Gorski’s Ten Phases of Relapse

Facilitator Guide | 60–75 minutes

Purpose. Explore Gorski’s Ten Phases of Relapse as a reflective warning-sign framework, identify five personally relevant warning signs, and rehearse responses that support recovery.

Clinical framing and group safety

Relapse is not a moral failure. Return to use is not inevitable and does not follow a fixed sequence. These ten phases are a historical psychoeducational model, not a diagnostic instrument or validated prediction tool. A return to use can occur without the listed signs; signs can occur without any return to use.

Depression, sleep changes, isolation, and anxiety warrant compassionate attention and may reflect conditions other than substance use. Invite voluntary participation, avoid requiring disclosure, and offer alternatives to 12-step or spiritual supports. If a participant expresses suicidal intent, severe withdrawal, overdose concerns, or imminent danger, follow the organization’s emergency protocol; in the U.S., call 911 for immediate danger and 988 for suicide/crisis support.

Suggested session agenda

0–10 min: welcome, ground rules, define relapse and recovery. 10–25 min: introduce ten-phase model with cautions. 25–40 min: paired or private reflection on five warning signs. 40–60 min: “Notice–Name–Respond” practice. 60–75 min: support plan, optional discussion, closing.

The Ten Phases of Relapse — discussion guide

1. Return of Denial. Difficulty acknowledging worry, vulnerability, or feelings about recovery. Possible response: Name one concern and share it with a trusted support.

2. Avoidance and Defensive Behavior. Avoiding honest check-ins; defensiveness, overactivity, impulsivity, or withdrawal. Possible response: Ask for feedback and schedule a recovery check-in.

3. Crisis Building. Problems accumulate; narrow focus, low mood, or plans begin to unravel. Possible response: Choose one solvable problem and request practical help.

4. Immobilization. Feeling stuck, hopeless, distracted, or unable to begin needed tasks. Possible response: Break the next step into a five-minute action.

5. Confusion and Overreaction. Irritability, strained relationships, or difficulty thinking clearly. Possible response: Pause, regulate, and communicate needs without blame.

6. Depression. Persistent low mood, sleep/appetite changes, or reduced daily functioning. Possible response: Seek professional assessment; do not assume depression equals relapse.

7. Behavioral Loss of Control. Disrupted routines, missed supports, withdrawing, or giving up on recovery activities. Possible response: Reconnect with support and simplify the daily plan.

8. Recognition of Loss of Control. Feeling overwhelmed and noticing serious consequences or urges. Possible response: Tell someone directly; develop a same-day safety/support plan.

9. Option Reduction. Feeling trapped, hopeless, or believing substance use is the only escape. Possible response: Widen options immediately with trusted people and professional help.

10. Acute Relapse Period. Substance use may occur, or an urgent emotional/physical crisis may emerge. Possible response: Prioritize immediate safety, medical care when needed, and compassionate re-engagement.

Facilitated exercise: Notice–Name–Respond

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Invite participants to select five signs they recognize from their own experience (or from a fictional case). For each: (1) describe an observable example; (2) identify a need or stressor; (3) choose one supportive action; (4) identify someone or somewhere to contact. Encourage early, practical, nonjudgmental action.

Fictional discussion scenario

A person in recovery begins missing appointments, sleeping poorly, and withdrawing after a stressful move. They also feel ashamed to ask for help. What explanations are possible besides relapse? Which supports would help? What would be a compassionate first conversation?

Questions for discussion

Which warning signs are most personally relevant? Which signs might be misread? What helps you distinguish a temporary difficult week from a pattern needing attention? How can you ask for help before a crisis? How would you respond to a return to use without shame?

Facilitator close and references

Ask each participant to name one action they can take this week and one support they can contact. Source framework: Terence T. Gorski’s relapse warning-sign model, reflected in the user-supplied “Relapse” handout. For publication, verify primary-source attribution and permissions. This adaptation is newly written; it does not reproduce the source’s extended wording.

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