

# The relapse clock

**Philip Waine** describes a user-friendly visual aid to help clients in recovery understand the relapse-recovery cycle

**R**elapsing into substance abuse and problematic behaviour after a period of abstinence or recovery is common, with many clients returning to using within months of leaving rehabilitation. Relapsing can be frustrating and discouraging for individuals who are aware of the destructiveness of their addiction and who want to live life differently. Witnessing this in many clients in my work as a psychotherapist specialising in addictions has convinced me of the importance of empowering clients in their own recovery and helping them safeguard against relapse.

As well as working in private practice, I volunteer at a local rehabilitation centre where I lead sessions for clients on understanding and developing relapse prevention plans. Recently I worked with a group of clients from the centre to design a user-friendly visual aid to track the risk of relapse, in the form of a 'relapse clock'. It was aimed at helping them explore the patterns of their addictions, and to give them a way to explain simply where they were at any given moment, where they wanted to be, and the life journey on which they were about to embark.

I began with a flip chart and we proceeded to map out what would later become the relapse clock. The group was made up of eight clients taking part in a 12-week residential treatment programme for substance or alcohol abuse. Five clients successfully completed the programme, with three leaving midway.

This article describes the experience of using the clock with the group in relapse awareness sessions over a period of two months, to help clients learn about and understand their personal cycles of relapse of substance or alcohol misuse, including the triggers and the ongoing journey and process of recovering. One client, Michele, kept journal notes as we worked with the clock over several weeks, and she has given

permission for me to share her reflections here about the development of the clock and its implementation to treatment.

The theoretical foundation of the clock was in part based on the cycle of change model developed by James Prochaska and Carlo DiClemente in the 1980s.<sup>1</sup> Their model sees behaviour change as a process involving several stages, such as pre-contemplation, contemplation and planning, each with its own unique challenges and opportunities. Different points of the clock were used to represent the change stages, offering clients a simple way to communicate where they thought they were at any given moment, and also to see how the stages relate to each other.

## Using the clock

### 1. Relapse - 12 o'clock

The starting point for the clock is relapse, represented by the number 12 at the top. After this, at one o'clock, comes a time of guilt and shame. As Michele noted: 'It's a time of waking up, a crucial point to ask for help, as at this point we are in the danger zone of denial, the fear of asking for help, feeling complete despair and isolating ourselves from everything.'

### 2. Getting help - 2 to 3 o'clock

After the guilt and shame of one o'clock, if clients don't relapse at this point they reach two o'clock and the need to ask for help. If this goes well they can continue to three o'clock - a crucial yet challenging time for seeking the right support. Michele noted: 'The time between two and three o'clock can determine our chances of recovery. If we can get to three o'clock we can start recovery with

a support network, family rehabilitation, therapy and the 12-step programme.'

The hour between two and three o'clock represents a tough journey, and that can take time as it often involves returns to 12 o'clock and relapsing. As clients tend to move back and forwards through various stages of the recovery rather than following a linear path, this is represented by the dual directional arrows on the clock.

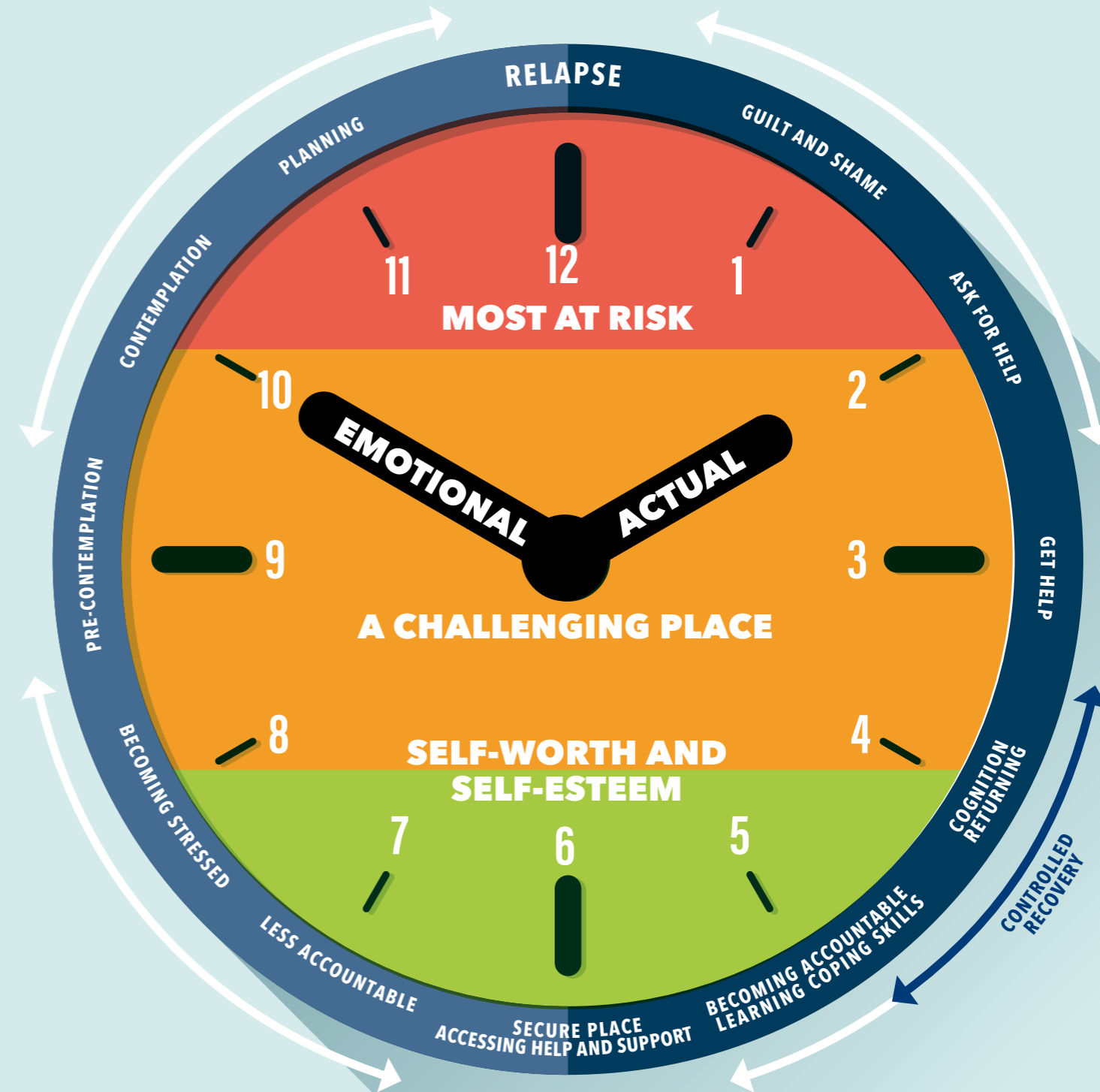
### 3. Controlled recovery - 3 to 5 o'clock

Although the next stage at three to five o'clock was initially labelled the rehabilitation phase, feedback from clients was that the label didn't account for all the other methods of recovery (other than using a rehabilitation service) that may be called on during these times. These hours were then labelled 'controlled recovery' with arrows added to indicate that from here clients can move forward and back.

If clients enter a residential rehabilitation service at this stage, for some it can feel like a new world where for the first time they feel safe, with the chaos of living in addiction behind them. For all clients it is a time of extreme emotional vulnerability - Michele noted: 'At three o'clock our core beliefs can really impact decisions at this time. Am I good enough? Am I worth it? Feeling that others are talking down to us can ruin our self-belief and self-worth, affecting our recovery. It can take until four o'clock to regain cognition, start to make good decisions and begin to use new coping skills to maintain recovery.'

As well as a time when clients start to regain mental clarity and resilience, four o'clock is often when we see changes in clients' physical appearances, attitudes and behaviour.

**'Relapsing can be frustrating for individuals who are aware of the destructiveness of their addiction and who want to live life differently'**



At five o'clock clients report accepting the importance of being accountable, learning more coping skills, understanding some of the roots of their substance/alcohol abuse and, crucially, preparing to return home. Some of the group may need to extend their time in the rehabilitation programme at this stage by moving on to another, 'stage two' service.

### 4. Transition - 6 o'clock

Six o'clock represents the transition from the controlled world of rehab to the

independence of 'outside'. The group agreed that successfully transitioning to six o'clock is only possible with outside support from family, friends, groups and key workers. Michele noted: 'To stay at the good point and to maintain it can be an amazing transition time. Planning is essential to regain control and stop the relapse clock. It's what we have to do and focus on during this crucial time.'

The ideal outcome is for clients to stay at six o'clock and consolidate their recovery.

### 5. Destabilisation - 7 to 9 o'clock

As a group we discussed the influences that would cause clients at six o'clock to become less stable or able to cope, entering into a 'danger zone' from seven to nine o'clock, heading back to relapse at 12. Michele noted: 'The stresses and strains of life, work and family will move us further round to seven o'clock, where we begin to become less accountable and are starting to deny the impact of life, wanting to appear as though all is well. This then makes seven to nine o'clock

an extremely vulnerable place, where we might question if it was all worth it. Changes can feel pointless and hopeless, and subconsciously we are giving up.'

### 6. Pre-contemplation to planning - 9 to 11 o'clock

At nine, 10 and 11 o'clock clients are moving from pre-contemplation (to relapse), to contemplation and then to planning (to use), which can sometimes happen so fast it can feel like an out of control rollercoaster. Michele noted: 'At nine o'clock there can often also be denial about what stage we're entering as we are still desperately thinking things will be OK. We may then become aware things are not right, and have a heightened awareness of despair, of thinking, why is this so hard? If we then hit the self-destruct button, moving onto 10 o'clock, before we realise it we are back at 12 o'clock.'

This isn't the case for every client of course - some may reach 11 o'clock (planning to relapse) but then move back to a safer place at six o'clock. Others, however, may move quickly to 11 o'clock after just a short time at one or two o'clock.

### Zones

#### ● Red

As we discussed the clock in the group over the weeks we became aware that the times 10 to 12 o'clock and 12 to two o'clock are 'danger zones', and so they became a red zone across the clock. Some of the group recalled that in the height of addiction they were always in the red zone, swinging between relapse (12 o'clock), seeking help (two o'clock) and straight back to planning the next fix (11 o'clock).

#### ● Amber

Likewise, the periods between eight and 10 o'clock and two and four o'clock could also be a vulnerable place to be. The group acknowledged that, similar to the red zone, the process of seeking help at two o'clock could be

destabilising, as could the process of entering rehabilitation or another recovery programme at four o'clock. As similar stresses often materialised at eight to 10 o'clock, we labelled this section of the clock the amber zone.

#### ● Green

The group identified the times from four to six o'clock and six to eight o'clock as the safest places to be, so this became the green zone.

### Hands

During our group discussions one client remarked that although they were in rehab (three to five o'clock), a relatively secure and safe place, she still felt that she wanted to relapse. We therefore decided to add the minute and hour hands so clients could communicate this conflict. We labelled the minute hand 'emotional', which clients could point to the section that best communicated how they were currently feeling, and the hour hand 'actual', which could be pointed to the stage they were at.

Michele noted in her journal at this session: 'The hands of the relapse clock can go in either direction - it is a clock of many emotions and feelings. The emotions are stronger to manage and we have to be aware of the internal emotional and external awareness in recovery. The two should be in line together. We don't move like a normal clock - we change daily, depending on emotions and needs, whether we're asking for help and learning some coping and managing skills. Our physical and emotional needs can affect our progress and be overwhelming. We then begin to ask ourselves several questions - are we ready to be sober, do we have the purpose to live and exist, are we wondering if life is worth it? Being validated in life, being wanted and not judged - is there a point of no return of being at relapse?'

### What time is it?

After the course of sessions with the group ended Michele shared her overall reflections:

'I have found the relapse clock helpful as it has enabled a way to express how addiction feels, as sometimes it is hard to put into words. I particularly related to the clock hands showing where we are emotionally. It has helped me understand at what stages we need more support and at what times we are most likely to relapse without a good, clear plan in place - I realise that remaining in the amber to green zone is vital for my recovery. We need a mindset, focus and reason to stay in recovery while we are learning to deal with emotions. Sober is a journey that involves getting back a sense of independence from addiction. If you look at the face of the relapse clock, the hours are a crucial part of recovery. With the right help and support, encouraging a feeling of self-worth, it is a powerful 12 hours that can change our lives, prevent relapse and keep us in a good place to live in the green zone.'

The relapse clock gives clients a visual reference, enabling them and those supporting them to understand at what stage they are. Although I designed this to use with groups it could also be used in individual therapy or as a self-help tool. Simply asking clients the question, 'What time is it for you?' allows the communication of two important pieces of information - where they think they are and how they are feeling. ■

• A free template of the relapse clock is available to download at [www.relapseclock.com](http://www.relapseclock.com)

### REFERENCE

1. Prochaska JO, DiClemente CC, Norcross JC. In search of how people change: applications to addictive behaviors. *American Psychologist* 1992; 47(9): 1102-1114.



About the author

**Philip Wayne MBACP (Accred)** was inspired to train as a psychotherapist after helping a local couple struggling with addiction. He qualified in 2008 after obtaining an undergraduate and master's in counselling and now works in private practice and pro bono at a local rehabilitation centre.

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