

Relapse Prevention Support Group (RPSG) Workshop.

This document contains the material for a RPSG Workshop as well as the documents to create a group after the workshop.

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Relapse Prevention Support Group (RPSG) Workshop

Relapse is a process, not an event. Over time, we may change how we work our program in subtle ways, doing less of the things that help us stay abstinent. This works for a while, but eventually, we may find ourselves in relapse. **When a compulsive overeater has a relapse, food is typically the last thing to go.** The purpose of this worksheet is to help OA members prevent possible relapses.

Principles:

- There are *predictable warning signs* that precede relapse.
- Relapse can be prevented, if we learn to recognize and manage our personal warning signs.

Steps we can take to prevent relapse:

- Identify our personal relapse warning signs, especially any *current* warning signs.
- Make an Action Plan to manage our warning signs.
- Ask for OA Support to implement our Action Plan. Incorporate accountability and support. Be specific on what you need: who, what, when, where, how often.

We can take these steps with an OA sponsor, buddy, fellow or group. On the back of this page are *examples* of relapse warning signs in four categories (program, food-physical, emotional-spiritual, life events-triggers), and *examples* of OA Support. Neither the categories nor the examples are exhaustive, just ideas for consideration (food for thought).

For more ideas, see OA's relapse prevention page¹ and the OA Recovery Checklist.²

Column worksheet – use this format or the attachment, if helpful:

Warning Sign	Action that would help me	Support that would help me
<i>Example:</i> Red/yellow light foods turning green	Re-commit red and yellow foods	Honest conversation Food sponsor

¹ <https://oa.org/members/relapse-prevention/>

² https://bookstore.oa.org/pc_product_detail.asp?key=996B9029C1164DF2B176C74193BBDFC9

Relapse Warning Signs -- Some Examples

OA Program	Physical/Food	Emotions/Spiritual	Life Events/Triggers
Less / no meetings	Eating between meals	Lost HP connection	Major work loss or co-worker Challenges
Less / no sponsor Contact	Portion creep	Ongoing resentments	Financial issues
Stalled on steps, no maintenance Steps	Red/ yellow light foods turning Green	Untreated depression	Health issues, both yours or loved ones
Not making or returning phone calls/texts	Rationalizing food choices	Alienated from religion of choice	Travel, particularly to new places
Leaving meeting early or coming late	Eating out more than normal	Spiritual crisis	Holiday with challenging family and food choices
Not sponsoring	Night eating / grazing	Insomnia	Holiday food traditions
Little / no OA service	Use of alcohol	Anxiety issues	Move, local or long distance
Not reading literature	Use of recreational drugs	Mental health issues	Pregnancy and infant care
Not following traditions	Other addictive substances and behaviors (cigarettes, sex, etc..)	Medication side effects	Relationship difficulties, including break-ups and divorces
No action plans	Obsessed with free foods (sugar-free gum, Sweeteners, soda, etc.)	Not getting correct medication or treatment for emotional health	Eldercare issues
Reducing self-care routines	Not measuring foods, you used to measure	Health issues that affect emotions (e.g., no exercise, given injuries)	Family members having problems, particularly your children
Less prayer and meditation	Excessively weighing yourself	Anything else that effects your serenity	Death of a loved one

Getting OA Support -- Some Examples

- Make phone-calls in the moment, when you need help.
- Call someone to commit to a planned action. For a daily action, make a daily call.
- Call someone after you have taken an action. This can also be a daily call.
- Get a sponsor or program buddy and talk to them regularly.
- Bookend a difficult action. (Call someone before and after.)
- Talk to people who have experience with the action you are doing or might do.
- Do any of the above by text or email.
- Go to more meetings. Do more service that involves talking to other people.
- Ask someone to organize a meeting in your home. Ask people to attend it.

- Spend social time with other OA members – e.g., coffee, a movie, a walk, dinner.

RELAPSE PREVENTION WORKSHEET

Relapse Warning Sign	Now?	Action Plan	Program Support
Program			
Food and Physical			
Emotional and Spiritual			
Life Events and Triggers			
Other Warning Signs			
EXAMPLES & IDEAS			
<i>Program:</i> Not calling my sponsor regularly	√	Call my sponsor regularly.	Talk with my sponsor. Acknowledge what's happening. Discuss any problems. Agree on a schedule for regular calls.
<i>Food:</i> Red/yellow foods turning green.	√	Recommit red/yellow foods. Affirm abundance from healthy foods.	Honest conversation with an OA member about what's going on. Food sponsor.
<i>Emotional/spiritual.</i> On-going resentments, for example, towards my spouse or employer.	√	Do the 4 th and 5 th steps.	Call my sponsor and commit to do a 4 th step. Schedule a 5 th step and do it.
<i>Life events and triggers:</i> Going to a family Thanksgiving, or a vacation. (Time with family is a trigger for so many people.)	√	Call while at the event or call daily while on vacation. Take my scale to measure food.	Talk with an OA member about what is challenging and how I can take care of myself. Commit to phone call(s). For Thanksgiving, commit to call before and after the main meal.

Relapse Prevention Feedback Guidelines

If you are doing this as a group, please divide the time evenly between members and keep track of time. Otherwise use the time as you see fit.

Ask each person if they want to allow time for feedback from others. If so, ask how much.

Each person shares:

1. Relapse Warning Signs they are Now having.
2. Action Plan to manage it/them
3. Support they need for the Action Plan (i.e. accountability, phone calls. etc.)
4. Optional: Group feedback (Read group feedback guidelines aloud).

Group Feedback Guidelines (Please read to group)

Our goal is to support the person while pointing out problems that may cause future relapse.

This is done in a structured manner. First, group members are encouraged to ask questions about anything they did not understand about the warning sign or how the person is attempting to manage it.

After that, each member is given the opportunity to give feedback to the person who presents a warning sign.

It is important that people giving feedback do so in a way that is rigorously honest, yet loving and supportive at the same time.

Good feedback covers four concerns:

1. What I think your warning sign is and how I see that you are managing it.
2. How I felt about you while you were talking and responding to questions.
3. The strengths I see that you have that will help you to manage these warning signs.
4. The weaknesses I see that may prevent you from managing these warning signs.

How to Start a RPSG

What follows are suggestions on how to start a RPSG. That said please do what works best for you and your group to support your abstinence,

Size: ideal is 4-5 members.

Meeting length: allow 10 minutes for format and about 15 minutes per member. For a 4 person group it would be about 1 hour 10 minutes. You can use a timer or self-time.

Frequency: Once a month. Look for a simple time everyone can remember like the first Sunday of the month at 7:30pm

Virtual meeting: If you use Zoom you just need one member to have a zoom account and be host and send out the links. You can use screen share to read format and/or share your writing if that helps. I suggest you all be video-on to see each other and be totally focused on helping each other.

Physical Meeting: Find a quiet private location or meet it each other's homes and if possible rotate to share the traveling.

Leader: Either take turns leading the meeting or the same person can do. All the leader does is follow the format.

Before each meeting: Read the relapse, warning signs lists and fill out the matrix so you have it for the meeting.

After each meeting: Review your actions/support plan as needed between the meeting.

As needed: Check in with each other and see how the process is going and if it needs revision. Keep in mind the fundamental goal is to help us all stay abstinent.

Membership: This is a relapse prevention support group and is intended for people who are abstinent and want to avoid relapse. If a member does lose their abstinence the group should support them in working the OA program and regaining their abstinence.

If any of the members sponsor each other they should make sure it doesn't lessen the effectiveness of that relationship. For example are you open to getting feedback on your program from your sponsee.

Commitment: It is important if the members attend consistently and let the other members know if they have a conflict. The group can decide if they want to adjust the schedule for the members schedule conflict.

Documents Needed which are in this file.

RPSG Workshop: This is the handout used at an OA Virtual Region workshop. It explains the whole process and I recommend reading it before starting.

RPSG FORMAT this is the Meeting Format:

RPSG Worksheet this is a blank worksheet that you can write or type in. If you prefer to write it out another way that is fine. I do suggest you both write down your warning signs, actions and support. Equally during the meeting write down anything else that you feel will help you.

You can use this both as a complete list of your warning signs as well as to flag the ones that are ACTIVE.

RPSG Examples and Checklist: This contains a check list of possible relapse warning signs as well as additional examples. It is suggested you read this before you fill out the RPSG Worksheet. Note this list is not meant to be exhaustive. Everyone with the help of OA has to learn to recognize their own relapse warning signs. We are all unique.

OA Promises: Suggested to close with though use whatever you prefer.

Relapse Prevention Support Group Format

Opening: A moment of silence followed by the Serenity Prayer.

Relapse is a process, not an event. Over time, we may change how we work our program in subtle ways, doing less of the things that help us stay abstinent. This works for a while, but eventually, we may find ourselves in relapse. **When a compulsive overeater has a relapse, food is typically the last thing to go.** The purpose of this worksheet is to help OA members prevent possible relapses.

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Feedback Session

Our goal is to support the group members while pointing out problems that may cause future relapse.

The feedback session is designed for individuals who want to present their own warning signs and management strategies and receive feedback from other group members. The individual briefly presents the warning sign s/he is dealing with. **The group then has an opportunity to ask clarifying questions and give feedback.**

This is done in a structured manner. First, group members are encouraged to ask questions about anything they did not understand about the warning sign or how the person is attempting to manage it. After that, each member is given the opportunity to give feedback to the person who presented a warning sign.

It is important that people giving feedback do so in a way that is rigorously honest, but yet loving and supportive at the same time.

Good feedback covers four concerns:

5. What I think your warning sign is and how I see that you are managing it.
6. How I felt about you while you were talking and responding to questions.
7. The strengths I see that you have that will help you to manage these warning signs.
8. The weaknesses I see that may prevent you from managing the warning signs.

Between now and the next group please take what you have written and review it or place it where you can easily see it.

Closing: A moment of silence followed by Rosanne's Prom

RPSG Worksheet

Relapse Warning Sign	Now?	OA Action Plan	Program Support
Program			
Food and Physical			
Emotional			
Spiritual			
Life Events and Triggers			
Other Warning Signs			

Examples of Possible Relapse Warning Signs

Examples by Category:

OA Program

- Less or no meetings
- Less or no sponsor contact
- Stalled on steps or no maintenance Steps
- Not making or returning phone calls/texts
- Leaving meeting early or coming late. Or not really present at meetings.
- Texting or focused on something else in zoom meetings.
- Not sponsoring or working with newcomers
- Little / no OA service
- Not reading OA literature
- Not following OA traditions
- No action plans
- Reducing self-care routines
- Not working all the OA tools
- Any other aspect of your OA Program that you are doing less of

Physical/Food

- Eating between meals
- Food creep which can be volume or calories or types of foods that are exceeding normal portions.
- Red/Yellow light foods turning Green
- Rationalizing food choices
- Eating out more than normal or making restaurant choices that risk your recovery
- Using food delivery vs cooking abstinent food
- Night eating / grazing / tasting while cooking / sampling at markets
- Use of alcohol
- Use of recreational drugs
- Other addictive substances and behaviors (cigarettes, social media, sex, etc.)
- Obsessed with “free foods” (sugar-free gum, artificial sweeteners, diet soda, etc.)
- Not measuring foods, you used to measure
- Fasting
- Excessively weighing yourself
- Excessive Exercise
- Laxatives and Purging
- Any other behavior or lack of that moves you in the direction of the food

Emotions/Spiritual

- Lost Higher Power or Spiritual connection
- Ongoing resentments
- Untreated depression
- Alienated from religion of choice
- Religion no longer working for you
- Insomnia
- Anxiety issues
- Mental health issues
- Medication side effects
- Not getting / taking correct medication or treatment for mental health
- Health issues that affect emotions (e.g., no exercise, physical injuries)
- Spiritual Crisis
- Anything else that effects your emotional or spiritual well being

Life Events/Triggers

- Loss of employment
- Co-worker challenges
- Financial issues
- COVID Pandemic
- Health issues, both yours or your loved ones
- Travel, particularly to new places
- Holiday food traditions
- Weddings and other events with lots of food
- Airports and long flights
- Move, local or long distance
- Pregnancy and infant care
- Relationship difficulties, including break-ups and divorces
- Dating and new relationships
- Eldercare issues
- Being around an ex-spouse
- Family members having problems, particularly your children
- Death of a loved one
- Being in a bakery or at a buffet
- Holiday with challenging family and food choices
- Anything else going on in your life that might trigger your food

The above lists are not meant to be exhaustive. Please add anything to the list that will help you be aware of possible relapse warning signs.

A Checklist of Symptoms Leading to Relapse

While the individual her/himself must maintain the disciplines that insure abstinence, there are ways in which others can help. Nearly every person close to the food addict is able to recognize behavior changes that indicate a return of the old ways of thinking. Often these individuals and fellow OA members have tried to warn the subject, who by now may not be willing to be told. S/he may consider it nagging or violation of his or her privacy. There are many danger signs. Most food addicts, if approached properly, would be willing to go over an inventory of symptoms periodically with a spouse or sponsor. If the symptoms are caught early enough and recognized, then the food addict will usually try to change his or her thinking, to get “back on the beam” again. A regular inventory of symptoms might prevent some relapses.

The following is a list of common symptoms leading to possible relapse—or to what OA commonly calls “stinking thinking!”

1. **Exhaustion:** Allowing yourself to become overly tired or in poor health. Some food addicts are also prone to work addictions—perhaps in a hurry to make up for lost time. Good health and enough rest are important. If you feel well, you are more apt to think well. Feel poorly and your thinking is apt to deteriorate. Feel bad enough and you might begin thinking “a little Sara Lee” couldn’t make it any worse.
2. **Dishonesty:** This begins with a pattern of unnecessary little lies and deceptions with fellow workers, friends, and family. Then come important lies to yourself. This is called rationalizing—making excuses for not doing what you do not want to do, or for doing what you know you should not do.
3. **Impatience:** Things are not happening fast enough. Or, others are not doing what they should or what you want them to.
4. **Argumentativeness:** Arguing small and ridiculous points of view indicates a need to always be right. “Why don’t you be reasonable and agree with me?” Looking for an excuse to eat?

5. Depression: Unreasonable and unaccountable despair may occur in cycles and should be dealt with—talked about.
6. Frustration: At people and also because things may not be going your way. Remember—everything is not going to be just the way you want it.
7. Self-pity: “Why do these things happen to me?” “Why must I be a food addict?” “Nobody appreciates all that I am doing (for them).”
8. Cockiness: Got it made—no longer fear disease of addiction—going into eating situations to prove to others you have no problem. Do this often enough and it will wear down your defenses.
9. Complacency: “Eating was the furthest thing from my mind.” Not eating was no longer a conscious thought either. It is dangerous to let up on disciplines because everything is going well. Always to have a little fear is a good thing. More relapses occur when things are going well than otherwise.
10. Expecting too much from others: “I’ve changed, why hasn’t everyone else?” It’s a plus if they do—but it is still your problem if they do not. They may not trust you yet, may still be looking for further proof. You cannot expect others to change their lifestyle just because you have.
11. Letting up on disciplines: Prayer, meditation, daily inventory, OA attendance. This can stem either from complacency or boredom. You cannot afford to be bored with your program—the cost of relapse is always too great.
12. Use of mood altering chemicals: You may feel the need to ease things with a pill, chemicals, or alcohol, but you can easily lose your abstinence this way—about the most subtle way to have a relapse. Remember, you will be cheating if you use alcohol or mood altering drugs.
13. Wanting too much: Do not set goals you cannot reach with normal effort. Do not expect too much. It’s always great when good things you were not expecting happen. You will get what you are entitled to as long as you do

your best, but maybe not as soon as you think you should. “Happiness is not having what you want, but wanting what you have.”

14. Forgetting gratitude: You may be looking negatively on your life, concentrating on problems that still are not totally corrected. Nobody wants to be a Pollyanna—but it is good to remember from whence you started—and how much better life is now that you are abstinent and recovering.
15. It can't happen to me: This is dangerous thinking. Almost anything can happen to you and is more likely to if you get careless. Remember, you have a progressive disease, and you will be in worse shape if you relapse.
16. Omnipotence: This is a feeling that results from a combination of many of the above. You now have all the answers for yourself and others. No one can tell you anything. You ignore suggestions or advice from others. Collapse is probably imminent unless drastic change takes place.
17. Isolation: Isolation is a large part of our disease. Have you physically or emotionally removed yourself from others and/or from daily life? This happens subtly with excuses for not interacting with others.
18. Expectations: Are your expectations realistic for yourself and/or others, or are you still holding yourself and others to impossible and/or inappropriate demands?

Below is a link to the OA website for Relapse Prevention they have additional information to prevent relapse.

<https://oa.org/working-the-program/relapse-prevention/>

OA Promise

I put my hand in yours, and together we can do
what we could never do alone.

No longer is there a sense of hopelessness,
no longer must we each depend
upon our own unsteady willpower.

We are all together now,
reaching out our hands for power and
strength greater than ours, and as we join hands,
we find love and understanding
beyond our wildest dreams.