Behavior Chaining

What Preceded	Sub Use	What Followed

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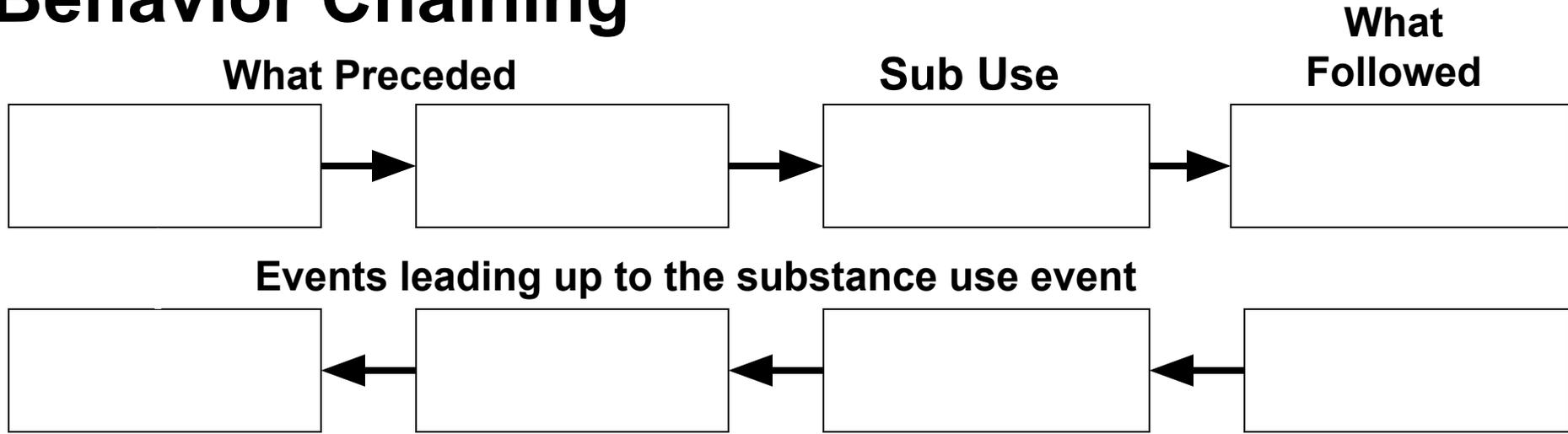## Events leading up to the substance use event

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What was going on earlier that day (with person, with others, in environment):

What happened the night/day before (with person, with others, in environment):

How was the person feeling (physically, emotionally):

Was anything bothering the person:

Changes in treatment plan:

Recovery Oriented Care & Language Surrounding "Relapse"

The way that we as a culture and as professionals talk about and perceive people with substance use disorders affects how we care for them and whether or not we are willing to invest in helping them find long-term recovery. It makes a difference if they are perceived as having a legitimate health condition requiring medical care or perceived as morally weak or criminal.

The table below illustrates possible alternatives to the lapse/relapse language.

Common Language	Issue	Language Alternatives
John *relapsed* after his discharge from addiction treatment.	Language implies moral failure	John *resumed (or reinitiated)* drinking following his discharge from treatment. John *experienced a recurrence* of this alcohol dependence four months after his discharge from treatment.
John is a chronic *relapser*.	John ceases to be a person through such objectifying language. He becomes instead a "thing" – a category	John is a *person who has experienced recurring episodes of alcohol-related issues*. John continues to *experience intermittent episodes of* substance use. John has *not yet achieved stable recovery* in the community.
John has *relapsed*, but things are not as bad as they used to be	Language conveys degrees of John's "badness."	John is *in partial remission* from alcohol dependence. John continues to experience some alcohol-related issues, but he *has reduced the frequency and intensity* of his drinking.
John has not *relapsed* since his last treatment.	Focus is on what John has not done rather than what he has achieved.	John *has maintained stable recovery*. John's alcohol dependence is currently in full *remission*. John is a *person in long-term recovery:* he has not used alcohol or other substances since _____ (date) – or for _____ years
John needs to go through a *relapse prevention program*.	Relapse prevention is a negative framing of recovery – a	John could benefit from a *program of sustained recovery management (or recovery support)* strategic increases in personal, family, and community *recovery capital*. John

From: White, W. & Ali, S. (2010). Lapse and relapse: Is it time for a new language.
Posted at www.facesandvoicesofrecovery.org.

	focus on what behavior is to be eliminated from one's life rather than what is to be added (i.e. sickness prevention orientation versus health promotion orientation)	needs a *recovery plan*. Focus is not on subtracting but adding three defining elements of recovery: sobriety, improvement in personal and family health, and positive connection to community.
Relapse is part of recovery.	This normalizes the presence of pathology as a dimension of recovery. For persons with severe substance use disorders, AOD use is part of the disorder. NOT part of the healing process.	Addiction is often characterized by cycles of excessive AOD use/issues interspersed with voluntary or coerced periods of abstinence. Recovery is the replacement of these cycles with stable and sustained health. While this process may be marked by diminished frequency and severity of AOD use, depicting such use as a dimension of the recovery experience is a misnomer.

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Values Identification

acceptance	ecology	independence	realism
accuracy	excitement	industry	responsibility
achievement	faithfulness	inner peace	risk
adventure	fame	intimacy	romance
attractiveness	family	justice	safety
authority	fitness	knowledge	self-acceptance
autonomy	flexibility	leisure	self-control
beauty	forgiveness	mastery	self-esteem
caring	friendship	mindfulness	self-knowledge
challenge	fun	moderation	service
change	generosity	monogamy	sexuality
comfort	genuineness	non-conformity	simplicity
commitment	G-d's will	nurturance	solitude
compassion	growth	openness	spirituality
contribution	health	order	stability
cooperation	helpfulness	passion	tolerance
courtesy	honesty	pleasure	tradition
creativity	hope	power	virtue
dependability	humility	purpose	wealth
duty	humor	rationality	world peace

Miller, W.R., C'de Baca, J., Matthews, D.B., Wilbourne P.L.(2001). Values Card Sort. University of New Mexico. Retrieved from: http://www.motivationalinterviewing.org/sites/default/files/valuescardsort_0.pdf

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