

RPD1016 Introduction to Relapse Prevention
Post Test Session 9

Multiple Choice (circle the one that represents the best answer)

1. The session's definition of "Relapse" is:
 - a. To fall back into a previous condition, especially after a partial recover from illness.
 - b. Falling down and not being about to stand back up.
 - c. Not understanding why it is in our own best interest to stop using.
 - d. Being unwilling to even consider not drinking or using.

2. In our session relapse "triggers" involve:
 - a. Ideas, concepts and philosophies.
 - b. Ideals, psychologies and therapies.
 - c. People, places and things.
 - d. Wants, needs and feelings.
 - e. More than one of the above.

3. What might be a threat to my relapse prevention?
 - a. Living with a family member who uses.
 - b. Hanging out with old friends.
 - c. Not having a support system.
 - d. Thinking it is o.k. to use just once.
 - e. All of the above.

4. Our session says that it is not uncommon for newcomers to hear:
 - a. Attend 90 meetings in 90 days.
 - b. Take it easy, life is short.
 - c. Develop a relationship with someone at a meeting.
 - d. Expect perfection.

5. Our session says that one way to keep our focus on recovery is to stay:
 - a. Hungry.
 - b. Angry.
 - c. In touch with our sponsor and friends in recovery.
 - d. Isolated from everyone.

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6. Which of the following **is not** a phrase that is useful in Relapse Prevention:
- a. Demand Self-Perfection.
 - b. First Things First.
 - c. One day at a time.
 - d. This to Shall Pass.

True or False (circle one)

7. My relapse prevention is not in danger if I get hungry, angry, lonely or tired.
- a. True
 - b. False
8. If I relapse after the third time I should just give up.
- a. True
 - b. False
9. Alcoholics Anonymous is not the only recovery support group.
- a. True
 - b. False
10. It is important to know the signs of relapse.
- a. True
 - b. False

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Please Complete the Following:
(Please write legibly)

Name: _____
Address: _____
Phone: _____
Your TDCJ Division or Contracted Provider: _____
License Type & Number: _____
Date Session Completed: _____

Was the session of value to you? 1 2 3 4
Not at all Somewhat Mostly Very

How and why?

What suggestions do you have for making the materials more relevant for you and your job?

If you have additional comments, you can write on the back or attach extra pages.

Send this completed test and your evaluation to:

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