



**“Passages Through Recovery”**  
by Terence Gorski

Stage	Descriptive Notes	Step Work	Time Line
<b>Middle Recovery:</b>	<i>Change going broader—external repair</i>  <b>Focus:</b> Replacing short-term fixes with long-term solutions <b>Shift:</b> Going from damaged lives to meaningful, purposeful lives. <b>Markers:</b> By now we have learned to work a daily personal recovery program. New troubling emotions are stirred when we see how much work our external world still needs. We are challenged by how to expand our sober lifestyle into new arenas. The threat of it all can lead to high stress and depression. Recovery expands into our physical self, our psychological self, our social and spiritual self. New balance is achieved. <b>Tools needed:</b> Internal stability in order to face and solve external problems. <b>HOW-Honesty</b> facing issues and our emotional responses to them, <b>Openness</b> to input from others, <b>Willingness</b> to do whatever it takes. Mature guidance from reliable mentors.	8  9  10	----- 3-5 years total, -----
<b>Late Recovery:</b>	<i>Finding New Freedom</i>  <b>Focus:</b> Facing core issues <b>Shift:</b> Undoing deeply seated patterns. <b>Markers:</b> For those with a healthy foundation late recovery can go relatively smoothly and quickly. For others with a dysfunctional history it can be perhaps the most challenging stage of recovery yet. New awareness of unbroken generational chains of dysfunction. New insight into our own root problems. Addiction can now be seen as a symptom of deeper issues. New insights into old unhealed wounds related to trauma, grief and loss, lifelong unaddressed mental health issues. A renewed understanding and interest in personal spiritual growth and development. Changes are happening that reorganize our lives, integrating new meaning and values into how we choose to live. <b>Tools needed:</b> Psych ed specific to your needs. Therapy supports specific to immersing issues. Alternative 12 Step support groups. Couples counseling, family counseling. Spiritual direction and coaching.	1  2,  3...  (refocused)	----- or longer -----
<b>Maintenance:</b>	<i>A Lifetime of Growth</i>  <b>Focus:</b> Character development in the context of a stable, lasting recovery <b>Shift:</b> Recognizing our freedoms, exercising them to produce growth <b>Markers:</b> We have returned to “character baseline” in sobriety and are now ready for a lifetime of growth and change. (p 98) Stagnation in this stage is still a setup for relapse. We recognize our disease is in “remission”, not “cured”. Stress-related PAWS is monitored. We strive to life conscious and examined lives. We learn to trust our “r.a.d.a.r.” not our “e.s.c.a.p.e.” mode. <b>Tools needed:</b> Mature and tested support relationships. Meaningful involvement with others. Relapse prevention skills.	...10  ,11  12	----- to get here -----

The above table represents a linear walk through recovery. Seldom if ever is this the actual path one takes on the following page is information regarding “stuck points” along the way. What happens when a stuck point is hit and how it is handled is of the utmost of importance to recovery’s journey. A person trapped in chronic relapse is most likely getting to the same place in recovery and hitting the same stuck point again and again, not getting the vital help needed to final work it through successfully and move on to later stages of recovery. This is one crucial area of training every professional counselor working in this field must have to be effective. Stuck points come about primarily because recovering persons come face to face with their own issues and do not have the internal and/or external resources to handle them, and are left with the only option they know—old and automatic behavior.

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### Recovery Passages, summary (edited)

Transition	Stabilization	Early	Middle	Late	Maintenance
<ol style="list-style-type: none"> <li>Problems!</li> <li>Failed solutions</li> <li>Failed controlled use</li> <li>Accepts need for abstinence (but still struggling to be clean/sober)</li> </ol>	<ol style="list-style-type: none"> <li>Asks for help</li> <li>Detox'd</li> <li>Decreased PAWS</li> <li>Crisis interventions</li> <li>Disrupts preoccupation-cravings</li> <li>Increased stress mgmt</li> <li>Increased hope</li> </ol>	<ol style="list-style-type: none"> <li>Sees and accepts the disease</li> <li>Increased c/s coping skills</li> <li>Short-term social solutions in place</li> <li>Increased c/s value system</li> </ol>	<ol style="list-style-type: none"> <li>Increased ability to face consequences of addiction</li> <li>Amends</li> <li>Self-directed recovery</li> <li>Balanced lifestyle</li> <li>Increase coping skills with major changes in life</li> </ol>	<ol style="list-style-type: none"> <li>Sees impact of family of origin on sobriety</li> <li>Insight into impact of unresolved issues</li> <li>Makes appropriate connections to past issues on present life</li> <li>Increased ability to change current quality of life</li> </ol>	<ol style="list-style-type: none"> <li>Continued daily program</li> <li>Ongoing day-to-day coping skills</li> <li>Ongoing growth and development</li> <li>Increased ability to manage life transitions</li> </ol>

### Hitting Stuck Points

<p>(1) The recovery prone response to hitting a stuck point is the acronym r.a.d.a.r. This response is the best way through the stuck point and back to the recovery road described above</p>	<p>r.a.d.a.r.</p> <ol style="list-style-type: none"> <li>Recognize the problem</li> <li>Accept it</li> <li>Detach for perspective</li> <li>Ask for help</li> <li>Respond with new action</li> </ol>	 <p>Leads to a return to the recovery road, or...</p>	<p>(2) The relapse prone response to hitting a stuck point is spelled out by e.s.c.a.p.e. This response is rooted in old and automatic behaviors that sabotage recovery</p>	<p>e.s.c.a.p.e.</p> <ol style="list-style-type: none"> <li>Evade/deny the stuck point.</li> <li>Stress</li> <li>Compulsive behavior</li> <li>Avoid others</li> <li>new Problems</li> <li>Evade/deny new problems...re peat cycle</li> </ol>	<p>Leads to relapse</p> 
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### Road to Relapse

High-Risk Factors	Trigger Events	Internal Dysfunction	External Dysfunction	Loss of Control	Relapse
<ol style="list-style-type: none"> <li>High-stress</li> <li>High-risk</li> <li>Social conflict</li> <li>Changes (more stress)</li> <li>Poor self-care</li> <li>Other illnesses</li> <li>Inadequate recovery program</li> </ol>	<ol style="list-style-type: none"> <li>High-stress thinking</li> <li>Painful emotions</li> <li>Painful memoirs</li> <li>Stressful situations</li> <li>Stressful interactions with other people</li> </ol>	<ol style="list-style-type: none"> <li>Poor thinking</li> <li>Poor affect tolerance and regulation</li> <li>Poor memory</li> <li>Poor rest quality</li> <li>Reduce stress mgmt skill</li> <li>Physically clumsy</li> <li>Shame, guilt, loss of hope</li> <li>Increased denial</li> </ol>	<ol style="list-style-type: none"> <li>Avoidant</li> <li>Defensive</li> <li>Crisis building</li> <li>Immobilization</li> <li>Confusion</li> <li>Overreaction</li> <li>Depression</li> </ol>	<ol style="list-style-type: none"> <li>Poor judgment</li> <li>Inability to act</li> <li>Impulsively self-destructive</li> <li>Severely aware of loss of control</li> <li>Options reduced</li> <li>Emotional or physical collapse</li> </ol>	<ol style="list-style-type: none"> <li>Initial use of alcohol or other drugs</li> <li>Severe shame, guilt, remorse</li> <li>Loss of control of use</li> <li>Development of health and life problems</li> </ol>

( refer to [www.ehcounseling.com/materials/](http://www.ehcounseling.com/materials/) )