



SPRINGBOARD
RECOVERY

ALCOHOL ADDICTION

The Disease, The Treatment, The Recovery

ALCOHOL ADDICTION: THE DISEASE, THE TREATMENT, THE RECOVERY

What You'll Learn

- Understand Alcohol Addiction
 - Signs & Symptoms
 - Its Dangers & Effects
- Understand How Alcohol Addiction Treatment Works
 - Types of treatment programs
 - Types of therapies
 - How to pay for treatment
- Understand How to Stay Sober & Alcohol-free
 - *and much more...*

Requirements

- None

Description

Our free alcohol addiction course is an intermediate learning program consisting of 9 easy-to-understand modules covering the main aspects of alcohol addiction (*alcohol use disorder*), with each module featuring accurate information (reviewed by medical doctors), and resources available for you to use right now.

Who is Our Free Course For?

- Anyone who is concerned about their own alcohol consumption or the alcohol consumption of a loved one;
- Anyone who acknowledges their own alcohol misuse / abuse issues or those of a loved one; and
- Anyone with a clinical diagnosis of alcohol use disorder, including loved ones

Cover Page: Photo by [Charles "Duck" Unitas](#).

Content contained within this course is derived from original SpringBoard Recovery content (available at [SpringBoardRecovery.com](#)) or from external sources, so annotated and listed at the end of each module.

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MODULE 1:

“AM I AN ALCOHOLIC?”: SIGNS & SYMPTOMS

“*Am I an alcoholic?*” is a question frequently asked by those who drink alcohol. Even though alcohol is a legal substance for purchase and use by anyone over the age of 21 in most U.S. states, it is also an addictive substance, and its continued misuse or abuse can lead to the development of an alcohol addiction, now medically termed as *alcohol use disorder* (AUD).

1. What is Alcohol Use Disorder?

Alcohol use disorder (AUD) can be briefly defined as “*a chronic, relapsing brain disorder.*” Additionally, it is further [defined by the National Institute on Alcohol Abuse & Addiction](#) (NIAAA) as:

“A medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, alcohol addiction, and the colloquial term, alcoholism. Considered a brain disorder, AUD can be mild, moderate, or severe. Lasting changes in the brain caused by alcohol misuse perpetuate AUD and make individuals vulnerable to relapse.”

ALCOHOL RELATED DEATHS



About **95,000** people die from alcohol-related causes annually

68,000
Men

27,000
Women

Death by alcohol-related causes is the third leading cause of preventable death in the U.S., and every year, alcohol-related causes (such as the long-term damage to physical health caused by alcohol, AUD, and motor vehicle accidents) [result in the deaths of around 95,000 people](#), more than the number of those who die each year due to the U.S. opioid epidemic.

The Risks of Developing Alcohol Use Disorder

The development of AUD depends on a number of specific factors:

- **Alcohol Consumption:** The risk of AUD depends, in part, on how much, how often, and how quickly you consume alcohol. Over time, alcohol misuse, which includes binge drinking and heavy alcohol use, will significantly increase the risk of AUD.
- **History of Consumption:** Studies have shown people aged 26 years and over who began drinking alcohol before the age of 15 were [more than 5x as likely to develop AUD](#), as those who waited until age 21 or later to begin drinking. The risk for females in this age group is higher than males.
- **Genetics / Family History of Alcohol Misuse:** Genetics do play a role in AUD risk, estimated to be [around 60% of someone's overall risk](#). Parents' drinking patterns can also influence the chance that their child(ren) will one day develop AUD.
- **Mental Health Disorders & Trauma:** AUD is often diagnosed with people also suffering with a mental health disorder, eg. depression, social anxiety, and post-traumatic stress disorder (PTSD). Those with a history of childhood trauma are also at increased risk of AUD.

AUD in the United States: Statistics

- Every year in the U.S., [more than 95,000 people](#) (approximately 68,000 men and 27,000 women) die from alcohol-related causes
- It is the [third leading preventable cause of death](#) in our country
- Alcohol misuse costs the U.S. [around \\$250 billion](#) every year
- In 2019, [approximately 14.1 million people](#) had AUD
- According to a 2017 study, [more than 10% of U.S. children live with a parent who has AUD](#)



2. Physical & Mental Health Symptoms of Alcohol Abuse

The continued misuse and abuse of alcohol will certainly take its toll on both your physical health and your mental wellbeing. Here are the main negative health effects you can expect to experience and see:

Physical Health: Signs & Symptoms	Mental Health: Signs & Symptoms
Regularly increasing alcohol intake	Anxiety
Increased injuries from accidents and falls	Irritability, restlessness or agitation
Poor hygiene	Abrupt mood changes
Breath smelling of alcohol	Irrational behavior
Changes in weight	
Reduction in appetite	
Frequently showing signs of alcohol intoxication, including:	
<ul style="list-style-type: none"> • Slurred speech • Lack of coordination • Difficulty concentrating • Minor memory loss (known as “brownouts”) • Poor decision-making / Risky behavior • Blackouts (being conscious but later having no memory of events) 	
Spending more time being hungover and recovering from drinking alcohol	
Frequently showing signs of mild alcohol withdrawal, including:	
<ul style="list-style-type: none"> • Sweating • Tremors, eg. shaky hands • Nausea • Headaches 	



3. Social & Appearance Signs of Alcohol Abuse

Over time, the misuse and abuse of alcohol, such as regular episodes of either binge drinking or heavy drinking, is a difficult thing to hide, particularly from loved ones, family members and friends. Alcohol abuse not only takes its toll on your physical wellbeing - it affects your mental health, the way you appear to others, and how you engage with others.

Social signs of alcohol abuse can include:

- Being secretive about the level of alcohol consumption
- Being in denial about how bad the alcohol abuse is
- Wanting to stop drinking, but consistently failing to do so
- Abnormal risky behavior, such as DUI
- Diverting energy away from normal activities in order to drink
- Relationship problems
- Work-based / legal / financial issues

Outwardly, if someone is regularly abusing alcohol, as hard as they may attempt to hide it, their appearance can often give them away, through, for example, poor hygiene, alcohol on the breath, an unkempt appearance, and bloodshot eyes.

4. "Am I an Alcoholic?": Self-Quiz

The medical criteria for AUD can be found in "[The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition](#)," and consists of 11 specific signs. AUD is diagnosed when someone experiences 2 or more signs in the past year. Answer the following questions honestly to see if you have an alcohol misuse issue:

1. *Do you drink more alcohol or drink for longer than intended?*
2. *Do you want to stop drinking, but fail when you attempt to do so?*
3. *Do you avoid social activities you previously enjoyed in preference to drinking?*
4. *Do you drink alcohol in risky situations, eg. before driving?*
5. *Do you devote more time and resources to drinking than before?*
6. *Do you have an increased tolerance for drinking, eg. do you need more alcohol than previously to feel the same way?*
7. *Do you crave alcohol when you're not drinking?*
8. *Do you experience withdrawal symptoms, eg. cravings, sweating, tremors, nausea, when you're not drinking?*
9. *Do you need to have a drink to feel better?*
10. *Are you experiencing problems at home or at school or work because of your drinking?*
11. *Do you continue to drink despite social, health, relationship, and personal problems?*



References:

- ¹ National Institute on Alcohol Abuse & Addiction (NIAAA). *Understanding Alcohol Use Disorder*. April, 2021. Available at [NIAAA.NIH.gov](https://www.niaaa.nih.gov).
- ² American Psychiatric Association (APA). *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. 2013. Available at [Books.Google.com](https://books.google.com).

MODULE 2:

What are the Dangers of Alcohol Addiction?

Apart from alcohol use disorder (AUD), if someone engages in excessive alcohol consumption, e.g. from either binge drinking or heavy drinking or both, there is a significantly increased likelihood of a wide range of specific dangers for the individual, including the development of other chronic diseases, accidental injury or death, an increased risk of violence, medical conditions specific to pregnant women, divorce and family breakups, and unemployment.

1. Binge Drinking & Heavy Drinking Explained

- **Binge Drinking:** Defined as alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or more, binge drinking normally corresponds to 5 or more drinks in one episode for men, or 4 or more drinks in one episode for women, generally within the space of 2 hours.
- **Heavy Drinking:** For men, heavy drinking is defined as consuming 15 drinks or more per week, and for women, heavy drinking is defined as consuming 8 drinks or more per week.

In addition to these, the NIAAA have recently introduced [a new category of alcohol misuse](#):

- **High-Intensity Drinking:** This new category of alcohol misuse is defined as *“consuming alcohol at levels that are 2 or more times the gender-specific binge drinking thresholds.”* To put this in a more practical way, using men as an example, high-intensity drinking would equate to 4 drinks, as opposed to the [Dietary Guidelines for Americans](#)² guide of just 2). Here’s why:
 - People who engage in high-intensity drinking were 70 times more likely to have an alcohol-related emergency / ED visit, increasing to 93 times more likely if 3 times the gender-specific limit were consumed.

2. What are the Potential Health Dangers of Alcohol Abuse?

Even in the short-term, alcohol abuse can still have a damaging impact on both your physical and mental health, increasing the risk of many harmful medical conditions. Oftentimes caused by binge drinking, these can include:

- Physical injury, e. automobile accidents, falls, burns, and drownings
- Violence, such as homicide, suicide, sexual assault, eg. rape, and intimate partner violence
- Alcohol poisoning - an exceptionally high level of blood alcohol concentration (BAC), resulting in a medical emergency



- Risky sexual behavior, eg. unprotected sex or sex with multiple partners, possibly resulting in unintended pregnancy or sexually transmitted diseases (STDs), including HIV
- Among pregnant women, the danger of miscarriage and stillbirth or [fetal alcohol spectrum disorder](#)³ (FASD), resulting in physical problems and issues with behavior and learning for the child

In the long-term, if the high level of alcohol consumption continues, this can lead to the development of chronic diseases and other serious health problems, which can include:

- High blood pressure
- Heart disease
- Stroke
- Alcohol use disorder (AUD)
- Alcohol-related liver disease (ARLD), such as:
 - Fatty liver
 - Alcoholic hepatitis, and
 - Cirrhosis of the liver
- Digestive problems
- Weakened immune system, increasing the chances of infection
- Cancer: breast, mouth, larynx, throat, esophagus, liver, and colon
- Learning and memory problems
- Dementia
- Mental health disorders, including depression and anxiety
- Social problems, including family and relationship issues, unemployment, and legal issues

3. What is the Social Cost of Alcohol Abuse?

The social costs that can be suffered by someone with alcohol abuse issues or diagnosed AUD cover many aspects of their interactions in daily life - from the most important, their family (predominantly, their spouses and partners, and their children), to their friends and their social circle, and even those within their community. Furthermore, in the case of a DUI, for example, it can even mean the loss of liberty.

Family Relationships

- **Spouses & Partners:** The vast majority of spouses and partners are the very first to notice if their loved one is struggling with their alcohol misuse - unless, of course, they are moderate drinkers themselves, or more, too. In fact, it's common for couples to drink together - a study by the University of Buffalo's [Clinical and Research Institute on Addiction](#)⁴ found that this is the case in around half of all couples.



However, if only one of the couple is drinking heavily, problems invariably arise more frequently. If left alone, the marriage or partnership can be severely affected; for example, by:

- Unhappiness in the relationship
- Worsening existing stressors, eg. financial issues or childcare responsibilities
- Infidelity
- Emotional or psychological abuse
- Domestic violence / intimate partner violence
- Separation
- Divorce

According to a [2014 University of Michigan study](#),⁵ researchers found that nearly half (or 50%) of their 17,000-person study group with a history of AUD got divorced at some point in their lives, whereas only 30% of those not affected by alcohol abuse got a divorce.

- **Children:** Sadly, children are not spared this severe emotional distress. According to a 2017 study, [more than 10% of U.S. children live with a parent who has AUD](#).⁷ Additionally, many research studies have found that the children of those with AUD, known as “*Adult Children of Alcoholics*” (ACOC), can be negatively impacted by a parent’s alcohol abuse in many fundamental ways as they grow and progress through their own lives.

Common problems for these “adult children” can include:

- Loneliness
- Depression
- Anxiety
- Lack of self-esteem
- Issues sustaining intimate or personal relationships
- Increased risk of alcohol abuse / AUD, or other substance use disorder (SUD)
- Post-traumatic stress disorder (PTSD)

Friendships

The reaction of a person’s friends, whether close or otherwise, is usually dependent upon the specific friend’s view of “alcoholics,” meaning it can vary from either fully and 100% supportive right through to a shaming and stigmatized viewpoint, where the issue is viewed as a “fault” of the person, eg. because of “a lack of willpower” - regardless of how inaccurate such a statement is. An example of this would be that once good friends will now view the person differently, such as untrustworthy or in another negative way.

Legal Issues

People with AUD are at more risk of legal issues because of their inability to control their behavior while intoxicated. A prime example of this is the criminal charge of drunk driving, either driving under the influence - DUI, or driving while intoxicated or impaired - DWI. These charges can obviously be worsened by both injuries to others or actual fatalities.

4. What is the Financial Cost of Alcohol Abuse?

The financial costs of abusing alcohol are not limited in any way by the actual cost of the alcohol consumed, as alcohol abuse can lead to:

- Loss of Employment
- Loss of Family Home
- Divorce Courts / Child Custody
- Other Legal Issues

Video:

[Surviving Addiction with SpringBoard Recovery](#)

SpringBoard Recovery FB Live Event with news anchor Brandon Lee from the local CBS station.

References:

¹ National Institute on Alcohol Abuse & Addiction (NIAAA). *Understanding Alcohol Use Disorder*. April, 2021. Available at NIAAA.NIH.gov.

² U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS). *Dietary Guidelines for Americans, 2020-2025: Dietary Guidelines for Americans (DGA)*. April, 2021. Available at DietaryGuidelines.gov/.

³ Centers for Disease Control & Prevention (CDC). *Fetal Alcohol Spectrum Disorders*. 2021. Available at CDC.gov.

⁴ Clinical and Research Institute on Addiction, University of Buffalo. *RIA Reaching Others: Does Drinking Affect Marriage?* October, 2014. Available at Buffalo.edu/.

⁵ Journal of Studies on Alcohol & Drugs. *DSM-IV Alcohol Dependence and Marital Dissolution: Evidence From the National Epidemiologic Survey on Alcohol and Related Conditions*. May, 2014. Available at JSAD.com/.

⁶ Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse & Mental Health Services Administration (SAMHSA). *Children Living with Parents Who Have a Substance Use Disorder*. August, 2017. Available at SAMHSA.gov/.

MODULE 3:

“I Need Alcohol Addiction Treatment - What are My Options?”

The most critical point for an individual in the treatment process of alcohol use disorder (AUD) is the final acceptance of their desperate need for help. For many people, to actually come this point will have involved a drastic life-changing experience, eg. the loss of the home, job loss, divorce, a serious medical emergency, and so on.

This moment is often described as reaching “rock-bottom,” the realization that life will only get any worse, and likely end in death, if nothing is done.

For others, it can be something more minor, a kind of “last straw” scenario, where the realization process is far more gradual. If you are in the position where you want to end your cycle of alcohol abuse, your first port of call is to tell your family and friends that you need alcohol addiction treatment, as they will hopefully wish to help you.

1. Primary Care Doctor: The Consultation

Prior to contacting any alcohol rehabs or other addiction services, an alcoholic or problem drinker wanting treatment should visit their family physician - their primary source of care. It is crucial that the individual answers all of the doctor's questions openly and honestly. It's advisable to take a family member or a friend to this consultation.

The doctor will ask questions relating to alcohol drinking habits, perform a physical exam, and complete a psychological evaluation. The doctor may also request particular lab tests if it is believed the drinking is responsible for organ damage or other medical conditions.

They may recommend sources of addiction treatment, and the most appropriate types of treatment; for example, inpatient or outpatient. Lastly, it is likely the individual will be referred to a mental health professional for a further consultation.

2. What is an Inpatient / Residential Program (IP)?

An inpatient or residential program (IP), also called a rehab, is recommended for those with severe problems with drugs or alcohol. Being resident within an alcohol treatment facility that offers 24/7 care is significantly beneficial to those who need to avoid outside influences and the triggers of their previous (*addicted*) life.



IPs and can last anywhere between 28 days (normally the minimum length of stay) to a whole year or even more. These programs can then be followed up with less intensive treatment (if required).

IP treatment is highly structured, offers 3 integrated phases of recovery: *detox, reflection, and growth*, and focuses on all aspects of a patient's addiction, including one-to-one therapy where relationships, lifestyle and psychological factors (related to personal history and situation) are discussed.

Advantages of IP

- Residential programs are advantageous to those who have the flexibility to cope with the restrictions and the higher level of commitment needed.
- Regardless of the length of stay, IPs are designed to prepare the individual for an abstinent life after treatment.
- Residential facilities provide 24/7 care, usually in non-hospital settings. This can be exceptionally important for those also dealing with mental health issues and past trauma.
- By living with other alcoholics, a "sense of belonging" and fraternity is encouraged.

3. What is an Outpatient Program (OP)?

Outpatient programs (OPs) involve a schedule of treatment, such as particular therapies, individual counseling, and group sessions at a certified medical clinic or a rehab facility; however, the patient continues to live at home while undergoing the treatment.

OPs follow a similar structure to an IP, and, if required, a professional detox can take place prior to the program starting, usually at another facility, before the patient begins their outpatient program. There are 3 types of outpatient program available, distinguished by intensity (how many hours per week are required for treatment):

- Part Hospitalization Program (PHP)
- Intensive Outpatient Program (IOP), and
- Outpatient Program (OP)

Advantages of OP

- Patients attending these programs can continue to live in their own home, can continue with caring for children or dependents, and can continue their employment or education.
- Treatment costs are significantly less than an IP. In fact, many healthcare insurance plans actually cover the cost of an outpatient program in full.
- Scheduling / appointments can be made for evenings and weekends.
- Some facilities can also treat outpatients who are also suffering from a mental health condition.

4. Sober Living Homes

SOBER LIVING HOMES

Sober Living homes provide structure, support, and stability that many need to fully commit to their recovery

- **A supportive community environment**
- **More personal responsibility & obligations**
- **Scheduled Programming**
- **Mentorship & Coaching**
- **House Rules and accountability**
- **12-Step Meetings**



5. Other Addiction Therapies and Services

For those who are unable to attend or commit to a structured professional treatment program, eg. IP or OP, there are a few alternatives available; however, it is important to remember there is a far greater success rate of long-term, sustainable recovery from alcohol use disorder (AUD) by undergoing evidence-based substance addiction treatment.

Mutual Aid Support Groups / Programs

Also known as peer-based recovery support or self-help groups, mutual aid support groups are free, peer-led (i.e., non-professional) organizations that can help individuals with substance use disorders. Examples of these support groups include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and SMART (Self-management And Recovery Training) Recovery.

Mutual-help organizations focus on social support - the communication and exchange of addiction and recovery experience and skills. There are 3 types of mutual aid support groups:

- 12-Step, like [AA](#)¹ and NA
- Secular (non-12-Step), like [SMART Recovery](#)² and [LifeRing](#),³ and
- Religious, like [Celebrate Recovery](#)⁴

Addiction Recovery Coaching

A certified recovery coach can provide 24/7, intensive or casual recovery support to a newly-sober individual, offering coping tools, strategies and guidance on a more personal basis. This can include:

- Forming a recovery action plan
- Directing clients to resources
- Assisting clients with healthcare options
- Assisting with addictive behaviors
- Act as a “sober companion” to help clients avoid relapse
- Providing accountability and support

Video:

[National Alcohol Awareness Month with SpringBoard Recovery](#)

References:

- ¹ Alcoholics Anonymous. [AA.org](#).
- ² SMART (Self-management And Recovery Training) Recovery. [SMARTRecovery.org](#).
- ³ LifeRing Secular Recovery. [LifeRing.org](#).
- ⁴ Celebrate Recovery - Christ-centered 12 Step Program. [Celebrate Recovery.com](#).

MODULE 4:

Alcohol Addiction: Evidence-Based Treatments

1. Evidence-Based Alcohol Addiction Treatments

Successful alcohol addiction programs use evidence-based treatments to enable individuals to reach sobriety and maintain it through continued abstinence. These treatments are featured in the “Principles of Effective Treatment” in the National Institute on Drug Abuse (NIDA) publication, “*Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Edition)*”:

Behavioral Therapies

“Behavioral therapies (including individual, family, or group counseling) are the most commonly used forms of drug abuse treatment. Participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.”

Additionally, these are detailed in the publication’s “Evidence-Based Approaches to Drug Addiction Treatment”; here are some of the listed behavioral therapies shown to be effective for alcohol addiction treatment:

- **Counseling**
 - Individual counseling
 - Family counseling
 - Group counseling
- **Cognitive-Behavioral Therapy (CBT)**: Initially used to treat alcoholic relapse, CBT strategies understand that in the development of behavioral patterns like substance abuse, learning processes play a critical role. Individuals undergoing CBT learn to identify and correct problematic behaviors by using a range of different techniques to stop abuse and to address other co-occurring problems. Please note, CBT has evolved to include new similar therapies, such as:
 - **Dialectical Behavior Therapy (DBT)**: A type of CBT, DBT teaches individuals to live in the moment, cope with stress, control their emotions, and improve their relationships
 - **Eye Movement Desensitization & Reprocessing (EMDR)**: During EMDR therapy sessions, patients relive traumatic or triggering experiences while the therapist directs their eye movements. EMDR is effective because recalling distressing events is often less emotionally upsetting when attention is diverted.

- **Accelerated Resolution Therapy (ART):** ART is a relatively new therapy which focuses on finding clear, existing connections in the brain, and using those connections to resolve patient trauma.
- **Motivational Enhancement Therapy (MET):** MET is a counseling technique that helps individuals engage in their treatment and stop their use of alcohol. It aims to evoke internally motivated change in patients.
- **12-Step Facilitation Therapy (TSF):** 12-Step Facilitation Therapy encourages patients to actively engage and become involved in the 12-Step program.
- **Family Behavior Therapy (FBT):** FBT aims to address not only alcohol and drug use problems, but also other problems, such as conduct issues, child maltreatment, depression, family conflict, and unemployment.
- **Behavioral Therapies Primarily for Adolescents:** Specific behavioral therapies that include family involvement (shown to produce better outcomes with adolescents), including Multisystemic Therapy (MST), an intense, family-orientated therapy that takes place in home, school, and neighborhood settings.

Pharmacotherapy

In addition to these behavioral therapies, evidence-based treatments included in the NIDA publication also includes the use of pharmacotherapy, otherwise known as medically-assisted treatment (MAT), which is the medication of patients to assist in maintaining abstinence from alcohol. The medications used for MAT include naltrexone, acamprosate (brand name: Campral), and disulfiram.

2. Additional Alcohol Addiction Therapies

Many inpatient and intensive outpatient programs complement their evidence-based treatments with additional therapies and education classes proven to assist individuals adapt to a new sober life. These include:

- Nutrition
- Exercise
- Yoga, Meditation & Mindfulness
- Equine Therapy / Animal-Assisted Therapy
- Acupuncture
- Art Therapy
- Music Therapy
- Horticulture (or Gardening) Therapy

References:

¹ National Institute on Drug Abuse (NIDA). *Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Edition)*. January, 2018. Available at DrugAbuse.gov/

MODULE 5:

What is Alcohol Detox?

Alcoholic drinks contain ethyl alcohol, also called ethanol, which is a toxic substance, and the only form of alcohol considered “safe” to drink. If an individual has been consuming alcohol excessively over an extended period or is diagnosed with alcohol use disorder (AUD), the cessation of their alcohol use will cause withdrawal symptoms.

1. Medically-Assisted Alcohol Detox: Withdrawing from Alcohol Safely

Withdrawal symptoms can range from mild through to severe depending on the individual’s alcohol intake. If an individual is drinking heavily, as in the case of AUD, withdrawing from alcohol without medical care is dangerous, and has been known to prove life-threatening.

A professional, medically-supervised **alcohol detox** (or detoxification) ensures an individual withdraws from alcohol safely and securely. Medical staff are on-hand to monitor the detox process, and to administer specific medications, if required.

The medications used in a medically-supervised alcohol detox to ease some of the withdrawal symptoms include benzodiazepines, which are used to counteract the anxiety produced as a withdrawal symptom. Common benzodiazepines used in alcohol detox include diazepam (valium) and chlordiazepoxide (librium).

2. Alcohol Withdrawal Symptoms

Alcohol withdrawal symptoms can occur after 2 hours, and up to 4 days after stopping alcohol use. Depending on historical alcohol intake, these symptoms can be common or severe:

Common Withdrawal Symptoms

Common symptoms experienced by those stopping their alcohol use include:

- Sweating
- Tremors
- Anxiety
- Headaches
- Nausea and vomiting
- Loss of appetite

- ☐ Irritability
- ☐ Feeling depressed
- ☐ Fatigue
- ☐ Poor cognition
- ☐ Dilated pupils
- ☐ Increased heart rate
- ☐ Pale skin
- ☐ Sleep problems
- ☐ Nightmares

ALCOHOL WITHDRAWAL SYMPTOMS

Some of the common signs of alcohol withdrawal include:



INSOMNIA



ANXIETY



SWEATING



TACHYCARDIA



SEIZURES



PSYCHOSIS

Severe Withdrawal Symptoms

One of the most severe alcohol withdrawal symptoms is *delirium tremens*, also known as "the DTs." Around 3% to 5% of individuals withdrawing from heavy alcohol use will experience delirium tremens. If left untreated, this condition can prove fatal. If you or a loved one show any symptoms of the DTs, seek emergency medical treatment immediately as symptoms will likely worsen.

- Fever
- Extreme agitation
- Seizures
- Extreme confusion
- High blood pressure
- Hallucinations

3. Medically-Assisted Detox vs. “Cold Turkey”

When someone attempts to quit alcohol “cold turkey” (normally at home, but importantly, without medical supervision), they are susceptible to all the withdrawal symptoms listed above - both common and severe. In addition, the stress placed on the body by the detox process can also lead to:

- Aspiration pneumonia
- Heart arrhythmias
- Kidney or liver dysfunction

Furthermore, the individual will experience intense cravings for alcohol. Attempting to detox at home without the assistance, guidance, and support of medical professionals puts any chance of recovery at risk of relapse. Lastly, for many going through detox alone, the pain of withdrawal symptoms can result in immediately resuming their alcohol use.

4. Alcohol Detox: The First Step

It should be remembered with any substance addiction treatment that detox is only the very first step of the process of recovery. Ridding the body safely of alcohol does not cure alcoholism. It does, however, bring clarity to the mind and begin to heal the body, so that an individual suffering from alcohol addiction is best placed to continue their treatment.

Video:

[Alcohol & The Pandemic with SpringBoard Recovery](#)



MODULE 6:

What is Dual Diagnosis?

1. Dual Diagnosis (Co-Occurring Disorder) Explained

Dual diagnosis, also widely known as co-occurring disorder, is the presence of both a substance use disorder, such as AUD, and a mental health disorder, such as depression, bipolar or post-traumatic stress disorder (PTSD).

It is common for people with undiagnosed mental health disorders to attempt to “self-medicate” their symptoms by using substances, such as alcohol. Unfortunately, this alcohol use can lead to an AUD, particularly if the individual has other risk factors to consider, like genetics / family history or environment. However, dual diagnosis can also occur when a mental health disorder is a symptomatic consequence of their excessive alcohol consumption or AUD.

Dual diagnosis requires a more complex form of addiction treatment than normal, where both disorders need to be treated simultaneously. Failure to do so adequately can result in one of the disorders returning, and then triggering the re-emergence of the other.

According to data published in “*Key Substance Use and Mental Health Indicators in the United States*” from the Substance Abuse & Mental Health Services Administration ([SAMHSA](#)):

- Approximately 1 in 10 people, aged 12 or older, will, at some point in their lives, suffer from either a SUD or AUD
- 72% of those with a SUD and 45% of those with AUD will have dual diagnosis - at least one comorbid mental health disorder
- Only about 40% of people receive any treatment for either disorder, and
- Less than 5% receive treatment for both disorders

Furthermore, according to the NIDA publication “*Common Comorbidities with Substance Use Disorders Research Report, Part 1: The Connection Between Substance Use Disorders and Mental Illness*,”² recent research data shows high rates of comorbid SUDs and anxiety disorders, such as generalized anxiety disorder, panic disorder, and PTSD, and other mental health disorders, including depression, bipolar disorder, attention-deficit hyperactivity disorder (ADHD), borderline personality disorder, and antisocial personality disorder.

Serious mental illness (SMI) includes major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment. Around 1 in 4 individuals with SMI also have an SUD.

2. Mental Health in the U.S.

As shown above, around half of those suffering with AUD will also be suffering with a mental health disorder. Mental health disorders, like substance abuse, are becoming increasingly more common in the U.S. According to Mental Health America's [2019 State of Mental Health in America](#)³ report:

- Over 44 million (18.07%) of U.S. adults have a mental health condition, and
- 56.4% of adults (over 24 million) with a mental illness received no treatment

The Most Common Mental Health Disorders in the U.S.

In order of prevalence:

- Anxiety Disorders: 19%
- Depression: 7%
- **Dual Diagnosis: 4%**
- Post Traumatic Stress Disorder (PTSD): 4%
- Bipolar Disorder: 3%

3. Integrated Dual Diagnosis Treatment

Recovering from dual diagnosis is a complex and simultaneous professional treatment. An integrated dual diagnosis inpatient program needs to incorporate:

- One-to-one counseling
- Group support
- Mental health and alcohol use education
- Medication (if required), and
- Relapse prevention strategies for both the mental health disorder and alcohol abuse

References:

¹ Substance Abuse & Mental Health Services Administration (SAMHSA). *Key Substance Use and Mental Health Indicators in the United States*. August, 2019. Available at [SAMHSA.gov/](https://www.samhsa.gov/).

² National Institute on Drug Abuse (NIDA). *Common Comorbidities with Substance Use Disorders Research Report: Part 1: The Connection Between Substance Use Disorders and Mental Illness*. April, 2020. Available at [Drugabuse.gov](https://www.drugabuse.gov/)

³ Mental Health America. *2019 State of Mental Health in America*. 2020. Available at [MHANational.org](https://mhanational.org/).

MODULE 7:

How Can I Pay for Alcohol Addiction Treatment?

If you decide on an alcohol addiction treatment option that requires payment, you basically have the following options: pay out of savings, arrange a loan that will cover the treatment, or, the most popular option, use your health insurance plan to cover all or part of the cost.

1. Paying with Health Insurance

Like any medical treatment in the U.S., the best way to pay for an alcohol addiction treatment program is through your health insurance. However, the actual amount that your insurance will cover depends on both your chosen health insurance provider, and what that health provider accepts by way of treatment. The various types of insurance policy that can cover addiction treatment include:

- [Medicaid](#) ¹
- [Medicare](#) ²
- State-financed health insurance - for example, [Arizona](#) ³
- Private insurance
- Military insurance

For those that are without health insurance coverage, there are other options, eg. low-cost and free rehabs, as well as treatment programs that offer financing options. Financing can be a better choice in some circumstances, because low-cost and free rehabs often have both limited funding and long waiting lists.

2. Important: Verifying Health Insurance

Once you've made the decision to seek alcohol addiction treatment, finding out if your health insurance will cover your costs is relatively straightforward. Contact the facility of your choice, and their staff will contact your insurance company on your behalf to determine the percentage that the company will pay for your rehab, and what you will be responsible for paying.

If you have public health insurance through the state that you live in, then this will usually cover most of the facility's treatment payment. Additionally, many rehab centers have payment options, so, if needed, you don't have to pay for the entire service up front or at one time.

Importantly, before making a final decision about where you want to get treatment, check that your health insurance is accepted.

3. Frequently Asked Questions

1. Can I Afford Rehab?

Unsurprisingly, many people who are in need of addiction treatment will not be able to pay “*out of pocket*.” The cost for therapists, the chosen facility, medication, etc., can add up. Here are several ways you can lessen the financial burden:

- Using your insurance agency will only require a copay or a small out of pocket fee
- Just over 73% of substance abuse treatment facilities offer payment assistance, or discounted treatment for those who pay out of pocket
- You can also inquire with the treatment facility about payment plans, free care, or partially-waived fees

2. What is The Cost of Treatment After Insurance?

The cost of treatment after insurance varies depending on your health insurance benefits and coverage. Most insurance providers have a list of rehab centers that are in-network with the agency, and will cover the majority of the cost of treatment, only leaving you with a small co-pay.

Covering the majority of the cost, your insurance provider will release the financial burden that comes with addiction treatment. There are also federally accessible insurance policies (i.e. Medicare and Medicaid) that are low cost, and in some instances, free - depending on your annual income. However, in this instance, you might have to pay more out of pocket. The best way to ensure you are making the best financial decision for you is to:

- Contact your insurance representative to see if the alcohol addiction treatment program you have chosen is “in-network” (meaning accepted) - often, there is an insurance verification page or list on the website.
- Call the center directly, and inquire whether they accept your insurance agency or not.

3. How Do I Sign Up For Insurance?

To sign up for health insurance, you do not have to be currently employed or insured. Different providers charge at different rates, so you can look around for the right coverage and rate for you. The rate of your insurance will depend on your annual income. The Affordable Care Act requires coverage for substance abuse and mental health treatment services for all marketplace insurance plans - *even with pre-existing conditions*.

4. Should I Choose a Treatment Program Based on Cost?

In most cases, the decision between an IP or an OP is made as to whichever is more affordable, with an OP the least expensive. However, treatment costs should be associated with investing in your future. Most facilities will work with payment plans, discounted treatment rates if you pay out of pocket, or Medicare or Medicaid to lessen the financial burden.

References:

- ¹ Medicaid (website homepage). May, 2021. Available at [Medicaid.gov](https://www.Medicaid.gov).
- ² Medicare (website homepage). May, 2021. Available at [Medicare.gov](https://www.Medicare.gov).
- ³ Arizona State Plans. 2021. Available at [AzAHCCCS.gov](https://www.AzAHCCCS.gov).

MODULE 8:

“What are My Post-Alcohol Treatment Options?”

Finishing an alcohol addiction treatment program, now newly sober and ready to return to the positive aspects of life, is an accomplishment to be proud of - please understand that not everyone completes their program successfully. However, the hard work is only just beginning.

Alcohol addiction treatment is not a magical pill - it cannot cure an alcohol use disorder. It does, however, put the individual in the strongest possible position to continue their life alcohol-free.

As we know, alcohol addiction is a “*chronic, relapsing brain disorder*” - “*relapsing*” is the important message in that definition. A recovering alcoholic must now acknowledge, understand, mitigate, and even eliminate, any dangers of potential relapse. This may mean finding new friends, new social circles to be a part of, and even new hobbies and pastimes.

As most relapses occur in the first 6 months of post-treatment recovery, the newly sober need to avoid potential triggers at all costs. Therefore, developing healthy relationships with sober people can be a smart move. Anyone leaving alcohol addiction treatment should also be given a relapse prevention plan, and be certain of what level of support they need now.

There are a number of post-treatment options available to the newly sober alcoholic (some of which have been discussed previously in Module 3: “I Need Alcohol Addiction Treatment - What are My Options?”). At the very least, it is advisable to begin attending mutual aid support groups, such as AA or SMART Recovery meetings, as these have been proven to reduce the possibility of relapses.

1. One-to-One Counseling / Therapy

Having experienced individual counseling during the alcohol addiction treatment program, many people find it exceptionally helpful, and wish to continue the therapy after their program has been completed. Post-treatment counseling serves a similar purpose, allowing patients to understand why they have certain behaviors, such as using alcohol as a coping mechanism, and how to acknowledge and work on these. Exercises such as mediation and biofeedback encourages individuals to relax during counseling.



2. Mutual Aid Support Groups / Programs

As discussed previously in Module 3: “I Need Alcohol Addiction Treatment - What are My Options?,” mutual aid support groups and programs, like the AA’s 12-Step fellowship, provides both peer-based support and accountability. Additionally, addiction support groups allow people to share their personal experiences, and can also be helpful for recovering alcoholics with a co-occurring mental condition like depression or anxiety.

Here are a few of the benefits of mutual aid support groups include:

- Meet new and sober people
- Learn skills to control cravings
- Receive vital support during early recovery
- Accountability
- Sense of community

In addition to the mutual aid support groups previously discussed, ie. 12-Step programs, like AA and NA, secular programs (non-12-Step), like SMART Recovery and LifeRing, and religious programs, like Celebrate Recovery, here are some additional support groups:

- **Secular Organizations for Sobriety (SOS):** SOS,¹ also known as Save Our Selves, takes a self-empowerment approach to addiction recovery. Although the group is for any addicted person, many choose SOS for its secular approach to reaching sobriety. The founders of SOS maintain that recovery through self-reliance and personal responsibility is possible.
- **Women for Sobriety (WFS):** Acknowledging that men and women will face different issues during recovery, WFS² became the first addiction support group solely for women. WFS bases its program on 13 “acceptance statements” to determine the way each woman in recovery approaches life. WFS holds groups for addicted women to find mutual support, and, like other support groups, offers moderated online forums and chats.
- **Jewish Alcoholics, Chemically Dependent Persons and Significant Others (JACS):** JACS’s³ mission is to help Jewish recovering addicts and alcoholics in the U.S. live an independent, addiction-free life, by fostering addiction recovery through the integration of individuals into the Jewish community. Importantly, JACS is accepting of all variances of the Jewish faith.
- **Addiction Support Groups for Families:** Alcohol and drug addiction does not just affect the individual, it affects all members of the family. Because it can be difficult for loved ones to forgive an addicted person or to stay supportive of their recovery, family support groups promote constructive family involvement. Examples of family support groups include **Families Anonymous**⁴ and **Al-Anon**.⁵

3. Alcohol Rehab / Program Alumni

Another way of being part of a supportive community post-treatment is to see if the alcohol addiction treatment center or facility where you received your treatment has an alumni membership - previous clients who found recovery and stay in touch via the treatment center. Alumni groups hold support meetings and can assist in other ways after treatment.

4. Using a Recovery Coach

Please refer back to Module 3: "I Need Alcohol Addiction Treatment - What are My Options?"

5. Other Post-Treatment Options

One of the most popular ways of maintaining motivation after structured treatment has finished is **volunteering** with a charitable organization or foundation. This can either be related to the addiction recovery community in some way, or it can be something completely different, such as helping out at an animal shelter or volunteering gardening services to a care home.

References:

¹ Secular Organizations for Sobriety (SOS / Save Our Selves) - website homepage. 2021. Available at [SOS-NYS.org](https://www.sos-nys.org).

² Women for Sobriety (WFS) - website homepage. 2021. Available at [WomenForSobriety.org](https://www.womenforsobriety.org).

³ Jewish Alcoholics, Chemically Dependent Persons and Significant Others (JACS) - website homepage. 2021. Available at [JewishBoard.org](https://www.jewishboard.org).

⁴ Families Anonymous - website homepage. May, 2021. Available at [FamiliesAnonymous.org](https://www.familiesanonymous.org).

⁵ Al-Anon - website homepage. May, 2020. Available at [Al-Anon.org](https://www.al-anon.org).

MODULE 9:

What are Relapse Triggers?

According to the [NIDA](#),¹ between 40 - 60% of people recovering from a substance use disorder (SUD), such as alcoholism, will relapse at some point during their addiction recovery. Although you may think that around half is not a good success rate, it is very similar to the rates of relapse for other chronic diseases, eg. asthma, hypertension, and Type I diabetes.

Many professional addiction specialists hold the view that “*relapse is a normal part of the recovery process*”; an unavoidable occurrence, known as a relapse trigger, will prompt the recovering individual's uncontrollable need to resume their drinking.

Bearing in mind that there are many successfully recovered alcoholics who have never relapsed even the once during their recovery, relapse triggers still do present a significant danger to continued recovery. Those in recovery, therefore, need to have coping strategies and mechanisms available to use should they be confronted by something that may trigger a return to alcohol use.

These coping skills should form part of an ongoing and updateable plan of action, known as a relapse prevention plan, that helps each individual to remain sober and alcohol-free during their own recovery.

1. Relapse Prevention Plan

Relapse prevention plans are plans of action for the newly-sober individual. These plans are normally written by addiction therapists or case managers in conjunction with the individual, and then given when drug and alcohol treatment is completed. Relapse prevention plans provide a sense of protection during the difficult period of early recovery.

Elements of a Relapse Prevention Plan

- Personal goals for self-improvement
- Known relapse triggers and potential challenges
- Coping tools and strategies to deal effectively with stress and for minimizing personal triggers
- Daily life and self-care plans
- Support system / network
- Accountability

Relapse Prevention: Self-Care

The most important aspect of any successful alcohol addiction recovery is self-care - anyone in recovery needs to look after themselves as well as they possibly can. This



involves nutrition - eating a healthy and balanced diet, and exercise - regular ways of ensuring fitness, such as walking, cycling, team sports, or hiking. Working out in a gym is great exercise, but it's not essential - any aerobic-type exercise on a regular basis is fine.

2. Identifying Relapse Triggers

Relapse triggers can be either external in origin, such as people, places and even objects, or they can be internal in origin, such as strong feelings and negative emotions, like anger and jealousy.

External Triggers

For those in recovery from AUD, external triggers are people, places, activities and objects that evoke particular thoughts or cravings associated with previous alcohol use. Research has shown that these types of triggers create subconscious cues, which are clearly dangerous because they reinforce cravings, but the individual is unaware of it.

People	Places
<ul style="list-style-type: none"> • Friends 	<ul style="list-style-type: none"> ☐ Certain neighborhoods
☐ Co-workers	☐ A friend's home
☐ Employers	☐ Bars and clubs
☐ Family members	☐ Hotels
☐ Spouses or partners	☐ Worksites
☐ Neighbors	☐ Music concerts
Things	Situations
<ul style="list-style-type: none"> • Drinking paraphernalia 	<ul style="list-style-type: none"> • Meeting new people
☐ Furniture	• Going out with friends
☐ Magazines	• Being alone in the house
☐ Movies	• Vacations
☐ Television	• Family celebrations
☐ Cash / credit cards	

Internal Triggers

Internal triggers - feelings, thoughts or emotions - are definitely harder to deal with than external triggers. With a person or a place or an object, even a situation, an individual can simply walk away, and put some distance between themselves and their trigger. With an internal trigger, that's simply not possible. Additionally, the

spectrum of internal triggers is literally never-ending; here are some of the more common internal relapse triggers:

Negative Feelings & Emotions	Normal Feelings & Emotions	Positive Feelings & Emotions
<ul style="list-style-type: none"> • Fear • Anxiety • Guilt • Anger • Hate • Jealousy • Shame • Depression • Loneliness 	<ul style="list-style-type: none"> <input type="checkbox"/> Boredom <input type="checkbox"/> Insecurity <input type="checkbox"/> Nervousness <input type="checkbox"/> Embarrassment <input type="checkbox"/> Pressure <input type="checkbox"/> Tiredness <input type="checkbox"/> Frustration <input type="checkbox"/> Neglect <input type="checkbox"/> Relaxation 	<ul style="list-style-type: none"> <input type="checkbox"/> Celebratory feelings <input type="checkbox"/> Excitement <input type="checkbox"/> Happiness <input type="checkbox"/> Passion <input type="checkbox"/> Strength <input type="checkbox"/> Confidence <input type="checkbox"/> Exhaustion <input type="checkbox"/> Feeling “normal” <input type="checkbox"/> Sexual arousal

The 4 Most Common Alcohol Relapse Triggers

1. **Stress:** Considered the most common trigger to addiction relapse, stress that is not managed effectively, and so left to worsen, is a recovering alcoholic’s worst enemy. In fact, chronic and acute stress have been shown to be primary reasons for the start of excessive alcohol use. Adopting self-help strategies like relaxation techniques, eg. mindfulness, meditation, and yoga, can be highly effective ways of successful stress management.
2. **Intense Negative Emotions:** As we have seen, internal triggers cannot be simply walked away from - they have to be dealt with in some way. Intense negative feelings, thoughts and emotions need particular care, and, for most people, can include anger, jealousy, hate, and shame.
3. **Physical Illness / Mental Health Disorder:** Anything that affects your overall well being, such as pain and discomfort or depression, can act as a trigger, and is also likely to make other triggers much harder to deal with.
4. **Relationship Issues:** There is a saying in addiction recovery circles: “Relationships = Relapse.” It’s a saying for good reason. The breakdown of an important personal or romantic relationship, especially in the early stages of recovery, is a heart-felt trigger to be avoided. In fact, it is advisable in early recovery not to begin any new intimate relationships, as issues that arise can make the recovering alcoholic try anything to alleviate the new emotional pain, such as resuming alcohol abuse.

3. Dealing with Cravings

Cravings for alcohol are a normal symptom of early alcohol addiction recovery, and recovering alcoholics need to learn how best to deal with them. These are common methods for dealing with cravings:

- Exercise
- Deep breathing

- Expressive writing
- Mindful meditation or yoga
- Relaxation, eg. nature walks, listening to music, working in a garden, etc.
- Speaking with the members of the support network

4. “What Should I Do If I Relapse?”

If you do relapse and break your sobriety, it is certainly not a sign of failure. It is simply a sign that something within your recovery wasn't working, and needs to be addressed. As mentioned earlier, many addiction experts believe that relapse is an essential part of recovery.

If you experience a relapse, inform your support network as soon as you can, and listen to their advice. You may also want to speak with your doctor or the center that provided your addiction treatment program for their advice, too.

The most important thing to remember is that a relapse is not the end of your recovery - just a clear sign that you, your support network, and your medical team, need to reassess your recovery plan, and make the necessary adjustments.

References:

- 1 National Institute on Drug Abuse (NIDA). Alcohol webpage. 2021. Available at [Drugabuse.gov](https://www.drugabuse.gov).

COURSE SYLLABUS

MODULE 1:

Am I an Alcoholic? The Signs & Symptoms

1. What is Alcohol Use Disorder?
 - The Risks of Developing Alcohol Use Disorder
 - AUD in the United States: Statistics
 2. Physical & Mental Health Symptoms of Alcohol Abuse
 3. Social & Appearance Signs of Alcohol Abuse
 4. "Am I an Alcoholic?": Self-Quiz
-

MODULE 2:

What are the Dangers of Alcohol Addiction?

1. Binge Drinking & Heavy Drinking Explained
 2. What are the Potential Health Dangers of Alcohol Abuse?
 3. What is the Social Cost of Alcohol Abuse?
 - Family Relationships
 - Friendships
 - Legal Issues
 4. What is the Financial Cost of Alcohol Abuse?
-

MODULE 3:

"I Need Alcohol Addiction Treatment - What are My Options?"

1. Primary Care Doctor: The Consultation
 2. What is an Inpatient / Residential Program (IP)?
 - Advantages of IP
 3. What is an Outpatient Program (OP)?
 - Advantages of OP
 4. Sober Living Homes
 5. Other Addiction Therapies & Services
 - Mutual Aid Support Groups / Programs
 - Addiction Recovery Coaching
-



MODULE 4:
Alcohol Addiction: Evidence-Based Treatments

1. Evidence-Based Alcohol Addiction Treatments

- Behavioral Therapies
- Pharmacotherapy

2. Additional Alcohol Addiction Therapies

MODULE 5:
What is Alcohol Detox?

1. Medically-Supervised Alcohol Detox: Withdrawing from Alcohol Safely

2. Alcohol Withdrawal Symptoms

- Common Withdrawal Symptoms
- Severe Withdrawal Symptoms

3. Medically-Assisted Detox vs. “Cold Turkey”

4. Alcohol detox: The First Step

MODULE 6:
What is Dual Diagnosis?

1. Dual Diagnosis (Co-Occurring Disorder) Explained

2. Mental Health in the U.S.

- The Most Common Mental Health Disorders in the U.S.

3. Integrated Dual Diagnosis Treatment

MODULE 7:
“How Can I Pay for Alcohol Addiction Treatment?”

1. Paying with Health Insurance

2. Important: Verifying Health Insurance

3. Frequently Asked Questions

- *Can I Afford Rehab?*
 - *What is the Cost of Treatment After Insurance?*
 - *How Do I Sign Up for Insurance?*
 - *Should I Choose a Treatment Program Based on Cost?*
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MODULE 8:
“What are My Post-Alcohol Treatment Options?”

1. One-to-One Counseling / Therapy
 2. Mutual Aid Support Groups / Programs
 3. Alcohol Rehab / Program Alumni
 4. Using a Recovery Coach
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MODULE 9:
What are Relapse Triggers?

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 - Elements of a Relapse Prevention Plan
 - Relapse Prevention: Self-Care
 2. Identifying Relapse Triggers
 - External Triggers
 - Internal Triggers
 - The 4 Most Common Relapse Triggers
 3. Dealing with Cravings
 4. “What Should I Do If I Relapse?”
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