test? _____

Do you think you have problems with anger? Why? Why not? _____

Give an example of how you showed your anger in an *appropriate* way (e. g., spoke calmly, but assertively, etc.) _____

Give an example of how you showed your anger in an *inappropriate* way (e.g., yelled, cursed, threw things, etc.) _____

What would your partner give as an example of your anger? _____

What would your children give as an example of your anger? _____

How did your mother/stepmother show her anger when you were a child? How did her role modeling of anger impact the way you show anger now as an adult? _____

How did your father/stepfather show his anger when you were a child? How did his role modeling of anger impact the way you show anger now as an adult? _____

HOW DO I KNOW IF MY SUBSTANCE USE IS A PROBLEM? HOW DO I KNOW IF MY ANGER IS A PROBLEM?

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), which is used by professionals to diagnosis a wide variety of problems, the following criteria is needed to make a formal diagnosis of **substance abuse**. First, there must be a negative pattern of substance use determined by **one or more of the following**, that occurred at some time during a 12-month period, in which the person:

- Continues to use the substance even though s/he is aware of the negative social, psychological, occupational or physical consequences associated with the substance use (e.g., arguments with partner about the amount of the substance used).
- Is unable to fulfill his/her responsibilities at home, work or school due to recurrent substance use (e.g., repeated absences at work because of substance use).
- Uses the substance in dangerous situations (e.g., driving while intoxicated).
- Has recurrent legal, social and/or interpersonal problems resulting from the substance abuse (e.g., arrested for substance-related disorderly conduct in public).

The authors of this book believe that this DSM description for substance abuse can also be used to identify **anger problems**. Let's take the same criteria as above and replace the word alcohol or drugs with anger:

- Continues to express anger even though s/he is aware of the negative social, psychological, occupational or physical consequences associated with their anger (e.g., continues to be angry even though it scares the partner or children).
- Is unable to fulfill his/her responsibilities at home, work or school (e.g., gets in trouble at work for being angry with co-workers or the boss).
- Shows anger in dangerous situations (e.g., angry outbursts when driving or "road rage").
- Has recurrent legal, social and/or interpersonal problems resulting from one's anger (e.g., a person is not invited to family gatherings because he starts arguments and causes embarrassing scenes).

According to the Diagnostic and Statistical Manual of Mental Disorders, for **substance dependence** to be diagnosed, there must be a negative pattern of substance abuse that triggers behavioral, physiological, and psychological difficulties. A person must have **3 or more of the following symptoms** occurring at any time within a 12-month period:

- Tolerance as defined by:
 - The need to take larger amounts of a substance to achieve the desired effect (e.g., a man needs to drink three six packs of beer a day to get the same "buzz" that he used to get from two packs of beer a day).
 - Although you use the same amount of a substance, you feel a lessened effect (e.g., a person used to be able to fall asleep after drinking several glasses of wine at night, but now she simply feels tired but cannot fall asleep).
- Withdrawal as seen by either:
 - The body reacts negatively when you stop using the substance or the substance is unavailable (e.g., a person that abuses marijuana feels anxious when he cannot smoke while at work).
 - The substance is used to relieve or avoid the symptoms of withdrawal (e.g., a man that abuses alcohol takes a drink in the morning to stop his hands from shaking).
- The substance is used in larger amounts or for a longer time period than intended (e.g., a woman intended to use cocaine at a party but then used it for the next week).

- The person is unable to cut down on the substance usage, even when there is a desire to do so (e.g., a teenager tries to cut back on smoking meth but ends up smoking even more than he usually does over a weekend).
- Obtaining, using and/or recovering from the substance takes up a great deal of time and energy (e.g., person schedules different appointments with various doctors to obtain her favorite prescription medications to abuse).
- The substance interferes with social, occupational, or recreational activities (e.g., a person typically declines any social invitations and prefers to stay home most of the time to drink alcohol by herself).
- The person continues using the substance even though s/he is aware that it is causing physical or psychological problems (e.g., a person continues to abuse prescription medications even though she has been diagnosed with liver problems as a result of the medication abuse).

The authors of this book believe that this DSM description for substance dependence can also be used to identify **anger dependency or an "addiction" to anger**. Let's take the same criteria as above and replace the word substance use with anger. There must be a negative pattern of anger that leads to behavioral, physiological, and psychological difficulties. A person must have **3 or more of the following symptoms** occurring at any time within a 12-month period:

- Tolerance as defined by:
 - The need to show even more anger to achieve the desired effect (e.g., a man who used to yell at his partner to get her to do things his way now must threaten to leave her before she does what he wants).
 - Although you show the same amount of anger, you see a lessened effect (e.g., a woman that used to be able to control her children by glaring at them in anger now must threaten to spank them to get them to obey her).
- Withdrawal as seen by either:
 - A person reacts negatively when s/he stops being angry (e.g., a person feels depressed and vulnerable if he does not feel angry).
- The person is unable to control his or her anger, although s/he may desire to do so (e.g., a mother intended to talk with her child about his poor grades but ended up screaming at him to the point that he cried).
- Feeling and/or showing anger takes up a lot of time and energy (a person can not enjoy being around his family because he is often angry with them over trivial things).
- The person's anger interferes with social, occupational, or recreational activities (e.g., a man cannot coach his daughter's baseball team because he gets too angry with the other children and their parents).
- The person continues being angry even though s/he is aware that it is causing physical or psychological problems (e.g., a business owner continues to show anger everyday even though he has high blood pressure and often has heart palpitations).
- The intensity and frequency of the person's anger increases and is demonstrated for longer periods of time than the person originally intended (e.g., a woman was having lunch with her elderly mother and suddenly called her names in anger).

Even though a person may have not have enough behaviors to be diagnosed with substance abuse or dependency according to the DSM-IV-TR, or with anger problems or anger dependency, if substances and/or anger causes problems in your relationships, job or physical or emotional health it is still a problem worth working on.

CHARACTERISTICS AND PATTERNS OF ANGER ADDICTION

All addictions have symptoms that help us to recognize these problems as addictive diseases. According to the Twelve-Step program, the signs of addictive diseases include self-stimulation, compulsion, obsession, denial, withdrawal/craving symptoms and unpredictability.

These characteristics and patterns may be a helpful assessment tool as part of a self-evaluation for anger addiction.

This may be particularly helpful for newcomers.

- **Anger as Self-Perpetuating** – We anger addicts feel that expressing anger is self-stimulating. In other words, the more we express anger, the more it triggers the compulsion to express *even more anger*. Just as with alcoholics, the more they drink the more they want to drink. AA has a saying to describe this dynamic, “One drink is one too many, a million is not enough.”

Likewise, with anger addicts, the more they rage the more they feel like raging. Instead of venting anger and releasing it, our angry emotions and curse words “pump up” and fuel our anger, like pouring gasoline onto an already raging fire. When we are drinking or using drugs and feel angry at the same time, the combination of these factors can act as a stimulant – the substances fuel our anger and our anger can increase our substance abuse.

An example of self-stimulation and anger is that a man gets angry at work, then drives home feeling even angrier on the freeway, and then he takes out his anger on his partner and children.

Give an example of when your expression of anger triggered even more anger. _____

- **Anger as a Compulsion** – We anger addicts compulsively pursue the feeling of power associated with acting out our anger despite negative consequences. “Anger compulsion” means the inability to stop expressing anger once we have begun. The inability to control angry words and actions are clear signs of anger addiction. Anger addicts will continue to rage compulsively without regard for adverse consequences, which is another sign of anger addiction. This is similar to the alcoholic who continues to drink in spite of such negative consequences as getting physically ill, losing relationships, being fired from a job, having legal problems, etc.

Pride and issues of control often fuel anger compulsion. Anger addicts do not want to admit they are “wrong.” They will continue to argue until they feel as if they have “won” the argument. This is the opposite of humility, which is a major aspect of the Twelve-Step program. As Bill Wilson wrote, “Perfect humility would be a full willingness, in all times and places, to find and to do the will of God.” Humility is a key concept of recovery for anger addicts and substance abusers.

An example of compulsive anger is that you get angry with your partner and children, and continue to yell at them even though they are obviously afraid of you. Over time, your partner and children distance themselves from you.

Give an example of when you continued to act out your anger despite negative consequences. How did you affect other people? _____

- ***Anger as an Obsession*** – Anger addicts are often preoccupied with resentment and fantasies of revenge. Anger that “lingers” in our minds can become larger and more intense as we think about how we were “wronged” or “betrayed.” When feelings of anger become frequent and intense they sometimes escalate into aggressive actions or rage. Eventually, the life of the anger addict becomes chronically focused upon obtaining revenge or “getting even.”

The Big Book addresses anger by saying there is no justification for remaining angry about anything. Often we try to justify our anger so we do not have to look at ourselves and our part in the conflict. The Twelve and Twelve (Twelve Steps and Twelve Traditions) reminds us, “It is a spiritual axiom that every time we are disturbed, no matter what the cause, there is something wrong with us. If something hurts us and we are sore, we are in the wrong, also.”

The Big Book says to release anger as soon as possible otherwise, it will eventually turn into resentment. The Big Book cautions us about resentment, “It is plain that a life which includes deep resentment leads only to futility and unhappiness. To the precise extent that we permit these, do we squander the hours that might have been worthwhile.” Feelings of resentment can lead to a relapse of anger or substances.

An example of anger obsession is that a woman continues to hold onto resentment and anger many years after her partner left. She assumes no responsibility for any part of their relationship conflict.

Give an example of when you obsessed about your anger and became preoccupied with resentment and fantasies of revenge. _____

- ***Denial of Anger*** – We anger addicts, like those with any other addictions, do not acknowledge that we have a serious anger problem. We often focus on how others triggered our anger and how that makes us somehow not responsible for our behavior or words. We can even feel that we had a right to have an angry outburst. We minimize or deny the consequences of our anger. We may describe an incident of rage as a “mistake” or even claim that it never happened. We don’t typically say, “I am wrong.”

Denial is a major part of addiction – whether it is addiction to anger or substances. Denial compounds the process of rage and righteous indignation. There is a saying in AA about denial that says, “Alcoholism is a disease, which convinces you that you do not have it.” This can also be said about anger addiction.

An example of minimizing anger is the scenario of a man who has verbally abused his wife for twenty years and is surprised when she eventually leaves him. He never saw how his anger affected her.

Give an example of when you denied or minimized your anger. How did the other person(s) in the situation respond? _____

- **Withdrawal / craving** – As with any other addiction, anger has a withdrawal or detoxification period. Craving is intense during this early phase of treatment. If we anger addicts go for periods of time without expressing anger, we can become depressed, edgy, or anxious. This is especially intense during the first three months of starting an anger management program. Anger addicts will feel vulnerable during this early phase. They spend a lot of time thinking about a situation that will justify their use of violence for some “heroic” purposes. After 90 days of working an anger management program, the anger addict’s craving for angry outbursts typically decrease and the need for anger begins to dissipate.

An example of craving or withdrawal from anger is that a person may feel “bored” in a relationship with a partner if they have not had a heated argument recently.

Give an example of when you felt as if you were “stuffing” your anger or felt resentful that you could not express your anger. _____

- **Anger as Unpredictable** – For anger addicts, when we express our anger, we do not know how we will show it. Likewise, when an alcoholic begins to drink, no one knows what will happen – including the alcoholic. An alcoholic may drink appropriately on occasion, just as an anger addict may express anger appropriately at times. But on other occasions, the anger addict may explode with rage - just like the alcoholic who may drink to unconsciousness.

An example of unpredictability is that you consider yourself a “moderate” drinker - so when you binge, you feel justified because you do not usually get drunk. Likewise, with anger, if you “only” blow up now and then, you feel justified and do not take responsibility for your actions. It is hard to judge how much anger is appropriate at first when trying to stop raging.

How has your anger been unpredictable? Give an example. How has this affected the people who witnessed your actions? _____

(Excerpts from the *Rageaholics Anonymous* web site at www.rage-anon.org)

ANGER ADDICTION AND THE TWELVE STEPS

THE 12 STEPS

(THE TWELVE STEPS ARE FROM *RAGEAHOLICS ANONYMOUS* AND CAN BE FOUND AT WWW.RAGE-ANON.ORG)

- 1. We admitted we were powerless over our anger and that our lives had become unmanageable.**

Just like addicts who are powerless over their drug-of-choice, people with anger problems are powerless over their anger. As with the alcoholic that relapses and cannot stop drinking until he or she is drunk, anger addicts are unable to control their anger once they start raging.

This powerlessness over anger leads to a life that is unmanageable because people with anger problems continue to vent their anger in spite of the adverse consequences. They continue to show anger even though they lose relationships, scare their loved ones, get fired from jobs or get in trouble with the law. They continue to get angry while driving and have dangerous incidents of road rage. Without intervention, anger can have deadly consequences.

Ask yourself – were you ever powerless over your anger? How has your life become unmanageable because of your anger? _____

- 2. Came to believe that a Power greater than ourselves could restore us to sanity.**

Some people struggle with the 12 Step idea of a Higher Power. For some individuals, they call their Higher Power "God," "Allah," "Jesus," "Buddha" or a host of other religious and spiritual terms and concepts. Your Higher Power can be the "Universe" or the collective power of a recovery/support group. The concept of a Higher Power is at the heart of the 12 Step recovery program, as it is the "power source" of recovery for those who are powerless over their addictions.

Describe your understanding of your Higher Power. _____

- 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.**

How can God or your Higher Power be part of your anger recovery program? _____

- 4. Made a searching and fearless moral inventory of ourselves and our behaviors.**

Who did you hurt with your anger? What did you learn about yourself when you thought about the people you hurt? _____

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

What are some common character defects for those individuals with anger problems?

- Pride, male ego, wanting to feel "superior" or more intelligent than others
- The need to "win" an argument, wanting to feel "right" all the time, always getting "the last word" in an argument
- Enjoying the power to intimidate or threaten others
- Lack of humility or admitting you are wrong
- Shutting out other's opinions and ideas, especially if they disagree with yours
- Wanting to control people, places and things
- Being resentful, not forgiving others, or not showing acceptance
- Not showing gratitude

Describe one of your anger character defects. How can you ask God or your Higher Power to remove these defects? _____

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed and became willing to make amends to them all.

Who will you make amends to about your anger? _____

9. Made direct amends to such people whenever possible, except when to do so would injure them or others.

Who have you made amends to about your anger? _____

10. Continued to take personal inventory and when we were wrong promptly admitted it.

Is it difficult to admit to yourself and others when you are wrong? Why? _____

11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to other angry people and to practice these principles in all our affairs.

How can you "carry this message" of recovery to other angry people in your daily life? _____

Which of the 12 Steps are the most challenging or difficult to apply to your anger issues? Why? _____

Which of the 12 Steps are the most challenging or difficult to apply to your substance abuse? Why? _____

THE TWELVE STEPS FOR FAMILY MEMBERS AND FRIENDS OF ANGER ADDICTS

For family members and friends that have a loved one who is an anger addict, these 12 Steps are important to help them from eventually becoming an anger addict, too. Some family members may become so frustrated with their anger-addicted loved one that they may inadvertently, over time, become addicted to anger, as well, in reaction to the anger and emotional pain. By working a Program, family members of anger addicts can help prevent their own anger from escalating to an addiction. These Steps are also applicable to people who are anger addicts that are also involved in a relationship with another anger addict, just as AA and Ala-anon are both relevant for alcoholics who are in relationships with other alcoholics. The Twelve Steps are from *Rageaholics Anonymous* and can be found at www.rage-anon.org.

THE 12 STEPS

- 1. We admitted we were powerless over rageaholics and that our lives had become unmanageable.**

Being powerless simply means that family members cannot change their loved ones who have problems with anger. No amount of codependent behaviors, such as rescuing and enabling, can "fix" their loved ones' problems with anger. Family members can set better boundaries or even leave dangerous situations when their loved ones display aggressive behaviors. Family members are not powerless when it comes to protecting themselves or their children from the rage of others.

What does being powerless over the anger addict mean to you? _____

- 2. Came to believe that a Power greater than ourselves could restore us to sanity.**

Describe your understanding of your Higher Power. _____

- 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.**

How can God or your Higher Power be part of your own recovery program as you learn to cope with your loved one's anger problem? _____

- 4. Made a searching and fearless moral inventory of ourselves and our behaviors.**

What did you do to cope with your loved one's anger that was inappropriate? What did you learn about yourself when you thought about your actions? _____

5. **Admitted to God, (or, our Higher Power), to ourselves, and to another human being the exact nature of our wrongs.**

6. **Were entirely ready to have God remove all these defects of character.**

Name one of your anger character defects (e.g., you engaged inappropriately with your angry partner, you drank or used drugs to calm yourself down after being in a fight, etc.) _____

7. **Humbly asked Him to remove our shortcomings.**

8. **Made a list of all persons we had harmed and became willing to make amends to them all.**

Who will you make amends to about how you inappropriately handled your loved one's anger? _____

9. **Made direct amends to such people whenever possible, except when to do so would injure them or others.**

With whom have you made amends to so far? _____

10. **Continued to take personal inventory and when we were wrong promptly admitted it.**

Is it difficult to admit to yourself and others when you are wrong? Why? _____

11. **Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.**

12. **Having had a spiritual awakening as the result of these steps, we tried to carry this message to others and to practice these principles in all our affairs.**

How can you "carry this message" of recovery to other people in your daily living and everyday circumstances? _____

Which of the 12 Steps are the most challenging or difficult to apply in your relationship with your loved one who has anger issues? Why? To your own or loved one's substance abuse issues? Why? _____

STOPPING THE ANGER CYCLE

Once an alcoholic takes the first drink, the chances of getting drunk increase significantly. Once an anger addict expresses anger, the chances of showing rage increase significantly. Like abstinence from substances, abstaining from acting out our anger is the only answer for the anger addict. The following steps are actions we can do *right now* to avoid having an angry outburst and opening the door to another episode of explosive rage.

Using the list below, circle the behaviors that apply to you the most. Also, give an example of how you can apply each idea in your own life – be as specific as possible.

- **Take responsibility** – No matter what triggered our anger, acting out on our anger is dangerous for others and ourselves. It is time to stop blaming others for our angry actions. The Program has the concept of *rigorous honesty*, which refers to a complete lack of intent to deceive others or one's self.

Example: I can show responsibility by _____

- **Rate your Anger** – Each time we start to lose our temper, it is helpful to rate how angry we feel on a one-to-ten scale. When we reach a 5 or more, it is a "red flag" to do some new behaviors. (See below.)

Example: Rate your own anger for a recent incidence of anger. Describe what happened. _____

- **Stop Speaking** – When we feel our anger increasing, we need to stop talking. This may feel very uncomfortable at first but if we continue to talk when we are angry it is the first step to an episode of rage.

Example: Give an example of a time when you did not stop talking and an argument ensued because of it. _____

- **Take a Breather** – When we get angry and continue to argue we do and say things that we are sorry for later. Walking away (taking a time-out) when our anger is starting to rise can save a relationship, save a job or prevent a trip to jail.

Example: Give an example of how you can use the technique of walking away to help prevent an argument from escalating. _____

- **Interrupting** – One of the quickest ways to escalate an argument is to speak over someone else. Even if they interrupted us first, concentrating on not interrupting will keep us from having an angry outburst.

Example: Who do you most often interrupt and why? How does the other person feel about your interrupting? _____

- **Staring** – There is a huge difference between paying attention and glaring. When we stop staring to intimidate, it stops the cycle that escalates anger to acting out.

Example: Describe your own body language or facial expressions that you use to intimidate others or show your anger? _____

- **Cursing** – When we stop using profanity, we stop fueling the fire of our anger.

Example: As a child, what did you witness in your own family about cursing? How did you feel about it? _____

- **Name-Calling** – This is just like cursing. When we stop using demeaning terms (like calling people “stupid” or “crazy”) we stop the expanding cycle of anger that could lead to angry outbursts.

Example: As a child, were you called names? Who called you names and how did you feel about it? _____

- **Threatening** – We use threats to manipulate and control others. A threat usually implies, “I will leave you or hurt you.” It adds to other’s insecurities, usually escalates their fears and takes our anger to a more intense level.

Example: Have you ever been threatened by someone? How did you feel? Have you ever threatened someone? How did they feel? _____

- **Pointing** – The cliché is true. When we point at someone else, we have three fingers pointing back at ourselves. When we stop pointing, we have an opportunity to stop blaming others for our anger problem.

Example: How do you feel when someone points at you out of anger? _____

- **Yelling** – When we yell, raise our voices, or talk in a mean tone, we pump up our anger. Many of us are unaware when we start to raise our voices. Ask others to tell us when our tone of voice is rising and thank them when they tell us.

Example: As a child, who yelled at you? How did you feel? _____

- **Sarcasm** - Using sarcasm and making fun of others is a way of expressing our anger and humiliating those we care about. It is a passive-aggressive way of putting down someone and then we deny any responsibility by saying, “I was just joking.”

Example: How do you use sarcasm to hurt others? _____

- **Throwing Things** – When we throw things, slam doors, or bang walls, we intimidate others and escalate our anger.

Example: Have you thrown things in anger or banged walls? Give examples. _____

- **Touching** – When we touch, hold or push someone in anger, we are committing a crime. Sometimes we claim it is "self-defense" when it is just an excuse for aggressive touching.

Example: How have you used aggressive touching, holding or pushing in the past? _____

- **Hero Stories** – When we talk about angry events with us as the hero, we get to re-experience those powerful angry feelings. This fuels our anger addiction, justifies our actions, and even glorifies it.

Example: Describe your own hero story in which you glorified your angry actions. _____

- **Eye Rolling** – We can show disgust and anger non-verbally by rolling our eyes, sighing or making facial expressions. By doing so, we often increase the level of animosity by inflaming the other person.

Example: What non-verbal actions do you use to express your anger? _____

- **Criticizing** – It is not our job to help anyone with anything that they haven't asked for help or advice about. Criticizing and lecturing should no longer be on our "to do" list.

Example: How do you criticize or give unsolicited advice to others? _____

- **Angry driving** – Speeding, angry horn honking, cutting people off, and yelling at other drivers top the list of ways to keep our anger seething. We now attempt to drive in a relaxed manner, regardless of how everyone else is driving.

Example: How is road rage a problem for you? _____

(Excerpts from the *Rageaholics Anonymous* web site at www.rage-anon.org)

FOR FAMILY MEMBERS AND FRIENDS OF ANGER ADDICTS

CARING FOR OURSELVES

Please get help if you feel that you are in a dangerous situation with an anger addict. The following tools are meant for those in relationships with anger addicts that are not life threatening. *If you feel you are in danger, call the National Domestic Violence/Abuse Hotline at 1- 800 – 799-SAFE (7233) or go to www.ndvh.org*

- **Take Responsibility** – Someone else's raging behavior is not our responsibility, even if they blame us for triggering them. We cannot take responsibility or control the behavior of another person. Taking care of ourselves is our responsibility.

Give an example of taking responsibility for your reactions to your partner's angry behavior (e.g., you did not react with anger to your partner's actions). _____

- **Acknowledge your Feelings** – If someone is verbally abusing us, threatening us or touching us in an aggressive way, a person can feel angry, afraid, or sad. We need to acknowledge those feelings and take action by using some new tools. (See below.)

What are your feelings in this kind of situation? _____

- **Identify your limits** – When we feel uncomfortable as a result of someone's angry behavior, it is valuable to decide what we will and won't put up with by knowing our own limits. These are limits we say to ourselves before expressing them to others. For example, when an anger addict blows, it is never justified. We may want to address the situation right away by defining what our limits are as soon as the anger addict begins to raise his/her voice. An example of a limit would be, *I will not allow anyone to yell at me.* Other examples would be, *I will not allow anyone to touch me in a scary way or I will not allow verbal abuse in my home.*

Give another example or statement that you could use with your partner or family about setting limits. _____

- **Set Clear Boundaries** – Once we are clear on our limits, we can express them to others by setting clear, specific boundaries. In the above example, we can set a boundary by saying, "Please lower your voice" as soon as the anger addict begins to raise his or her voice in anger. If someone touches us in a way that makes us afraid, we can leave immediately. If someone calls us demeaning names, we can move to another room.

Give another example or statement that you could use with your partner or family about setting boundaries. _____

- **Consequences** – Boundaries require logical consequences to be effective. The person we are setting them with needs to know that we will follow through with logical consequences if our boundaries are not respected.

Here are some examples. "If you continue to yell at me, I will walk away." "If you touch me like that again, I will call the police." "If you call me a _____ again, I will spend the night elsewhere." Following through on the consequences helps us to trust ourselves more and helps the anger addict to clearly see the effects of their behavior. Many anger addicts will not seek professional help until they know we actually will leave them.

Give another example or statement that you could use with your partner or family about setting consequences. _____

(Excerpts from the *Rageaholics Anonymous* web site at www.rage-anon.org)

AFFIRMATIONS FOR THE ANGER ADDICT

These Rageaholic Affirmations are from the Rageaholics Anonymous web site at www.rage-anon.org.

From the list below, circle the **three most relevant** Affirmations for your own life. Give **specific examples** of how you will apply these three Affirmations on the next page.

1. I will practice self-restraint as a top priority today.

This first affirmation simply means that although we feel angry, we have a choice about how we express our anger. For example, even though I feel angry that my partner forgot to pay the charge card bill on time and now we have a late fee, I will practice self-restraint and not yell. I can be part of the solution and ask my partner how I can be more helpful in paying the bills on time for the next month.

2. When angry, I will act the opposite of how I feel.

Instead of showing my anger by rolling my eyes or speaking in a loud tone, I can take some slow deep breaths to calm myself down. I can think my way through a situation and look for a peaceful solution.

3. If I am feeling like my anger is about to erupt, I will QUIETLY leave the situation.

I will use a time-out to leave a situation (later in this book we will discuss time-out). I will be calm and not escalate my anger during the time-out (for example, I can take a walk, I can pray the Serenity Prayer, I can call my sponsor, I can listen to music, etc.). It is a good idea to practice time-out with your partner before you actually need to use it – like a fire drill. If you practice time-out ahead of time, your partner will not think you are abandoning him or her. Time-out is not disrespectful or running away from problems. It just makes a situation safer.

4. I will find truth in all criticisms directed toward me today, especially from my partner.

I will listen non-defensively to my partner. I will look for what my partner says about the situation or me that is right. For example, I can admit, "Yes, you are right – I was ignoring you and I am sorry."

5. I will say, "You are right," in a sincere, meaningful way when criticized.

Do you want to be "right" – which makes your partner "wrong"? Do you need to be right and lose the relationship – or do you want to compromise with your partner and work on the relationship?

6. I will give an example of how the person who criticized me is right.

This shows that I am listening to the other person and am respecting their feelings and opinions.

7. I will repeat this silently to myself: "I am better off being wrong, because when I am right, I am dangerous."

I can be dangerous with my words and actions when I am angry because I can hurt my relationships with others. I can also hurt my own self-respect and dignity when I am angry by losing my temper and scaring the people around me the matter the most in my life.

8. I will avoid explaining myself in any way by saying, "I have no idea why I did that...it doesn't make any sense to me either."

When I explain my actions it sounds as if I am making excuses and not taking responsibility for my behavior. When I try to explain myself, it sounds as if my partner's feelings are not important.

9. I will listen sympathetically to my partner when they tell me about their day. I will make eye contact and turn off the TV.

If I do not listen to my partner now, eventually, he or she might leave me or have an affair. If I do not want to listen to my partner on a regular basis, something is wrong, and I will get help to deal with my feelings.

10. I will give no unsolicited advice to my spouse or children. I will also avoid asking, "Do you know what you should do?" Or "Do you know why that happened?"

I will not use questions to manipulate my family. I will not disguise advice through manipulative suggestions or questions. I will not be passive-aggressive by asking "questions" to shame others or make myself sound better than they are.

11. I will avoid blaming family members for anything today, especially if it was their fault.

12. I will avoid trying to make any family member "understand."

I will first try to understand the other person before I try to have him or her understand where I am coming from. If I understand them first, they will be more likely to understand me.

13. I will avoid trying to convince my child or spouse that I am being fair.
I will not use the idea of being "fair" to manipulate others that I am "right."

14. I will look for an opportunity to sincerely praise everyone I live with, even the cat I don't like.

I will say five positive things to every one negative comment.

15. I will humbly commit myself to removing my angry behaviors today as my contribution toward a more peaceful world.

I will show kindness and respect every day to make the world a better place.

Give specific examples of how you will apply four (or more) of the above Affirmations in your own life.

1. _____

2. _____

3. _____

4. _____

H.O.W. - HONESTY, OPEN-MINDEDNESS AND WILLINGNESS

The 12-Step Program's *H.O.W* acronym is a complement to the Affirmations. H.O.W is an overview of the important keys to the recovery process from substances and/or anger.

H.O.W stands for:

- Honesty
- Open-mindedness
- Willingness

- **Honesty – Without honesty, we will not see our problems that have to be faced and worked through for the process of recovery to take place.**
 Give an example of how you can be more honest with your feelings in your process of recovery from anger. _____

- Give an example of how you can be more honest with your feelings in your process of recovery from substance abuse. _____

- **Open-mindedness – Without openness, we will not hear the principles of recovery.**
 Give an example of how you can be more open-minded with someone in your life about your anger issues. _____

- Give an example of how you can be more open-minded with someone in your life about your issues of substance abuse. _____

- **Willingness – Without willingness, we will not act on what we hear.**
 Give an example of how you can be more willing to receive feedback from someone in your life about your anger problems. _____

- Give an example of how you can be more willing to receive feedback from someone in your life about your substance abuse. _____

- Give an example of how you can act on what you have heard or read that would help your recovery process from substances and/or anger. _____

THE SERENITY PRAYER

*GOD, GRANT ME THE SERENITY TO ACCEPT THE THINGS
I CANNOT CHANGE,
THE COURAGE TO CHANGE THE THINGS I CAN,
AND THE WISDOM TO KNOW THE DIFFERENCE*

The Serenity Prayer, a favorite among Twelve Steppers, is a powerful way for achieving balance from our Higher Power when our emotions overwhelm us. This prayer highlights the important of acceptance, which is one of AA's primary principles of recovery. Prior to recovery, according to the Program, we depended upon "people, places and things" to make us happy or to change our lives. Recovery shifts that responsibility away from external events and places it on ourselves. Thus, Program members strive to accept the people, places and things in life that cannot be changed, including their *own inability* to drink "normally."

- Identify the people, places and things in your life that you have tried to change in the past? What was the outcome? _____

Acceptance can be a confusing concept. By accepting a situation, it does not mean that we must like the particular circumstance. It means we recognize that we cannot change the situation or another person's behavior. It involves accepting the reality of whatever conditions and circumstances that may be occurring. No amount of worrying or thinking about reality will change it. (One popular saying rhetorically asks, "Why pray when you can worry?"). The only thing we can change is our own response.

- Identify one situation that you would like to see changed. How can you learn to accept the situation just as it is? _____
- Identify another person's behavior that you would like to see changed. How can you learn to accept the other person's behavior just as it is? _____

The principle of powerlessness is related to acceptance. Alcoholics are powerless over their alcoholism once they begin to drink. Anger addicts are powerless over their anger once they begin to rage, as they do not know how or when to stop their angry outbursts. By finding a Higher Power greater than ourselves, we are given the Power to work a program of recovery. Until we admit our powerlessness over anger and/or substances and that our lives have become unmanageable (Step One of the Twelve Steps), our "higher power" is actually the substance or, for anger addicts, our "higher power" is our own anger. But powerlessness does not mean that substance abusers or anger addicts cannot work a program of recovery and learn new ways of clean and sober living.

- Give an example of how you have made your own anger your "higher power" in your life? What was the outcome? _____

For family members and friends of anger addicts, the principle of acceptance means recognizing that we cannot change the anger addict's behavior. Loved ones are powerless in controlling the anger addict's words or actions. Loved ones' lives have become unmanageable in their attempts to "fix" the addict (Step One of the Twelve Steps). Until we admit our powerlessness over our loved one's anger and/or substance abuse our "higher power" may be our own will that tries to manipulate or coerce the addict into changing.

- How have you tried to change or fix another person who has a problem with anger? What was the outcome? _____

- How have you tried to change or fix another person who abuses substances? What was the outcome? _____

- Give an example of how you have made your own efforts to manipulate or force an addict into changing, such to the extent, that it became your "higher power" in your life? What was the outcome? _____

For anger addicts and their loved ones, the Serenity Prayer reminds us that we no longer have to react without thinking to the people or situations that "push our buttons" toward relapse. We can ask our Higher Power for direction and patience, we can call our program sponsor and other group members, we can read the Big Book, and we can attend a Twelve-Step meeting.

Recovery is all about change and change involves courage. Courage is not the absence of fear, but the working through of it. Fear is a natural part of the disease of alcoholism and anger addiction, as well as a natural part of the recovery process.

- When my buttons are pushed and I feel like relapsing with substances, what can I do and whom can I turn to for help? _____

- When my buttons are pushed and I feel like relapsing with rage, what can I do and whom can I turn to for help? _____

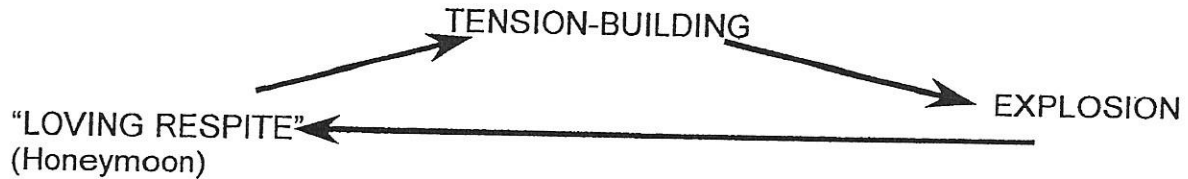
- What do I fear about the recovery process from substance abuse? _____

- What do I fear about the recovery process from anger? _____

- Describe what the Serenity Prayer means to you and your recovery process? _____

THE ROLE OF ANGER, ALCOHOL AND OTHER DRUGS IN THE CYCLE OF VIOLENCE

LENORE WALKER'S CYCLE OF VIOLENCE



Lenore Walker's *Cycle of Violence* is characterized by the three specific phases as shown in the diagram above. This model is not only useful for explaining the cycle of anger but it can also be applied to the cycle of substance abuse. For instance, stressors and tensions build – which can trigger a relapse – followed by a period of making up or the Loving Respite / Honeymoon phase where the addict apologizes for using and makes empty promises to never drink, again.

As long as this cycle repeats without genuine intervention and change, the angry outbursts and/or substance abuse will continue. As AA says, the definition of “insanity” is doing the same thing but expecting different results. This is a good description of the Cycle of Violence.

We will start with the “Loving Respite” phase; also known as the “Honeymoon” phase, since most relationships (whether abusive or non-abusive) typically begin with both partners showing their best behavior.

Phase One: “Loving Respite” / “Honeymoon”

- At the beginning of most intimate relationships, there is a phase in which there is the excitement connected to having a new partner and the hope of a long-term relationship.
- Partners in this beginning phase usually are quite loving and charming. They give each other gifts and spend quality time together.
- The partners trust each other during this phase. The couple may feel “swept away” by their “new-found” love. It may feel as if it is “too good to be true.”

Phase Two: Tension-Building

- This phase begins as time passes in the relationship. One or both partners become irritable, anxious and more easily annoyed.
- Arguments begin in the relationship. One or both partners begin making inappropriate, stressful demands upon the other and verbalize unrealistic expectations of the relationship.
- Critical, controlling, manipulative and intimidating behaviors begin to show themselves in the relationship.
- Verbal and emotional abuse takes place in the relationship.

- One or both partners may become inappropriately jealous and possessive. The partner may be “forbidden” to talk with other family members or friends. Gradually, the partner becomes socially isolated.
- Over time, there is a feeling of having to “walk on eggshells” with the hope of preventing the other partner from becoming angry.

Phase Three: Explosion

- Without intervention, the tension-building phase eventually culminates in a verbal or physical “explosion” of anger.
- The victimized partner may feel trapped and isolated with no outside resources for help. The partner may feel ashamed of the bruises or other injuries received during this phase and hide them from others.
- The victimized partner may turn to alcohol or other drugs to numb the physical and emotional pain in the relationship.
- If children are present in the relationship, they may experience physical or emotional abuse, too. The children may be neglected as their parents over-focus upon their relationship conflict.
- Over time, the victimized partner may speed up the Cycle of Violence by deliberately doing something to “get it over with” or precipitate the verbal, emotional or physical Explosion Phase.

Return to Phase One, Again: “Loving Respite” / “Honeymoon”

- After the physical, verbal or emotional explosion, the abusive partner temporarily feels sorry and becomes loving, once again.
- The abusive partner typically promises never to hurt the partner again and vows that things will change.
- The abusive partner tells the victimized partner that he or she loves him or her more than anyone else.
- The abusive partner may blame the partner for “making” him or her explode in rage or violence or blame someone or something else for the violence. For example, the abusive partner may blame financial pressures or job stress for the angry outburst.
- The abusive partner may give flowers, candy, or other gifts, or time and attention to the partner.
- The abused partner wants to believe that his or her partner is sincerely sorry and that the violence will never happen again.
- The abuser makes the abused partner feel guilty and sympathetic toward him or her.
- The abuser makes sure that other people witness his or her loving behavior toward the abused partner.

This Cycle of Violence can go around and around many, many times, for weeks, months or years. Over time, the Cycle can speed up and the intensity and severity of the battering can become more severe. The Loving Respite / Honeymoon Phase eventually speeds up, sometimes only lasting a few hours before the Tension-Building Phase begins, once again.

Unless either or both partners step away from the Cycle and seek help, recovery is not possible.

The Role of Alcohol or Other Drugs in the Cycle of Violence

Alcohol or other drugs can play a dysfunctional role during each phase of the Cycle of Violence. Substances do not cause violence, per se, but they can impact how partners treat each other and increase the risk of verbal, emotional and physical violence. Substances can interfere with judgment skills and the ability to recognize that the partner has been abused, as well as the severity of the abuse. Impulsivity can be increased by substance use and abuse, which may also increase the risk of aggressive acts.

Phase One: "Loving Respite" / "Honeymoon"

- Partners may drink together on social and romantic occasions, although substances are not, as yet, the primary focus of the relationship.
- In many relationships, drinking or using other drugs will not increase with either partner.

Phase Two: Tension-Building

- As tensions build between partners, some of them will turn to substances as a way to cope with relationship issues.
- One or both partners may increase their substance usage as a way of dealing with various everyday stressors.
- Drugs and alcohol begin to play a role in the verbal and emotional abuse between the couple.
- Substance abuse also helps to numb the emotional pain for the partners.
- While this Tension-Building Phase happens in all abusive relationships, substance use or abuse does not always occur.

Phase Three: Explosion

- A partner who abuses both substances and his or her partner may begin to depend more and more on substances to ease feelings of powerlessness, guilt and stress. As tolerance develops over time, the partner requires an increased amount of the substance to experience the same affect.
- The victimized partner may also develop tolerance and increase his or her amount of substance use to try to prevent further abuse or numb the pain.

Return to Phase One, Again: "Loving Respite" / "Honeymoon"

- The physically abusive partner who has also been abusing substances may try to stop or cut back on the substance to "prove" he or she is serious about the relationship.
- Ironically, sobriety can lead to more verbal, emotional or physical abuse if the abusive partner does not get help for his or her substance abuse and issues of anger and stress.
- The abusive partner's sense of guilt and shame increases and the abused partner's feelings of shame and helplessness also increases.
- In some cases, the victimized partner tries to work on sobriety but the abusive partner coerces him or her into relapsing. This may help to keep the abused partner safe for the moment, but it sabotages his or her efforts to work a program of sobriety.

- The abused partner starts to accept the blame and believes he or she is the cause of both the substance abuse and the verbal and physical violence.
- Depending upon the abused partner's level of substance abuse, he or she may be able to leave and obtain help.
- If the abused partner has a substance abuse problem, he or she not only faces the challenge of getting sober, but also the challenge of keeping him or herself and children safe from retaliation by the abusive partner.
- The abusive partner may increase his or her substance abuse if the partner leaves the relationship.

How many days or weeks does it take to see this Cycle repeat itself in your life? A week, a month? Is the Cycle becoming more frequent? _____

At what point in the Cycle do you use alcohol or other drugs? _____

At what point in the Cycle does your partner use alcohol or other drugs? _____

(Excerpts from CSAP's Prevention Pathways: *Silence Hurts*. www.pathwayscourses.samhsa.gov)

“SLIPPERY PLACES” - WHAT TRIGGERS YOUR ANGER?

AA has the term “slippery places” (or faces), which refers to actual places, people, or emotional states in which we are more likely to relapse. For alcoholics, these “slippery places” may include former drinking buddies, familiar bars, or favorite types of liquor. For anger addicts, there can be a variety of anger triggers that may trigger the beginning of a relapse if not identified and if appropriate coping skills are not applied.

Rate the following triggers or causes of your anger on a scale from 1 – to – 5, with “1” being the least anger-provoking, to “5” being the most anger provoking.

- _____ People who are late
- _____ Waiting in line
- _____ People who are rude or inconsiderate
- _____ Women
- _____ People who are prejudiced
- _____ Lying
- _____ People who falsely accuse me of lying
- _____ Men
- _____ Co-workers who aren't doing their jobs
- _____ My children
- _____ People who cheat
- _____ My boss
- _____ Criticism of me
- _____ My partner/spouse
- _____ Lack of appreciation
- _____ People who ignore me
- _____ My parents or in-laws
- _____ Slow drivers, Tailgaters, Traffic jams
- _____ Bad service
- _____ Other: _____

The anger triggers I will work on include: _____

When I notice these anger triggers I can do the following things to calm down (e.g., pray the Serenity Prayer, call my sponsor, breathe deeply, take a walk, listen to music, call a friend, pet my dog, etc.): _____

USING ANGER AS A DEFENSE

Anger is often used as a “psychological defense” – in other words, anger can be used to cover up or distract from other painful feelings or experiences. Anger can cover up such painful feelings as:

- guilt
 - shame
 - fear or anxiety
 - frustration
- helplessness or hopelessness
 - unworthiness & low self-esteem
 - embarrassment
 - grief & loss

Anger and resentment is a common response to stopping alcohol usage or other drugs:

- Resentful about being told to stop using alcohol/drugs by someone – e.g., the court, your partner, your doctor.
- Sadness about losing alcohol/drugs as a way of coping with life’s problems.
- Feeling overwhelmed by new feelings that were covered up by substance abuse.
- Losing friends with whom you used to abuse substances.
- Feeling that your sex life is less exciting because you and your partner are sober.

Anger becomes a defense when it is used over and over again to avoid experiencing other uncomfortable feelings. Over time, we lose touch with these uncomfortable feelings and we continue to avoid them by staying angry. After awhile, the only feeling we express is anger. The good news is that we do not have to use anger as a way to express ALL of our feelings. The goal is to learn to identify and express various feelings BEFORE they turn into anger. This can be difficult and even anxiety provoking.

Answer the following questions to help you learn more about your own anger and how it may be covering up other feelings:

Anger is more comfortable for me to express because (e.g., I feel stronger, Men should not express any vulnerable feelings because they will be seen as wimps, etc.): _____

The emotions I feel most awkward or embarrassed about showing include _____
_____ because I feel (e.g., overwhelmed, ashamed, not like a man, etc.) _____

Anger lets me ignore such uncomfortable feelings as: _____

When I am angry, I usually receive the following attention from others (people do what I say, people don’t talk back to me or ask questions, people back down, etc.): _____

*The things that usually make me the most angry are (e.g., not getting my way, people not appreciating me, people who disagree with me): _____

**** If we can anticipate what triggers our anger, we can prepare ourselves to handle these situations more calmly.***

What other feelings could I be experiencing other than anger in these situations? _____

If we are too hungry, too angry, too lonely or too tired (AA's HALT) our resolve not to relapse with substances or anger is at its weakest. Then we might seek false or dysfunctional relief by using substances. The Program tells us to avoid these states to protect our recovery. How is your anger and/or substance usage affected by being too hungry, too lonely or too tired? _____

A "DESIGN FOR LIVING"

The 12-Step Program offers a "design for living" – as Chapter Two of the Big Book states, "A new life has been given to us, or, if you prefer, 'a design for living' that really works." Part of this design for living includes identifying feelings and learning to deal with them in a straightforward, adaptive and clean and sober way.

MAKING THE CONNECTION BETWEEN ANGER, ALCOHOL, AND OTHER DRUGS

For most people, our feelings and expressions of anger increase dramatically when we are drinking or using drugs. We do not have to be "falling-down drunk" to have substances negatively influence our anger. Any alcohol or drug use – no matter how slight – can turn a small argument into a raging four-alarm fight. If the person who is with us is also drinking or using, the argument really has the potential to get even more out of hand.

Just as with driving under-the-influence, where we are legally responsible for all of our actions, we are also responsible for our anger even when we have been drinking or using. Being under-the-influence is no excuse for aggressive behavior toward others.

Consider the following questions about your use of substances and how it may be related to your display of anger. You may decide to change your patterns of substance use after you answer the following questions.

Describe any negative or dangerous choices you have made while using alcohol or drugs: _____

In your family, who has or had problems with alcohol or drugs? How did their behavior impact you when they were under the influence? _____

Give some examples of how using alcohol or drugs increased your anger. How would you have responded differently to the same situation if you had been sober?

What have you done while drinking or using drugs that you later felt sorry about? _____

Who have you hurt emotionally while drinking or using drugs? Give an example. _____

What feeling(s) does your drinking or use of drugs numb? _____

The next time I am drinking or using drugs and feel that I am beginning to get too angry about a situation, I can _____

THE "HIDDEN CONNECTION" BETWEEN ANGER & DEPRESSION

Anger and depression are often easily confused with one another. In fact, some types of depression have been described as "anger turned inward." In this way, we may be directing anger at ourselves instead of toward the person or situation with which we are truly angry.

Depression can also include feelings of loss or grief. This often includes feelings of low self-esteem, inadequacy, or feeling unworthy, "stuck" or a "failure." Some people may not consider anger an "acceptable" feeling – especially in women. An angry woman may be stereotyped as a "bitch" or a "shrew." Thus, some women internalize their feelings of anger and end up feeling depressed.

Depression can actually be a substitute for anger or an escape from it. Some people use depression as a way of not letting others know what is going on with them or for not being emotionally or physically available. Other people allow their feelings to build up to the "boiling point," where they only express their feelings when they are angry.

Answer the following questions to help you learn more about your own feelings of depression and how it may be a cover up for anger:

Depression or sadness is more comfortable for me to express because: _____

Depression lets me ignore such uncomfortable feelings as: _____

When I am depressed, I usually receive the following attention from others: _____

The things that usually make me the most depressed/sad are: _____

What other feelings could I be experiencing other than depression in these situations? ____

What does society think about a woman who is angry? A man who is angry? A woman who is depressed? ? A man who is depressed?

Make a *Gratitude List* - a written list of all the things for which we are grateful - can help to counteract feelings of anxiety, depression, or self-pitying when we feel "stuck" or "lost" in these feelings too long. Start your list now: _____

TIME-OUT CONTRACT

Whenever I notice that my anger or my partner's anger is starting to get to an uncomfortable level, I will do the following:

Step 1

- Give an agreed upon, non-blaming signal for time out.
- OR- Say a statement such as:
- "I need some time to cool off, so I'm taking a time out."
- "I don't want us to get into a big fight, so I'm going to take a time out."
- "I don't want to lose my temper so I am going to take a time out."

Step 2

- I will leave the area immediately and let my partner know where I am going.
- I will do something to calm down, like take a walk, exercise, deep breath, listen to music, or I will do _____.
- I will not think about ways to get even with my partner.
- I will not do anything that increases my anger level.
- I will not use drugs or alcohol or engage in self-destructive behavior such as gambling, hurting myself, binge-eating, or cheating on my partner.
- I will not drive or do any activities that could be dangerous to others or myself.

Step 3

- The time out will be _____ minutes in length (usually no less than an hour).

Step 4

- When I return from time out, I agree to check with my partner to see if she/he is ready to talk or if we need to extend the time-out.
- If we both feel ready to talk, I agree to accept responsibility for my actions and work with my partner to find an acceptable resolution to the problem.
- I will use fair fighting techniques.

Step 5

- Whenever my partner wants a time out, I will respect his/her needs and agree not to prevent the time-out in any way.
- I will not block or prevent my partner from leaving.
- I will not follow my partner during a time-out.

Signature of both partners: _____

Date: _____

THE ANGER ESCALATOR

Anger is often made worse or escalated by certain things that we say or do. Instead of staying on the “ground floor” of an argument, we jump on the “anger escalator” and quickly ride up to the top floor – you know, the one that says, “World War III.”

Also, our tone of voice, body language and facial expressions can increase the intensity of an argument. By understanding how this escalation occurs, we can prevent a simple argument from turning into a four-alarm fiery argument where everyone gets burned.

Take a look at the following ways in which we can escalate an argument by our words and actions. Circle the ones you have used in the past. What has happened in the past when you escalated the argument? What can you do in the future instead of using these “anger escalators?”

Ways to Escalate an Argument

- **Sudden limit setting:** “That’s it! I’m out of here!” “I can’t take it anymore! I’m done!” “I’m calling my attorney and filing for divorce! There’s nothing more to say.”
- **The silent treatment:** “There’s nothing wrong.” “There’s nothing to discuss.”
- **Using curse words/swearing:** “Damn you!” “Fuck you and your mother!”
- **“Not-so-innocent” observations:** “I noticed that you didn’t clean the house today.”
- **Dismissing Comments:** “I’m sick and tired of living with a loser like you!” “Do me a favor and get out of my life!”
- **Ultimatums:** “Either you have sex with me or I’ll have an affair!” “This is your last chance or I’m leaving you.”
- **Accusations:** “You went behind my back and spent that money, didn’t you!”
- **Manipulating with guilt:** “I can’t believe you did that!” “You know better than to have done that!”
- **Embarrassing statements:** “You were so attractive when I married you – how did you let yourself go so much?” “I hate to be seen with you in public!”
- **Using nonverbal, critical sounds:** Loud sighing, audible groaning, judgmental sounds like “tsk, tsk”
- **Tone of voice:** cold, sarcastic, harsh, judgmental, whining, mumbling
- **Body language:** shaking a clenched fist, shrugging your shoulders, leaning forward in an intimidating way, shaking your head, tapping your foot
- **Facial Expressions:** Grimacing, sneering, frowning, rolling your eyes, biting your lip, narrowing your eyes in a threatening manner

WHAT'S STRESS MANAGEMENT GOT TO DO WITH IT?

Since stress is part of all of our lives. Identifying stress management techniques to help us cope is not a luxury but a survival skill. As AA's *HALT* cautions us – we need to avoid becoming too hungry, too angry, too lonely or too tired, as we are more vulnerable to relapse. Review the following stress management skills and make a specific plan to include them in your life – circle the ones you will focus on TODAY.

- **Physical exercise:** Schedule time on a regular basis to take a walk or get some physical exercise.
- **Sleep:** Be sure to obtain adequate sleep. When we are rested, stressors do not seem as difficult.
- **Stop your alcohol and caffeine intake:** When under pressure, caffeine can actually increase our physical response to stress because it is chemically a stimulant. Alcohol is chemically a depressant and can increase one's feelings of depression, especially while under stress. Other drugs, whether chemically a stimulant, depressant or hallucinogen, will also give us a dysfunctional sense of false relief and only make our problems worse in the end.
- **Deep breathing:** Deep, slow breathing can help to ease the body's response to stressors. Breathe from the diaphragm/abdominal area, while counting to five.
- **Healthy Eating:** Many people experience mood swings when they eat too much sugar. Consult with your doctor or a nutritionist about how to plan a well-balanced diet. This is especially important for people in recovery from substances.
- **Relax & unwind:** Make time in your schedule to relax on a daily basis – at least 10 or 15 minutes each day. Put your feet up and listen to relaxing music, or go for a walk and enjoy the fresh air. Your partner and children can "get by" without you being with them for these few minutes – and the short break can make you a happier, more serene partner and parent.
- **Positive imagery:** Take a "mental vacation." Imagine yourself relaxing at a peaceful scene. Maybe you are visualizing yourself walking along the beach or hiking in the mountains. Focus on your five senses for a more intense experience – in other words, imagine what you are seeing, hearing, smelling, tasting and feeling. Breathe slowly and deeply.
- **Be realistic:** Sometimes we get stressed because we try to change people or things that we have no control over. Part of coping with stress is determining what we can change - and what we cannot. For instance, we can not change our partner's gambling or use of alcohol. But we can change our responses to our partner's behavior. By learning to "let go" of our hopes to "change" others, our stress level will decrease significantly, as well as our anger and resentment.
- **Leisure activities:** Be sure to schedule some time for recreational or leisure activities. If you do not have a hobby or particular interest, take the time to find something you are interested in pursuing. Would you like to take an art class? What about learning a musical instrument? Do you like to sew? Are there any clubs that you would like to join?

COMMUNICATION BLOOPERS

Communication *STOPS* and ARGUMENTS *START* when we use these "COMMUNICATION BLOOPERS." Even if the other person uses a communication blooper, it does not give us the right to use these bloopers, too.

Check-off the "bloopers" that you have used and then answer the questions below.

- _____ **Name-calling, judging, & criticizing:** Attacking a person's character.
"You won't amount to anything!" "You're such a loser." "You're an idiot!"
- _____ **Lecturing, teaching:** Talking down to someone, as if they are not very intelligent. "My way is the right way." "I'm telling you this for your own good."
"Blah, blah, blah"
- _____ **Ordering another person to do something:** "Just do what I tell you to do." "Stop crying." "Don't be afraid."
- _____ **Warning or threatening the other person that negative consequences will happen if s/he does a particular action:**
"If you go out with your friends, you'll regret it." "If you file for divorce, I'll take the kids."
- _____ **Preaching and moralizing:** Using words like "should" and "ought."
"Women shouldn't dress like that." "Women ought to understand that men should be the head of the house."
- _____ **Giving unsolicited advice:** Giving suggestions or advice without being asked. "If you're so unhappy in the marriage, just get a divorce." "If you didn't let the kids walk all over you, they'd respect you more."
- _____ **Interpreting, analyzing:** Telling other people why they are saying or doing something. "You criticize me because you like to hurt my feelings."
"You push my buttons on purpose so I'll get angry in front of the kids."
- _____ **Withdrawing, denying, isolating:** Avoiding the problem or the issue.
"I'm just tired, I'm not really angry with you." "No, there's nothing the matter, so stop asking me."
- _____ **Sarcasm, humor:** A passive-aggressive way to express angry feelings. "I was just joking when I said it looked like you had gained weight."

These "bloopers" can be part of an addict's "grandiosity" in which the addict insists on having his or her way regardless of the will of the Higher Power or the demands of reality.

Give two examples of situations where you have used these "bloopers." How did these "communication bloopers" hurt the situation? _____

MUD WRESTLING...DIRTY FIGHTING TACTICS

Communication that is disrespectful can easily escalate a simple argument into a huge battle. Instead of resolving a disagreement, dirty fighting tactics cause further hurt through manipulation and control. When we use dirty fighting tactics we disrespect the other person AND we disrespect ourselves because we deliberately use unfair techniques to hurt the other person and to get our way without genuinely hearing the other person's feelings or ideas.

Review the following "dirty fighting" techniques. Which ones have you used? What was the outcome? How did the other person feel?

- **Ignoring** – If you truly listen to your partner, you might be seen as valuing and respecting your partner's thoughts and feelings. Instead of showing your partner the common courtesy of respectfully listening to him or her, pretend to be watching TV, reading some thing, or falling asleep while your partner is talking. The more serious the topic of conversation, the more you should ignore your partner. Eventually, your partner will give up talking to you, and you'll finally get the quiet you deserve.
- **Tit-for-tat** – When your partner complains about something you have done or said, immediately complain about something your partner has done. For example, if your partner complains that you are flirting with other women, respond by saying some thing like, "If you hadn't gained 20 pounds since the birth of the baby, I wouldn't have to look at other women!" If you trade off complaint against complaint, you never have to take responsibility for your own actions and nothing will get resolved.
- **Labeling** – By labeling your partner in a negative way, you can lower his or her self-esteem dramatically. Eventually, your partner will truly believe he is an "idiot" or that she is a "loser." If you use such psychological labels as "neurotic," "borderline," "codependent," or "alcoholic," you will seem superior to your partner, while also obscuring the real issues where you may be at fault.
- **Everything including the kitchen sink** – The next time you argue with your partner, don't stick to the topic at hand. Talk about as many problems as you can think of, especially those from the past, so that you can convince your partner that she or he has always been wrong in the relationship. If your partner doesn't remember the past offenses, so much the better, because he or she will also look like her memory is also going bad.
- **Woe oh, woe is me** – Play the martyr role by recounting every slight injustice or hurt you have ever suffered in the relationship. Include plenty of details so your partner can't get a word in edgewise. Be sure to sound hurt and self-righteous. This technique can be used to justify almost any selfish action of yours. For instance, "Since you are back in school, I bought the big screen TV to keep me company."
- **Bad timing** – As they say, "timing is everything." When you want to argue, pick the best time to go for your partner's throat – e.g., late at night, when your partner is sick or tired, during your partner's favorite TV show, just before your partner is leaving for work, or especially after a few drinks. Start an argument when your partner least expects it so he or she will be too shocked to respond very well.
- **The "Why" Inquisition** – Bombard your spouse with meaningless "why" questions – e.g., "Why were you late?" "Why didn't you take out the trash?" By asking "why" you

are implying that something is terribly wrong with your partner (instead of a simple problem behavior). You also sound like an authority figure - and your partner has to answer as if he were a child explaining his naughty behavior to his parent.

- **Attacking one's character** – Don't focus on the current problem or issue for too long, otherwise, you may have to admit some responsibility in the matter. Instead quickly shift into attacking your partner's personality or character. For instance, use inflammatory statements like, "If you weren't such a bad mother, our son wouldn't be hooked on drugs," or "If you were a better wife, I wouldn't spend so much time drinking with the guys at the bar." Focus the attacks so that your partner's most sensitive or vulnerable areas are brought up.
- **Pulling rank** – You can stop an argument fairly quickly before you have to admit any responsibility by pulling rank – remind your partner that you are smarter, more experienced, older (or younger, if that helps your cause), or that you make more money. Remind your partner that she or he had "nothing" before you entered the picture – say this quickly before your partner realizes it makes no sense. Don't hesitate to exaggerate or lie as much as possible to enhance your status at your spouse's expense.
- **Fortune-telling** – Protect yourself from having to make any real changes or taking responsibility for solving problems by predicting the future. Statements like, "You will never change," or "You will always be a lousy lover" make the situation seem hopeless and your spouse seem like a loser. If you predict that you will abandon your partner at some future point, e.g., "One of these days, I'll get so fed up that I'll pack my bags and leave" you can instill fear and insecurity in your spouse. This will scare your spouse into appreciating you more.
- **Humor and Sarcasm** – This method is a great "sneak attack" where you can say any cruel comment to your partner without getting in trouble because "you were just kidding." If your partner reacts in anger to your comments, then accuse him or her of "being too sensitive." You can also insult your partner's intelligence by pretending that you didn't really intend to insult them by being sarcastic - yeah, right!
- **Turning up the fire** – Heat up an already heated argument by exaggerating the importance of an issue with inflammatory statements like, "If you really loved me, you'd do what I asked," or "This goes to show that you don't care about me or the kids." Make every issue in the relationship, no matter how small, seem absolutely a life-and death matter. This technique is even more effective if you demand immediate attention to the issue.
- **Mind-reading** – Pretend to be wise and all-knowing by deciding you know the *real* reason behind your partner's actions. By taking on this superior attitude, you can avoid having to take responsibility for your own actions. Statements such as, "You only said that to hurt my feelings," or "You did that to embarrass me in front of my family" put your partner on the defensive. While your partner is struggling to explain his or her actions, you look cool, calm and collected.
- **Blame, blame, blame** - No matter what terrible thing you did or said, always hold your partner completely responsible for the problem. Don't admit your behavior had any part whatsoever in the conflict. Never apologize and never admit that you will change any thing about your behavior. Pretend to be the innocent victim, once again.

THE DIRTY DOZEN: TWELVE TYPES OF STINKING THINKING

It is not just the situation or what another person says or does that triggers our anger. How we think has a big impact on whether we will even feel angry, as well as the intensity of our anger and what we will do with that anger. Sometimes our way of thinking becomes distorted – it's like wearing a pair of glasses that is too strong for our eyes and our vision becomes blurry. Distorted thinking can lead to angry feelings that are way out of proportion to a situation.

Alcoholics Anonymous has the concept of “stinking thinking” - it refers to the old negative thoughts that an addict had prior to starting a path of recovery. “Stinking thinking” can lead to a relapse of substances or a relapse of rage and is often a sign that a person is not working a Program. Stinking thinking typically includes:

- Blaming others
- Self-centeredness
- Grandiosity
- Being hypercritical of others

Consider the following 12 styles of distorted or stinking thinking:

1. **Fortune-telling** – Assuming a negative outcome to a situation as if you were “mind-reading” the thoughts of others; E.g., you assume your boss will turn you down for a raise so you get angry even before you ask him for it.
2. **Personalizing** – You believe that everything people say or do is personally directed at you. E.g., you assume that a slow driver ahead of you is driving that way on purpose just because he knows you are late and wants to make you angry.
3. **All-or-Nothing Thinking** – You think in absolutes, i.e., everything is “black or white.” There is no middle ground. You have iron clad rules about how you and other people should behave. E.g., you get angry with your three-year-old child for wetting the bed because he “should know better” – yet, you do not take into account that the child wet the bed because she was feeling ill.
4. **Overgeneralization** – You come to a negative conclusion about someone or something based upon just one incident. Then, you expect it to happen over and over again. E.g., just because your husband once wrote a check that bounced, you now believe he can never be trusted again with the family finances.
5. **Magnification or Minimization** – Also known as “making a mountain out of a molehill” syndrome. You blow things out of proportion or diminish their importance and ignore the positive. E.g., your son makes all A's on his math tests and you do not praise him for his accomplishments. Yet, when he fails one math test, you tell him he is “stupid” and “lazy.”
6. **Emotional Reasoning** – Reasoning that is based on feelings vs. reality-based evidence. E.g., you are angry with your spouse because you have a feeling she is cheating on you, yet all the evidence indicates that she is faithful. Thus, if you *feel* your wife is cheating, then she *must* be cheating.

7. Assuming Inappropriate Blame – You accept too much responsibility in a situation, or you blame others for your own problems. Either way, you feel angry, frustrated and burned-out. E.g., you accept too much responsibility for taking care of your aging, ill parents and do not delegate responsibility to other family members. Then you feel angry and used because you have no support.

8. Catastrophizing – You assume that there will be unrealistic and overly negative outcomes in most situations. E.g., you assume that going to a marriage counselor with your wife will only lead to divorce, and that you will lose your children and home. So, you get angry with your wife when she makes an appointment with a counselor.

9. Myth of Fairness – You get angry and resentful because “life isn’t fair” at all times, in every situation. You believe you alone can judge what is “fair” and that other people are deliberately being unfair just to make you angry.

10. Anxiety-Provoking Language – You often use judgmental words like “should, shouldn’t, must, ought,” etc. You get angry when others (or yourself) don’t live up to or agree with your expectations.

11. Myth of Always Being Right – You act like an attorney, always trying to prove your point to yourself and others. You will go to any length to deny or hide that you have made a mistake. You get angry when others give your feedback or disagree with your point of view.

12. Myth of Change – You believe that if you just pressure someone enough they will eventually change to make you happy. E.g., you nag your wife for months to buy a new car that you can’t really afford. You then ignore how stressed she feels trying to make the car payments.

Give one example of how you used any of the above styles of distorted thinking and how it affected your anger and/or your substance abuse. _____

Give another example of how you used any of the above styles of distorted thinking and how it affected your anger and/or your substance abuse. _____

If you could go back in time and redo both of the above examples, what would you do differently?

HOW TRAUMA TRIGGERS STINKING THINKING & SUBSTANCE ABUSE

Experiencing a trauma can change the ways that you think about yourself, other people and the world. Sometimes these thoughts become cognitive distortions or what AA calls "stinking thinking." Cognitive distortions can become beliefs that you think are "reality" – but they are actually from your own experiences of trauma and the misunderstandings that can go along with traumatic experiences. Unless a person deals with their trauma experiences and identifies how trauma has impacted their beliefs, they may turn to alcohol or other drugs to try to self-medicate their thoughts and feelings.

**CIRCLE THE STATEMENTS THAT APPLY TO YOU
AND THEN ANSWER THE FOLLOWING QUESTIONS.**

Belief #1: I believe that angry outbursts, threats, intimidation, sarcasm, or physical violence are effective ways to get what I want from other people.

Did anyone in your family show this type of behavior when you were a child? If so, how did you feel about it? _____

Do you use substances when you are angry? If so, describe the outcome. _____

Belief #2: I believe that other people often break my trust, especially the people closest to me.

Who has broken your trust and how? _____

Do you use substances when you feel your trust is broken? If so, describe the outcome. _____

Belief #3: I believe that my viewpoint is right, even when the evidence shows that I am wrong.

Did anyone in your family show this type of behavior when you were a child? If so, how did you feel about it? _____

Do you use substances when you are proven wrong? If so, describe the outcome. _____

Belief #4: I believe I am a victim and think that other people cause most of my problems.

Who has hurt you the most in your life? Explain what happened. _____

Do you use substances when people hurt you? If so, describe the outcome. _____

Belief #5: I believe that all or most men cannot be trusted.

Who are the men that have broken your trust? Briefly describe what happened. _____

Do you use substances when you think about how men have broken your trust? If so, describe the outcome. _____

Belief #6: I believe that all or most women cannot be trusted.

Who are the women that have broken your trust? Briefly describe what happened. _____

Do you use substances when you think about how women have broken your trust? If so, describe the outcome. _____

Belief #7: I believe that I should not fail or make a mistake.

Did anyone in your family teach or role model this belief to you when you were a child? If so, how did you feel about it? _____

Do you use substances when you make a mistake? If so, describe the outcome. _____

Belief #8: I believe that being afraid is a sign of weakness, so I deny feeling fearful.

Did anyone in your family teach or role model this belief to you when you were a child? If so, how did you feel about it? _____

Do you use substances when you are afraid? If so, describe the outcome. _____

Belief #9: I do not believe in planning ahead because with my life, who knows if I will be alive.

Do you think that you will die before most of your friends will? If so, why? _____

Do you use substances when you think about dying? _____

Belief #10: I experience pain or often do not have the energy to do things – especially when I do not really want to do them. Sometimes I believe that I am really sick to avoid doing things or being with people I do not want to see.

Did anyone in your family show this type of behavior when you were a child? If so, how did you feel about it? _____

Do you use substances when you want to avoid doing certain things? If so, describe the outcome. _____

Belief #11: ADD YOUR OWN IDEA: _____

Did anyone in your family show this type of behavior when you were a child? If so, how did you feel about it? _____

Do you use substances because of this belief? If so, describe the outcome. _____

Now that you have completed this exercise about **HOW TRAUMA TRIGGERS STINKING THINKING & SUBSTANCE ABUSE**, whom can you talk to about your trauma-related beliefs? _____

Some ideas for help and support include talking with a:

- 12-Step Sponsor
- 12-Step Group
- Your Higher Power
- Drug and Alcohol Counselor
- Pastor, Priest or Rabbi
- Community Support Group
- Psychotherapist
- Psychiatrist
- Nurse or Physician
- Trusted Friend that is clean and sober
- Trusted Family Member that is clean and sober

DUAL DIAGNOSIS

A dual diagnosis is defined as the presence of BOTH a psychiatric disorder, such as depression or anxiety, AND a substance use disorder, like alcohol or other drug abuse. The term, *dual diagnosis*, is used interchangeably with terms such as *co-occurring disorder*, *concurrent disorder*, *co-occurring illness*, *co-morbidity* and *dual disorders*. An individual with a dual diagnosis has two (or more) separate, but very interrelated disorders that may interact with one another in various ways:

- A psychiatric disorder may cover-up an underlying substance use disorder.
- A substance use disorder may mask an underlying psychiatric disorder.
- Substance use or withdrawal symptoms can resemble a psychiatric disorder. This makes it difficult to identify the underlying psychiatric disorder.
- The two disorders may make each other worse and treatment may become more challenging and difficult.
- If a psychiatric disorder is not treated, it may lead to the development of substance abuse. Or if a psychiatric disorder is not treated it can trigger a relapse if someone is already dependent upon substances.
- Substance abuse if left untreated may contribute to the development of or an exacerbation of an already existing psychiatric disorder.
- Substance abuse may interfere with obtaining and following through with mental health/psychotherapy services, especially if the person is actively abusing substances and cannot attend sessions because he or she cannot maintain sobriety.
- Substance abuse may interfere with obtaining and complying with psychiatric or other medical services, especially if the person is actively abusing substances and cannot safely use psychotropic medication (such as anti-depressants, anti-anxiety medications or mood stabilizers) as prescribed by a psychiatrist.
- The psychiatric disorder may contribute to further substance abuse, as the individual “self-medicates” via his or her substance of choice. The “stinking thinking” that is associated with substance use, may trigger the idea that it is “better” or “safer” to self-medicate using alcohol or other drugs rather than to trust a physician who medicates with psychotropic medications.
- A person with a substance use disorder may misuse or abuse the psychotropic medication that is prescribed by a physician.
- Dual diagnoses may increase anger, irritability, depression, anxiety and suicide.

Which of the statements above do you identify with? Why? _____

EXAMPLES OF COMMON DUAL DIAGNOSES

- Depressive Disorders and Alcohol Abuse
- Anxiety Disorders and Marijuana Dependence
- Antisocial Personality Disorder and Cocaine Dependence
- Borderline Personality Disorder and Polysubstance Dependence
- Narcissistic Personality Disorder and Alcohol Dependence
- Posttraumatic Stress Disorder and Tranquilizer Abuse
- Bipolar Disorder and Alcohol Dependence
- ADHD and Polysubstance Abuse
- Asperger's Disorder and Amphetamine Dependence and Alcohol Abuse
- Schizophrenia and Polysubstance Dependence

MULTIPLE DISORDERS AND ADDITIONAL MEDICAL CONDITIONS

Some people with a dual diagnosis also have to deal with additional problems, often referred to as multiple disorders, for example, learning disabilities, cognitive problems, or developmental disorders. Individuals may also have medical conditions such as diabetes, cancer, heart disease, back problems or other chronic pain conditions. People with head injuries may have problems with memory or have seizures. For those with dual diagnoses, it is important – sometimes life-saving – to identify how these additional disorders impact their psychiatric disorder and/or their substance use disorder.

Answer the following questions about your additional disorders:

1. What medical condition(s) has a physician or other healthcare professional diagnosed you with? For example, heart problems, high blood pressure, breathing problems, chronic pain, etc. _____
2. Have you asked your doctor if your medical condition causes or exacerbates feelings of anxiety, depression or other psychological symptoms? _____
3. What additional disorders have you been diagnosed with? For example, learning disabilities, attention or concentration problems, difficulties with thinking or memory, eating disorders, etc. _____
4. What *current* symptoms are you experiencing because of your medical condition or additional disorder? _____
5. How do the symptoms of your *additional disorder or medical condition* affect the symptoms of your *psychiatric disorder*? E.g., is your anxiety or depression worse because of chronic pain or other distressing physical symptoms? _____

6. How do the symptoms of your additional disorder or medical condition affect your substance use disorder? _____
7. If you use pain medication for chronic pain problems, does it lead to more drug abuse? _____
8. Do you drink/use drugs to feel less sad, anxious, lonely or hopeless? _____
9. Is your additional disorder or medical condition being treated and managed appropriately by your healthcare provider? If not, how can you improve the care you receive? _____
10. Are you treating and managing your additional disorder or medical condition in a safe and healthy way? If not, why not? How can you take better care of yourself? Hint: You could exercise, write in a journal, or practice deep slow breathing. _____
11. How has your additional disorder or medical condition changed your ability to take care of your personal needs? Do you need extra help to do things that you used to do by yourself? _____
12. How has your additional disorder or medical condition affected the use of your physical capabilities? Do you have to avoid heavy lifting or bending? Do you need help with housework or completing chores? _____
13. How has your additional disorder or medical condition affected your ability to think clearly? Do you have problems with memory or concentration, difficulty with math or reading? Do you have problems understanding of following directions? _____
14. Do some of your medications have side effects that affect your ability to think clearly? Do your medications need to be reviewed with your physician or pharmacist? _____
15. What do you do that is positive to cope with your additional disorder or medical condition? _____
- Do you take your medication regularly according to your doctor's instructions?
 - Do you call your physician about side effects before you decide to change or stop taking the prescription on your own?
 - Do you take time to talk to a friend, or do physical exercise/movement?
16. What do you do that is negative to cope with your additional disorder or medical condition? _____
- Do you stop taking your medication when you are feeling better, even when the doctor tells you to continue taking it?
 - Do you use alcohol or drugs to sleep?

MAKING THE CONNECTION BETWEEN DUAL DISORDERS AND ANGER

Looking at a "substance use continuum" ranging from use, misuse, abuse and dependency, how would you describe your substance use? _____

- *Hint: Tolerance (needing more alcohol/drugs to get the same effect) or withdrawal (a hangover, the shakes, etc.), after a binge, can be a sign of substance dependency.*

Looking at an "anger continuum" ranging from irritation, disagreements, verbal name calling altercations, severe rage/conflict, abuse and violence, how would you describe your anger? _____

If you have been physically, emotionally, sexually, or verbally aggressive or violent, when do you use substances? Prior to the aggression or violence? During or after the aggression or violence? Or both? _____

If you have been physically, emotionally, sexually, or verbally abused, when do you use substances? Prior to the abuse? During or after the abuse? Or both? _____

Does your substance use *increase* your anger or aggression? How? _____

- *Hint: it only takes 1-2 drinks to not think as clearly and overreact to a situation.*

Does the aggression or domestic violence *increase* your substance use? How? Do you feel entitled to use alcohol when you feel the power of anger? Are you trying to self-medicate your anger by using an unpredictable substance like alcohol or drugs? _____

Does your substance use *decrease* the risk of aggression or violence? How? Do you try and calm yourself with alcohol, pain medication or other drugs? _____

Does your anger or violence *decrease* the risk of substance use? How? Is the feeling of anger so powerful that you don't need to use drugs? _____

Do you often experience (circle all that apply): sadness, hopelessness, helplessness, tearfulness, decreased appetite, sleep problems, low self-esteem, problems with concentration, fatigue, social isolation, lack of pleasure, or decreased libido? Do these feelings affect your substance use? Do these feelings affect your anger or violence? How? _____

Do you often experience (circle all that apply): irritability, nervousness, edginess, physical complaints that doctors cannot find a medical cause (e.g., chest pain, heart palpitations, increased perspiration), fear of "going crazy" or dying? Do these feelings affect your substance use? Do these feelings affect your anger or violence? How? _____

THE TWELVE STEPS OF DUAL RECOVERY ANONYMOUS

1. We admitted we were powerless over our dual illness of chemical dependency and emotional or psychiatric illness - that our lives had become unmanageable.

Those of us with dual diagnoses have two "no-fault disorders" (Hamilton & Samples, 1994). We did nothing to cause either one of them. We are powerless over our drug-of-choice and powerless over our emotional disorders. Maybe we have tried to control our emotional disorders on our own by "powering through" our symptoms or trying to "snap out of it." Maybe we tried medications but gave up taking them when we had side effects or thought it was too much trouble to remember to take them every day. Our lives became unmanageable as our dual disorders made us feel burned out, unhappy, afraid or ashamed.

How has your life become unmanageable because of your dual diagnosis? _____

2. Came to believe that a Higher Power of our understanding could restore us to sanity.

Some people struggle with the 12 Step idea of a Higher Power. For some individuals, they call their Higher Power "God," "Allah," "Jesus," "Buddha" or a host of other religious and spiritual terms and concepts. Your Higher Power can be the "Universe" or the collective power of a recovery/support group. The concept of a Higher Power is at the heart of the 12 Step recovery program, as it is the "power source" of recovery for those with dual diagnoses.

Describe your understanding of your Higher Power. _____

3. Made a decision to turn our will and our lives over to the care of our Higher Power, to help us rebuild our lives in a positive and caring way.

How can your Higher Power be part of your recovery program? _____

4. Made a searching and fearless personal inventory of ourselves.

What did you learn about yourself through your personal inventory? _____

5. Admitted to our Higher Power, to ourselves, and to another human being, the exact nature of our liabilities and our assets.

6. Were entirely ready to have our Higher Power remove all our liabilities.

What are liabilities for those individuals with dual diagnoses?

- Denial or minimization of our dual diagnosis due to false pride, "male ego," or the need to feel "right" or "superior" all the time
- Postponing getting help because you are "too busy"

- Fear that your partner or friends will leave you if you get help – and maybe they will leave or maybe you will decide to leave them if they will not support your recovery.
- Feeling hopeless because you have gotten help before but relapsed on either or both of your dual diagnoses.
- Wanting to control people, places and things instead of focusing on your recovery.
- Being resentful, not forgiving others, or not showing acceptance – which get in the way of your recovery

Describe one of your liabilities and how you plan to deal with it. _____

7. Humbly asked our Higher Power to remove these liabilities and to help us to strengthen our assets for recovery.

8. Made a list of all persons we had harmed and became willing to make amends to them all.

Who will you make amends to and why? _____

9. Made direct amends to such people whenever possible, except when to do so would injure them or others.

Who can't you make amends to and why not? _____

10. Continued to take personal inventory and when we were wrong promptly admitted it, while continuing to recognize our progress in dual recovery.

Is it difficult to admit to yourself and others when you are wrong? Why? _____

11. Sought through prayer and meditation to improve our conscious contact with our Higher Power, praying only for knowledge of our Higher Power's will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to others who experience dual disorders and to practice these principles in all our affairs.

How can you "carry this message" of recovery to other people who experience dual disorders? _____

Which of the 12 Steps are the most challenging or difficult to apply to your recovery? Why? _____

The Twelve Steps of *Dual Recovery Anonymous* are adapted from the Twelve Steps of *Alcoholic Anonymous*.

IDENTIFYING "RED FLAGS" FOR RELAPSE POTENTIAL WITH YOUR DUAL DIAGNOSIS & ANGER

This exercise is intended to help you to identify "red flags" or warning signs of thoughts, feelings and behaviors that may indicate a potential relapse with either your psychiatric disorder and/or your substance use disorder. Sometimes these warning signs can be ignored or minimized because of the "stinking thinking" that can go along with substance use. The key is to recognize the "red flags" and to reach out for help BEFORE a relapse occurs.

Review these various red flags and then answer the following questions on the next several pages. It can also be helpful to ask a family member or friend to do this exercise with you because they may be able to identify even more warning signs of a potential relapse that you do not recognize.

PROBLEMS IN COPING WITH DAILY LIFE STRESS OR MAJOR LIFE STRESS

Life stress includes *common, daily life stressors*, such as paying bills, parenting and doing household chores as well as *major life stressors*, such as unemployment, divorce, and illness/disability. See the list below for signs of poor coping skills with stress.

CIRCLE THE STATEMENTS BELOW THAT APPLY TO YOU:

- Exhaustion, frustration and/or impatience
- Anxiety, depression and/or self-pity
- Being easily irritated or annoyed
- Having angry outbursts
- Setting unrealistic goals, e.g., expecting perfection not progress, being hypercritical or having unrealistic expectations of self or others
- Holding on to resentments, anger or unresolved conflict
- Feeling overwhelmed, confused, useless, or stressed out
- Complains of constant boredom or lack of routine and structure in one's life
- Sudden changes in one's psychiatric or emotional symptoms
- Changes in eating and sleeping patterns, as well as personal hygiene, or energy levels
- Engages in obsessive behaviors, e.g., workaholism, gambling, sexual excess, overspending, etc.
- Relationship difficulties, e.g., chronic serious conflicts, a spouse who still uses alcohol or other drugs
- Ignoring or minimizing relapse warning signs and triggers
- Self-injures (deliberately cuts, burns, etc., one's self)
- Add your own examples: _____

Describe how you have handled your *daily life stressors* or *major life stressors* during the last week? During the last month? _____

Do you see any "red flags" for potential relapse with your psychiatric problem? If so, how can you prevent a relapse? _____

Do you see any "red flags" for potential relapse with your substance use? If so, how can you prevent a relapse? _____

FEELING OVERLY CONFIDENT

CIRCLE THE STATEMENTS BELOW THAT APPLY TO YOU:

- Feelings of having control over drinking/drug use vs. powerlessness
- Statements such as, "I'll never drink or use again."
- Denies or minimizes substance use.
- Blames others for a return of their psychiatric symptoms.
- Dishonesty toward self and others
- Avoidance – refusing to deal with personal issues and other problems of daily living
- Isolating behavior, feels – not attending 12-Step meetings, not using the telephone for support, not contacting the sponsor
- Sense of entitlement and grandiosity
- Thinks counseling is a waste of time and money
- Thinks participating in a 12 Step program is a waste of time and money
- Cocky and argumentative
- Missing appointments or stopping treatment on one's own with a psychotherapist or psychiatrist
- Stopping medications on one's own or against the advice of medical professionals
- Add your own examples: _____

Any "red flags" of *feeling overly confident* that could be a sign of potential relapse with your psychiatric problem? If so, how can you prevent a relapse? _____

Any "red flags" of *feeling overly confident* that could be a sign of potential relapse with your substance use? If so, how can you prevent a relapse? _____

RESUMES PREVIOUS PRE-RECOVERY BEHAVIORS

CIRCLE THE STATEMENTS BELOW THAT APPLY TO YOU:

- Going to bars, clubs or return to “drug culture”
- Socializing with “drinking or drug buddies”
- Obsessively thinking about using drugs or drinking
- Exposing self to alcohol, drugs, and/or drug-related paraphernalia
- Re-establishes contact with former drug connections
- Sleeps too much or isolates from others
- Does not eat on a regular basis or has an eating disorder
- Gambles
- Excessive spending
- Unprotected or risky sex practices
- Denies or minimizes substance use.
- Blames others for a return of their psychiatric symptoms.
- Threatens to hurt self for attention or to manipulate others
- Add your own examples: _____

Any “red flags” of *returning to previous pre-recovery behaviors* that could be a sign of potential relapse with your psychiatric problem? If so, how can you prevent a relapse? ____

Any “red flags” of *returning to previous pre-recovery behaviors* that could be a sign of potential relapse with your substance use? If so, how can you prevent a relapse? _____

DISTANCING YOURSELF FROM RECOVERY PROGRAMS

CIRCLE THE STATEMENTS BELOW THAT APPLY TO YOU:

- Complacency about one’s recovery process
- Forgetting gratitude
- Not returning sponsor’s calls
- Having a sense of grandiosity – “I know more than my Sponsor.”
- Having a sense of grandiosity – “I know more than my therapist.”
- Decreasing attendance at 12 Step Meetings without talking to sponsor
- Discounting information discussed with the psychotherapist or in the 12-Step group
- Losing sense of a High Power
- Misses appointments with a therapist

- Stops taking antidepressants or other medications
- Add your own examples: _____

Any "red flags" of *distancing yourself from recovery programs* that could be a sign of potential relapse with your psychiatric problem? If so, how can you prevent a relapse? _____

Any "red flags" of *distancing yourself from recovery programs* that could be a sign of potential relapse with your substance use? If so, how can you prevent a relapse? _____

USE OF ALTERNATIVE MOOD-ALTERING DRUGS

CIRCLE THE STATEMENTS BELOW THAT APPLY TO YOU:

- Use of alcohol or alternative illicit drugs
- Misuses or abuses prescription drugs
- Combines use of prescription drugs with alcohol or other drugs
- Use of over-the-counter sleep aids or stimulants
- Use of "natural" or herbal supplements that mimic effect of drug-of-choice
- Add your own examples: _____

Any "red flags" of *using alternative mood-altering drugs* that could be a sign of potential relapse with your psychiatric problem? If so, how can you prevent a relapse? _____

Any "red flags" of *using alternative mood-altering drugs* that could be a sign of potential relapse with your substance use? If so, how can you prevent a relapse? _____

What other "red flags" of relapse have you experienced that are NOT on this list? How did you cope with these "red flags"? _____

DEVELOPING A CRISIS SURVIVAL PLAN

Individuals in recovery can benefit from developing a personalized *Crisis Survival Plan*, in which they make a written list of things to do when sudden cravings strike and the possibility of relapse is imminent. For individuals with dual diagnoses and dual recovery issues, this *Crisis Survival Plan* can also include practical ideas to help them cope with their psychiatric symptoms.

On the following page, there is a list of relapse prevention tools that some individuals may want to include as part of their *Crisis Survival Plan*. Although it is important that a personalized plan is made to address each individual's needs, a sample plan is given below:

MY PERSONAL CRISIS SURVIVAL PLAN

These are five people I can call or text message when I get a craving to drink or use drugs (including their contact information):

Here are warning signs and triggers for possible relapse that I should watch for:

If I do relapse, here are some people I need to tell as soon as possible:

I need to do the following things to help prevent a relapse in the future, again:

DUAL DIAGNOSIS: MY PERSONAL CRISIS SURVIVAL PLAN

These are some warning signs that may precede a flare-up of my psychiatric symptoms:

If I experience a flare-up of my psychiatric symptoms, I need to tell the following people as soon as possible:

I need to do these things to cope in a more positive and safer way with my flare-up of psychiatric symptoms:

TOOLS FOR RELAPSE PREVENTION

- Attending Dual Recovery Meetings or other 12-Step Meetings
- Using the telephone or Internet for support, including regular contact with one's sponsor and other group members
- Journaling one's recovery process
- Relying upon one's Higher Power through prayer and meditation
- Reading the Big Book and other literature about recovery
- Performing Service Work and helping others
- Exercising regularly and/or going for a walk
- Practicing relaxation and stress reduction techniques (for example, deep breathing, yoga, progressive muscle relaxation, etc.)
- Eating well-balanced meals
- Getting sufficient sleep and rest
- Participating in recreation, hobbies, and play
- Going to a physician for regular check-ups and also when feeling ill
- Listening to music or the sounds of nature
- Reading books or poetry or participating in artwork
- Cooking your favorite meal and sharing it with an individual who is sober
- Doing chores around the house or washing and waxing your car
- Baking something and sharing it with another individual who is sober
- Donating your time to charity
- Taking a warm, soothing bath and light a candle or take a long, cool shower
- Going to a travel agency or looking on the Internet and planning a future vacation
- Read a joke book or watch a funny movie
- Additional ideas: _____

