

ASI-MV

WORKSHEETS & HANDOUTS

Relapse Prevention

- RP-1 Preventing Relapse Quiz
- RP-2 How Well Are You Preventing Relapse?
- RP-3 Stages of Recovery
- RP-4 Relapse Prevention Self Assessment
- RP-5 Treatment Attitudes Questionnaire
- RP-6 Negative Behaviors in Treatment
- RP-7 Recovery Behaviors Form
- RP-8 High Risk Situations for Relapse
- RP-9 My High Risk Situations
- RP-10 Some Common Recovery Dilemmas
- RP-11 My Recovery Dilemmas
- RP-12 Managing Cravings: Tricks and Tools
- RP-13 My Craving Triggers
- RP-14 Protracted Withdrawal
- RP-15 Abstinence Violation Effect
- RP-16 Seemingly Irrelevant Decisions
- RP-17 My Relapse Attitudes
- RP-18 Managing My Relapse Thinking
- RP-19 Think Your Way Out of Using
- RP-20 Assessing Your Lifestyle
- RP-21 Leisure Activity Exercise
- RP-22 Social Survival Manual
- RP-23 Safe and Dangerous Contacts

Addictions

- HO-1 What is Addiction?
- HO-2 Points for the Family to Remember (Pre-recovery)
- HO-3 Points for the Family to Remember (Post-recovery)
- HO-4 Denial
- HO-5 Myths of Addiction
- HO-6 Ten Things You Should Know About Alcohol and Alcoholism

Continuing Care

- CC-1 Self-Care Assessment
- CC-2 Self-Care Goals Worksheet
- CC-3 Feelings Management Strategies
- CC-4 Feeling Skills Handout
- CC-5 Assertiveness Skills
- CC-6 Learning To Say "No"
- CC-7 Unrealistic Thinking
- CC-8 What is Depression and Anxiety?
- CC-9 Support Network Survey
- CC-10 Relaxation

Employment

- E-1 The Ready-for Work Checklist
- E-2 The Right Job Checklist
- E-3 Thinking About A More Open Recovery
- E-4 Making Work Work For You

Resources

- R-1 General Resources for Help and Info

PREVENTING RELAPSE QUIZ

1. Relapse begins when you use alcohol and or drugs.

TRUE FALSE

2. People relapse because they fail to use willpower.

TRUE FALSE

3. The primary causes of relapse are negative events in the person's life.

TRUE FALSE

4. Relapse is sudden and unpredictable.

TRUE FALSE

5. All recovering persons experience equally strong tendencies toward relapse.

TRUE FALSE

6. Relapse involves a conscious and voluntary choice to use.

TRUE FALSE

7. Withdrawal from a substance (i.e. cocaine, opiates) is complete within 1-2 days.

TRUE FALSE

8. The only way to help a chronic relapser is to hope for a spiritual awakening.

TRUE FALSE

9. The substance user with a long history of relapse will usually be unable to recover.

TRUE FALSE

10. People relapse because they haven't "hit bottom" yet.

TRUE FALSE

HOW WELL ARE YOU PREVENTING RELAPSE?

1. Have you set goals related to staying clean? What will staying clean allow you to accomplish?
2. Assess your alcohol and/or substance abuse practices:
 - a) what stimuli set you off? (money, people, paraphernalia, etc.)
 - b) who in your work/home/social environments use alcohol and/or drugs?
 - c) what is the availability of alcohol and drugs in your environment?
 - d) what is the availability of money to obtain alcohol and drugs? Will you be receiving any significant sum of money in the near future?
3. Have you reviewed all of your high-risk situations with peers and staff?
4. Do you have plans for all anticipated high-risk situations?
5. Have you discussed the feelings of loss or deprivation that accompany getting straight? Do you feel cheated because you can't use drugs?
6. Are you aware of how you justify your alcohol and/or drug use?
7. Are you aware of ways that you have tried to control your usage?
8. Are you prepared for the highs and lows of recovery?
9. Have you taken steps to limit the availability of alcohol and/or other substances?
10. Have you told all important people in your life about your addiction(s)?
11. Do you expect treatment to be a "cure" or "magical" solution?
12. How do you "test" yourself in recovery?
13. How will you limit exposure to people who use drugs or drink?
14. Are you aware of how you make the "chain" of decisions that lead to opiate use?
15. Have you examined past relapses? Do you see them as mistakes, failures, or episodes of weakness?
16. What personality traits do you have that may interfere with recovery?
17. Do you feel entitled to use drugs or drink?
18. How well can you keep track of how you are feeling?
19. How well do you solve problems? Do you jump at the first apparent solution?
20. Do you assume that if you don't have cravings in treatment that you won't have them after treatment?
21. Do you see craving as something that has a life of its own, something out of your control?
22. What lifestyle changes have you made? Do you need to change the way you structure things?
23. Do you seek out help or wait for it to come to you?
24. What are your plans to reduce complications or crises in your life?

Adapted from: Chiauuzzi, E., Villapiano, A., Budman, S., & Goldman, R. (2003), Time-Effective Treatment: A Best Practices Manual for Substance Abuse Professionals. Center City, MN: Hazelden Foundation.

STAGES OF RECOVERY

1. *Abstinence* (0-6 months)

- a) Focus is on avoiding substance usage
- b) Tasks are specific and concrete—changes in behavior are readily observed
- c) Results are seen relatively quickly—less crises in life
- d) Change in daily routine occupies most of one's attention

2. *Lifestyle Change* (6-18 months)

- a) Focus is on relapse prevention
- b) Tasks involve decisions about relationships, residence, leisure, job, and family
- c) Results take somewhat longer because these changes are more involved and may directly affect other people
- d) Building a long-term foundation occupies most of one's attention

3. *Self-Knowledge* (greater than 18 months)

- a) Focus is on long-term issues—trauma, psychological disorders, personality issues, unresolved conflicts
- b) Tasks are more involved and require significant time-investment, such as psychotherapy
- c) Results are less specific because they involve internal change
- d) Understanding one's life occupies most of one's attention

4. *Spirituality* (lifetime)

- a) Focus is on “Who am I?”—the meaning of life, purpose or mission in life, long-term goals, a sense of priorities, knowing one's place in the world, a sense of why one is here on earth
- b) Tasks are very involved—for some it may involve religion, for others it means finding a mentor, for all it means much self-reflection
- c) Results take a lifetime—these questions are ongoing
- d) Gaining a sense of identity occupies most of attention

- Remember:*
- 1. These stages are not forced—you do not decide which stage you are in.
 - 2. These stages are gradual—you may not notice that you are in a new stage until someone tells you
 - 3. Each stage builds on the last stage—you cannot jump ahead without building a good foundation
 - 4. Different people get “stuck” at different stages—you can learn from someone whose recovery is more advanced than yours

RELAPSE PREVENTION SELF ASSESSMENT

What specific behaviors and other warning signs preceded your most recent relapse?

How much time elapsed between the time you noticed warning signs and the time you actually used drugs and/or alcohol?

Where did your relapse occur and who were you with at the time?

What attitudes, feelings, and behaviors preceded this episode of drug and/or alcohol use?

What could you have done differently to prevent this relapse from occurring?

Using the following scale, honestly rate your current motivation for doing what is necessary to prevent another relapse?

1 2 3 4 5 6 7 8 9 10

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TREATMENT ATTITUDES QUESTIONNAIRE

1. How many times have you received inpatient treatment for addiction? _____
 If this is your first treatment, go to Question 6

2. What was effective about past treatments? _____

3. What was ineffective about past treatments? _____

4. Which treatment suggestions did you follow? _____

5. Which treatment suggestions did you ignore? _____

6. Have you attended N.A. or A.A. meetings? _____

- If yes, what was effective about the meetings? _____

- What was ineffective about the meetings? _____

7. Please answer the following questions True (T) or False (F):

- _____ I expect treatment to require much work on my part
- _____ I get annoyed when people say that I need treatment
- _____ I expect long-term benefit from treatment
- _____ If I refused treatment, I would feel guilty
- _____ I need support to help me remain clean and sober
- _____ When I finish treatment, most of my problems will be solved
- _____ I can handle my problems myself
- _____ As long as I'm clean, everything should fall into place
- _____ My addiction is caused by negative events in my life
- _____ I don't see the benefit of talking about my problems
- _____ I object to the idea of attending a lot of meetings
- _____ Anyone faced with my problems would use or drink
- _____ My family and friends support my treatment
- _____ I don't trust people enough to open up about myself
- _____ I need to change my lifestyle to remain clean and sober
- _____ I am willing to change my daily schedule to include aftercare
- _____ I am willing to take direction from others with my recovery
- _____ I tend to get defensive when people give me feedback

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NEGATIVE BEHAVIORS IN TREATMENT

<i>Intimidator</i>	—	uses anger to drive people away
<i>Intellectual</i>	—	mistakes knowledge for understanding
<i>Victim</i>	—	blames negative events for addiction
<i>Blamer</i>	—	blames other people for addiction
<i>Playing Dumb</i>	—	“I don’t understand”
<i>Avoider</i>	—	tries to keep a low profile
<i>Socialite</i>	—	keeps a high profile, but is superficial
<i>N.A. / A.A. Expert</i>	—	speaks in slogans, but doesn’t get personal
<i>Con Man</i>	—	thinks he (or she) is fooling people
<i>Close Minded</i>	—	“I know what I have to do”
<i>Magic Bullet</i>	—	“I know what caused my addiction”
<i>“Yeah, But”</i>	—	“That’s a good idea, but it won’t work”
<i>Deflector</i>	—	tries to focus attention away from self
<i>Lip Service</i>	—	agrees to follow through, but never does
<i>Controller</i>	—	tries to control the course of treatment
<i>Rabble-Rouser</i>	—	tries to turn patients against staff
<i>Suspicious</i>	—	“What will you do with this information?”

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RECOVERY BEHAVIORS FORM

From the list of negative treatment behaviors (**see RP-6**), list 3 you believe you display. For each one, list 3 positive actions you can take to improve it.

For example:

- *Negative Treatment Behavior* — Avoider; this person tries to keep a low profile

- *Positive Recovery Actions:*

1. Make an effort to introduce myself to new people
2. Begin talking in groups, even if it means starting slowly
3. Try to understand why I am trying to keep a low profile (i.e., am I scared, don't know what I am supposed to be doing in treatment; because I don't really want to be in treatment; because I'm ashamed of having relapsed?) Talk to a staff member about the reasons for my negative behavior.

1. *Negative Treatment Behavior:*

Positive Recovery Actions:

2. *Negative Treatment Behavior:*

Positive Recovery Actions:

3. *Negative Treatment Behavior:*

Positive Recovery Actions:

HIGH RISK SITUATIONS FOR RELAPSE

Negative Emotions

Relapse sometimes occurs when you are feeling emotionally upset and you want to use drugs/alcohol to change the way you are feeling. You may want to use to cope with fear, frustration, anger, sadness, anxiety, tension, boredom, depression, loneliness, or guilt.

Negative Physical/Physiological States

Relapse sometimes occurs because of difficulty dealing with negative physical states and you want to use drugs/alcohol to change the way you feel physically. These negative physical states could be associated with prior drug/alcohol use, like feeling shaky and sick, or having difficulty sleeping. Other negative physical states are independent of previous substance use, such as pain, illness, injury, fatigue, or headache.

Enhancement of Positive Emotions

Relapse sometimes occurs when you are feeling good and want to feel even better. You might use to increase feelings of pleasure, freedom, or sexual excitement. These relapses are often connected to special events like a birthday, holiday, or vacation. It can be tempting to make a special exception and give yourself permission “just this one time.”

Testing Personal Control

During a period of recovery, you may be tempted to test your recovery. You might begin to question whether you are really an addict. You may decide to use once just to see if you are able to stop, or test your willpower by putting yourself in a tempting situation.

Giving In to Temptation or Urges

Temptations or urges to use often happen when you are in the presence of drugs or in the presence of something that reminds you of drugs, like scenes in a movie. There also might be times when you have urges to use that seem to come “out of the blue.”

Coping with Conflict

Relapse sometimes occurs when you have difficulty coping with a conflict with another person, such as a friend, family member, or co-worker. You might experience feelings like frustration, jealousy, or anger stemming from an argument, disagreement, or a fight. This category also includes other emotions that are directly connected to an interaction with another person, such as anxiety, tension, worry, concern, or fear.

Social Pressure

You may experience pressure to use in social situations. Sometimes the pressure is direct, like when another person verbally encourages you to use. Other times that pressure is more indirect, such as when you are in a situation where you are watching other people use.

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MY HIGH RISK SITUATIONS

Referring to *High Risk Situations for Relapse* (handout **RP-8**), list three (3) situations that put you at high risk for relapse. For each situation, give a specific example of a risky situation you have experienced in the past. Then list 3 coping skills you could use to handle that situation.

Example: High Risk Situation — Conflict

Example: I always feel like getting high when I fight with my boyfriend

Coping Skills:

1. Take a walk to clear my head
2. Remind myself of the negative consequences of getting high
3. Write in my journal about my feelings

1. High Risk Situation:

Example:

Coping Skills:

2. High Risk Situation:

Example:

Coping Skills:

3. High Risk Situation:

Example:

Coping Skills:

SOME COMMON RECOVERY DILEMMAS

- ⇒ Your dealer wants the money that you owe him
- ⇒ Your spouse asks you why you need to attend so many NA/AA meetings
- ⇒ Your mother wonders how you got “this way”
- ⇒ Your friends invite you to a party saying that you can just drink
- ⇒ Your friends offer you marijuana, saying that your “real” problem is cocaine
- ⇒ You feel that you are missing out on “where the action is”
- ⇒ You wonder how you will get to sleep without a substance
- ⇒ You wonder how you will deal with your sadness, loneliness, or anxiety without drugs and/or alcohol
- ⇒ You wonder how you will be able to talk with people without a being high
- ⇒ You wonder “what is normal”
- ⇒ You wonder how you will handle physical pain without substances
- ⇒ A friend drops by for a “visit” with drugs and/or alcohol
- ⇒ A family member ridicules you for being a “holy roller” because you attend NA/AA meetings
- ⇒ You cannot figure out how you will walk down your street without running into people with drugs or alcohol
- ⇒ You feel lost because you have to give up activities connected to drug/alcohol use
- ⇒ You don’t know how you will cope with your stressful job
- ⇒ A friend reminds you of the “good times”
- ⇒ You feel guilty about stealing or conning people for money to get drugs
- ⇒ You feel like a failure because of your past relapses
- ⇒ You wonder about your personality as a clean and sober person
- ⇒ You have not had sex without chemicals in years—now what do you do

MY RECOVERY DILEMMAS

Referring to Some Common Recovery Dilemmas (handout **RP-10**), choose a recovery dilemma and write out your responses to the following 6 points:

1. Give an example of a specific situation that is a risk to your recovery.
2. Give an example of an old coping strategy for dealing with this situation.
3. Identify the consequences of this old behavior.
4. Describe the outcome you want in recovery.
5. Describe the benefits you anticipate will come from this new behavior.
6. Describe your new strategy for achieving the outcome you want.

Recovery Dilemma:

1. Risky Situation

2. Old Coping Strategy

3. Consequences

4. Desired Outcome

5. Anticipated Benefits of New Behavior

6. New Strategy

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MANAGING CRAVINGS: TRICKS AND TOOLS

There may be people, places, and situations that you should avoid so as not to put yourself at risk for relapse. There is no way to avoid all high-risk people or situations, but you can be aware of your personal triggers and avoid them as much as possible. Early recovery is not the time for you to “test” yourself by purposely putting yourself in risky situations. If you know ahead of time that you will be in a situation that might be risky, develop a plan so that you can cope with cravings if they develop.

If you find yourself in a situation that is triggering a craving — **LEAVE**; you may have to make some polite excuse, but your recovery has to come first.

Find someone supportive to talk to about how you feel — a sponsor or other friends in recovery. If you call someone and they are not available, keep calling until you reach someone. Always have phone numbers available in case of an emergency.

Attend a self-help meeting, such as A.A., C.A., or N.A. You will not use drugs/alcohol during the time you are there.

Distract yourself by doing something active—exercising, playing with your children, washing the dishes or the car, taking a shower, taking a drive in the country, mowing the lawn, reading a book. Or go somewhere where neither drugs or alcohol is available—a movie, a museum, or a concert.

Write down what you are feeling or thinking in a journal. Describe your craving and the situation in which it occurred. Track the outcome by reporting the coping strategies you used—this may help you see a pattern.

Remember that **cravings are ALWAYS temporary**—they don’t have to lead to using. Remember that using will solve none of your problems—remember the negative consequences of your drug/alcohol use.

Powerful but infrequent triggers such as the loss of a loved one, can trigger old habits in an otherwise solid recovery. In times of crisis, use the recovery tools that have been working for you all along.

Put off the decision to use drugs/alcohol, even for fifteen minutes at a time. Remember that urges are like waves—they crest and then recede—ride them out.

Remove all alcohol, drugs, and paraphernalia from your home—they can keep craving alive.

If you have a using/drinking dream, remind yourself that it is normal—they will eventually go away. Write it down and talk about it; this takes away some of its power. Talking with another recovering person can help—you will find out you are not alone.

Read recovery literature such as the A.A. Big Book—it can inspire you, give some practical suggestions, and may calm your anxieties.

Being exposed to craving situations and not using, with the help of strong support and good planning, can help weaken or extinguish craving triggers.

MY CRAVING TRIGGERS

List three (3) craving triggers. For each one, list three (3) positive activities you could do in response to these triggers. It may help to refer to Handout 12, *Managing Cravings: Tricks and Tools*.

For example:

Trigger — I have a craving to drink when the friends I used to drink with call me and ask me to go out with them.

Positive Recovery Activities

1. Tell my friends I don't drink anymore and get off the phone quickly.
2. Go to an A.A. meeting.
3. Go work out at the gym.

1. *Trigger:*

Positive Recovery Activities:

2. *Trigger:*

Positive Recovery Activities:

3. *Trigger:*

Positive Recovery Activities:

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PROTRACTED WITHDRAWAL

What is protracted withdrawal?

Protracted withdrawal is a set of cognitive (brain) dysfunctions resulting from long-term use of opiates and other substances. Following the first week of withdrawal, addicted people may feel better physically, but still have problems thinking clearly. These problems in thinking tend to last for weeks and even months, but improve as recovery progresses; this does not affect overall intellectual functioning. The addicted person should not assume that being clean and sober is causing these symptoms, but that they are a result of long-term use of substances. The older you are, the longer it takes to regain normal functioning.

What are the symptoms?

- Problems retaining new information
- Difficulties in problem-solving
- Decreased concentration
- Emotional overreactions or numbness
- Sleep problems (disturbing dreams, changes in sleep patterns)
- Poor physical coordination (poor balance, dizziness)
- Increased sensitivity to stress
- Impaired abstract reasoning (difficulty picking up new concepts)
- Impaired eye-hand coordination

How do I deal with protracted withdrawal?

- Verbalize feelings
- Become educated about the symptoms
- Write things down
- Use your mind regularly—read books and newspapers, do puzzles
- Identify stressors
- Learn relaxation skills
- Maintain good nutrition—avoid caffeine and concentrated sugar; eat three well-balanced meals
- Exercise regularly 3-4 times weekly to reduce tension
- Develop spirituality to give life meaning
- Balance work and play
- Develop a healthy network of relationships

ABSTINENCE VIOLATION EFFECT

What is the Abstinence Violation Effect?

The Abstinence Violation Effect (AVE) is a fancy name for something that we all experience after we give in to an urge. The urge may be aimed at alcohol, drugs, food, sex, etc. All it means is that we allow ourselves a “slip” and then become guilty or demean ourselves for giving in. This creates a vicious cycle – we begin thinking, “What’s the use? I already gave in. Doing this again won’t matter.” This is obviously very dangerous thinking and needs to be addressed immediately, before a full-blown relapse occurs.

The AVE will be stronger if you believe that the slip occurred as a result of *internal, unchangeable* factors, like a lack of willpower. You may feel shame, guilt, or a deep fear that all is lost. If this occurs, you will be more likely to experience a full-blown relapse.

If you believe that the cause of the lapse was an *external, changeable* factor, such as an unexpected offer of a drink or drug, you are more likely to feel some control over the slip (you may simply believe that you can stay safe by avoiding this situation in the future). In this case, your AVE would be less intense (assuming you are able to avoid the situation and not drink or use drugs).

How to Handle a Slip

1. **The first task — GET OUT OF THE SITUATION.** Staying in a high risk situation will only cloud your judgment, encourage more substance usage, and prevent you from getting a clear look at the situation.
2. **USE THE SLIP AS A LEARNING EXPERIENCE.** The fact that the slip occurred means that you made a mistake or need information to avoid such risks in the future. Slipping does not mean that you are a failure — it means you need to learn more about yourself.
3. **PLAY DETECTIVE.** Take time to retrace your steps. Did you make any decisions prior to the slip that led to greater risk? Was there a pattern of negative thinking that preceded the slip? Has your lifestyle been supportive of recovery?
4. **DO NOT KEEP THE SLIP A SECRET!** This will promote further dishonesty and may set the stage for further usage.
5. **DISCUSS IT WITH SUPPORTIVE PEOPLE.** Others may have noticed unhealthy patterns and can provide you with more insight into the slip.
6. **DEVELOP A PLAN.** Decide in advance what you would do in the event of a slip to reduce the chance of a full-blown relapse.

Adapted from: Chiauuzzi, E., Villapiano, A., Budman, S., & Goldman, R. (2003), Time-Effective Treatment: A Best Practices Manual for Substance Abuse Professionals. Center City, MN: Hazelden Foundation.

SEEMINGLY IRRELEVANT DECISIONS

Seemingly Irrelevant Decisions (SIDs)

SIDs are choices that seem unimportant at the time, but that may lead you back toward drinking/drug use. These ordinary decisions are made every day and appear to have nothing to do with drinking or drug use. Although they do not involve making a direct decision about whether to drink or use drugs, they may move you closer and closer towards a situation where you will be confronted with that choice.

Making the Connection

You may have found yourself in high-risk situations in the past and not understood how you got into that predicament until it was too late. It is relatively easy to look back on the situation and see how you set yourself up for relapse but it is much more difficult to recognize when you are in the midst of the decision-making process. This is because many choices do not seem to involve drinking /drug use at the time. When drinking/drug use is not on your mind, it is hard to make the connection between drinking and a minor decision that seems far removed from drinking.

Think Ahead

The best solution is to think about every choice you make, no matter how irrelevant to drinking/drug use the decision seems. By thinking about the possible options and outcomes ahead of time, you can anticipate dangerous situations before you are in them. At first, it may feel awkward to think through every situation so carefully, but after a while it will happen automatically, without much effort.

Low Risk vs. High Risk Situations

When faced with a decision, you should generally choose the option that will put you at the lowest risk possible, to avoid putting yourself in a risky situation. It is usually easier to decide to avoid a high risk situation before you get too close to it than it is to resist temptation once you are already in the midst of it. If for some reason you decide on the higher risk option, plan out how to best protect yourself while in the high-risk situation.

What to Do When Making Decisions

1. Consider all of your options
2. Think ahead to the possible outcomes of each option
3. Select the option that will minimize your relapse risk.

Some Examples of SID Situations

Whether to keep liquor in the house for guests

Whether to go to old bars to see old drinking friends

Whether to go to a party where people are drinking

Where to purchase snacks (i.e., in a liquor store)

What route to take when driving (i.e., past or detour around a favorite liquor store or bar)

Making plans for the weekend

Whether to tell a friend that you have stopped drinking

Planning how to spend free time after work

Adapted from: Chiauzzi, E., Villapiano, A., Budman, S., & Goldman, R. (2003), Time-Effective Treatment: A Best Practices Manual for Substance Abuse Professionals. Center City, MN: Hazelden Foundation.

MY RELAPSE ATTITUDES

(1) Choose three relapse attitudes that put you at high risk for relapse (refer to **RP-4**). (2) Give an example of how this attitude shows in your behavior (3) List a behavior you can do to deal with this attitude.

For example:

1. **Attitude** – I feel self pity about my addiction and repeatedly ask myself “why me”?
2. **Current Behavior** – I complain a lot about the fact that I have to go to AA meetings and put lots of time and effort into my sobriety when 90% of the rest of the population doesn’t have to do any of this. I don’t think it is fair.
3. **New Behavior** – Talk about these feelings at meetings, with my counselor, or with my sponsor.

1. Attitude:

Current Behavior:

New Behavior:

2. Attitude:

Current Behavior:

New Behavior:

3. Attitude:

Current Behavior:

New Behavior:

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MANAGING MY RELAPSE THINKING

Referring to RP-19, *Think Your Way Out of Using*, list two situations where your thinking puts you at risk for relapse. For each, list three ways that you could THINK YOUR way out of using.

For example:

Situation— When I walk by a bar and hear loud music playing, I think about wanting to be inside having a good time too.

Ways to think my way out—

1. Think about the potential consequences of using which include returning home late and arguing with my wife, blacking out, doing something foolish, embarrassing, or potentially dangerous that I don't remember, being hung over the next day, and ending up in a detox unit.
2. Focus on the progress I have made in recovery.
3. Challenge the irrational belief that I could control my use. Remind myself of what happened the last time I told myself that I could handle just one.

Situation

Ways to think my way out

Situation

Ways to think my way out

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THINK YOUR WAY OUT OF USING

Think about the benefits of not using

Thinking about the benefits of not using may help you maintain a clean and sober lifestyle. Some of these benefits include: better physical health, improved family life, greater job stability, more money available for recreation and bill paying and increased self-esteem.

List and recall unpleasant drinking/drugging situations

Remember the pain, fear, shame, guilt, embarrassment, and other negative feelings associated with using. Make a list of these experiences, including such situations as blackouts, hangovers, fistfights, arrests, withdrawal, liver problems, etc. Try to conjure up an image of a specific unpleasant experience.

Focus on the progress you are making

Do not dwell on what you seem to be giving up. Recalling the “partying” days of drinking and drug use will only increase your desire to use. Remember that if it were still fun to drink or drug, you would still be doing it and you would not have decided to stop. Instead, think of the good times to come – the many new things you can do clean and sober that you could not do when you were high.

Think about the potential negative consequences of using

While you have invariably experienced many negative consequences of alcohol/drug use, there may be consequences that you have not *yet* experienced. If you return to using, the following may be possible consequences: significant financial loss, overdose, job loss, loss of significant others, loss of current living situation, detox, jail and death.

Distractions

Think about something unrelated to drinking to stop thoughts about drinking. For example, think about pleasant enjoyable topics (loved ones, relaxation, enjoyable hobbies). Focusing on a task you want to accomplish is another constructive distraction.

Challenge your *irrational* beliefs

1. *You can control your use*

Remember what happened the last time you told yourself, “I am only going to have one.”

2. *You deserve a drink to unwind after work*

Remember that there are many other ways to relax and cope with stress. Make a list and keep it handy for times when you want to drink to relieve stress.

3. *Why can't you have a good time like everyone else?*

Remember that although it may seem like everyone in the world drinks/uses drugs, your perception of the world is probably skewed. In all likelihood, you spent most of your time with other people who drank and used drugs like you did so it *seemed* like everyone was using. This is, in fact, not true. Joining organizations that focus on health and fitness may help. Of course, you will meet others in recovery as well by joining AA or other substance support groups.

ASSESSING YOUR LIFESTYLE

Living a balanced lifestyle can help raise your satisfaction with your life and reduce your risk for relapse. If the imbalance is too great, and you become overwhelmed by obligations and pressures, you may be tempted to use drugs/alcohol in order to escape. Although some areas may become temporarily out of balance, the important issue is to strive for a balance that works for you.

(Review the following questions to help you assess how balanced your life is currently. Take notice of any areas where you have difficulty with moderation.)

Physical

Do you exercise regularly? Do you follow a reasonable diet?
Do you take good care of your appearance? Do you get sufficient sleep?
Do you get regular medical and dental checkups?

Mental/Emotional

Do you have strategies for coping with stress? Are you significantly depressed or anxious?
Do you worry too much or experience excessive stress?

Intellectual

Are you able to satisfy your intellectual needs?
Do you have enough interests to satisfy your intellectual curiosity?

Creative/Artistic

Do you regularly practice your creativity/art?
Do you have talents or abilities that are not being fully utilized?

Family

Are you generally satisfied with family relationships? Do you spend enough time with your family?
Can you rely on your family for help and support?

Personal Relationships

Are you generally satisfied with the quantity and quality of your personal relationships?
Do you have friends you can depend on for help and support?
Are you able to express your ideas, needs and feeling to others?
Are there any specific relationships in which you have serious problems?

Spiritual

Is there enough love in your life? Do you feel a sense of inner peace?
Do you pay enough attention to your "inner" spiritual life?

Work/School

Do you spend too much time or effort working? Do you spend too little time or effort working?
Are you generally satisfied with your work/school situation?

Financial

Do you have any serious financial problems? Do you handle your money responsibly?
Do you have sufficient income to meet your expenses?

Adapted from Managing Your Drug or Alcohol Problem, Dennis Daley & G. Alan Marlatt

Adapted from: Chiauuzzi, E., Villapiano, A., Budman, S., & Goldman, R. (2003), Time-Effective Treatment: A Best Practices Manual for Substance Abuse Professionals. Center City, MN: Hazelden Foundation.

LEISURE ACTIVITY EXERCISE

Please circle all of the activities which you would like to participate in or learn more about.

SPORTS			
Waterskiing	Softball	Hunting	Rollerblading
Downhill Skiing	Basketball	Sailing	Roller Skating
Cross-country Skiing	Field Hockey	Motor Boating	Ice Skating
Hang-Gliding	Street Hockey	Gymnastics	Volleyball
Parachuting	Ice Hockey	Golf	Water Polo
Tobogganing/Sledding	Bowling	Wrestling	Snorkeling/Scuba
Tennis	Paddleball	Swimming	Horseback Riding
Soccer	Squash	Jogging/Running	Bicycling
Rugby	Racquetball	Walking	Skateboarding
Football	Archery	Badminton	Snowboarding
Baseball	Fishing	Weight Lifting	Other _____
GAMES			
Pinball	Computer/Video Games	Board Games	Ping-Pong
Billiards/Pool	Chess/Checkers	Charades	Other _____
OUTDOOR ACTIVITIES			
Rappelling/Climbing	Canoeing	Bird Watching	Star Gazing
Hiking/Backpacking	Kayaking	Animal Tracking	Sightseeing
Camping	Outdoor Cooking	Cave Exploration	Other _____
SOCIAL ACTIVITIES			
Dancing (e.g. ballet,tap)	Attending Parties	Clubs (e.g. 4H, rotary)	Political Group Member
Attending Movies	Attending Lectures	Bull Sessions (informal talking)	Acting/Theater Group
Attending Plays	Singing In Group/Chorus	Parish/Temple Member	Playing In A Band
Attending Dance Perf.	Playing Cards	Attending Sporting Events	Other _____
NATURE			
Gardening	Raising Animals	Shell Collecting	Nature Walks
Plant Care/Indoor Plants	Rock Collecting	Beachcombing	Other _____
CRAFTS/HOBBIES			
Cooking/Baking	Reading	Decoupage	Car Restoration
Pottery/Ceramics	Going to Museums	Candlemaking	Antique Restoration
Painting/Drawing	Model Buildings	Collecting (coins, stamps)	Art/Antique Collecting
Photography	Model Railroads	Making Recordings	Doll Collecting
Playing/Writing Music	Sewing/Quilting/Knitting	Jewelry Making	Filmmaking
Writing	Leatherwork	Sculpting	Crossword Puzzles
Singing	Metalwork	Welding	Other _____
OTHER ACTIVITIES			
Computing/Net Surfing	Listening to Music/Radio	Shopping	Exercising
Meditation/Yoga	Volunteering	Eating	Judo/Karate
Watching TV/Videos	Traveling	Attending Yard Sales	Other _____

SOCIAL SURVIVAL MANUAL

Friendships

There will be a strong pull towards spending time with old friends who use alcohol and drugs. Making new friends is not easy, but necessary for protecting your recovery. Here are some suggestions for making new friends:

1. Risk rejection by reaching out and making contact.
2. Suggest that they join you in doing something casual like going out for a cup of coffee, joining other friends who are planning to do something together (beach, movies, hiking), or watching a sporting event on TV.
3. Have realistic expectations. People will sometimes decline invitations. They may be available at another time or they may not be interested. Such events are part of a normal social life that one should learn to accept gracefully.

Ending Unhealthy Relationships

Ending close relationships is difficult and takes a great deal of courage. However, if your friends are abusing drugs and alcohol, they are unhealthy for you to be around. You may need to explain to them why the relationship cannot continue (which may also get them to look at their own alcohol/drug use). Prepare for this meeting in advance and make sure to meet in a safe place. Acknowledge to yourself that it might be a painful loss. If this is the case, get support.

Assess Your Motivation

You may have hidden reasons for continuing to be with people who drink/drug. It is important for your recovery to honestly examine your motivation.

Are you showing off that you are clean and sober and doing well?

Are you still longing for the excitement of the fast life?

Are you trying to prove that you are an exception and are unaffected by the influence of old friends?

Are you hoping that they will influence you because you want them to share in the blame for your getting high?

Likely Problem Situations

1. You are invited to a family event where several of your family members will be heavily drinking/using drugs

Tips

Consider not going

If you must attend, talk to the host in advance about not drinking

Arrive late and leave early

Bring support

Talk to supportive family members who will be present

2. After a difficult week at work, your coworkers invite you out for a Friday night drink

Tips

Plan in advance what you will say when co-workers ask you to go out

Give reasonable excuses for why you cannot attend (your family is waiting for you at home, you have other plans for the evening)--eventually they will stop asking

Suggest another alternative (getting coffee in a cafe)

Adapted from: Chiauuzzi, E., Villapiano, A., Budman, S., & Goldman, R. (2003). Time-Effective Treatment: A Best Practices Manual for Substance Abuse Professionals. Center City, MN: Hazelden Foundation.

SOCIAL SURVIVAL MANUAL - Continued

3. You live in an area where bars and drug dealers are prevalent

Tips

If possible, move

If it is not possible, seek out lots of positive people who live nearby and develop a strong network of friends

When you see other drug users in your neighborhood, be polite but move on quickly. Do not stay and chat.

4. A friend wants to get sober and wants your help

Tips

Be clear with him/her about what you are willing to do

Do not depend on his/her recovery for your own

Reduce your individual risk by enlisting the help of others

5. You have friends who are social drinkers

Tips

Be clear with your friends about your needs for support – It is okay to ask them not to drink in front of you

Suggest activities where alcohol will not be involved

Assess the situation honestly – Can you enjoy each other's company without the involvement of alcohol?

SAFE AND DANGEROUS CONTACTS

Everyone has people in their lives that are more or less supportive to their recoveries. List two people you think may be dangerous to your recovery, the situation in which you perceive him/her as being threatening to your sobriety, and what you can do to cope with the situation.

For example:

Person – My brother

Situation – He is an active alcoholic and we used to get drunk together all of the time. Thanksgiving is at my mother’s house this year and I am worried about the pressure he will put on me.

Coping strategies:

1. Tell my family that I am no longer drinking
2. Tell my family in advance that I am staying for a shorter time this year
3. Have an alcohol-free drink in my hand at all times
4. Bring someone supportive
5. If it gets too difficult, leave and go to an AA meeting

Person

Situation

Coping Strategies

Person

Situation

Coping Strategies

Adapted from: Chiauuzzi, E., Villapiano, A., Budman, S., & Goldman, R. (2003), Time-Effective Treatment: A Best Practices Manual for Substance Abuse Professionals. Center City, MN: Hazelden Foundation.

WHAT IS ADDICTION?

- Loss of Control
 - you cannot turn it down
 - you cannot self-limit usage
 - you want to stop, but cannot
 - you seek it out

- Need and Compulsion
 - you feel “hooked”
 - you feel distress without it
 - the sight, smell, or mere mention triggers usage
 - you are preoccupied with it
 - you devote much of your time to it
 - you neglect responsibilities and activities

- Continued Use Despite Adverse Consequences
 - your functioning is impaired
 - you experience psychological, social, occupational, and/or physical problems
 - you have a tendency to minimize or deny your problem

POINTS FOR THE FAMILY TO REMEMBER*

PRE-RECOVERY

1. You are not to blame for the addict's disease—you didn't cause it, you can't control it, and you can't cure it.
2. You are responsible for your own behavior—you have a choice to refrain from enabling the addict's drug use and drug-related behavior.
3. The addict has a disease—it is not a sign of family weakness or disgrace.
4. Do not nag, preach, moralize, threaten, or blame the addict for past and present mistakes—it will not change his/her behavior.
5. Do not cover up, make excuses, or otherwise try to protect the addict from the natural consequences of his/her behavior—addicts are more likely to seek help when the pain of using their drug becomes worse to bear than the pain of not using it.
6. Do not “play shrink” or make psychological excuses for the addict's behavior—the addiction should not be blamed on childhood traumas, job stress, or marital problems that must be resolved before the addict can stop using; it just further justifies the addict's drug use.
7. Don't search for, hide, or throw away the addict's drugs/paraphernalia—the addict will just get more; there is no way to keep him/her away from drug using friends either.
8. Laying guilt trips on the addict does not work—saying things like “if you really loved me, you would stop doing this to yourself” only creates negative feelings that give addicts more of an excuse to use.
9. You can and should set limits but don't use them as a means of manipulation—be fully prepared to follow through on anything you say—otherwise the addict will further discount you.
10. Don't accept the addict's hollow promises to be “good” without any follow up—stick with what the addict does, not what he/she says.
11. Do not allow the addict to exploit you momentarily or in any other way—maintain your dignity and self-respect.
12. Do not ignore or overlook lying and other forms of deceitful and manipulative behavior—do not collude with the addict in keeping drug use a secret from the therapist or program—to do so only perpetuates the problem and assists the addict in evasion of responsibility for his/her behavior.

*Adapted from: Arnold M. Washton (1989). Cocaine Addiction: Treatment, Recovery, and Relapse Prevention. New York: W.W. Norton & Co.

Adapted from: Chiauzzi, E., Villapiano, A., Budman, S., & Goldman, R. (2003). Time-Effective Treatment: A Best Practices Manual for Substance Abuse Professionals. Center City, MN: Hazelden Foundation.

POINTS FOR THE FAMILY TO REMEMBER*

POST-RECOVERY

1. Do not become jealous and resentful of the addict's newfound recovering friends and support system—even if his/her involvement with them reduced your time together. It is a vital and indispensable part of his/her recovery. Join your own support group, make new friends, and develop new leisure activities.
2. Do not delude yourself into thinking that the addict is “cured” and will never use drugs again, no matter how good he/she is doing right now—imagine and think through a relapse scenario and how you would handle it.
3. Focus on yourself—use the support system and resources available to you to foster your recovery from codependency.
4. Do not try to protect the recovering person from normal family problems.
5. Do not try to control the addict's recovery by checking up on appointments, calling sponsors, nagging about not going to meetings, etc.—do not ask for reports about the content of his/her counseling sessions.
6. Do not overreact to possible signs of relapse in the addict—bring them up calmly and directly, without accusation.
7. Do not act out feelings of being left behind by the addict—after putting up with all the crises of addiction, you may feel lonely and less needed when he/she enters treatment.
8. Do not expect the recovering person to be cheerful all the time now and do not overreact to his/her bad moods with fears about relapse—allow him/her the latitude to be irritable, anxious, unhappy, etc., without having it create a crisis.
9. Do not expect the addict's cessation of drug use to solve all family problems—problems ignored, set aside, or avoided while the whole family focused on the active addict are very likely to surface when the addict begins recovery.
10. Do not ignore your own relapse warning signs—enabling behavior and co-dependency are likely to show up again at some point, but you can “short-circuit” them if you know what to look for.

*Adapted from: Arnold M. Washton (1989). Cocaine Addiction: Treatment, Recovery, and Relapse Prevention. New York: W.W. Norton & Co.

Adapted from: Chiauuzzi, E., Villapiano, A., Budman, S., & Goldman, R. (2003), Time-Effective Treatment: A Best Practices Manual for Substance Abuse Professionals. Center City, MN: Hazelden Foundation.

DENIAL

Denial appears in many different forms:

Simple Denial—maintaining something is not so, that is in fact so...insisting that something is not an alcohol-related problem despite the obvious evidence that it is. “I never have hangovers” is a common example of simple denial.

Minimizing—is admitting the alcohol-related problem to some degree but in such a way that it appears to be much less serious or significant than it actually is. “I was not that bad,” “I had a few but I was okay to drive,” or “I only had a couple” are frequently heard examples of minimizing.

Rationalizing—is offering alibis, excuses, justifications and explanations other than alcohol for behavior. “I hadn’t eaten and I wasn’t used to that punch—it snuck up on me,” “I usually don’t drive after I drink but this friend needed a ride home—that’s the last time I am the nice guy!” are some of the examples of rationalizing. The behavior is not denied but an inaccurate explanation of its cause is given.

Intellectualizing—is avoiding emotional, personal awareness of an alcohol-related problem by dealing with it on the level of generalization, intellectual analysis or theorizing. “Are those breath machines really reliable? I was reading just the other day about problems with them,” “Lots of people have wine with meals, are they alcoholics?” “That’s a bad corner—lots of accidents there. They should do something about it,” are all examples of intellectualizing.

Blaming—is also called projecting. It is maintaining that the responsibility for the behavior lies with someone else. “You would drink too, if you were married to her!” “The cop was out to get me” or “There is something wrong with the front end of the car or the steering” are examples of blaming. The behavior is not denied, but its cause is placed ‘out there,’ not within the person doing it.

Diversion—is changing the subject to avoid something that is felt to be threatening. Responding with a joke is a common example of diversion, such as “You wouldn’t expect me to walk in that condition, would you?” Diversion is similar to intellectualizing. To avoid discussing behavior after drinking, the drinker might direct the discussion toward the merit of having good wine with meals. He might direct the discussion toward a category of people he perceives as really having a problem with booze.

Hostility—occurs when the drinker becomes angry or unpleasantly irritable when the subject of his drinking behavior comes up. A classic example is the situation where the drinker asserts that his wife does not mention that he drinks too much. In fact, she used to mention it but not for years because every time she mentioned it in the past he got angry and they had a fight and therefore she no longer mentions it.

MYTHS OF ADDICTION

- 1. Drugs are safe—they have been used for many centuries; alcohol is safe—it is legal**
- 2. Drugs like cocaine are not addictive when they are sniffed; a person cannot get addicted to beer**
- 3. One cannot be considered addicted if the drug (or alcohol) is used once a week or once a month**
- 4. Drugs (or alcohol) improve your ability to think clearly**
- 5. Drugs (or alcohol) cure sexual problems**
- 6. Drugs (or alcohol) improve physical performance (such as athletics or driving a car)**
- 7. Drugs (or alcohol) give a person confidence in himself (“liquid courage”)**
- 8. Cocaine is a symbol of success—a “high status high;” drinking is glamorous— just look at the alcohol ads**
- 9. Drugs (or alcohol) help you when you are feeling down**
- 10. Drugs improve your relationships by making them more exciting; alcohol helps you socialize**
- 11. Drug (or alcohol) use is okay because everyone is doing it**

TEN THINGS YOU SHOULD KNOW ABOUT ALCOHOL AND ALCOHOLISM

1. Alcohol is both a stimulant and a depressant
2. Alcohol abuse and alcoholism are *much* more significant problems than drug abuse
3. Nonalcoholic beer should not be used as a means to deal with an alcohol problem
4. Ninety percent of alcoholics smoke cigarettes, while thirty percent of the general population does
5. Relapse is not a necessary sign of poor motivation—most alcoholics relapse
6. One can predict which kids have a greater tendency to become alcohol abusers—as much as a year or two in advance
7. One can still be in denial even if you agree that one has an alcohol problem—denial comes in many forms
8. Just stopping drinking is an inadequate solution to a drinking problem—a lifestyle change is necessary
9. Alcohol is a drug—it is mind altering and creates behavior similar to other drug use
10. Drinking does *not* improve creativity, driving, or physical performance

SELF-CARE ASSESSMENT

	How Serious are Your Concerns in Each Area?					Key Concerns (briefly describe)	Top 3 Areas of Concern (check 3)
	1 no concern	2	3 some concern	4	5 serious concern		
PERSONAL							
Physical Health	1	2	3	4	5		
Emotional Health	1	2	3	4	5		
Exercise	1	2	3	4	5		
Sleeping	1	2	3	4	5		
Smoking	1	2	3	4	5		
Drugs/Alcohol	1	2	3	4	5		
Eating	1	2	3	4	5		
SOCIAL							
Work/School Life	1	2	3	4	5		
Leisure/Hobbies	1	2	3	4	5		
Education/Training	1	2	3	4	5		
Friendships	1	2	3	4	5		
Spiritual/Religious	1	2	3	4	5		
Self-help Involvement	1	2	3	4	5		
Community Groups	1	2	3	4	5		
Family	1	2	3	4	5		
OTHER							
	1	2	3	4	5		
	1	2	3	4	5		

Adapted from: Villapiano, A. & Budman, S. (1997), Time-Effective Group Treatment: Disturbance Specific Group Therapy, Protocols for Coping Skills in Time-Limited Treatment. Newton, MA: Inflexion.

SELF-CARE GOALS WORKSHEET

Name: _____ Date: _____

Goal: #1 _____

Strategies I will use to reach this goal:

I will _____

I will _____

I will _____

Goal: #2 _____

Strategies I will use to reach this goal:

I will _____

I will _____

I will _____

Goal: #3 _____

Strategies I will use to reach this goal:

I will _____

I will _____

I will _____

People or places I will call if I need support or help to reach my goals:

Adapted from: Villapiano, A. & Budman, S. (1997), Time-Effective Group Treatment: Disturbance Specific Group Therapy, Protocols for Coping Skills in Time-Limited Treatment. Newton, MA: Inflexion.

FEELINGS MANAGEMENT STRATEGIES

1. Getting Away Strategies
 - a. Leave the room, or close the door
 - b. Take a walk, or relaxing drive

2. Physical Strategies
 - a. Deep breathing
 - b. Relaxation exercises
 - c. Physical exercise (e.g. walking and running)
 - d. "Count to 10," slow down
 - e. Improve nutrition
 - f. Get enough sleep

3. Distraction Strategies
 - a. Engage in pleasurable activities or hobbies
 - b. Re-focus on work at hand, structure day
 - c. Visualize pleasant events (e.g. walking on beach)
 - d. Listen to music, watch movie

4. People Strategies
 - a. Call a friend to share feelings and ask for ideas
 - b. Develop assertive strategy to productively confront
 - c. Schedule pleasant activity with a friend
 - d. Learn to say "No"

5. Thinking Strategies
 - a. Remind yourself feelings pass
 - b. Notice your physical and emotional feelings and put words to them
 - c. Focus on one thing at a time
 - d. Use positive self-statements (e.g. I've handled this before, or I'm smart enough to figure this out)
 - e. Use the Feeling and Behavioral Skills Records to explore alternative ways to think about the events and to respond

What do you think you could do to better manage your difficult feelings?

FEELING SKILLS HANDOUT

Facts about Feelings

1. We are all born with feelings and none of them are “good” or “bad.” We learn from our families to hide certain feelings and our families may have taught us things like, “nice people don’t get mad.” Think about some feelings that were not okay in your family and write down an example:

Example: _____

2. Feelings often do not make sense and they don’t have to. It is okay that you cannot explain why you feel the way you do, such as feeling lonely around a large group of people. Think of a feeling you have that does not make sense:

Example: _____

3. Feelings can be strong causing some people to fear they are going “out of control.” Write down an example of an strong feeling you have had:

Example: _____

4. Feelings can be affected by how and what we think about things that happen to us. If I think I am a “loser” when criticized, I may hold in my hurt and angry feelings. I may then feel weak and look for ways to ease the pain, like drinking, or to prove I am not weak, by criticizing someone else. Think of a pattern of feelings you have experienced that lead to an unproductive behavior:

Example: _____

5. Feelings can be our “friends.” They are important messages to us that something has to be taken care of, such as letting someone know they are annoying. If we “catch” (notice and label) our difficult feelings early and manage them effectively, we will reduce our stress and feel better about ourselves. Think of an important message behind one of your difficult feelings:

Example: _____

ASSERTIVENESS SKILLS

Assertive behavior means directly expressing your thoughts, feelings and needs to other people with respect and without violating their rights.

Examples of assertive behavior include:

1. Saying "No thank you" to a pushy salesperson
2. Telling someone they are important to you
3. Ending a visit with an alcoholic parent when he or she starts to drink by saying, "You are drinking so I am leaving. I'll call you later in the week"

Some people have trouble being assertive in all situations, some just with certain situations, or with certain people. There are three general types of communication people use in different situations:

1. **Passive:** When a person is not expressing their true thoughts and feelings, they are being indirect and passive. Usually the concern is, if they spoke up, they would hurt or anger someone else and be "attacked," or not liked. They often feel others' needs come first. It is not unusual for a passive person to have a low self-esteem and feel constantly stressed and used.

Example: _____

2. **Aggressive:** When a person tries to get what they want or expresses their feelings by threatening, or "walking all over" people, they are being aggressive. They violate the rights of others through intimidation, control and putdowns and usually find others are defensive, angry and keep their distance. They often feel their wants and needs always come first and sometimes their behavior is dangerous or gets them into trouble (e.g. fights or work warnings).

Example: _____

3. **Assertive:** When a person is direct, as defined above, they are assertive. They do not put others down and they try to get themselves understood, while trying to understand others. They usually feel better about themselves and less stressed than those using the above styles and often they have more satisfying relationships.

Example: _____

LEARNING TO SAY “NO”

An important aspect of being assertive is the ability to say “No.” This means you are able to respect your own rights and limit what others demand from you when it interferes with your needs and wants.

Saying “No” is particularly difficult for those who have developed strong patterns of behavior to please others, or fear negative consequences. As with developing assertive statements, saying “No” takes practice and support from others. The following suggestions may be useful:

1. **Take Time:** Give yourself time to get the details and think about someone’s request, so you can clarify what you want to say. You might say, “Let me think about it and I’ll call you later.”
2. **Don’t Over-apologize:** This can give others the message that you are not sure and that your needs are not as important as theirs. They may even “push” harder.
3. **Practice Saying “No”:** Try saying it out loud, to yourself in the mirror and even roleplay with a friend. The more you “try it on,” and learn to be brief and specific about what you are declining, the easier it will be. With some people, you may have to be repeatedly firm and consistent.
4. **Listen Reflectively:** When you are concerned about someone’s feelings, you can listen to them, feedback what you heard them say and say no, with a brief reason. You might also be able to direct them elsewhere. Like good customer service representatives, this communicates that you listened and understood them.
5. **Manage Guilt:** Watch out that you don’t try to make-up for saying “No” by doing other things for the person

Who do you have to learn to say “No” to and how will you do it? :

1. _____

2. _____

3. _____

* Remember, BEING ASSERTIVE DOES NOT ALWAYS GET YOU WHAT YOU WANT, BUT YOU WILL COME OUT OF THE INTERACTION FEELING BETTER ABOUT YOURSELF.

Adapted from: Villapiano, A. & Budman, S. (1997), Time-Effective Group Treatment: Disturbance Specific Group Therapy. Protocols for Coping Skills in Time-Limited Treatment. Newton, MA: Inflexion.

UNREALISTIC THINKING

Our thinking is unrealistic if we consistently:

1. Exaggerate the Negative and Ignore the Positive

A negative event occurs and you assume it defines you or the situation that it is true in all similar circumstances and you ignore any positive things that have occurred in the past.

For example, you do not get a job offer you were looking forward to and you assume you are not a good worker and overlook positive job evaluations you have received in the past. You think to yourself, "I can never do anything right, this always happens to me."

2. Assume the Worst

A negative event occurs and you assume it is a sign, or the beginning of something horrible to come.

For example, you have a skin growth and you assume it is cancer, or your spouse forgets your anniversary and you assume he or she is planning a divorce.

3. Personalize Things

A negative event occurs, that is not entirely under your control, and you assume in some way you were the cause of it and that if you were different, or you did something differently, it never would have happened.

For example, you blame your child's poor grades on the belief you are a bad parent, or your divorce on the belief you did not try hard enough in the marriage.

4. Jump to Incorrect Conclusions

A negative event occurs and from minimal or no facts you make a negative interpretation, assume it is true and sometimes predict it will continue to be true in the future.

For example, a friend does not respond when you say hello and you conclude he is ignoring you because he does not like you anymore.

WHAT IS DEPRESSION AND ANXIETY?

Sadness and nervousness are normal feelings everyone experiences in life, especially during difficult times. If someone is not able to get over their sadness and they start thinking negatively about themselves, they may be suffering from depression. If someone feels anxiety most of the time, often for no apparent reason, they may be suffering from an anxiety disorder.

Most people find some amount of anxiety is actually helpful with performance or with facing up to difficult situations, but the symptoms can become so serious that people avoid some everyday activities or have episodes when they are terrified and not able to function normally. Panic disorders, phobias, post-traumatic stress disorders and obsessive-compulsive disorders are all different forms of anxiety disorders.

Both depression and anxiety disorders are illnesses and all their causes are not yet understood. It is known that some causes are related to stress, a person's living environment, or a chemical imbalance and that these illnesses often run in families. Some surveys have reported that about one in five people are likely to have one or both of these illnesses at some point in their lives.

Many people overlook symptoms of these illnesses. They think they are a sign of weakness or a result of stress. The good news is that between 80 and 90 percent of those who seek help can be effectively treated, using focused individual, couples and group counseling, as well as medication. People can and do recover from the symptoms of these illnesses, but they can reoccur at different points in their lives.

In the weeks to come you will learn and practice several key coping skills to help you manage these symptoms and life's stresses more effectively. You will learn about:

1. Managing unproductive thoughts
2. Developing stress reduction strategies
3. Communicating assertively
4. Building supportive "networks"
5. Improving self-care skills

SUPPORT NETWORK SURVEY

A. List up to two people or places in your life, for each category below:

1. Spouse or significant other: _____
2. Children: _____
3. Parents, if living: _____
4. Guardians, if different: _____
5. Sisters & brothers: _____
6. Relatives (within 50 miles): _____
7. Female friend(s): _____
8. Male friend(s): _____
9. Coworker(s): _____
10. Schoolmate(s): _____
11. Religious counsel: _____
12. Counselor: _____
13. Neighbors: _____
14. Other supportive people: _____
15. Self-help organization(s): _____
16. Community resource(s): _____

B. List up to two people or places, from above, you would call for help or support if:

1. You just learned you lost your job: _____
2. You are nervous about a job interview: _____
3. You are angry after a fight with a friend: _____
4. You feel like breaking something: _____
5. You feel like hitting someone: _____
6. You are upset after a car accident: _____
7. You feel like drinking or using drugs: _____
8. You learned you have a serious illness: _____
9. You learned a friend died: _____
10. You feel stressed after a bad day: _____
11. You are nervous about money problems: _____
12. You got a promotion at work: _____
13. You just learned you won the lottery: _____
14. You want to celebrate your birthday: _____

C. How many different people or organizations from list A, did you include in list B (if you listed the same male friend 10 times in list B, this counts as 1 support)? _____

People tend to do best when their support networks are larger. If you depend on only one support to meet all your needs, such as those listed in section B, not only might that strain that relationship, but when that support is not available, you might find yourself not functioning as well as usual. Formal substance abuse services alone are only a part of that network.

Those with 5 or less supports totaled in section C need to do work to develop a broader base to help them through difficult times and to enjoy the good times in a more satisfying way.

Adapted from: Villapiano, A. & Budman, S. (1997), Time-Effective Group Treatment: Disturbance Specific Group Therapy, Protocols for Coping Skills in Time-Limited Treatment. Newton, MA: Inflexxion.

RELAXATION

There are many productive ways to relax, including exercise, meditation and doing something pleasurable. Below are two good breathing and muscle exercises:

A. Diaphragmatic Breathing

This is a brief exercise that can be done in almost any setting at any time.

Lie, sit, or stand still and notice your breathing pattern. When we are anxious our breathing is often shallow and “from our throat.” Now, focus on your navel and slowly breath so your navel goes out when you inhale and in when you exhale. You are breathing from your gut and you should notice a difference in the way you feel, especially in the upper chest.

B. Breathing and Muscle Relaxation

This exercise is longer and for best results requires a quiet, comfortable place where you can sit or lie with your eyes closed. It uses the diaphragmatic breathing described above and combines it with counting, imagery and muscle movement.

The simplest method is to be in a comfortable spot and begin your diaphragmatic breathing. As you breathe in, count to 7 slowly - pause - and then breath out counting backwards from 7 until your lungs are empty. Pause again and imagine the stress flowing out of your muscles, like water flowing down a babbling brook. Repeat 2 more times, noticing how different your body feels.

Another version of this exercise is to focus on some specific muscle groups that are tense, such as your neck. As you breathe in this time, tighten your neck muscles and hold them for a count of 7. Then, as you release them slowly for a count of 7, focus on the tension melting in these muscles. Repeat these steps for other muscle groups, all the time noticing how much more relaxed your body feels.

Another version is to repeat the steps above with every large muscle group in the body from head to toe, tightening or scrunching muscles, holding them and slowly releasing them, noticing your tension melting and flowing out of your body.

It is important in all these exercises that you maintain, steady and slow breathing. This will prevent hyperventilation. This is where you get dizzy and feel faint.

It is very useful to use imagery or ideas that you associate with these states of relaxation, to help the relaxation response along. For example, in some situations, thinking of that “babbling brook,” or repeating the word “Relax,” will help you feel calmer more quickly. All these exercises take practice. Find the methods that work best for you.

Recommended Reading: *The Relaxation & Stress Reduction Workbook, Fourth Edition*, by Davis, M., Eshelman, E. & McKay, M., New Harbinger Publications, Oakland, CA, 1996.

Adapted from: Villapiano, A. & Budman, S. (1997), Time-Effective Group Treatment: Disturbance Specific Group Therapy. Protocols for Coping Skills in Time-Limited Treatment. Newton, MA: Inflexion.

THE READY-FOR-WORK CHECKLIST

Regular employment is one of the keys to staying clean and having a satisfying life, but if you are not prepared for the demands of work, a job may be a setup for failure and bitterness. The following questions may help you determine how ready you are to hold a job. Answer each question as honestly as you can. If you answer "no" to any of them, maybe you need to be working hard on some personal issues as you prepare yourself for employment.

	YES	NO
1. Are you really free of any active drug problems?	_____	_____
2. Do you have a stable living situation and/or good support from other people who care about you?	_____	_____
3. Do you sincerely want to be self-supporting?	_____	_____
4. Are you willing and able to live off of a steady income that for the near future may only meet your basic needs and a little more?	_____	_____
5. Can you maintain a regular schedule?	_____	_____
6. Can you handle everyday disappointment without resorting to drug use or losing control of your emotions or actions?	_____	_____
7. Can you put up with stretches of tedious work and boring work which almost any job - especially at the entry level - occasionally requires?	_____	_____
8. Are you able to accept supervision and direction that you may not always agree with?	_____	_____
9. Do you have reliable information about the job market as it might apply to you?	_____	_____
10. Do you consider work as an opportunity for you to do something worthwhile in addition to being a way to stay out of trouble and earn money?	_____	_____
11. Are you clear about the kinds of situations that are dangerous for you and could lead you to use drugs and to give up on yourself?	_____	_____
12. Do you believe you can do a good job for an employer and be appreciated for it?	_____	_____

THE RIGHT-JOB CHECKLIST

As a recovering person who is ready for regular employment or a demanding schedule of schoolwork, you would be wise to assess each potential job situation as to how well it meets your recovery needs. The questions below can guide you in that assessment. No job is perfect, and some of the questions cannot be answered fully before the job has begun. However, it will be valuable to think about each question to the fullest extent possible before you accept an offer. Each “no” answer suggests a need for you to confront and resolve the issue. Several “no” answers may indicate that even if employment opportunities are scarce, the one you are looking at is not the right one for you.

	YES	NO
1. Will the job offer a take-home salary at least adequate for your current needs?	_____	_____
2. Will you have adequate transportation?	_____	_____
3. Do you have a clear idea of what the work involves?	_____	_____
4. Is the work environment safe and reasonably pleasant?	_____	_____
5. Will the work be steady, year-round, and will you be paid regularly?	_____	_____
6. Will the job involve adequate supervision and evaluation to support your performance?	_____	_____
7. Will it provide opportunities to enrich your skills and/or offer you advancement?	_____	_____
8. Will you have coworkers who could become positive friends and people you could respect?	_____	_____
9. Will you have what you need – the friends, the recreational outlets, the free time, etc. – to handle the stress of this job?	_____	_____
10. Do you think the job will challenge you?	_____	_____
11. Would your position remain secure if your coworkers and/or employer knew your past?	_____	_____
12. Will the work be free of situations, places, and people that in the past have strongly tempted you to use drugs?	_____	_____
13. Will you have a good person or counselor at the worksite you could go to if you develop problems at work?	_____	_____
13. Will you have a good person or counselor at the worksite you could go to if you develop problems at work?	_____	_____
14. Is the kind of work and the way it is to be done consistent with your personal values and beliefs?	_____	_____

THINKING ABOUT A MORE OPEN RECOVERY

Do you reject yourself? Do you distrust your own recovery? Telling other people that you are recovering from addiction can be hard to do if you are filled with your own shame and doubts. But the more committed you are to success and the more you approve of yourself – without pride or arrogance – the more approval you will get from others when say truthfully, “I am recovering.”

Being more open about recovery can mean many things:

- Having no guilt about the cover-ups and no fear of exposure.
- Being able to discuss your life normally as most people do.
- Gaining trust and closeness with the other person (who may have some things to tell you in return).
- Being admired for your growth and achievements.
- Gaining more support for your recovery. (A person who knows your priorities, for example, would be less likely to have drugs and alcohol around).
- Being a source of guidance for other people with drug problems.

Usually you can sense when the moment is right for referring to your recovery. You can introduce your experiences naturally and positively with remarks such as:

“Well, I guess my main interest for the past year or so has been my own personal growth.”

“No thanks, I don’t smoke pot. Drugs really gave me an education at one point in my life and I’m not about to forget it.”

“Yeah, I saw that TV special. I admire people who overcome those kinds of problems. I know how tough it can be.”

You do not have to give painful details about the past. Do divorced people have to explain their failed marriage when they say, “I’m divorced?”

Never forget that you are a whole person, not just a recovering addict, and that real friendship and support come to us as whole people. Those who might reject you because of one aspect of your past may not have made good friends in the end; and those who accept you will be looking at who you are now.

Remember also that most people are searching for answers and acceptance – whatever their position in life – and they will be genuinely impressed and interested with your insights. Your story could be a gift to them as well as an important reminder to you.

MAKING WORK WORK FOR YOU

For most people, employment is a big part of life. It represents not only income and major responsibility, but also where, how, with whom and to what purpose much of life is spent. So naturally, we want our work to be as satisfying as possible. If you have concerns or problems with a current job, maybe the following will be keys for making work work for you.

Know what is expected of you. An employee works for an employer. That is how it is. Therefore, to get along well, it is vital that you honor employer's procedures because the more you can make the organization's goals your own – assuming those goals do not conflict with your personal values and needs – the more satisfying and profitable the job will be for you.

Respect yourself. An employee has the right to courtesy and fairness, fair pay, and safe and decent working conditions. Recovery requires self-respect, and you deserve respect at work. This means that sometimes you may need to speak up – but with respect for others as well. The combination of self-assertion and a positive, cooperative attitude can help you much more than grumbling and complaining.

Look for support and friends at work. Friendships made at work can be the most rewarding. Coworkers share so much together and can lighten each other's loads. Get to know the people you work with. Let them know you. Senior employees and even supervisors can become close friends and valuable guides to success at the job. If you do not have a group of coworkers to associate with, look for ways to meet other people in your line of work. Remember the truly isolated jobs can be quite risky for recovery.

Use on-the-job resources and support. Friends at work can be great, but there are additional ways for you to cope with problems at work, particularly when you are feeling stuck and stressed. (You know where those feelings can lead.) Check out these resources if they are available at or through your job:

- * Employee assistance program
- * Educational Services
- * Labor Union
- * Recreational Facilities
- * Job Training
- * Special Work Assignments
- * Community Outreach Projects

Use outside resources and support. Not every job situation can be supportive. Compensate for problems at workplace through other means such as:

- * Counseling and guidance to learn effective communication, if you need to speak up for yourself.
- * A self-help group for social support, if the work is lonely.
- * Careful planning to deal with aspects of work that can lead to drug craving.
- * Someone who is skilled in your line of work and can teach you, if you have poor supervision.
- * Outside training and education, if the work is not challenging.
- * Community service or a creative hobby, if the job does not provide a sense of contribution and self-respect.
- * Regular recreation and relaxing activities, if the work is very stressful.

Examine yourself. Always ask yourself what you have done to cause the problem. Have you done enough to try to solve it? Also, ask yourself if this is really the right job for you. Do the requirements mesh with the kind of person you are and enjoy being? Would you be happier with a different job in which you would perform better?

Do not resign unless:

*You have pursued all the above and the job is still too much for you. You will have adequate legitimate income for at least a few months. You are prepared for an energetic nonstop job search until you get a new job

OR

*You already have a firm offer for a better position.

General Resources for Help and Information

Medical

Medic Alert Foundation (800) 432-5378 www.medicalert.org

Service that protects and saves the lives of its members by providing identification and information in a medical emergency.

National Health Information Center (800) 336-4797 www.health.gov/nhic

Health information referral service.

American Heart Association (800) 242-8721 www.americanheart.org

Provides comprehensive info about reducing disability and death from cardiovascular disease and stroke.

Heart Center Online www.heartcenteronline.com

Information for cardiology patients.

Prenatal Care Hotline (800) 311-2229 (English)
(800) 504-7801 (Spanish)

Planned Parenthood Federation of America, Inc (800) 669-0156 www.plannedparenthood.org

Online resources from the Federation encompass all aspects of reproductive health including contraception, family planning, STDs, and abortion.

Employment

United States Department of Labor 1-866-4-USA-DOL www.dol.gov

Veteran's Vocational Rehabilitation & Employment Services 1-800-827-1000 www.vba.va.gov/bln/vre

Education and Training VA administers a number of education and training programs for veterans

Alcohol & Drug

Center for Substance Abuse Treatment (800) 662-HELP

Alcohol and Drug Help Line (800) 821-4357 operates 24 hours

Al-Anon Family Headquarters (800) 356-9996 www.al-anon.alateen.org

Multi-lingual site providing hope and help for family and friends of alcoholics.

Treatment Resources (888) HELP 711 www.treatment-resources.com

Substance abuse and mental health resources regardless of your financial situation together we can assist in finding help for you, a loved one or a family member

Legal

LawInfo.com (800) 397-3743 www.lawinfo.com

Committed to providing individuals with the most useful legal information available

National Legal Aid & Defender Association (202) 452-0620 www.nlada.org

Learn about NLADA, which arranges pro bono representation for low-income defendants unable to afford an attorney

Family/Social

National Coalition Against Domestic Violence 800-799-SAFE www.ncadv.org

NCADV is dedicated to the empowerment of battered women and their children and therefore is committed to the elimination of personal and societal violence in the lives of battered women and their children

Child Abuse (800) 422-4453 www.childhelp.org

Resource for the prevention and treatment for child abuse

Child Care Aware (800) 424-2246 www.childcareaware.org
(800) 787-3224 TDD

Child Care Aware is a non-profit initiative committed to helping parents find the best information on locating quality childcare and childcare resources in their community

National Center for Missing and Exploited Children (800) THE-LOST www.ncmec.org

Site offers hotline to report incidence of missing or exploited children, resources and education.

The Administration for Children & Families www.acf.dhhs.gov

The Administration for Children and Families (ACF) is a federal agency funding state, local, and tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare, and other programs relating to children and families

Psychiatric

National Strategy for Suicide Prevention (800) SUICIDE <http://mentalhealth.samhsa.gov/suicideprevention>

The Center for Mental Health Services (CMHS) Knowledge Exchange Network (KEN) provides information about mental health via a toll-free telephone number (800-789-2647), this web site and more than 200 publications.

Substance Abuse & Mental Health Administration www.samhsa.gov

Agency within the US Department of Health and Human Services supports agencies dealing with drug-related or mental disorders

National Institute of Mental Health (301) 443-4513 www.nimh.nih.gov/publicat/index.cfm

This section offers information from NIMH about the symptoms, diagnosis, and treatment of mental illnesses. Included are brochures and information sheets, reports, press releases, fact sheets, and other educational materials

International Foundation for Research and Education on Depression (800) 239-1265 www.ifred.org

To educate the public about Depressive Illness, its consequences and its treatability. To provide needed information to physicians and other professionals

Anxiety Disorders Association of America (240) 485-1001 www.adaa.org

The Anxiety Disorders Association of America (ADAA) is a nonprofit organization whose mission is to promote the prevention, treatment and cure of anxiety disorders and to improve the lives of all people who suffer from them.