STRAIGHT

Mar. 20, 1992

C SUZANNE HARDMAN
Administrator

MEMORANDUM

TO: GRADUATE PARENTS

FR: TEAM III STAFF

DA: NOV. 22, 1991

RE: AFTERCARE PROGRAM

Congratulations! Now that your child has graduated, the continuous recovery of your child depends on the strength of his/her commitment to his/her program, and your commitment to your program. To help your family during this period of transition from having the daily structure of STRAIGHT, INC. to being on your own, working through your program, you will have the support of other graduate families, and the structured Aftercare Program for six (6) months. To help facilitate this support, you will be required the following:

Parents:

A) Required to attend Graduate Parent Raps on the 3rd Saturday of every month for first four months of aftercare.

B) Required to attend a Twelve (12) Step Support Group (Al-Anon, Nar-Anon) once per week (minimum).

Graduates:

A) Required to attend Graduate Raps the 3rd Saturday of every month for first 4 months of aftercare.

B) Required to attend 30 12 Step Support Group Meetings in 30 days.

Derek Boyd
Team III
Program Counselor

Purpose and Goal of Aftercare

The goal and purpose of the Aftercare Program provided by Straight, Inc. is a six (6) month, staff supported, transition period for a young person and their family to move from a reliance on the Straight Program Structure and direction in the recovery process to a self-directed life long recovery process, utilizing the tools of personal change taught to them by the program, and ongoing community support systems to meet the unique family needs. An Aftercare Program counselor (a Senior Member of the Professional Therapeutic Staff) will direct the delivery of the intervention and referral services to clients at this stage of treatment.

Policy and Procedure Regarding Aftercare Orientation Seminar

All clients and their families are required to attend an Aftercare Orientation Seminar the day following the graduation ceremony or as arranged by the Aftercare,Coordinator.

Procedure:

After the client and family have been recognized by the program during the Friday Open Meeting as entering Aftercare, the beginning of self-directed recovery, they will be instructed when to attend the Aftercare Orientation Seminar, which will be conducted by an Aftercare Assistant. At the seminar, the clients and families will be presented with an Aftercare package which will be reviewed with them by the Aftercare Coordinator or Assignee. The package will contain the following materials:

1. A Statement of Purpose and Goal of Aftercare.
2. Aftercare Guidelines.
3. Beliefs of the Aftercare Program.
4. Relapse Prevention Material.

AFTERCARE GUIDELINES

1. REQUIREMENTS:

   a.) Seminar, Family Conference, Aftercare Contract, required raps are to be attended by both parents and graduates. Parents are to follow-up with their monthly conference by making an appointment with the Aftercare Coordinator.

   b.) Graduates are required to attend AA/NA Meetings two (2) times a week. During the last period of Fifth Phase, graduates should obtain sponsorship. Parents are required to actively participate in ALANON.

   c.) Moral Inventories are to be written daily, in accordance with the Client Aftercare Contract, during the initial three (3) months of Aftercare. Additional requirements are to be addressed in the Aftercare Contract.

   d.) No dating is allowed during the initial three (3) months of Aftercare. The Aftercare Contract will address requirements following the initial three (3) months.

   e.) No smoking is allowed during Aftercare.

   f.) Aftercare clients are required to support the group at Straight, Inc. two (2) times per week.

   g.) Parents are to monitor their individual child's adherence to the Aftercare Requirements and Contract, and to communicate to the Aftercare Coordinator in regards to this.

2. Giving back to others is an important factor in the recovery process. Graduates are given this opportunity:

   a.) By being involved in speaking engagements at least three (3) times during their Aftercare Program.

   b.) By being a Facilitator for a Graduate Rap in the third (3rd) month of their Aftercare Program.

3. It is a privilege to be allowed to stay behind the group, therefore, graduates are required to do the following:

   a.) Graduates get permission from Executive Staff before they can stand behind group.

   b.) Graduates stay behind group for at least thirty (30) minutes in order to relate to the group.

   c.) Dress code including hair trimmed, as required by Straight, Inc., is to be observed.

Anyone who fails to follow the above requirements will be denied the privilege of being allowed in the back of the group.

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Having worked hard to receive the proud title of "Graduate", I know I have a unique gift and a special problem. I accept my powerlessness over drugs but believe that maintaining the following beliefs will ensure for me a healthy, happy and productive life.

1. I believe that I live the remainder of my life in total abstinence of alcohol, drugs and mood-altering chemical of any kind.

2. I believe that the honesty I have gained toward myself and others is an essential part of my life as a Seven Stepper.

3. I believe that the program I have learned to base my life on contains all the tools I need to apply to my daily life.

4. I believe that God, as I understand Him, is my highest and most important power.

5. I believe that maintaining a healthy body and mind is essential to my well-being and sobriety.

6. I believe that I will always need the help and care of moral and supportive people so that I may stay Straight for the rest of my life. This means my family, or, if I am alone in the world, the care of others who share my beliefs.

7. I believe I need to work hard in whatever my chosen field, using my full potential while setting realistic goals.

8. I believe that the friendships I choose must reflect the morals and values I have gained on my program. I need to surround myself, in my leisure time, with strong, supportive people and wholesome activities that will contribute to the Straight life that I have built for myself.

9. I believe that I must turn my back on druggie activities, the drug culture and my druggie past.

10. I believe that helping others achieve a Straight life will ultimately support my own sobriety. I will always reach out with care to those who need my support, remembering that my first priority is my own Straightness.

1. Total abstinence from Alcohol and all other mood altering chemicals is absolutely essential for us to stay straight.

2. Taking responsibility for what we think, feel, say and do is the foundation of our honesty.

3. To stay straight, we need to go for help to our families, our aftercare group, other people, and to God as we understand him.

4. Being honest helped us to get straight, and being humble will help us remain straight. To this end we believe in giving honest feedback to others, and in being open to receiving honest feedback.

5. Strong, healthy family relationships and positive peer relationships are important to us in maintaining a straight lifestyle.

6. Healthy values regarding relationships music, dress, and respect for others will help us maintain a straight lifestyle.

7. Anonymity is the spiritual foundation of the aftercare group, creating an atmosphere of trust one for another,

8. That our common welfare should come first, personal recovery depends upon attending A.A./M.A. meetings.

GUIDELINES FOR USE OF STRAIGHT FACILITY

1. We will be in the aftercare meeting room or in group before the meeting. We understand that meetings begin at 7:00 P.M. every Tuesday and 2 SAT & 2 SUN PER MONTH 7:00 PM (aftercare parent meetings, 4:30 P.M. every 2ND and 4TH SUNDAY of each month)

2. We refrain from loitering, smoking, chewing gum or playing the radio on Straight premises, out of respect for those in treatment.

3. We will dress in a manner which demonstrates respect for ourselves and others and will refrain from wearing flip-flops, shirts with decals, cutoff shirts or shorts.

COMMITMENT TO AFTERCARE

1. We will attend two aftercare meetings and two self-help group meetings a week. Defining self-help groups as Anonymous group specifically related to recovery ie: A.A., N.A.

2. We will abide by the condition of the behavioral contract developed between one-self and parents.

3. We will attend aftercare meetings during our six months of aftercare (We will ask permission of an aftercare assistant or aftercare program counselor to be late or to miss a meeting).

4. We will respect the confidentiality of each individual in aftercare and not talk behind backs.

NOTE: View parent calender on a weekly basis for any change on schedule of meetings so that any concerns we may have will be addressed specifically to that individual and/or an aftercare assistant or aftercare program counselor.

THE MOST COMMON PROBLEMS OCCURRING IN AFTERCARE

There is much relationship overlap between symptoms leading to relapse and common living problems. Based on our knowledge and experience in dealing with and trying to prevent relapse, we find that we spend the greatest amount of time in aftercare and counseling - individual and group - dealing with the following issues:

1. Inability to communicate openly
2. Reality testing
3. Dishonesty
4. Resentments, fear, and insecurity
5. Ambivalence toward authority - power struggles
6. Unhealthy dependence on others
7. Lack of identity
8. Lack of self respect
9. Lack of assertiveness
10. Feelings of rejection
11. Self pity - self centeredness
12. Lack of willingness to change
13. Inability to express anger appropriately
14. Handling criticsm
15. Feeling that others expect too much of us
16. Feeling unloved
17. Expecting someone else to make us happy
18. Expecting someone else to be responsible for us
19. Feeling responsible for the happiness of others
20. Feeling responsible for others
21. Guilt
22. Feeling inadequate and/or inferior
23. Depression
24. Sexual problems (hang-ups)
25. Religious or spiritual problems (hang-ups)
26. Old ideas
27. Conflicts in values/principles
28. Lack of motivation
29. Lack of enthusiasm
30. Unwillingness to express feelings
30. Unwillingness to express feelings
31. Self-deception
32. False pride
33. Immaturity and game playing

CLIENT'S WEAKNESSES

Being a loner
Having a powerful attitude
Having lack of communication (assuming)
Showing less care daily
Being arrogant
Not using the tools
Attending to the wants instead of needs
Choice of friendships
Lacking respect
Misuse of free time
Lacking responsibility
Lacking direction
Returning to pre-Straight habits
Getting off focus
Lacking goals
Procrastinating
Misuse of money
Being manipulative
Not reaching out-dosing off
Having a lazy attitude
Being self-centered
Being into acceptance
Being disrespectful for house rules
Lacking neatness
Being disrespectful toward authority
Taking things for granted
Justifying/showing no conscience
Being weak
Lacking appreciation
Having low self opinion
Unacepted style of clothing
Withdrawing from activities
Lying and stealing
Being resentful/feeling angry
Having double standards

PARENT'S WEAKNESSES

Being manipulative
Procrastinating
Being overly trusting
Enabling
Closing Off
Not understanding
Making excuses for behavior
Dependent relationship
Lacking honesty
Being overly permissive
Unable to be wrong
Being close-minded
Not being consistent
Not relying on feelings/instincts
Wanting to control
Not communicating
Being impulsive
Not showing care
Not caring
Being too demanding
Being off focus with priorities
Being over-involved with Straight
Not enforcing rules
Not stressing priorities
Not holding accountable
Lacking awareness
Losing track of where you came from
Setting goals and no follow thru
Dwelling on bad feelings
Hesitating to confront denial
Being independent
Having double standards
Parents divided on issue
Lacking control
Being judgmental

PARENT'S WEAKNESSES PG. 2

Having too high/low expectations
Not taking time for relationship
Having pre-Straight habits
Displacing anger
Being inflexible
Excluding child from decision
Not accepting being fallible

AN AFTERCARE PLAN FOR LIVING

1. Stay away from the first drink.
2. Use the 24-hour plan.
3. Remember that alcoholism is incurable, progressive and fatal.
4. Live and let live
5. Get active.
6. Use the Serenity Prayer.
7. Change old routines.
8. Eat or drink something-usually sweet.
9. Make use of "telephone therapy".
10. Find a sponsor.
11. Get plenty of rest.
12. Do first things first.
13. Fend off lonliness.
14. Watch out for anger and resentments.
15. Be good to yourself.
16. Look out for overelation.
17. Easy does it.
18. Be grateful.
19. Remember your last drunk.
20. Avoid all chemical mood-changers.
21. Eliminate self-pity.
22. Seek professional help.
23. Steer clear of emotional entanglements.
24. Get out of the "if" trap. ("What if...," "If only...")
25. Be wary of drinking occasions.
26. Let go of old ideas.
27. Read the A.A. message.
28. Go to A.A. Meetings.
29. Try the Twelve Steps.
30. Find your own way.
31. Replace habits with new, sober habits.
32. Keep an open mind.
33. Use your common sense.
34. Live in the now.
35. Avoid major decisions in early sobriety.
36. Try not to test your willpower.
37. Try to do a good mental housecleaning.
38. Salute the daily progress you make.
39. Cherish your recovery.
40. Develop the habit of gratitude.
41. Suspend judgement of yourself and others.
42. Look at your whole drinking record.
43. Share your happiness.
44. Avoid nostalgic sadness.
45. Remember that alcoholism is cunning and baffling.
46. Accept responsibility for your actions.
47. Stay sober for yourself.
48. Try not to place conditions on your sobriety.
49. Respect the anonymity of others.
50. When all else fails, follow directions.

51. Try to heal yourself by helping others.
52. Share your experience, strength and hope.
53. Find the courage to change yourself.
54. Find the serenity to accept others.
55. Try to turn your life and will over to a Higher Power.
56. Be willing.
57. Come with me to a meeting.
58. Admit you are powerless over alcohol.
59. Come to believe in a power greater than yourself.
60. Take a searching and fearless moral inventory.
61. Share your inventory with someone else.
62. Make a list of those you have harmed.
63. Make amends to them when possible.
64. Continue to take a personal inventory.
65. Promptly admit when you are wrong.
66. Make regular use of prayer.
67. Meditate.
68. See God's will for you and the power to carry it out.
69. Practice these principles in all your affairs.
70. Laugh.
71. Avoid getting too hungry.
72. Listen.
73. Share your pain.
74. Choose positive thinking.
75. Be available for service.
76. Look for similarities rather than differences.
77. Beware of phony pride.
78. Try to replace guilt with gratitude.
79. Avoid self-righteousness.
80. Practice rigorous honesty.
81. Keep it simple.
82. Try to become a part of the world you have rejected.
83. Watch out for complacency.
84. Maintain a spiritual condition.
85. Carry the message of A.A.
86. Have faith.
87. Count your blessings.
88. Try not to dwell on the faults of others.
89. Accept life as it comes.
90. Admit and correct your errors today.
91. Believe that you are not alone.
92. Avoid using the truth to injure others.
93. When you are shaky, work with another alcoholic.
94. Avoid gossip.
95. Work to eliminate self-deception.
96. See adversity as opportunity.
97. Develop self-restraint.
98. Don't fear needed change.
99. Let go and let God
100. Take life a day, even a minute at a time.

Alcoholism Systems Associates

THE RELAPSE DYNAMIC

Relapse does not begin with the first drink. Relapse begins in a behavioral dynamic which reactivates patterns of denial, isolation, elevated stress, and impaired judgement. The pattern of this behavioral setup was identified in 1973 by the author through the completion of clinical interviews with 118 alcoholic patients who met the following criteria: (1) They had completed a 21 or 28 day intermediate care treatment program. (2) They had been discharged with the conscious intention to remain permanently sober. (3) They had eventually returned to loss of control consumption in spite of initial commitments to remain sober.

The results of this clinical research was compiled in the form of a Relapse Chart depicting the symptoms of a relapse. The most commonly reported symptoms are:

1. Apprehension About Well-Being — The alcoholic reported an initial sense of fear and uncertainty. There was a lack of confidence in the ability to stay sober. This apprehension was often extremely short lived.
2. Denial — The patient reactivated his denial system in order to cope with apprehension and resultant anxiety and stress. The denial systems reactivated in this stage of relapse dynamic tend to correspond with the denial systems utilized to deny the presence of alcoholism during the initial phase of treatment. Most patients were aware of this denial with hindsight but reported they were unaware of this denial process while experiencing it.
3. Adamant Commitment to Sobriety — The patient convinced himself he would "never drink again." This self persuasion was sometimes overt and blatant, but most often it constituted a very private decision. Many patients reported fear or apprehension of sharing that conviction with their therapist or with members of AA. Once a patient convinced himself he "would never drink again" the urgency of pursuing a daily program of recovery diminished.
4. Compulsive Attempts to Impose Sobriety on Others — This attempt to impose sobriety or individual standards for recovery on others was seldom overt. It was generally private judgements about the drinking of friends and spouses and the quality of the sobriety programs of fellow recovering alcoholics. When dealing with issues of sobriety, the patient began to focus more on what other persons were doing rather than on what he himself was doing.
5. Defensiveness — The patient reported a noticeable increase in his defensiveness when talking about his problems or recovery programs.
6. Compulsive Behavior — Behavior patterns became rigid and repetitive. The alcoholic tended to control conversational involvement either through monopoly or silence. The tendency toward overwork and compulsive involvement in activities began to appear. Nonstructured involvement with people was avoided.
7. Impulsive Behavior — Patterns of compulsive behaviors began to be interrupted by impulsive reactions. In many cases the impulse was an overreaction to acute episodes of stress. There were also reports of impulsive activities being the culmination of a chronic stress situation. Many times these overreactions to stress formed the basis of decisions which affected major life areas and commitments to ongoing treatment.
8. Tendencies Toward Loneliness — Patterns of isolation and avoidance increased. There were generally valid reasons and excuses for this isolation. Patients reported short episodes of intense loneliness at increasing intervals. These episodes were generally dealt with by reactivating compulsive or impulsive behavior patterns rather than by pursuing responsible involvement with other persons.
9. Tunnel Vision — Patients tended to view their life in isolated fragments. They would focus exclusively on one area, pre-occupy themselves with it, and avoid looking at other areas. Sometimes pre-occupation was with the positive aspects thus creating a delusion of security and well-being. Others pre-occupied themselves with the negative aspects thus assuming a victim position which confirmed their belief they were helpless and being treated unfairly.
10. Minor Depression — Symptoms of depression began to appear and persist. Listlessness, flat acceptance, and oversleeping became common.
11. Loss of Constructive Planning — The patient's skills at life planning began to diminish. Attention to detail subsided. Wishful thinking began to replace realistic planning.
12. Plans Begin to Fail — Due to lack of attention to detail, or the pursuit of unrealistic objectives, the plans began to fail.
13. Idle Daydreaming and Wishful Thinking — The ability to concentrate diminished and concentration was replaced with fantasy. The "If Only Syndrome" became more common in conversation. The fantasies were generally of escape or of "being rescued from it all" by some unlikely set of circumstances.
14. Feelings That Nothing Can be Solved — A failure pattern in sobriety was developed. In some cases the failure was real in terms of objective realities, in other cases it was imagined and based upon intangibles. The generalized perception of "I've tried my best and it isn't working out," began to develop.
15. Immature Wish to be Happy — Conversational content and thought patterns became vague and generalized. The desire to "be happy" or "have things work out" became more common without ever defining what was necessary to be happy or have things work out.
16. Periods of Confusion — The episodes of confusion increased in terms of frequency, duration and severity of behavioral impairment.
17. Irritation with Friends — Social involvements including friends and intimate relationships, as well as treatment relationships formed with therapists and AA members, became strained and conflictual. The conflictual nature increased as confrontation of the alcoholic's progressively degenerating behavior increased.
18. Easily Angered — Episodes of anger, frustration, resentment and irritability increased. Overreaction became more frequent. Often the fear

29. Self Pity — The patient became indulgent in self pity. This is often called the PLOM (Poor Little Old Me) Syndrome. This self pity often was used as an attention getting device at AA and with family members.
30. Thoughts of Social Drinking — The patient realized that drinking could normalize many of the feelings and emotions he was experiencing. The hope that perhaps he could again drink in a controlled fashion began to emerge. Sometimes the thought was challenged and put out of conscious thought, other times it was entertained. Again, with hindsight, the patient realized he had few other alternatives but drinking. He felt he was facing a choice between insanity, suicide or a return to drinking.
31. Conscious Lying — Denial and rationalization became such extreme processes that even the alcoholic began to recognize the lies and deceptions. In spite of this recognition, he felt unable to interrupt the pattern.
32. Complete Loss of Self Confidence — The patient felt he couldn't get out of this trap no matter how hard he tried. He became overwhelmed by his inability to think clearly or initiate action.
33. Unreasonable Resentments — The Patient felt severe anger with the world in general and his inability to function. This anger was sometimes generalized; at other times focused at particular scapegoats; at other times turned against himself.
34. Discontinues All Treatment — Attendance at AA stops completely. Patients who were taking Antabuse report episodes of forgetting to take it or manipulations to avoid taking it regularly. When a helping person relationship was part of the treatment, strain and eventual termination of that relationship resulted. Patients dropped out of professional treatment in spite of a realization that they were acting irrationally and needed help.
35. Overwhelming Loneliness, Frustration, Anger and Tension — The patient reported feeling totally overwhelmed and feeling there were no available options except returning to drinking, suicide or insanity. The fear of insanity was intense. There was also intense feelings of helplessness and desperation. Often drinking was an impulsive behaviour with little or no conscious preplanning.
36. Start Controlled Drinking — The efforts at control took two general patterns: the effort to control quantities while drinking on a regular basis, and the effort to engage in one short-term and low consequence binge.
37. Loss of Control — The ability to control was lost, sometimes very quickly, sometimes after varying patterns of "controlled drinking." The patient, however, quickly returned to alcoholic drinking which was marked by symptoms as severe or more severe than were present during his last episode of active alcoholism.

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of extreme overreaction to the point of violence seriously increased the level of stress and anxiety.

19. Irregular Eating Habits — The patient began overeating or undereating. The regular structure of meals was disrupted. Well-balanced meals were often replaced by less nourishing "junk foods."
20. Listlessness — Extended periods of inability to initiate action developed. These were marked by inability to concentrate, anxiety, and severe feelings of apprehension. Patients often reported this as a feeling of being trapped or of having no way out.
21. Irregular Sleeping Habits — Episodes of insomnia were reported. Nights of restlessness and fitful sleeping were reported. Episodes of sleeping marathons of 12-20 hours were reported at intervals varying between 6 and 15 days. These sleeping marathons apparently resulted from exhaustion.
22. Progressive Loss of Daily Structure — Daily routines became haphazard. Regular hours of retiring and rising disappeared. Inability to sleep resulted in oversleeping. Meal structures disappeared. Complaints of inability to keep appointments became more common, and social planning decreased. Patients reported feeling rushed and overburdened at times and then faced large blocks of idle time in which they didn't know what to do. An inability to follow through on plans and decisions was also reported. The patients reported they knew what they should do, but were unable to overcome strong feelings of tension, frustration, fear or anxiety that prevented them from following through.
23. Periods of Deep Depression — Depression became more severe, more frequent, more disruptive and longer in duration. These periods generally occurred during non-structured time periods and were amplified by fatigue and hunger. During these periods the patient tended toward isolation and reacted to human contact with irritability and anger while at the same time complaining that nobody cared.
24. Irregular Attendance at Treatment Meetings — Attendance at AA became sporadic. Therapy appointments were scheduled and then missed. Attendance at treatment groups and home AA meetings became sporadic. Rationalization patterns developed to justify this. The effectiveness of AA and treatment was discounted. Treatment lost a priority ranking in the patient value system.
25. Development of an "I don't care" attitude — The patient generally reported this "I don't care" stance masked a feeling of helplessness and extremely poor self image.
26. Open Rejection of Help — The patient cut himself off from viable sources of help. This was sometimes accomplished dramatically through fits of anger or open discounts. Other times it was done through quiet withdrawal.
27. Dissatisfaction with Life — The patient began to think "things are so bad now I might as well get drunk because they can't get any worse." Rationalizations, tunnel vision and wishful thinking began to give way to the harsh reality of how totally unmanageable life had become in the course of this period of abstinance.
28. Feelings of Powerlessness and Helplessness — This was marked by an inability to initiate action. Thought processes were scattered, judgement was distorted, concentration and abstract thinking abilities were impaired.

RELAPSE SYMPTOMS LIST

___ 1. I start doubting my ability to stay sober.
___ 2. I deny my fears.
___ 3. I adamantly convince myself that "I'll never drink/use again".
___ 4. I decide being abstinent is all I need.
___ 5. I try to force sobriety upon others.
___ 6. I become overconfident about my recovery.
___ 7. I avoid talking about my problems and my recovery.
___ 8. I behave compulsively (overwork/underwork, overtalk/withdraw, etc.).
___ 9. I overreact to stressful situations.
___ 10. I start isolating myself.
___ 11. I become preoccupied with one area of my life.
___ 12. I start having minor depressions.
___ 13. I start unrealistic or haphazard planning.
___ 14. I live in the "there and then".
___ 15. I find my life plans beginning to fail.
___ 16. I start idle daydreaming and wishful thinking.
___ 17. I view my problems as unsolvable.
___ 18. I long for happiness but don't know what it is.
___ 19. I avoid having fun.
___ 20. I overanalyze myself.
___ ___. I become irritated with friends/family.
___ 22. I experience periods of confusion.
___ 23. I am easily angered.
___ 24. I begin blaming people, places, things, and conditions for my problems.
___ 25. I begin doubting my disease.
___ 26. I eat irregularly (over/under eating, snacking, etc.)
___ 27 I have listless periods.
___ 28. I sleep irregularly (over/under sleeping).
___ 29. I progressively lose my daily routine.
___ 30. I experience periods of deep depression.
___ 31. I sporadically attend A.A. and Aftercare meetings.
___ 32. I develop an "I don't care" attitude.
___ 33. I hoard money, sex, or power.
___ 34. I openly reject help.
___ 35. I develop aches and pains.
___ 36. I rationalize that drinking/using can't make my life worse than it is now.
___ 37. I feel powerless and helpless.
___ 38. I feel sorry for myself.
___ 39. I have fantasies about social drinking/using.
___ 40. I begin to lie consciously.
___ 41. I increase my use of aspirin/nonprescription medications.
___ 42. I completely lose confidence in myself.
___ 43. I develop unreasonable resentments.
___ 44. I stop attending A.A./Aftercare.
___ 45. I am overwhelmed with loneliness, frustration, anger, and tension.
___ 46. I begin visiting drinking/using "friends" and places.
___ 47. I convince myself I'm cured.
___ 48. I make or experience a major life change.
___ 49. I start drinking/using a chemical that is not my drug/drink of choice.
___ 50. I practice controlled drinking/using.
___ 51. I lose control.