



Managing Setbacks Using the Escalator

A ton of work has fortunately been done in the field of substance use/abuse and coexisting issues and understanding the concept of relapse and effectively utilizing relapse prevention techniques. Many substance abuse counselors have been greatly influenced by Terence Gorski's excellent work on relapse prevention planning which is still extremely effective and highly relevant. Anyone learning to deal with the issue of relapse themselves or helping others to learn to prevent relapse as a counselor or other helper, should read Gorski's timeless work on relapse prevention including "Staying Sober" (Gorski and Miller, 1986)

The Escalator nevertheless looks at relapse a little differently than it has traditionally been considered. The Escalator, considers relapse through the lense of motivation and insight as opposed to the traditional view of relapse in terms of a return of a negative behavior after a period of recovery. To start to explain, let's compare the traditional view of relapse with the updated understanding of the same concept as viewed in the Escalator:

relapse, (verb)

1. to fall or slip back into a former state, practice, etc.: to relapse into silence.
2. to fall back into illness after convalescence or apparent recovery.
3. to fall back into vice, wrongdoing, or error; backslide

The traditional view of relapse implies a period of change for the better, only to be followed by "falling back" toward the previous more destructive way of living prior to the positive change. This viewpoint of relapse makes sense in cases when it is applies, which is more common for those individuals who have a degree of insight and motivation. People who recognize a problem and who are motivated to make changes to improve that problem often unintentionally or accidentally return to their old behavior despite their best motives. However, this definition of relapse implies with it a period of significant improvement and change (recovery) prior to the return of negative behaviors (relapse).

In treatment and other recovery settings, however, something quite different often occurs that is often referred to as "relapse" in the traditional sense but in reality does not fit the criteria to be considered a "relapse" by literal definition. This common situation usually occurs with less insightful and/or less motivated individuals who are in some kind of treatment setting. In order to understand this phenomenon, first consider the following two common scenarios:

Ryan: (A person lacking *insight* who returns to negative behaviors): Ryan was in a situation that in effect forced him into stopping his use of cocaine as he was recently arrested for the second time for possession of cocaine. As a result, Ryan was concerned that he would be drug tested at his next court date. Ryan was able to stop using cocaine successfully for two weeks based on his fear of consequences. All the while, despite stopping use of cocaine, Ryan openly admitted that he did not see a problem with using cocaine despite his two arrests. Ryan's parents and girlfriend all expressed concern that he has a drug abuse problem especially after he was arrested for the second time, however Ryan insisted that there is no problem and his arrests were just "bad luck". Ryan clearly lacked insight. After Ryan's initial successful two weeks of not using cocaine, he went to court and although he should have been found guilty of a second cocaine charge, his charges were dropped due to a legal technicality. Ryan's mother then called his counselor days later to report: "Ryan is snorting cocaine again since he went to court and his charges were dropped – He RELAPSED!"



>The question is: ***Is this scenario truly a relapse?*** Although there was a period of perceived change, (cessation of cocaine use for two weeks), Ryan was clearly never truly invested in the process due to his lack of insight. The first moment that external factors were removed, he returned to his negative behavior. Consider a second case:

Mandy: (A person lacking *motivation* who returns to negative behavior): Mandy realized she needed to stop drinking because she had plenty of serious problems related to her past drinking over the years. She has insight and realized that she definitely has a problem. Mandy told her new counselor that she wanted to stop drinking because she was aware that drinking contributes to her depression. Mandy has Bipolar Disorder and was aware that if she drank again, eventually she would end up getting depressed again at some point. After three weeks of not drinking, Mandy's depressed mood improved and she felt an elevated mood again. Along with Mandy's improved mood she experienced a sense of confidence that she will somehow be alright if she started drinking again, so she eventually did. Her counselor soon found out she was drinking again and when asked Mandy simply stated "I RELAPSED" even though she made a conscious decision to start drinking again not long after she decided that she felt a little better.

>The question again is: ***Is this truly a relapse?*** Once again, although there was a period of change, (three weeks abstinence), Mandy lost her motivation which resulted in her actively choosing to return to drinking. As soon as the circumstances that were motivating her to want to stop drinking subsided (her depression) she decided herself to give up on the change process.

Based on the Escalator viewpoint, along with many other substance abuse treatment perspectives, neither of those two scenarios would be considered a relapse in the truest sense of the word. Relapse is often seen as the antithesis of recovery. By definition then, for someone to relapse, there first has to be a degree of recovery. In the two examples above, the amount of actual clean time as well as each person's attitude and motivation were highly questionable which could cause one to question whether either of those people were "in recovery" in the first place. Rather, many would agree that in those situations in which they stopped using for a brief time period, minimal if any recovery actually took place. In that case then, neither situation was truly a relapse without the presence of recovery.

As stated previously the Escalator is sensitive to the role motivation and insight play into one's progress in the upward change process and this is true with the relapse process as well. Therefore a broader, a more all-encompassing term is used in addition to just relapse. That term is *setback*:

Setback – an unfortunate happening that hinders or impedes; something that is thwarting or frustrating

The term setback, describes a backwards move in progress in much broader terms than relapse. As revealed in the two previous case examples as well as in many other similar scenarios, people regress back toward negative behaviors for a variety of reasons, many of which cannot be considered relapse in the traditional sense. Referring to these periods of digression which can occur frequently early in the upward change process as *setbacks* is more accurate in many instances as this concept can be viewed in a slightly different light than the concept of relapse.

A good way to conceptualize the need for a new term such as setback instead of referring to every time someone uses again as a relapse occurs frequently in outpatient treatment settings. Often in an outpatient or intensive outpatient program, there are some people in the program who come in week after week saying "I relapsed" because they went a few days without using but then kept going back to using substances again. To constantly consider each "mini-episode" as a period of brief recovery



followed by a relapse just days later is overstating what is really happening with those individuals. What is much more likely occurring with someone who keeps coming back saying that they used week after week is that there really still is a significant issue with motivation for committing to the upward change process. It is much more likely that the issue with a person in that situation is that he or she really does not yet fully desire to stop using as opposed to the issue being a lack of relapse prevention skills. The best way to determine the difference between the primary issue being either lack of motivation or lack of skills is that if you teach a motivated person the skills, they should improve. Frequently time may reveal that the development of relapse prevention skills does very little for a person who in reality lacks motivation to stop using and just does not want to change yet. In that case it is important to refocus on motivation building.

The concept of relapse prevention is very similar to the overall purpose behind the development of the Escalator. The Escalator is not just for those who recognize a need for change (insight) and want change (internal motivation) and know that there will be consequences if they do not start to change (external motivation). The Escalator takes into account those who are not fully aware of a need to change or are not ready to change. Similarly, the view of preventing and coping with setbacks in the change process is much more expansive than simply teaching motivated, insightful individuals how to avoid triggers and make other life changes to prevent relapse. Managing setbacks takes into account the added role of increasing insight and motivation in the overall change process in addition to skill building for relapse prevention.

Understanding Setbacks – The Key Principles for Clients:

0- Get Honest – What is the truth with regard to what is going on with your setbacks? - The reason this is **Principle Zero** instead of starting as principle number one is because before anyone moves forward with following principles it is important to first get honest about repeated setbacks and make an informed decision. It may not be a good time to work on setbacks right now

If you are a counselor reading this, it is important to ask yourself: Is there evidence that this person that I am trying to help really wants to change? Even if there is a little desire or hope then that may be enough to move forward. Unfortunately however there are often people working on the change process who really are only “going through the motions” to appease others and eventually this will reveal itself especially when it seems like there is setback after setback with little evidence of progress in between.

- Go Back - Is there some more motivation and insight building that can be done? If progress is repeatedly being thwarted then that may be a strong indication that the real issue is a lack of insight or motivation. If it seems like setbacks are repetitive it is helpful to reexamine motivation and insight building strategies and activities.
- Consider Treatment Options - Is there a need for intensifying the level of formal supports? If this is happening in a treatment setting, this may be time to consider a more intensive level of care (For example if outpatient, consider more intensive outpatient or perhaps if in individual therapy consider adding a group; If already in intensive outpatient, consider residential treatment, etc.)
- Move Forward with Managing Setbacks -If after getting honest there seems to be some hope and motivation for change then move on and start reviewing the principles below for effective setback management, starting with the first and most important principle; Do not give up:



1- Do not give up: This is the single most important principle for eventual success. If you find yourself back at this point in the Escalator again that does not mean you are not succeeding overall. The upward change process involves learning from mistakes. Therefore using setbacks as a learning tool can be a critical part of that process. All that you are required to do, even if you have repeated setbacks, is be as open and honest with yourself and those trying to help you in order to dig deeper into your own understanding of the factors influencing your setbacks and then being creative in coming up with new ways to overcome setbacks or else practice and improve your existing abilities to overcome setbacks. For some, the upward change process may be more challenging than for others but never allow yourself to lose hope because the following is true for every person: **IF YOU DO NOT GIVE UP YOU WILL SUCCEED.**

2- There is no room for discouragement: Absolutes can be hard to come by in this complex world we live in but they do exist. One absolute is that discouragement is never good when it comes to achieving our goals. Discouragement saps you of your power and strength so if you or those that you are working with are experiencing discouragement it is important to crush that discouragement like a bug. Hope and courage must triumph and be kept alive in the upward change process. It is normal to feel a little guilt and remorse after a setback but then it critical to allow our feelings of hope to renew our desire to overcome setbacks rather than allowing them to weigh us down.

3- Setbacks Happen: This fact is already known in the world of substance use issues but it is important to remember. Accepting the fact that more often than not, there may be steps backward within the greater goal of moving forward is critical to process of upward change as a whole. It is important not to use this as an excuse for allowing yourself to experience setbacks, relapses and other temporary or extended periods of sliding backward. Still, someone who is sincere in their desire for change that makes an honest mistake can find relief in the fact that setbacks are often part of the process. The same holds true for counselors and other helpers who also need to avoid being discouraged when things don't always go the way they should. Even for the less motivated or those lacking insight, if we cannot accept setbacks, especially early in the change process, then we are not allowing a chance for the process to get a firm foundation from the start. Remember, if everyone who has setbacks early in the upward change process was simply deemed "not ready" and the change effort was abandoned, then there will be a lot of unmet potential for many people who simply need to work on their motivation and insight to get a kick start their way toward embracing success and inspiration. A good analogy is like learning to ride a bicycle. If either the child or the parent teaching their child to ride a bicycle gave up on the process after the child falls or loses their balance a few times early in the process, there would be a lot fewer kids out there riding bicycles. Kids who fall early on get back on the bicycle. Setbacks happen, so it is important to remember to get up and keep going.

In fact, the simple presence of repeated setbacks does not automatically mean that there is no progress. Often, repeated setbacks indicate that something is wrong and needs to be adjusted in order to improve progress and prevent even more setbacks. Still, even when there are multiple setbacks over a period of time in one's upward change process, there still can be measurable overall progress. Some things to consider are:

- Are the setbacks gradually getting less frequent (Is the time between setbacks increasing?)
- Are setbacks getting shorter or less intense? (Is it becoming easier to "bounce back" from a setback or keep a setback from becoming an all-out binge?)



- Is there distinct learning going on in response to setbacks? Sometimes the cliché “two steps forward, one step back” can apply to the upward change process in some cases. What is important is that the response to each setback involves a level of improved knowledge and skill based on each experience. There is a lot to be said when it comes to “learning from your mistakes” when it comes to learning to manage and prevent setbacks effectively in the future

It is important to reiterate that the phrase “Setbacks Happen” is not a built in excuse for someone who is just continuing to use over and over again. It is not acceptable for someone for example to use drugs all weekend and just approach their helpers on Monday morning and just say: “Oh well, setbacks happen!” This is not a free pass to allow oneself to give up or mess up on purpose or to be so lax in the change process that unnecessary risks are taken with the mindset that it does not matter if there are mistakes. The primary goal should be to eliminate setbacks altogether. The next principle helps distinguish between what is a setback that can be rectified and what was really just something else:

4- Did you “give yourself permission” to have the setback? This is a critical question – Mediating and getting honest about that searching, investigative question speaks volumes about the true nature of a setback. This question is motivationally-based as it really gets to the heart of the matter. On the surface, returning to substance use after a period of abstinence may present itself as just an unfortunate circumstance or as part of a series of poor choices or as the result of unexpected challenges that were perhaps too difficult to overcome. Setbacks are often associated with some form of adversity or personal trials or unfortunate events. On the other hand, however, at times people who abuse substances or engage in other negative behaviors in actuality allow themselves a “cushion” that serves as a safety net in between periods of progress and regression. That may be difficult to understand at first let’s start by considering what is meant by a *cushion* in this instance:

Cushion - something that lessens the effects of hardship, distress, or the like: *His inheritance was a cushion against unemployment.*

Upward change efforts for some, can inadvertently become a repeating cycle of relative progress, followed by a period of setbacks, back to a period of relative progress, and on and on. This type of situation may resemble a car in the mud “spinning its wheels” looking like it’s going to suddenly pull out but in reality never really getting too far. The real issue may simply be a matter of repeatedly building then reusing a figurative “cushion”. A person caught in this cycle may not even realize that they are doing this. The way it works is as follows. After a period of upward change and progress, a “cushion” is often built. Specifically, with progress, trust with family and concerned others is often rebuilt, which may bring with it the devious unconscious thought that due to progress, others may be more forgiving if there is a brief setback. In this sense a person who abuses substances may subconsciously “give themselves permission” to return to use for a brief period, based on the previous progress that has been made. Unconscious thoughts such as “others will forgive me” and “people who care about me may be upset but because I made some progress they won’t give up on me” or even something like “my probation officer will cut me some slack because I have been good for a while now” sets the stage for someone to “allow” themselves to experience a setback for a period. Simply put, an honest question after a setback may be: ‘Did you really mistakenly experience a setback or in all honesty did you just reward yourself by allowing yourself to use substances again since it has been a while?’ This concept can be challenging to grasp at first, therefore it is explained in much greater detail later.



5- Setbacks are not just about “people, places and things” – The concept of triggers is critical to the upward change process. It is an essential fact that when trying to avoid the return of negative behaviors, identifying relapse triggers and then coming up with steps to avoid those triggers is at the very core of traditional relapse prevention. Triggers are most commonly viewed in terms of “people, places, and things” associated with a negative behavior (such as substance abuse) which at this point most people in the world are very well aware of. The principle for relapse prevention and triggers is simple: Identify and avoid people, places, and things associated with negative behaviors (such as substance abuse) then the risk of relapse is averted. That indeed is a simple but very effective concept and a great start, however more is involved.

The simple “identify and avoid triggers” concept is effective and simple for sure however one shortcoming is that the concept of triggers can be limited in scope, and therefore may only be primarily useful for those who are motivated to change. Any counselor who has had some experience in the world of substance abuse treatment can speak to the challenges of trying to teach people with limited motivation that they need to change their friends, and change where they like to go, etc. (changing people, places and things) If you know adolescents, it really drives the difficulty of this point home. Try telling a teenager that he or she needs to change his or her friends if they want to be successful. In theory it makes sense, but in practice teaching trigger avoidance can be an exercise in frustration and futility. Don’t be mistaken, the concept of avoiding people places and things works wonders, but only for those willing to make the effort. Unfortunately, many people getting help for substance use issues are not willing to change their people, places and things. Trigger avoidance alone simply may not work for the less motivated or for people who are extremely caught up in surroundings associated with drug use such as being involved in a gang or living in a drug infested neighborhood, for example.

In addition, even when considering those people who are in fact willing to make the changes necessary to prevent setbacks, more is often needed when it comes to just avoiding people, places and things. There are a variety of other factors that need to be considered especially when taking into account the variety of coexisting issues associated with substance use issues. People, places and things are external and easily identified as they are most often tangible and concrete in nature. Other relapse prevention strategies consider the less tangible but no less important concept of “internal triggers”. The Escalator breaks down the factors that influence setbacks in expanded terms beyond just *people, places and things*:

- External Setback Factors: These are much easier to identify because they are *outside* of you. They can be people, places, things or events. The best way to deal with external setback factors is to simply avoid them. However, this is not always possible to do, therefore, you need to develop a plan of action for these triggers before you encounter them, otherwise it may be too late.
- People directly associated with negative behaviors can include friends, coworkers, associates, neighbors, schoolmates, etc. Also, people may be indirectly associated with negative behaviors can trigger setbacks. For example a family member who does not themselves use could still be classified as a setback factor if dealing with that person triggers urges or cravings to use perhaps due to arguments or other stressful relationship issues.
- Places can be directly or indirectly associated with negative behaviors. For example bars and parties may be obvious places where there is a strong influence toward negative behaviors, however indirectly places like one’s place of employment, or home environment, although substance free can be linked with urges to engage in negative behaviors for escape or stress relief. There can also be an association formed between a place and substance use if in the past there has frequently been substance use in that particular place, (for example, the movie theater



can be a place associated with substance use if many weeks in the past were spent getting high and watching movies there)

- Things associated with negative behaviors could include commercials, paraphernalia, having extra money, etc.

ALSO – Do not forget - Events - So often behavior is influenced by both positive and not so positive life events that come up at various times throughout the year such as: holidays, anniversaries (including the date of loss of a loved one) work, school, or other social events indirectly or directly associated with urges to resume negative behaviors such as substance use

Internal Setback Factors: These are much more difficult to identify because they come from within and these factors are usually much more abstract than external setback factors. We may have a tendency to deny they even exist so it is important to be aware of our THOUGHTS and FEELINGS as well as HABITS and CONDITIONS

- Thoughts: Examples – “I am never going to be able to do this!” (Discouragement) “I’ll quit tomorrow” (Procrastination) “I can get away with it just this once (Taking advantage of the “cushion”) “I want to have fun more than I want to get better right now’ (Misguided values and priorities)
- Impulsivity – This is so common especially with many coexisting mental health issues (such as ADHD and Bipolar Disorder, among others). Impulsivity in its most basic form is acting without thinking which can cause a whole lot of avoidable trouble and setbacks.
- Feelings – Feelings that trigger setbacks can be - Negative: stress, anger, sadness, disappointment, etc. or Positive: Excitement, elation, etc. or Neutral: boredom, for example
- Habits/Routines: For example, going to convenience store to buy lottery ticket, walking past an old neighborhood associated with negative behaviors, driving past an exit on the highway that you know leads to not so good places are all examples of routines that can trigger setbacks
- Conditions: Conditions that can trigger setbacks include coexisting issues and conditions that may make the upward change process more challenging, which can be:
 - *Physical/Medical* – such as physical pain or injury, surgery, recent diagnosis or unexpected return of symptoms of a chronic illness.
 - *Psychological* – depression, anxiety, trauma, mood swings, etc.

Conditions at times flare up for no reason and can unfortunately get worse even when someone is doing everything right in the upward change process. (For example, a person with a back injury who is doing well with their substance use issues may unexpectedly re-aggravate their back resulting in increased physical pain and discomfort which increases cravings for addictive pain medication)

6. The best way to learn about overcoming setbacks is ongoing honest motivational self-assessment; “Why did I use?” – Of course it is much easier said than done when it comes to asking and honestly answering the questions such as “Why did I slip up?” or “Where did I go wrong?” However, the honest search for the answer to these questions is really at the core of the Escalator method for overcoming and managing setbacks. The Escalator considers this critical self-searching question of “Why did I use” in terms of motivation and insight. The purpose at hand is specifically tailoring methods and strategies for overcoming setbacks to one’s motivation and insight levels. The



role that motivation and insight (or lack thereof) played in a setback episode is essential as opposed to the common mistake of only focusing on interventions for those who really are ready for change.

The rest of this chapter is based on these principles for managing and overcoming setbacks. There are specific activities for various levels of motivation and insight based on these principles with the goal of strengthening one's overall ability to effectively manage and intensify their individualized upward change process so that setbacks can be overcome and averted in the future.

There are a variety of specific activities and perspectives with regard to what to do if you are experiencing repeated setbacks. The following **Setback-Motivation Guide** will help you to decide which area you may need to work on. Try to answer each thought provoking question about your most recent setback. Then, based on some of your motivational issues, **The Setback Motivation Guide** will provide you a suggestion of a specific activity that may benefit you and help you specifically with the issues that may be contributing to your setback.

WHAT TO DO WHEN THERE IS A SETBACK:

1 – First, define, explain and try to better understand the setback: In order to start the process of working toward overcoming setbacks, it is important to define and explain exactly what has happened. Tell the “story” of the setback and be detailed including not only what happened but also your thoughts and feelings where relevant.

2 - Review Risk and Need for Treatment: Safety should always be first. When there was a setback, what potential harm or risks are present? Are you at risk for harm if you don't get increased professional help? Always consider safety factors such as overdose (or potential overdose), suicidal thoughts, plans or attempts, aggression or violence associated with the setback, life threatening decisions related to the setback (such as intoxicated driving), health risks (such as a heart conditions) as well as potential harm to others (especially children). The greater the risk and safety issue, the more serious the setback. For any life-threatening situations, always seek professional help immediately.

3- When you are ready to specifically get to work on the setback itself, then start by completing the following:

The Setback Motivation Guide – Where to Focus When Experiencing Setback:

The following exercise can guide you to start thinking about some of the reasons why you may be experiencing setbacks. Perhaps you have already been through this exercise in the past and you had another setback so you are back at this point again. Below are some common answers to the pivotal and at times elusive question of “Why did I experience a setback”. Place an X next to the answers that may apply to you below. The key to using this exercise is to try to focus on quality over quantity. In other words, try to focus more on just the one, two or three issues listed below that really stand out as relevant to your current situation as opposed to checking a lot of different areas that may seem to apply.



- ___ 1. I still don't even fully believe that I need to change
- ___ 2. When I really get honest with myself, I have to admit, I just don't want to stop or change right now
- ___ 3. My desire for the feeling or the fun right now is stronger than my desire to stop
- ___ 4. There seems to be no rhyme or reason for why setbacks keep occurring and they happen quite often.
- ___ 5. My environment is a significant factor when it comes to setbacks
- ___ 6. A lot of the time when I mess up and use again it's because I get around the wrong people or places.
- ___ 7. Certain events in my life are a big struggle for me when it comes to avoiding setbacks.
- ___ 8. My mental health issues get in the way. When they get worse, I am more likely to use.
- ___ 9. There are issues within my own mind that get me started down the wrong path towards setbacks
- ___ 10. There are certain conditions (like health problems) that flare up and I end up using again
- ___ 11. I make decisions without thinking that can result in setbacks
- ___ 12. I have setbacks when my emotions get the best of me
- ___ 13. When it comes down to it, sometimes I feel like I deserve to use
- ___ 14. I sometimes convince myself I will be OK if I just use one more time
- ___ 15. Sometimes I forget about the consequences or just push them out of my mind
- ___ 16. Sometimes I have setbacks because I lack patience
- ___ 17. I need to learn more self-control
- ___ 18. I would do better if I could just learn to say no
- ___ 19. I get discouraged sometimes, which can lead to setbacks
- ___ 20. Certain situations or people get me down and it can lead to setbacks
- ___ 21. I can be doing well for a while but then I tell myself "just this once"
- ___ 22. When it comes down to it, every now and then I give in because I convince myself it won't be that bad
- ___ 23. I make excuses why I can still use
- ___ 24. I believe that my setbacks are linked to emptiness in my life
- ___ 25. I believe I could do better if life felt more meaningful
- ___ 26. I would do better if I felt an increased sense of purpose
- ___ 27. I wish I could better understand exactly where & when things are going wrong in my efforts to change
- ___ 28. It would help if I could take a closer look at what is going on with my life when it comes to setbacks
- ___ 29. Sometimes I lose sight of my priorities which can lead to setbacks
- ___ 30. If I could get a better handle on what is important in my life I could overcome setbacks
- ___ 31. I need to improve my ability to set and stick with goals
- ___ 32. I let myself get overwhelmed with some of my thoughts about changing
- ___ 33. I get bored of the change process
- ___ 34. I end up switching from one bad habit to another
- ___ 35. I experience setbacks when I stop taking care of myself whether that is physically or emotionally
- ___ 36. I just need to look at the areas of my life that I may be neglecting.



SCORING – Follow the directions based on which areas you checked:

- If you checked off any of the points from 1-4 then then see the following:
Activity 0 - Getting Honest (Principle Zero)
- If you checked off points from 5-7 then see the following:
Activity 1a - External Setback Factors
- If you checked off points from 8-12 then see the following:
Activity 1b - Internal Setback Factors
- If you checked off points from 13-15 then see the following:
Activity 2 – Examining the Cushion
- If you checked off points from 16-18 then see the following:
Activity 3 – Working Out Your Self Control Muscles
- If you checked off points from 19-20 then see the following:
Activity 4 – Courage and Discouragement
- If you checked off points from 21-23 then see the following:
Activity 5 – Crushing Compromise
- If you checked off points from 24-26 then see the following:
Activity 6 - Setbacks and Spirituality
- If you checked off points from 27-28 then see the following:
Activity 7 – Timeline Analysis
- If you checked off points from 29-30 then see the following:
Activity 8 – Getting Back to Values and Priorities
- If you checked off points from 31-34 then see the following:
Activity 9 – Strengthening Commitment
- If you checked off points from 35-36 then see the following:
Activity 10 – Self Care Review

DISCUSS – BASED ON THIS, WHICH AREAS DO YOU NEED TO WORK ON?

For specific counseling tools and activities in each setback area, click the following link to the
Taking the Escalator Website.

When there scroll down to “Floor 6” for downloadable Setback Tools



www.takingtheescalator.com/therapy-tools

Life is a series of experiences, each one of which makes us bigger...and we must learn that the setbacks...which we endure help us in our marching onward. – Henry Ford