Chronic Relapse:
Helping clients, avoiding burnout

Ken Montrose, MA, CAC
Greenbriar Treatment Center
6200 Brooktree Road, Suite 210
Wexford, PA 15090
(724) 934-8435
kmontrose@greenbriar.net

I. Minimization and Blame [1]

Most people recycle the denial they used about addiction to minimize, justify, or explain why they relapsed. Although clients' reactions to relapse vary widely, they tend to fall into two groups. The first group is "its not so bad group." These folks usually don't see the seriousness of relapse. They use a variety of explanations or relapsing, and/or why relapse is no big deal.

The second group recognizes the serious of relapse, but tends to blame someone else, or argue that relapse is inevitable. The table below shows how the two groups incorporate denial into their justifications for relapse.

Initial form of Denial	*Not that bad*	*Not my fault*
Montrose		
Haves	I still have (a possession, attribute, etc.), which shows you my relapse wasn't that big of a deal.	I have an (illness or problem) which makes staying sober harder for me.
Worsers	I had two beers. My rehab roommate is in jail because of his relapse.	My whole homegroup was high. They led me to relapse, they have more to be ashamed of than I do.
N'yets	I drank a little. I didn't go back to the cocaine, which I think is a good thing.	With all my problems, I'm lucky I didn't do something worse.
Gorski		
Anger	I'm angry with myself, but I'm not going to beat myself up over it.	If you were married to him/her you'd have enough resentments to shoot heroin too.
Stonewalling	I will gladly discuss my slip when you can prove what negative impact it had on anyone, myself included.	My 'so called' friends got me drunk. Talk to them.
Constitutional Right	Alcohol is legal. Marijuana should be legal. The government has no right to tell me what drugs I can't use.	The Commonwealth sold me my drug of choice. Blame them.
Distraction	I'm in the middle of a divorce here.	I'm in the middle of a divorce here.

[1] Much of this material for this training was taken from *Five MISA Groups and Pointers on Running Them*, and *Hauling it to the Curb: Cleaning up your life in early recovery* by Ken Montrose; and from Terence Gorski's *Staying Sober* series.

Initial form of Denial	*Not that bad*	*Not my fault*
Intellectualizing	I'm not sure I can accept your definition of a slip.	I am by definition an alcoholic, and therefore prone to relapse. Its part of the disease.
Minimizing	Its more of a slip than a relapse.	You call it a relapse. I call it being in the wrong place at the wrong time.
Manipulative Compliance	If *you* think it's a big deal, I'll look at what caused my little slip.	If *you* think there are things are my fault, I'll take a look at what happened.

Your job is to 1)help the client see how his or her attitude contributes to relapse, and 2) to provide an appropriate response to each argument. I strongly suggest showing the client this chart and asking him or her what categories he or she fits.

II. Attacking Rationalization

There are several areas you will want to address with your client regarding his or her relapse. Related exercises for your clients are included in the appendix.

A. Do they see chronic relapse as a dangerous pattern of failure?

Many chronic relapsers see relapse as a natural part of recovery. They don't realize how dangerous each relapse can be. You hear them say things like:

- ❏ *Relapse is part of recovery.*
- ❏ *Its not how many times you fall, its how many times you get back up.*
- ❏ *That which doesn't kill me, makes me stronger.*

The problem with these statements is a) they underestimate the attraction and lethality of addiction, and b) they confuse pathfinding with going in circles.

There's nothing about failing at most things that makes people want to fail again. If someone fails at business, she may go broke. It seems unlikely she will become addicted to going broke, becoming a "Chapter 11 junkie." For someone in recovery, alcohol and other drugs represent failure that is compelling. People are attracted to the failure of alcohol, cocaine, heroin, etc., etc. They have cravings that are kept alive with each use of alcohol and other drugs.

Failure can be difficult, but instructive in most aspects of life. Chances are our businesswoman won't die from bankruptcy. She may see where she went wrong and correct her mistakes. On the other hand, chronic relapse can be deadly and little is learned from repeating the same mistakes over and over. Chronic relapse is not positive, and takes no new direction. Someone who smokes crack may put his life and the lives of people around him in jeopardy. Using a needle can put him at jeopardy for HIV. He may not kill anyone, but he can do a lot more damage using drugs than he would failing at some other aspect of his life.

Pathfinding is something positive people do while seeking a goal in life. While pursuing that goal true pathfinders take calculated risks. Opening a new business is a calculated risk. Time, money and effort are put at risk in the hopes of long term gain. What is the long term gain one might expect from the risks taken while snorting cocaine? There is no long term gain that justifies the risk of continued addiction, stroke, heart attack, and other problems associated with cocaine.

Some things that don't kill people make do make them tougher. Chronic relapse, however, weakens people. Nobody ever got stronger repeatedly shooting heroin. That which doesn't kill me immediately, may wear me down eventually.

Relapse is a dangerous path, but not always a direct one. Some people take detours into new addictions, substituting one chemical for another. A classic example is the recovering heroin addict who now plans to "smoke a little weed, and drink a couple of beers on the weekend." He may argue that while he was injecting heroin, he never had a problem with marijuana or alcohol. Why would he? People addicted to one drug are usually so focused on that drug that other pursuits cease to matter. He is most likely to make the new drug his focus, with all the accompanying consequences.

Two areas of particular concern should be medications and the internet. Not taking medications, not taking medications properly, and not taking appropriate medications can all be relapse triggers. Teach recovering addicts steps for taking prescribed medications. These include the following:

1. Don't drink alcohol in any form. Don't use any illegal drugs. Stop taking any medication that isn't prescribed, including over-the-counter medications and other people's prescriptions.

2. Find a doctor familiar with addiction. Avoid Dr. Feelgood, Dr. Gullible, and Dr. Busy.

3. Taper off medications you don't need -- with your doctor's help. Find other ways to deal with symptoms. Make the changes in your life that will cut down on the amount of medication you need.

4. Treat whatever still needs to be treated. There is no shame or slip in taking medications that are medically necessary.

5. Check regularly to see if you are doing everything you can to stay sober and stable on as little medication as possible.

The internet is an infinite source of new addictions. All manners of addictions are available 24/7, including gambling, sex, and shopping. Imagine a poker game at a crack house with an all you can eat buffet served by prostitutes. In the background the Home Shopping Network blares from a home theater system. In addition to gambling, pornography, and shopping, many people become addicted to being on-line, chat rooms, bulletin boards, online games.

There are many facets to the internet's addictive nature. The anonymity of the internet eliminates shame - there is no need to walk into the casino or adult bookstore.

The internet is especially attractive to the addict who enjoys the con, who likes 'the game.' There is an endless community of people to con. Conning people can be part of the game.

Escapism is often at the heart of the internet's appeal. How I present myself is not limited by my appearance. I can be whomever I want. The recipient of my comments is free to project his or her thoughts and feelings onto whatever he or she reads. (While this happens in real life, projection is easier onto the blankness of the computer screen.) Relapse can be start when the internet is used to escape the rigors of early recovery and healing oneself:

B. What cushioned your clients fall and how can you and the client remove it?

Some people never lose their enablers. For example, if the family posted bail again, look for a way to get them to stop. Don't hesitate, in a professional and courteous manner, to say "I told you so" when their loved one gets into trouble again. Ruthlessly seek out enablers and address them as directly as possible. If at all possible, have enablers and addicts sign an agreement similar to the one in Appendix I.

Somebody in a wheelchair can ask that a family function be held somewhere wheelchair accessible. The family can hold the function where everyone can attend or not. If the site of the function is not wheelchair accessible, they aren't justified in complaining when their wheelchair-bound relative does not attend.

Likewise, a recovering person can ask his family not to drink alcohol when he is around. They can decide to abstain from alcohol in his presence or continue drinking. If they decide to drink in his presence, they shouldn't blame him for skipping family functions. The recovering person has the right to ask and the choice to make if his request is denied.

C. What did your client like about relapse?

Many chronic relapsers find recovery so strange that they seek out the familiarity of relapse. They love and hate addiction, but are willing to settle for addiction because it is familiar. Ask clients what they missed about their addiction, other than the alcohol and other drugs. They need to find a way to replace that which they miss.

There are clients who make the rounds of rehabs because that is where they are most comfortable. They enjoy the applause of getting their thirteenth thirty-day chip. They store the chip in a drawer with 25,000 twenty-four hour chips. You will see them at AA and NA being congratulated on having the humility to get a new chip and the honesty to admit they relapsed.

Ask clients what feeling they did <u>not</u> miss while they were high. Some chronic relapsers suffer from undiagnosed mental disorders. Others hate the tension of waiting to relapse. Still others have never developed ways to cope with the ups and downs of everyday life. Part of their relapse prevention plan should be options for dealing with anger, depression, anxiety, loneliness, and other unpleasant feelings.

Look carefully at who came to the client's rescue. If someone your client is strongly attracted to comes to his rescue, then relapse may be a way to maintain a failing relationship. On the other hand, never underestimate the attraction of revenge. Ask yourself, your client, and his or her loved ones who suffered from this relapse?

D. Beware the *tragic shield* defense.
Some clients cite the negative results of their relapses, asking to be left alone. "Don't you think I have suffered enough," they ask. Confront them anyway. Some clients are truly suffering and should *not* be allowed to use the tragic shield. Others aren't suffering much at all because they are used to feeling bad. Still others, most notably folks coping with antisocial personality disorder, may not be suffering at all.

E. What would it take for them to stop and how can you arrange for that something to occur?
Many clients fear something that hasn't happened yet. Your job is to make sure your client knows another relapse will cause whatever she fears to occur. For example, get her husband to put in writing that he will file for divorce if she drinks again. Better yet, have the paperwork completed in advance, just waiting for his signature. Make sure the threat is real, i.e. that her husband will file for divorce.

Some clients aren't aware of how much their addiction costs them. Below is an example of how you might challenge a client's minimization of her substance abuse and how the impact of her addiction. You can tailor the list of "costs" to a particular client's circumstances.

What did the relapse cost you/	This time	So far
Cost of alcohol and other drugs (rough estimate)		
Court costs (include cost of divorces, child custody hearings, etc.)		
Fines		
Car Repair		
Medical Bills:		
Loss of family (what would you spend to have them back?)		
Loss of self-esteem (what would you pay to have self-esteem back?)		
Other Costs		
Other Costs		
Grand Totals		

F. Does your client fear success?
Some folks, either consciously or subconsciously, fear success. Their fears may keep them from recovering. Addressing these fears directly helps prevent relapse. Common fears and concerns include:

- Success might change relationships - I may lose friend.
- The longer I'm clean, the worse I'll feel when I relapse.
- Sober people have no excuse for bad behavior.
- Do I really deserve to feel good?
- Who am I, if not an alcoholic?
- Life without my drug won't be worth living.
- If I stay clean long enough I won't be the focus of attention at home, NA, or the clinic.

III. Planning not to Relapse

A. Contingency Cards

People who leave rehab early often say "I already know what to do, I just need to do it." When they come back to rehab after relapsing we find that some of them did know what do and didn't do it. Others thought they knew, but didn't. Contingency Cards are a way of planning what to do in critical situations. They are a contract and a reminder. They help clients overcome that 'deer in the headlights' state that engulfs many of them when faced with the people, places, and things of their addiction.

Listed below are the instructions given to clients regarding contingency cards. A set of instructions is included in the appendix.

Sometimes circumstances will seem so overwhelming that you may not be able to think your way through a dangerous situation. For example, you have cravings so bad that you think you have no choice except to get high. Your brain may be flooded with images of your favorite chemical and what you imagine it would be like to get high again. A contingency card is used for three reasons:

1) to remind you what usually happens when you get high,
2) to remind you that you have options,
3) to list people you need to reach out to when you are craving.

On the front of a 3X5 card list three reasons you quit using in the first place. Under that list all the options you have when you crave alcohol and other drugs. Finally, in bold letters, write "I will call at least three people listed on the back."

On the back of the card list all the people you can call who understand your need to stay away from alcohol and other drugs. Include hotline numbers such as local crisis lines. If you include family and friends, make sure they understand that you need treatment for your mental illness.

Some clients will keep these 3X5 cards as if they were a talisman. They will hold onto them and use them repeatedly. Others will use them once and then discard them, saying "I told you this wouldn't work." Still others will never use them at all. Using the cards will help the first group, give you insight into the lack of commitment of the second and third groups.

B. Two other 3X5 Cards

Day Planner

On another file card list every hour you will be awake and what you will be doing to stay sober. Be careful about any time where have nothing to do.

Ten Rewards/Catastrophes

On the front of a third card, list ten rewards that you have gotten, or that you hope to get from recovery. On the back of the card list the ten worst things that have happened to you, or that could happen to you because of substance abuse.

C. Autopsy

On a separate sheet of paper list what specific thoughts, feelings, and behaviors that precede the relapse? Start from the moment you picked up the first drink or drug and work backwards.

IV. Enabling: The junkie in angel's clothing

Although some chronic relapsers have little or no insight about their own situations, they may be able to understand abstractly why consequences should follow relapse. Your job as the clinician is help them see that escaping consequences is often a matter of luck, rather than an entitlement; and that any consequences they have suffered are not proof the universe is unjust. In short, you need to show them that anybody or anything that enables them to use alcohol and other drugs does them no favors. You also need to show them that what seems to benefit them in the short run, may hurt someone else now, and them later. Below are discussion questions that can be a launching point for this discussion. Each asks the client to put himself in the therapist's shoes regarding a decision to enable or confront. Your job is to help them see in each circumstance why confronting the problem is better in the long run.

A client has caused two accidents driving under the influence. His house arrest agreement stipulates that if he fails a UDS he will return to jail to complete his two year sentence. He fails a drug screen. He is the father of two and argues that putting him away will do more harm to his family than it will do good for society. What would you do if you were the therapist?

Suppose CYF was involved because he had driven drunk with his kids in the car. He has failed his drug screen, but asks you not to notify CYF. His argument is that the CYF will take his kids out of the home and foster care system is far worse for them than having an alcoholic father would be. Would you notify CYF?

A disabled client starts supplementing his income by selling drugs. Soon he is addicted to Oxycontin. His wife discovers he is in rehab and sues for custody of his children. She is an angry woman, while he is a gentle soul. He fails a drug screen the day before you are to meet with his wife and her attorney. Do you tell the attorney?

A client on a liver transplant list comes to your office smelling like beer. You know that if you inform the transplant center he will likely be taken off the transplant list for a year. After a year he will put on the bottom of the list. He may no live that long. What do you do?

V. Celebrating Small Victories

1. Use Cognitive techniques: Lower your expectations of others. Quit *shoulding* on yourself. Expect to be a little burned-out. Learn to take a complement. Evaluate the decision making process rather than the decision. Be on guard for common cognitive distortions. Have high goals, but celebrate the smallest steps towards those goals.

2. Don't take life so seriously: Before you make faces behind the boss's back, make sure there are no mirrors in the room. Remember that nobody can *prove* you heard the overhead page. Publicly take full credit for successes, even if you were only marginally responsible. Let people see you taking a newspaper into the bathroom. Keep a set of dead batteries for your beeper. Play dumb when you encounter a stupid request -- it forces people to explain the stupid request out loud. Skip meetings whenever possible.

3. Make lifestyle changes. Drink less. Practice sober hedonism. Improve your stamina. Get some exercise. Eat right. Find someone to listen to you. Relax and do something you cannot do and think about work.

4. See the clients' points of view: Appreciate how difficult dual recovery is. See setbacks as a way to get people's attention. Keep as heros those consumers who struggle to overcome disabilities. Accept that not all consumers struggle mightily.

5. Use common sense: Have high goals, but celebrate the smallest steps towards those goals. Spend time effectively, *effectively* being anything that strengthens your relationship with your client. Take your phone off the hook for five minutes. Expect chaos, and work to establish order. Reconnect with long-term successes. Find someone in tune with your negatives: its not whining if you harmonize. Never volunteer for anything, especially if it involves food. ***Leave in the middle of boring presentations, trainings, etc. Otherwise you encourage the speaker to inflict his presentation on another audience.***

Someone else's lack of planning is not necessarily your crisis.

Appendix I

An Agreement . . .

As a recovering alcoholic or other type of addict, you cannot safely use alcohol or other drugs(AAOD) in any form. Because I care about you, I will not ignore signs you are using AAOD, nor will I help you avoid any consequences of your substance abuse.

If you face job loss, fines, jail, homelessness, or any other consequences you do so because of something you did, not something I did. Therefore, I will not lie for you, nor will I pay fines, bail you out of jail, pay your rent or car payments, or do anything else to make it easier for you to keep using AAOD.

Do not mistake my refusal to rescue you for callousness. I have only two choices because of your use of AAOD. I can keep helping you dig your grave by protecting you from yourself. Or I can allow you to feel the full weight of whatever you have done because of AAOD.

As painful as watching you suffer might be, I choose the second option because I hope that when you see nobody will rescue you, you will start saving yourself. When you have shown you are willing to take responsibility for your own recovery, then and only then, will I help you.

Just so we are clear on exactly what I mean I would like you to read and sign the following contract.

1. For me to have any contact with you, I need you to:
   - ☐ complete treatment successfully – not leaving when *you* think you're done. If you leave treatment before the treatment professionals think you are ready, our family will have to make some changes. (Write what you plan to do if your loved one leaves treatment.)

AND, I need you to:

- ☐ never be around me when you have been using AAOD
- ☐ get rid of all paraphernalia, including shot glasses, beer steins, roach clips, etc.
- ☐ get rid of all drugs, including those other than the one you used most
- ☐ let someone else keep all prescribed medications that may be habit forming
- ☐ _____

2. We agree that the following are the most likely signs that you have been using AAOD.

a. physical signs

- ☐ unhealthy changes in sleep
- ☐ unhealthy changes in appetite
- ☐ unhealthy changes in appearance, such as glassy eyes, dilated pupils, skin abscesses and sores
- ☐ _____

b. relationship signs

- ☐ isolation
- ☐ returning to old haunts – going back to the bar or hanging out with drug-using friends
- ☐ secretiveness
- ☐ dishonesty in any form
- ☐ _____

c. psychological signs

- ☐ irritability
- ☐ grandiosity
- ☐ memory loss
- ☐ difficulty concentrating
- ☐ _____

d. financial signs

- ☐ needing to borrow money
- ☐ having money you cannot account for
- ☐ _____

e. other signs

- ☐ _____
- ☐ _____
- ☐ _____

If I see any of these signs I will bring them to your attention. This is not because I don't trust you, but because I understand how powerful the attraction of AAOD can be to someone who has been addicted. I will ask you to:

- ☐ get a urine or blood drug test for AAOD
- ☐ _____
- ☐ _____

If your test is positive for alcohol or other drugs I will:

- ☐ _____
- ☐ _____
- ☐ _____

Your Signature Your loved one's signature

Exercise One: Bottoming Out

The National Institute on Drug Abuse lists four phases of recovery. The first is bottoming out. Bottoming out is part of relapse prevention. There is an old saying "those who don't remember history are doomed to repeat it." Those who don't remember what it was like to hit bottom are very likely to hit bottom again and again.

[2]Below are several statements that describe hitting bottom for people addicted to alcohol and other drugs. Which ones apply to you? Write a sentence or two about how they apply.

__Until now you have lived only for the moment, not facing reality.

__Other people have turned their backs on you because of your substance abuse.

__You are under a lot of pressure to change.

__You are sick and tired of being sick and tired. You cannot stand the hassles.

__You worry a lot, and are not sure where to turn for help.

__You have asked honestly for help

[2] This was adapted from *Recovery Training and Self-help: Relapse Prevention and Aftercare for Drug Addicts*, which was published National Institute on Drug Abuse. They allow people to copy their materials for use in treating substance abuse.

Exercise Two: Stamping Out Ambivalence

NIDA's second phase of recovery is *ambivalence*. Below are several ambivalent statements about recovery. Put a 'p' beside the statements that described you in the past. Put an 'n' beside those that describe you now. Feel free to write a comment about why these statements are true or not true about you.

__You are not sure you want to change your lifestyle, you just don't want to feel so bad anymore.

__You are not sure how to change your lifestyle.

__You would like to become drug-free, but you don't know if you have the strength to do it.

__You don't trust people who say they don't use/abuse alcohol and other drugs.

__There is too much stress in your life.

__Cravings never seem to go away.

__You have to quit now, but you fantasize about going back to alcohol and other drugs in the future.

__Life without chemicals does not seem possible.

__You stopped using alcohol/other drugs, but don't like other recovering people.

__Guilt and shame about the past haunt you.

__You no longer see yourself as an *addict*, *druggie, head*, etc. but you are not comfortable thinking of yourself as clean or *in recovery*.

__Your moods change constantly, early recovery is much harder than you thought it would be.

__You are starting to notice positive changes in your attitude, behavior, and relationships.

Exercise Three: Substance Abuse

Many people relapse because they never become entirely convinced that they had a problem with alcohol and other drugs. Some folks never get clean and sober long enough to step back and see their problem. Other people get some clean time and feel great. They think that they can go back to using chemicals without any problem.

What are the five worst things you did while using alcohol and other drugs, or to get alcohol and other drugs.

1._____

2. _____

3. _____

4. _____

5. _____

Add five near misses, things that almost happened. Be careful to note any time someone rescued you from the consequences of your behavior. (Social drinkers rarely need to have someone post their bail or let them off with a warning.)

1.

2.

3.

4.

5.

There are some people who haven't had many problems because they drink alone at home. They have little opportunity to put themselves in danger. If this is your pattern, describe what your life will be like ten years from now, as your health and mental health fall apart:

List at least three reasons someone with a mental illness should not use any alcohol or other drugs:

List at least five signs that someone abuses substances:

Exercise Four: Commitment

"The man I was will drink again." AA saying explaining why people need to change to stay sober.

How committed are you are to making the effort needed to stay clean, sober, and stable? The following statements were adapted from a handout written by the NIDA. Check any that apply. Add any comments you have about these statements, for example why you have or have not gotten rid of your paraphernalia.

__You have stopped spending time with people you used to use alcohol and other drugs with.

__You have gotten rid of your drug paraphernalia.

__You are working towards at least one concrete goal.

__Alcohol and other drugs are no longer your favorite way to deal with stress.

__Cravings are not seen as just too much to handle.

__There are things you enjoy that have nothing to do with alcohol and other drugs.

__You have met people who are sober that you talk to at least twice a month.

What steps have you taken that show you are serious about recovery this time?

Exercise Five: Obituary

Since you seem determined to continue using alcohol and other drugs, it seems likely you will not live out your natural lifetime. Please be kind to the people left behind and do not burden them with writing your obituary.

_____ died today at the age of _____. Although his Death Certificate listed _____ as the cause of death, she/he really died due to his addiction to _____, and _____. He/she will be missed by _____, _____, _____, and _____ .

His/her passing will not be grieved by _____. Nor will _____ miss him/her.

Had she/he gotten clean and sober, he/she might have _____. Instead, he/she will be laid out at the _____ Funeral Home in _____. Viewing is from ___ to _____. The body will be _____.

The world is scheduled to continue revolving and rotating as before.

Just for the sake of fantasy, please complete the above exercise assuming you got clean and sober, and stayed that way.

_____ died today at the age of _____. He/she will be missed by _____, _____, _____, and _____ . Because she/he clean and sober, his/her accomplishments include: _____, _____, and _____.

She/he will be laid out at the _____ Funeral Home in _____. Viewing is from ___ to _____. The body will be _____.

Record any thoughts you had about doing this exercise:

Exercise Six: People, Places, & Things

Living without any reminders of substance abuse is impossible. The trick is to eliminate as many reminders as you can, deal with the ones you can't eliminate, and find something to fill the void. The chart below will help you think about what you need to work on.

People, Places, & Things You Can Avoid or Eliminate	People, Places, and Things You May Have to Deal With	People, Places, & Things of Your Recovery
Examples: *Crack House, Bar, Dealer's Apartment*	*Beer Advertising, Cotton Balls,*	*AA Meeting*

Exercise Seven: Changing Self-Defeating Behaviors

People in recovery often struggle with self-defeating behaviors.[3] Your job is to identify which of these behaviors you exhibit, and write a brief description of how you could deal with these behaviors without using alcohol and other drugs.

Being slowed down or paralyzed by fears:

- ❑ Fear of failure
- ❑ Fear of commitment
- ❑ Fear of rejection
- ❑ Fear of success
- ❑ Fear of taking a test
- ❑ Fear of groups
- ❑ Fear of death
- ❑ Fear of expressing deep feelings
- ❑ Fear of stating ones point of view
- ❑ Fear of the unknown
- ❑ Fear of hurting others
- ❑ Fear of being oneself
- ❑ Fear of intimacy

Relating to others in a way that hinders connecting with people who might help

- ❑ Racial & other prejudices
- ❑ Defensiveness
- ❑ Folding up under pressure
- ❑ Unrealistic mistrust
- ❑ Lying
- ❑ Social prejudice
- ❑ Inability to say "no"
- ❑ People pleasing
- ❑ Unrealistic fear/paranoid behavior
- ❑ Unrealistic expectations of others
- ❑ Withdrawal
- ❑ Dependency
- ❑ Authority problems
- ❑ Losing temper

Not dealing with symptoms of depression and/or other underlying mental illnesses:

- ❑ Excessive guilt
- ❑ Excessive worry
- ❑ Difficulty making decisions
- ❑ Psychosomatic illness
- ❑ Perfectionism
- ❑ Lack of motivation
- ❑ Inability to concentrate
- ❑ Disorganization
- ❑ Excessive daydreaming
- ❑ Procrastination
- ❑ Compulsive behavior
- ❑ Feelings of meaninglessness
- ❑ Forgetfulness
- ❑ Extreme nervousness

[3] Adapted from Spoolman (2003) at http://spoolman.com/sdaeop4/selfdefeatingbehavior.html