TRUST

Patient Workbook

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Introduction

Welcome

You have taken a big step by deciding to come into treatment. You should be very proud of your decision to enter treatment and your commitment to recovery.

This is your Patient Workbook. It contains the worksheets you will need for your treatment. You will find worksheets for three types of sessions: Drug Cessation Group, Recovery Skills Group and Individual Coaching.

Patient Worksheets

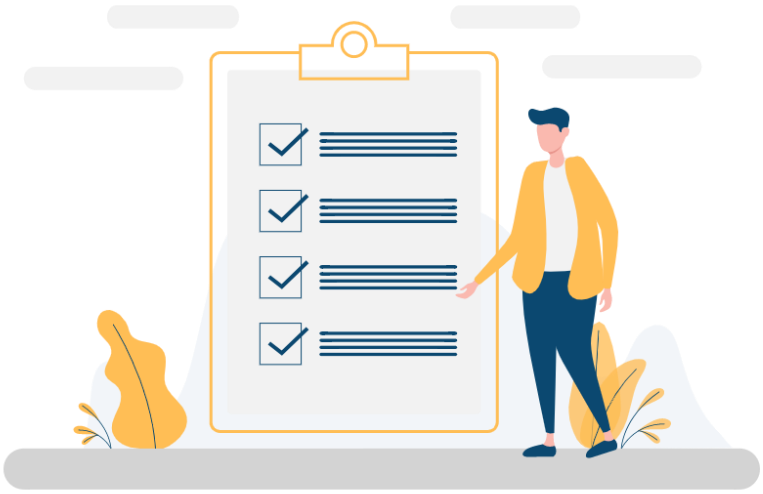
The patient worksheets will help you get the most out of your treatment. Some worksheets ask questions and have spaces for your answers. Other worksheets ask you to read and think about a subject or an idea, or they contain suggestions or reminders about recovery. It is a good idea to keep and review the worksheets after you have used them. They provide information that will help you throughout the course of your recovery.

During each treatment session, your counselor will ask you to follow along on the worksheet while they review it with the group. The counselor will give you time to think about what it says and write your answers to questions it may ask. The group will then discuss the worksheet. You should share your thoughts and ask questions during this time. If you still have questions, there will be more time to ask questions during the last part of each session.

Making the most of sessions

The more work you put into the treatment sessions, the more benefit you will receive from it. Part of the work you should be doing is reading and considering how you can use the information in the worksheets and applying it to your recovery. Other ways to get the most from treatment:

- Attend every scheduled session.
- Arrive for sessions on time or a little early.
- Listen carefully and respectfully to the counselor and the other patients.
- Be supportive of other patients. If you disagree with someone, be polite when you speak to them. Do not attack people personally.
- Do not talk about other patients' personal information outside group. Patients must be able to trust one another if they are to feel comfortable sharing their thoughts.
- Ask questions when you do not understand something.
- Participate in group discussions.
- Do not dominate the conversation. Allow time for other patients to participate.
- Be truthful.
- After the session is over, try to apply what you learned to your recovery.
- Work on the homework assignments that the counselor gives you.



Drug Cessation Group (DCG) Worksheets

DCG 1 – Drugs-Drug Paraphernalia-Drug-using Friends

Drugs

It is critical to throw away any drugs you still have. Over time, you may have stashed drugs in many places, some you do not even remember. Your home, your car, and the places you go need to be as safe as you can make them.

Keeping some meth, speed, or pot around, or a few beers in the refrigerator, to prove to yourself they are not a problem is not smart. These drugs are triggers that very well could lead you to drug use. Interrupting the craving process at the earliest possible stage is the basic goal in relapse prevention.

1. Which rooms have stashes of drugs/paraphernalia?

_____
_____
_____

2. Where specifically would you likely find drugs/alcohol in your house?

_____
_____
_____
_____

3. How safe is your car?

_____
_____

Drug Paraphernalia

Paraphernalia are items used for, or related to, your drug use. Paraphernalia can trigger intense cravings. The memories related to these things are often still powerful enough to stimulate strong cravings. It is important to separate yourself from all paraphernalia as early in your recovery as possible.

A recent research study by the National Institute of Drug Abuse, using sophisticated brain imaging techniques, shows that the brains of recovering individuals who use stimulants continue to register powerful electro-chemical activity at the sight of stimulant paraphernalia long after the last use of stimulant. People without substance dependencies viewing the same images of stimulant paraphernalia show no extra brain activity.

Use the following checklist to remind yourself of items that you need to get rid of and add any that might not be listed.

__Vials

__Pipes

__Straws

__Chemicals

__Lighters/Torches

__Spoons

__Phone Numbers

__Needles/Syringes

__ _____

Drug-using Friends

Friends and acquaintances who use drugs present an extreme risk. The risk is not related to who they are, whether they are close friends or casual acquaintances, or whether or not they support your recovery.

- If you can avoid these people do so.
- If you expect to run into them, you need to be clear and direct. “I’m not using anymore.” “Nothing personal, but I can’t be around you. It’s not that I don’t trust you, I don’t trust me.” Then immediately GO.
- If someone unexpectedly shows up at your place, be clear and direct and do not invite them inside.

Who are people you need to avoid? (first names and initial)

_____

_____

_____

_____

_____

What will you say to these people?

_____

_____

_____

_____

_____

DCG 2 – Five Common Challenges in Stopping Drug Use

Everyone who attempts to stop using substances runs into situations that make it difficult to maintain abstinence. Listed below are five of the most common situations that are encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for handling these situations.

Challenges	New Approaches
1. Friends and acquaintances who use: you want to continue associations with old friends who use.	• Try to make friends at 12-step or other community support meetings • Participate in new activities that increase chances of meeting abstinent people. • Plan activities with abstinent friends and family members
2. Anger, irritability: Small events can create feelings of anger that seem to preoccupy your thoughts and can lead to relapse.	• Remind yourself that you are experiencing a healing of the brain and strong unpredictable emotions are a natural part of recovery • Exercise • Talk to a counselor or supportive friend.
3. Drugs and alcohol in the house: You have decided to stop using, but others in your house may still be using.	• Get rid of all drugs and alcohol • Ask others not to drink or use at home • If the problem continues, consider moving out.

4. Boredom, loneliness: Stopping substance use often means that activities you did for fun can be a problem.

- Put new activities on your schedule.
- Go back to activities you enjoyed before your addiction took over.
- Try to find new friends at community support meetings

5. Special Occasions: Parties, dinners, holidays, celebrations

- Have a plan for answering questions about drug or alcohol use (or not using)
- Start your own drug-free celebrations and traditions.
- Have your own transportation to and from events.
- Leave if you get uncomfortable or start feeling deprived.

Are some of these issues likely to be a problem for you in the next few weeks? Which ones?

_____
_____
_____
_____
_____

How will you handle them?

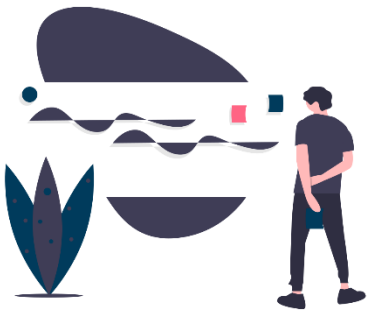
_____
_____
_____

DCG 3 – Triggers/Thought-stopping

The Losing Argument

- If you decide to stop drinking or using and end up moving toward drugs, sometimes your brain tries to give you permission to use through a process we call “drug use justification.”
- Thoughts about stimulant use start an argument inside your mind, your “rational brain” versus your “addicted brain.” You feel as though you are in a fight and you must come up with many reasons to stay away from drugs.
- Your addiction is just looking for the excuse, a drug use justification. The argument inside you is part of a series of events leading to drug use.

Thoughts Become Cravings



If you allow yourself to focus on the thought and think about details and next steps, etc., without your awareness, you are making a choice to use drugs. The longer time period that you allow the thoughts to go on, the more likely you are to develop powerful cravings and subsequently use drugs.

The "Automatic" Process

During addiction, triggers, thoughts, cravings and use all seem to run together. However, the usual sequence goes like this:

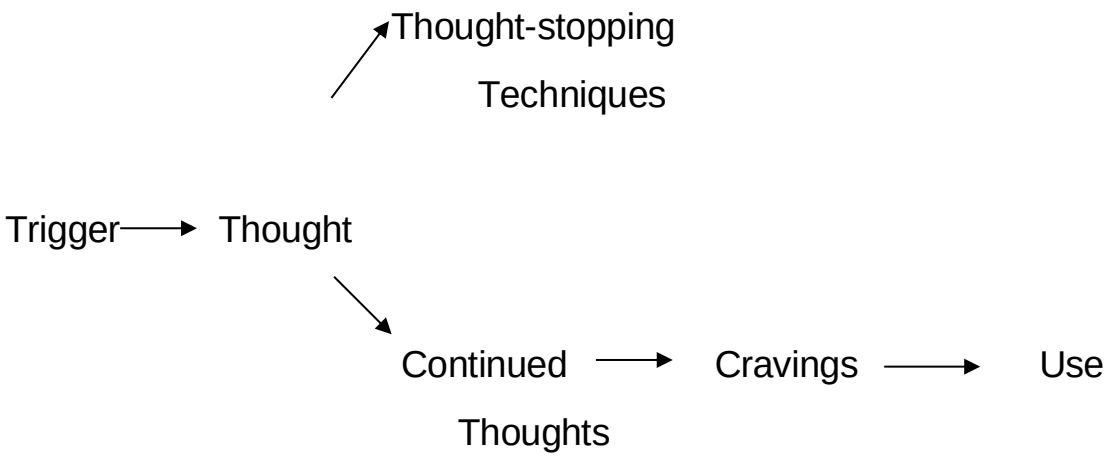
TRIGGER → THOUGHT → CRAVING→ USE

Thought-Stopping

- The key to success is stopping the thought before it becomes a craving.
- It is important to respond to the thought as soon as you recognize it occurring.
- Effective thought-stopping can prevent a craving from occurring. Once a craving occurs, there is a powerful biological push toward use. It becomes much harder to stop this process.

A New Sequence

In order to get recovery started it is necessary to change the trigger - use sequence. Thought- stopping provides a tool for breaking the process. The choice is:



You make a choice. It is not automatic.

Techniques for Thought-Stopping

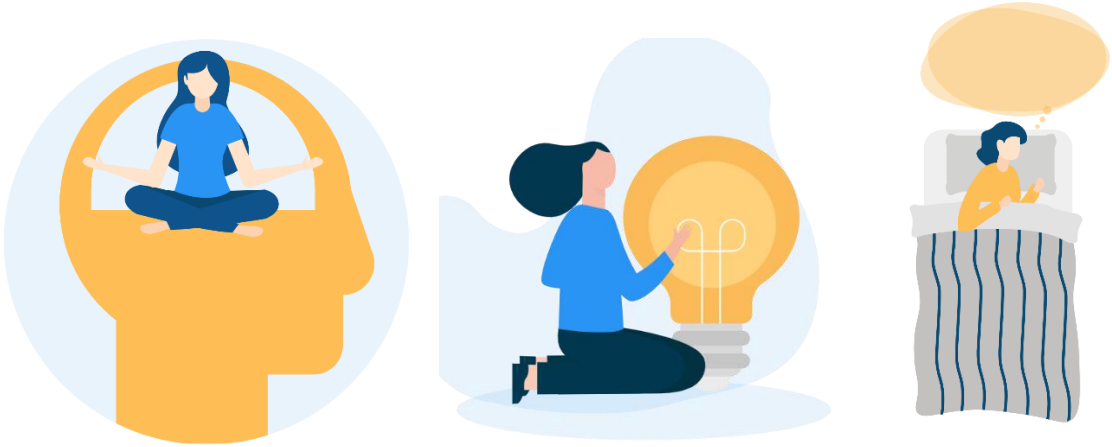
Try the techniques described and use those that work best for you.

VISUALIZATION -There are many ways to use your imagination to substitute a new thought in place of the drug thought. Some include:

- ✓ Picture a switch or a lever in your mind. Imagine yourself actually moving it from ON to OFF to stop the drug thoughts.
- ✓ Focus on a positive memory/scene from your life that is something you enjoy thinking about. A great view from a mountain when you went on a hike. The face of your child or a parent. Any thought that has a strong positive effect.

SNAPPING - Wear a rubber band on your wrist loosely. Each time you become aware of drug thoughts snap the band and say "NO!" to the thoughts as you make yourself think about another subject. Have a subject ready that is something meaningful and interesting to you.

RELAXATION/MEDITATION - Thoughts can be avoided or replaced by taking a deep breath and then focusing on your normal breathing.



DCG 4 – Your Brain and Recovery

In understanding and dealing with addiction it is important to think about your brain regarding two very powerful and different parts:

1. The higher, rational brain. This is the decision-making part of your brain.

2. The lower, emotional centers in the brain. This is your pleasure center.

Decisions to use drugs or alcohol start in the higher brain. You weigh the positives and negatives associated with using, and when you use, the pleasurable experiences happen in the lower brain.

After a time, as the negative consequences of use mount, you have probably decided at times to stop using but you are not able to stop. You decide in your higher brain, but the decision to stop is overpowered by your lower brain.

What happens?

Most people describe cravings that overpower the rational decision to stop using.

Why does this happen?

1. After a period of regular substance use, the people, places, and circumstances that have been associated with the drug use have the power to trigger a response in the lower, "addicted," brain.
2. When this happens, you feel a craving and your thinking changes making it seem OK to use, "one more time," or "just a little bit," etc.

Why is this important?

1. The triggered reaction in the lower brain cannot be directly controlled. This automatic reaction is like a reflex.
2. No amount of good intentions, promises, or commitments will reduce the strength of the cravings.
3. If you are around people, in places, or in situations where you have used in the past, the chances are great that you will use again even if you have a sincere desire to stop using.
4. If you understand substance dependence you can begin to effectively deal with it.

What can you do about this?

1. Change your behavior so that you avoid the things that will trigger cravings.
2. Start doing new, healthy, alternative behaviors.
3. Reassume higher brain control of what you do by planning your day and scheduling you time.

Understanding the brain and addiction makes sense out of your behavior up until now and provides the key to beginning your first steps in recovery.

1. Have you tried to stop in the past and failed? What happened?

   _____
   _____
   _____
   _____
   _____

2. What could you have done differently in light of what you know now about the brain?

   _____
   _____
   _____
   _____
   _____

Brain Changes by Drug Use.

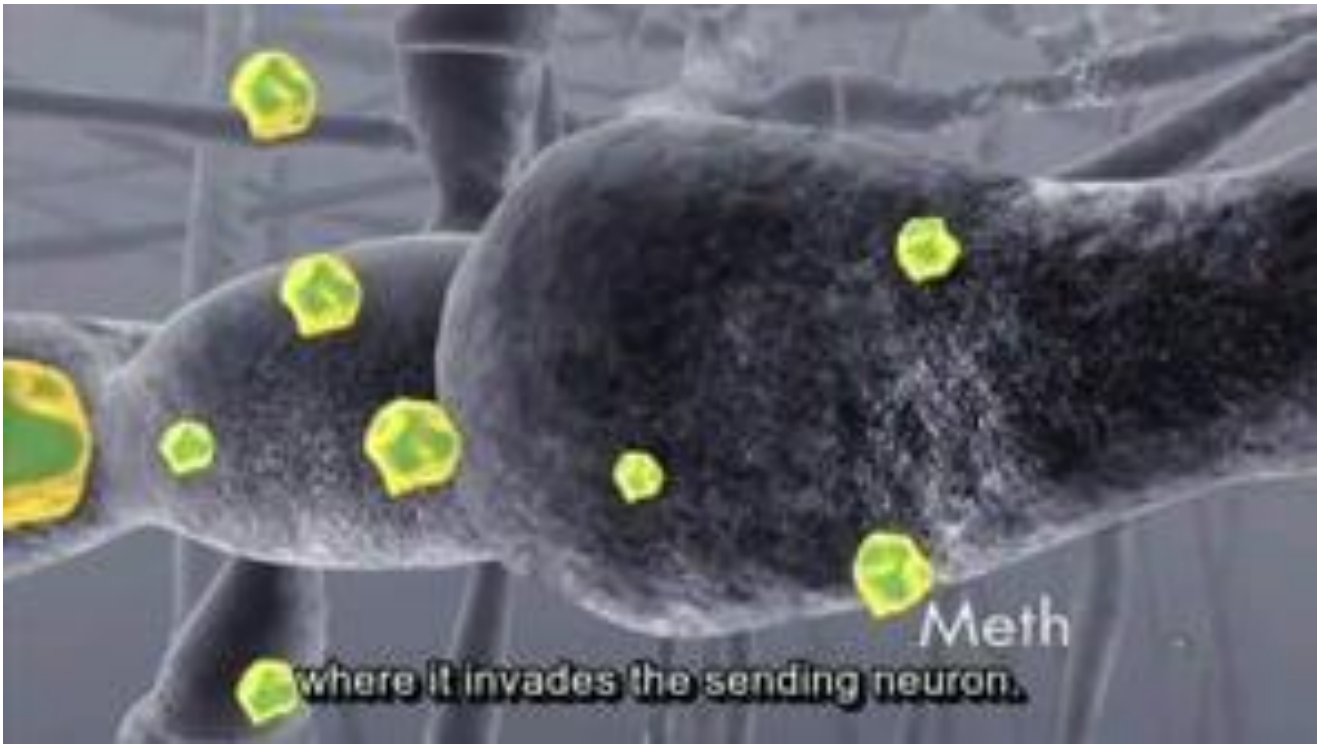
The brain has neurons that release and receive dopamine. Dopamine is a brain chemical that allows us to feel pleasure, happiness, and positive emotions. As people use meth and cocaine, the brain becomes addicted, one of the major parts of the biology of addiction is the result of how methamphetamine and cocaine change the dopamine system. The good news is that the brain recovers with time and no stimulant use. In a sense the brain "heals." Understanding this aspect of addiction is important for people to understand so they can see hope for the future when stimulant use is stopped.

Video Clip 1. Normal dopamine function

Press play below, or access the video online here:
https://vimeo.com/418131516

Video Clip 2. Dopamine system changes from the use of methamphetamine

Press play below, or access the video online here:
https://vimeo.com/418132723

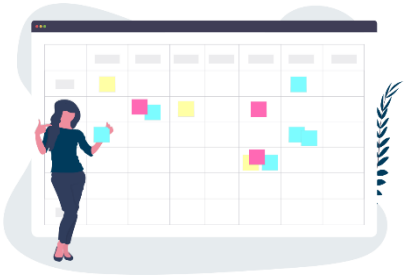


Video Clip 3: Dopamine recovery with abstinence from methamphetamine.

Press play below, or access the video online here: https://vimeo.com/433507468

DCG Group A. Scheduling

What is scheduling?

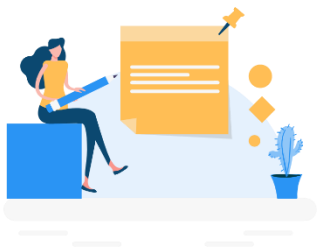


A schedule is a plan you make for yourself. You will need to schedule recreation and rest as well as work and appointments. Scheduling will leave less room for impulsive, possibly high relapse risk, behavior. Scheduling helps you change your behavior in line with a new, drug-free, lifestyle.

Why should I schedule?

If you begin your recovery in a residential setting, you have the structure of the program and the building to help you stop using. As an outpatient, you must build that structure around yourself as you continue functioning in the world. Your schedule is your structure. Moving from addiction is like getting out of a mine field. You need to be very careful where you are going and where you are stepping. Initially, how you got to where you are is not important; getting out is.

Do I need to write it down?

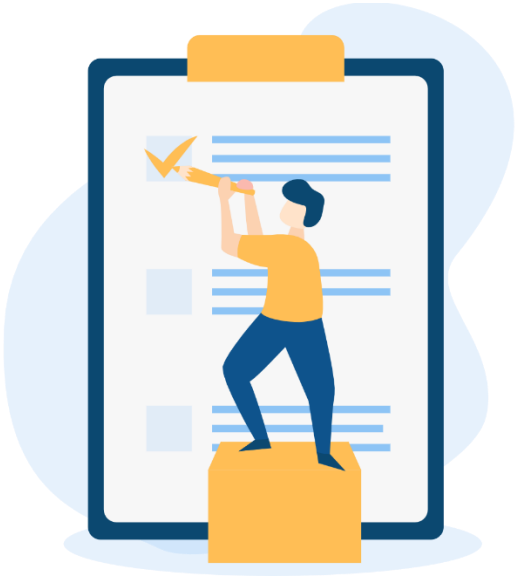


Absolutely. Schedules that are in your head are too easily, spontaneously revised. If you write it down while your rational brain is in control and then follow it, you will be doing what you *think* you should be doing (rational brain) instead of what you *feel like* doing (addicted brain).

Daily/Hourly Schedule

Date		Date		Date	
7:00		7:00		7:00	
8:00		8:00		8:00	
9:00		9:00		9:00	
10:00		10:00		10:00	
11:00		11:00		11:00	
12:00		12:00		12:00	
1:00		1:00		1:00	
2:00		2:00		2:00	
3:00		3:00		3:00	
4:00		4:00		4:00	
5:00		5:00		5:00	
6:00		6:00		6:00	
7:00		7:00		7:00	
8:00		8:00		8:00	
9:00		9:00		9:00	
10:00		10:00		10:00	
11:00		11:00		11:00	
12:00		12:00		12:00	

Notes/reminders:_____
_____
_____
_____



Recovery Skills Groups (RSG) Worksheets

RSG 1 – Anchoring Down to Avoid Relapse Drift

How It Happens

- Drug use does not suddenly occur. It does not happen without warning and it does not happen quickly.
- The slow movement away from sobriety can be compared to a ship gradually drifting away from where it was moored. The drifting movement can be so slow that you don't even notice it.

Interrupting the Process

- During recovery, each person does specific things that work to keep him or her sober.
- These "mooring lines" need to be clearly stated and listed in a very specific way so they are clear and measurable.
- These are the ropes that hold the recovery in place and prevent the relapse drift from happening without being noticed.

Maintaining a Recovery

Use the Mooring Lines Recovery Chart to list and track the things that are holding your recovery in place. Follow these guidelines when filling out the form:

1. Identify 4 or 5 specific things that are now helping you stay sober. (e.g., working-out for 20 min., 3 times per week).

2. Include items such as exercise, therapist and group appointments, scheduling, 12-Step meetings, eating patterns, etc.

3. Do not list attitudes. They are not as easy to measure as behaviors.

4. Note specific people or places that are known triggers and need to be avoided during the recovery.

The checklist should be completed regularly (probably weekly). When two or more items cannot be checked, it means that relapse drift is happening. Sometimes things interrupt your mooring lines. Vacation, illnesses and holidays sometimes cannot be controlled. The mooring lines disappear. Many people relapse during these times. Use the chart to recognize when you are more likely to relapse and decide what to do to keep this from happening.

RSG 1a – Mooring Lines; Recovery Chart

- In becoming sober you have had to learn to do certain new behaviors - behaviors that work for you in keeping you sober.
- Charting the new behaviors and checking occasionally to make sure the lines are secure can be very useful.

Use the chart below to list those activities that are very important to your continuing recovery. If there are specific people or things you need to avoid, list those. Look back at your list regularly to check yourself and make sure you are continuing to stay anchored in your recovery.

Mooring Line Behaviors	**Date (√)**	**Date (√)**	**Date (√)**	**Date (√)**	**Date (√)**
1.					
2.					
3.					
4.					
5.					
I am Avoiding	**Date (√)**	**Date (√)**	**Date (√)**	**Date (√)**	**Date (√)**
1.					
2.					
3.					
4.					
5.					

RSG 2 – Internal Trigger Questionnaire

During recovery there are often certain feelings or emotions that trigger the brain to think about using drugs. Read the following list of emotions and indicate which of them might trigger (or used to trigger) thoughts of using for you:

_____ Afraid	_____ Frustrated	_____ Neglected
_____ Angry	_____ Guilty	_____ Nervous
_____ Confident	_____ Happy	_____ Sexy
_____ Criticized	_____ Inadequate	_____ Pressured
_____ Depressed	_____ Insecure	_____ Relaxed
_____ Embarrassed	_____ Irritated	_____ Sad
_____ Excited	_____ Jealous	_____ Bored
_____ Exhausted	_____ Lonely	_____ Tired

A. Check √ the above emotional states or feelings that have triggered your use of drugs recently.

B. Has your use in recent weeks/months been:

_____ 1. Primarily tied to emotional conditions

_____ 2. Routine and automatic without much emotional triggering.

C. Are there any times in the recent past in which you were attempting to not use and a specific change in your mood clearly resulted in your using? (For example, You got in a fight with someone and used in response to getting angry.) Yes _____ No _____

If yes, describe: _____

_____

_____

_____

_____

D. Go back to the trigger chart and enter these triggers if you haven't already.

RSG 3 – External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you frequently used stimulants. Place a zero (O) next to activities or situations in which you never have used stimulants.

__When home alone	__Before a date	__After Payday
__At home with friends	__During a date	__Before going out to dinner
__At a friend's home	__Before sexual activities	__Before breakfast
__At parties	__During sexual activities	__At lunch break
__While at dinner	__After sexual activities	__At sporting events
__At movies	__Before work	__After work
__At bars/clubs	__When carrying money	__Driving near some streets
__At concerts	__After going past a dealer's place	__At a school residence
__In the park	__With drug using friends	__When driving
__When I gain weight	__At or near a liquor store	__When internet browsing
__In certain neighborhoods	__Texting certain people	__Calling friends who use
__Travelling (airports, hotels, planes)	__After medical visits	__At a pharmacy

2. List any other settings or activities where you frequently use.

_____
_____
_____
_____
_____
_____
_____
_____

3. List activities or situations in which you would not use drugs or alcohol.

_____
_____
_____
_____
_____
_____
_____
_____
_____

4. List people you could be with and not use drugs or alcohol.

_____
_____
_____
_____
_____
_____
_____

RSG 2a-3a – Trigger Chart

Name:_____

Date:_____

Instructions: List people, places, objects, situations, and emotions below according to how likely they would trigger drug or alcohol use.

Chance of Using — Chance of Using

Never Use	Almost Never Use	Almost Always Use	Always Use

These are "safe" situations.

These are low risk, but caution is needed.

These situations are high risk. Staying in these is extremely dangerous.

Involvement in these situations is deciding to stay vulnerable to addiction. Avoid totally.

RSG 4 – Taking Care of Yourself

During periods of drug use people often do not take care of themselves. There is often not enough time or energy to attend to health and grooming when you are using. How you look becomes unimportant. Health is secondary to drug use.

- Not caring for yourself is a major factor in losing self-esteem.
- This is a time to recognize your own value. In recovery, your own health and appearance become more important as you care more for yourself.
- It is part of starting to like and respect yourself.

Attending to the following will strengthen your image of yourself as a healthy, drug-free, person.

1. Have you seen a doctor for a thorough check-up?

   _____
   _____

2. When is the last time you went to the dentist?

   _____
   _____

3. Have you considered getting a "new look" next time you cut your hair?

   _____

What kind of changes might you like to try?

_____
_____
_____

4. Are you paying attention to what you are eating? Is it too much, too little or of adequate nutritional value? How many meals a day do you eat?

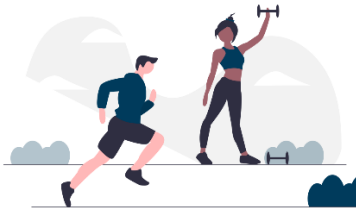
   _____
   _____
   _____

5. Do you still wear the same clothes you wore during your using episodes?

   _____
   _____
   _____

6. Do you need to have your vision or hearing checked?

_____
_____
_____



7. What exercise do you do regularly?

_____
_____
_____

8. Is your caffeine or nicotine intake out of control?

_____
_____
_____

- If doing all these things at once is too overwhelming, work on one or two items each week.
- Decide which are the most important and do those first.
- You will begin to see a person you like and respect.

The first thing I need to do to take care of myself is:

_____

_____

_____

_

RSG 5 – Be Smart; Not Strong

"I can be around drugs/alcohol. I am certain I don't want to use and once I make up my mind, I'm very strong."

"I have been doing well and I think it's time to test myself and see if I can be around friends who are using. It's just a matter of willpower."

"I think I can have a drink or smoke a joint and not use stimulants. I never had a problem with alcohol anyway."

Staying drug/alcohol-free takes more than just strength or will power. People who can maintain abstinence do it by being smart. They know that the key to not drinking and not using is to keep far away from relapse situations. The closer you get, the more likely a relapse becomes. If drugs appear unexpectedly and you are close to friends who are drinking and using, your chances of using are much greater than if you weren't in that situation. Smart people stay sober by avoiding triggers for as long as possible.

How smart are you being? Rate how well you are doing in avoiding relapse:

	Poor	Fair	Good	Excellent
1. Practicing Thought-Stopping	1	2	3	4
2. Scheduling	1	2	3	4
3. Keeping Appointments	1	2	3	4
4. Avoiding Triggers	1	2	3	4
5. Not Using Alcohol	1	2	3	4
6. Not Using Drugs	1	2	3	4
7. Avoiding Individuals who Use Drugs/Alcohol	1	2	3	4
8. Avoiding Drug/Alcohol Places	1	2	3	4
9. Exercising	1	2	3	4
10. Being Truthful	1	2	3	4
11. Going to 12-Step	1	2	3	4

or other support meetings

Is there an area you want to improve?

_____

How do you plan to do that?

_____
_____
_____
_____
_____
_____
_

RSG 6 – Drug Use Justification

Once a person decides not to use drugs anymore, how does it happen again? Is there some way of avoiding the return to drug use?

Drug use justification is a process that happens in people's minds. The addicted part of the brain invents excuses that move the person close enough to drug use situations so that "accidents" can and do happen. You may remember times when you were planning to stay drug free and the mental justification process happened before you used again.

Use the questions below to help you identify justifications your addicted brain might use and interrupt the process with thought-stopping.

Accidentally or Other People

Does your addicted brain ever try to convince you that you have no choice when an unexpected situation catches you off-guard? Have you ever said any of the following to yourself?

1. It was offered to me. What could I do?
2. An old friend called, and we decided to get together.
3. I was cleaning my house and found drugs I'd forgotten about.
4. I had friends come for dinner and they brought me some wine.
5. I was in a bar and someone offered me a beer.
6. Other _____.

Catastrophic Events

Is there one unlikely, major event that is the only reason you would use? What might such an event be for you? How would using drugs improve the situation?

1. My spouse left me. There's no reason to stay clean.
2. I just got injured. It's ruined all of my plans. I might as well use.
3. I just lost my job. Why not?
4. Other _____.

For a Specific Purpose

Has your addicted brain ever suggested that using a certain drug or alcohol is the only way to accomplish something?

1. I'm gaining weight and need stimulants to control my weight.
2. I'm out of energy. I'll function better.
3. I need drugs to meet people more easily.
4. I can't enjoy sex without using.
5. Other _____.

Depression, Anger, Loneliness, and Fear

Does feeling depressed, angry, lonely or afraid make using seem like the answer? Is it really? What might you do when your addicted brain says the following to you?

1. I'm depressed. What difference does it make if I use or not?
2. When I get mad enough I can't control what I do.
3. I'm scared. I know how to make the feeling go away.
4. If he/she thinks I've used, I might as well use.
5. Other _____.

My Addiction is Cured

Everyone struggles with the fact that addiction and recovery are on-going processes. Does your addicted brain ever try to convince you that you can use just once or just a little?

1. I'm back in control. I'll be able to stop when I want to.
2. I've learned … I'll only use small amounts and only once in a while.
3. This drug (or alcohol) was not my problem – the other one was. So I can use this and not relapse.

Testing Yourself

Would your brain like to prove you can be stronger than drugs/alcohol? It's very easy to forget that being smart is the key to staying sober; not being strong. Have you ever thought:

1. I'm strong enough to be around it now.
2. I want to see if I can say "no" to drinking/using.
3. I want to see if I can be around my old friends.
4. I want to see how stimulants feel now that I've stopped.

Celebrating

Both the addicted brain and other people may encourage you to fall for the following:

1. I'm feeling really good. One time won't hurt.
2. I'm doing so well. Things are going great. I owe myself a reward.
3. This is such a special event and there's only one way to celebrate.

RSG 7 – Anchoring Down to Avoid Relapse Drift

How It Happens

- Relapse does not suddenly occur. It does not happen without warning and it does not happen quickly.
- The slow movement away from sobriety can be compared to a ship gradually drifting away from where it was moored. The drifting movement can be so slow that you don't even notice it.

Interrupting the Process

- During recovery, each person does specific things that work to keep him or her sober.
- These "mooring lines" need to be clearly stated and listed in a very specific way so they are clear and measurable.
- These are the ropes that hold the recovery in place and prevent the relapse drift from happening without being noticed.

Maintaining a Recovery

Use the Mooring Lines Recovery Chart to list and track the things that are holding your recovery in place. Follow these guidelines when filling out the form:

1. Identify 4 or 5 specific things that are now helping you stay sober. (e.g., working-out for 20 min., 3 times per week).

2. Include items such as exercise, therapist and group appointments, scheduling, 12-Step meetings, eating patterns, etc.

3. Do not list attitudes. They are not as easy to measure as behaviors.

4. Note specific people or places that are known triggers and need to be avoided during the recovery.

The checklist should be completed regularly (probably weekly). When two or more items cannot be checked, it means that relapse drift is happening. Sometimes things interrupt your mooring lines. Vacation, illnesses, and holidays sometimes cannot be controlled. The mooring lines disappear. Many people relapse during these times. Use the chart to recognize when you are more likely to relapse and decide what to do to keep this from happening.

RSG 7a – Mooring Lines; Recovery Chart

- In becoming sober you have had to learn to do certain new behaviors - behaviors that work for you in keeping you sober.
- Charting the new behaviors and checking occasionally to make sure the lines are secure can be very useful.

Use the chart below to list those activities that are very important to your continuing recovery. If there are specific people or things you need to avoid, list those. Look back at your list regularly to check yourself and make sure you are continuing to stay anchored in your recovery.

Mooring Line Behaviors	**Date (√)**	**Date (√)**	**Date (√)**	**Date (√)**	**Date (√)**
1.					
2.					
3.					
4.					
5.					
I am Avoiding	**Date (√)**	**Date (√)**	**Date (√)**	**Date (√)**	**Date (√)**
1.					
2.					
3.					
4.					
5.					

RSG 8 – Addictive Behavior

As drug use increases, it becomes more and more difficult to maintain the appearance of normalcy. Finally, the individual does desperate things to try to continue to appear normal. They are the things people do related to their drug use and their re-emergence in recovery can precede relapse. Learning to recognize when one or more of these begin happening will help you know when to start fighting extra hard to move away from relapse.

Which of these behaviors do you think are related to your drug/alcohol use?

_____ Lying

_____ Stealing

_____ Being irresponsible (not meeting family/work commitments)

_____ Being unreliable (late for appointments, breaking promises, etc.)

_____ Being careless about health and grooming (wearing "using" clothes, stopping exercise, poor diet, messy appearance, etc.)

_____ Housekeeping gets sloppy

_____ Behaving impulsively (without thinking)

_____ Behaving compulsively (too much eating, working, sex, etc.)

_____ Changing work habits (working more, less, not at all, new job,
change in hours, etc.)

_____ Losing interest in things (recreational activities, family life, etc.)

_____ Isolating (staying by yourself much of the time)

_____ Missing or being late for treatment

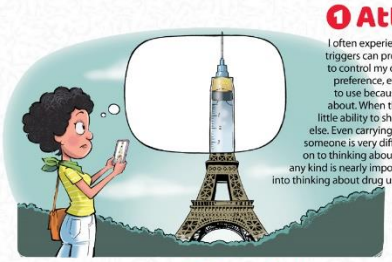
_____ Using substances other than that which brought you to treatment

_____ Increasing, decreasing, or stopping prescribed medication on your
own

RSG 9 – Brain Tips

10 Brain Functions Injured by Alcohol & Other Drugs

1 Attention



I often experience that environmental triggers can produce an inability in me to control my desire to use my drug of preference, even when I do not want to use because using is all I can think about. When this happens, I have very little ability to shift my focus to anything else. Even carrying-on a conversation with someone is very difficult when I am locked-on to thinking about using. Multi-tasking of any kind is nearly impossible when I am pulled into thinking about drug use when driven by environmental cues.

2 Memory

I believe my memory has been negatively affected by my drug use. I seem to experience "involuntary" memories related to my using such as when I pass by or think about places where I would use. I am experiencing lapses in short-term memory, forgetting things as recent as what I had for lunch or if I returned a phone call. I feel like this may cause others to loose trust in me.

3 Decisions & Control

I can make a decision to refrain from using but many times, I am unable to follow-through with my decision. I feel powerless over my ability to not use, even when I don't want to, especially if I have recently used. Once I am in the presence of and actually see my drug of preference, I lose control. I cannot successfully choose to not use, as if a powerful force takes over and I am at the mercy of craving my drug, using despite my resolve not to. When I am craving, I feel emotionally unstable, my mood changes quickly from happy-to-sad, angry-to-rage, without much stimulus to incite the change. It just happens, without my permission.

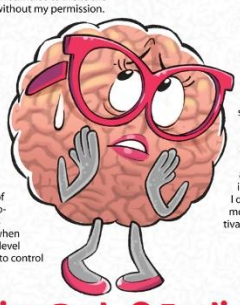
4 Movement & Speech

I often find myself searching for the right words in conversations, words I used to know in the context for which I seek them. I feel very limited in my vocabulary resources; very unlike I used to feel in conversation which was confident and adept. I find myself stuttering and/or groping for words.

I also feel like my coordination and dexterity have diminished a great deal. Movements and tasks that used to come very easily for me are much more difficult and I feel sluggish. My driving skills and confidence behind the wheel have diminished and this makes me very fearful of being at high-risk to have an accident.

5 Brain-Body Connection

I do not feel like I am in touch with my bodily senses anymore. When I am stressed, craving, depressed or anxious I do not feel like my mind and body communicate; therefore, I am not aware what my body may need at certain times, such as when I need to hydrate, when I am hungry, or fatigued. It's like my mind and body are completely out of touch with each other. My emotions often present themselves through bodily sensations, so when I don't pay attention to my "gut level senses", the result is an inability to control these emotions.



6 Arousal and Sleep

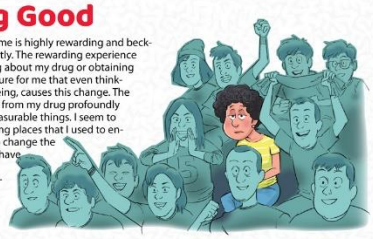
I have a difficult time falling asleep and staying asleep. I wake-up startled and anxious. I can feel my heart beat too loudly, remain anxious, excitable and easily aroused. I find it very hard to become calm once I am experiencing these states. In contrast, sometimes I feel drowsy and sleepy when I believe I should be alert during work. My body, mental state, and emotional being feel heavy and I often find physical movement and motivation to move very challenging.

7 Feeling Bad

I often experience negative feelings like a dramatic sense of guilt, becoming stuck in the self-debasement, and a profound fear of abandonment. Experiencing these feelings around my drug use creates a great deal of anxiety, even confuses and angers me. Certain words and sounds can be distressing, causing me to feel intensified anxiety and stress. These negative feelings result in an intense DRUG CRAVING in me. Despite evidence from experience to the contrary, I can still find myself believing that using drugs is the only solution to help me relax and feel better.

8 Feeling Good

The seduction of drugs for me is highly rewarding and beckons me, loudly and frequently. The rewarding experience begins with simply thinking about my drug or obtaining it. It induces a kind of pleasure for me that even thinking about them not just seeing, causes this change. The degree of promised reward from my drug profoundly replaces other formerly pleasurable things. I seem to avoid doing things and going places that I used to enjoy. Without using drugs to change the way I feel, I do not seem to have effective skills to entertain myself or possess a basic interest in doing previously enjoyable activities alone.



9 Social Cognition

I have difficulty identifying and expressing my emotions, clearly and understandably. I realize that I cannot accurately pick-up on cues coming from other people about how they see me or interpret my behavior, so I have lost my ability to empathize. Because I cannot access this type of insight, communicating with my family and others is especially difficult for me. I also seem to be unable to and uninterested in making new friends.

10 Awareness & Insight

Despite what some of my friends, relatives, and co-workers might say, I do not see myself as someone who has a disease, needs medical care or other treatment. I only drink and use recreationally and can stop anytime I want to. I simply don't want to. I am tempted to use because it feels good when I use. I like the effects produced by alcohol and/or other drugs, cannot see, in the using brain state, how they hurt me; therefore, I do not see the benefit of abstaining or asking for help.

In Summary

A healthy brain is an absolute necessity for a happy, meaningful, and purposeful life. Chronic use of intoxicants such as: alcohol, cocaine, heroin, meth, OxyContin, marijuana and many others, regardless of whether they are legal or illegal can lead to serious brain impairment, even damage, dysfunction and greatly diminished brain functions. Fortunately, research shows that the human brain is capable of being restored or even improved in function in Recovery with the right approaches and exercises during abstinence. In upcoming posters, we will offer some ideas about how to improve your brain healing and recovery, to support abstinence from intoxicants. To learn more, please consult our companion book: "Brain-Healing First Aid: How to Recover My Brain's Abilities during Addiction Treatment"

Authors: Hamed Ekhtiari, Tara Rezapour, Brad Collins, Martin Paulus; Illustrator: Naeem Tadayon; Graphist: Mohsen Farhadi, Contact Info: hekhtiari@laureateinstitute.org

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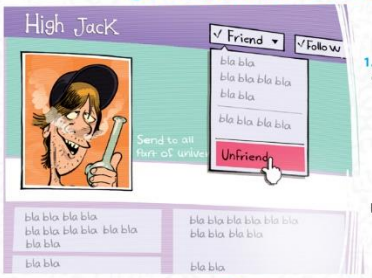
10 "Do's" to Foster Brain Recovery Starting at Initial Abstinence

1 Commit to abstinence from intoxicants



1. Avoid places where you used/drank. Any drug-related cue can activate processes in your brain that are harmful for its health.

2. Break relationships with all using partners. Your brain needs new healthy friends to be able to recover.

3. Affirm commitment to "total abstinence" from any drug, including alcohol, legal or illegal. Your brain is very vulnerable to any intoxicant during recovery. Take care of it responsibly.

2 Be patient and hopeful

1. Treat your brain as you would any other injured part of your body that needs extended rest and healing for a period of time to experience recovery

2. Rely upon the example of other injuries healing over time, accept that you will achieve your brain health gradually

3. Gather with and call upon people in successful recovery to benefit from their experience, strength, and hope

3 Be calm and relaxed

1. Not unlike other bodily injuries, your brain needs sufficient time to become peaceful and calm to experience healing

2. Stress is your brain's worst enemy and exposure to heightened stress hampers the recovery process

3. Avoid when possible, people, places, events and other things that tend to raise your stress level. You can start to gradually and slowly expose yourself to the normal life stressors after first few months of recovery under supervision of your counsellors and therapists.

4 Be a healthy sleeper

1. Your brain needs sufficient (but not too much) sleep at night and periods of daytime rest to recharge

2. Turn your bedroom in to a sleep haven; calm and dark with proper temperature. This will help your brain to take advantage of sleep as much as possible for its recovery.

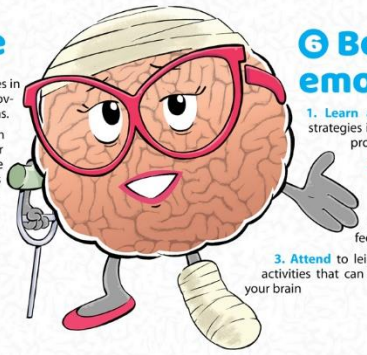
3. Commit to and maintain a regular, healthy and helpful sleep schedule. Fixed daily schedule for sleep will help your brain to be rested and accessible when you need it.

5 Be a healthy foodie

1. Include more fruit (especially berries) and dark green leafy vegetables in your diet. Their natural antioxidants and vitamins will help your brain to recover injured and inflamed areas.

2. Eats lots of oily fish (salmon and tuna) and eggs. Their micronutrients will provide your brain with materials to restore its disturbed structures.

3. Reduce salt intake and make intentional efforts to lower Cholesterol

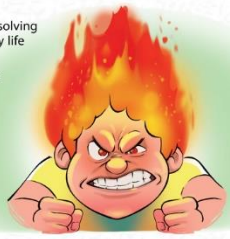


6 Be in tune with your emotions

1. Learn and practice problem-solving strategies in order to deal with daily life problems

2. Gain skills to practice emotional awareness in order to identify and separate various emotional states and feelings

3. Attend to leisure and recreation activities that can soothe and restore your brain



7 Be more socially active

1. Get involved with other people who are living in recovery successfully

2. Be committed to engage in 12 step or other mutual support groups regularly

3. Be willing to focus your relationships with people, including family members, who encourage and support your abstinence and recovery

8 Be more physically active

1. Try to make time for regular exercise and other physical activities. Your brain and body generate chemicals during rigorous physical activity, including workouts that promote your brain recovery

2. Engage in aerobic exercises, as recommended for someone of your age, medical condition, build, and gender to promote holistic health but, avoid too much or too intensive exercise

3. Try exercising in group-settings for support, encouragement and meet the social needs of your healing brain

9 Be a healthy friend to yourself

1. Be mindful of your emotions, thoughts and behaviors as often and intentionally as possible

2. Be willing to practice yoga or attend any type of meditation classes. Practice meditation exercise as part of a daily program to help your brain progress in recovery

3. Be willing to practice mindfulness exercises in daily tasks, such as eating, walking, and cleaning house/yard work, etc. Experiencing normal pleasures from normally pleasurable tasks is a staple of recovery

10 Be more mentally active

1. Honor the fact that your brain needs exercise along with your body to be able to regain its fully-integrated functions

2. Be willing to do brain exercises which are systematically designed for improvement of brain functions (see our next poster)

3. Progress gradually into difficult and challenging levels of brain exercise, much like you might increase the weights in gym exercises. Follow the recommendations of a counselor, recovery coach or other helping professional in regard to the type and level of mental exercises you practice

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In Summary

Your brain during early abstinence is like a broken hand. It needs your active support to be able to recover properly. After the initial weeks of abstinence, your brain will need active rehabilitation exercise to start to recover its own abilities over the time. The brain healing takes time but it is guaranteed if you pay enough time and attention to it. You can have more details about the brain exercises in our next poster or in our book "Brain-Healing First Aid: How to Recover My Brain's Abilities during Addiction Treatment"

Authors: Hamed Ekhtiari, Tara Rezapour, Brad Collins, Martin Paulus; Illustrator: Naeem Tadayon; Graphist: Mohsen Farhadi

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10 Series of Daily Brain Exercises for Brain Recovery During Abstinence

1 Attention

1. Do Word Exercises: Practice reverse spelling during daily conversation and spell the words you hear backward in your mind. Ex: Apple could be elppa in your "Brain language"

2. Be Your "Present-Moment" Attention Coach: You can practice controlling your attention and lessen your brain's tendency to wander during important tasks. Intentional, gentle and internal messages such as "focus on the task at hand" or "come back to the present moment" can become a habit to bring you back into focus.

3. Train Your Brain to be Flexible: Try to shift between two or more brain tasks as a daily exercise. Ex: Practice a Sudoku puzzle for 10 min and then shift to solving a crossword for 10 min and then return to the Sudoku again.

2 Memory

1. Journal in Your Brain Book: Document important events that influenced your day every night. You can visualize and observe the events of your day as if watching a play.

2. Play "Memory Games": Prepare a list of information such as a grocery list or word list every day and try to memorize it throughout the day. Commit a snapshot of the list to memory for ready-access, so new words will be available when you need them.

3. Reduce "Brain Clutter": Try to reduce the load of information taking up brain-space by economizing strands into smaller, associated "chunks". Ex: Instead of remembering 140593251, simplify to 140-593-251. Any other innovative ways to organize and chunk information will help your memory.

3 Decisions & Control

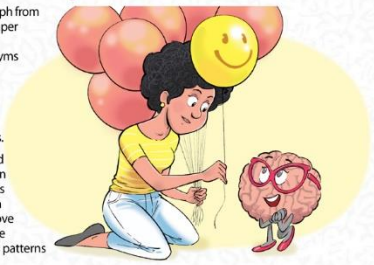
1. Set Daily Goals: Set at least one goal every day and strive to achieve it by the end of that day. Small goals such as savi… …walking 1/2 a mile, to start are worthwhile. You can gradually set 7 goals for each week and achieve them.

2. Track Your Money: Try to monitor your daily money spending, even when it is very low, with writing and calculating on paper. Being a good personal money manager will help you to take over control in other aspects of your life.

3. Practice Patience: Whenever you feel overwhelmed by impulses and emotions to make a decision or take an action: stop, take a deep breath, and close your eyes. Then starting from 10, count up to 20 slowly.

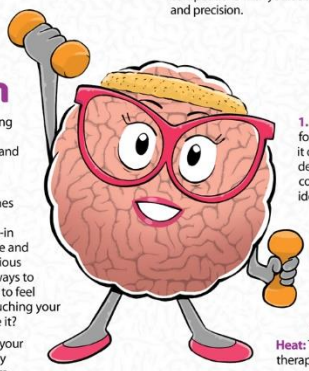
4 Movement & Speech

1. Practice Paraphrasing: Select a paragraph from recovery literature, a magazine or a newspaper and read it mindfully. Then rewrite the paragraph in your own words, using synonyms and alternative descriptions.



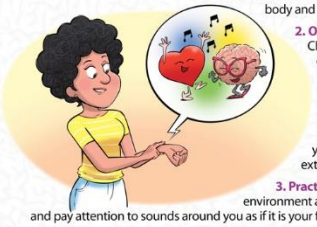
2. Enjoy the "Artist in You": Grab a coloring book and allow yourself to get colorfully creative! Try to color without going outside the confines of the patterns.

3. Improve Dexterity: Don Henley, famed drummer for the Eagles, said he first began drumming by tapping on his school books and desk. Sit and intentionally strike drum beats, varied and different paced to improve and stimulate manual dexterity. Enjoy little competitions with yourself around speed, patterns and precision.



5 Brain-Body Connection

1. Practice Body-Presence: Focus on your body while you are exercising, practicing yoga, sitting in meditation, etc. instead of listening to the music. Experience the communication created between your brain and body and feelings associated with it.



2. Observe Your Heart Rate: Check your pulse several times during different activities throughout the day. Tune-in to the message your pulse and heart rate will offer at various conditions. Try different ways to check your pulse. Even try to feel your heart beat without touching your external body? Can you sense it?

3. Practice Mindfulness: Observe your environment and your body with curiosity and pay attention to sounds around you as if it is your first time to experience them.

6 Arousal and Sleep

1. Create a Sleep Haven: Prepare your bedroom for a relaxing and soothing sleep by making it dark and quiet. Turn your electronic devices to silent and offer yourself comforting supports, such as an ideal pillow.

2. Pamper Yourself Occasionally: Utilize spa activities such as massage, sauna, hot tub, manicure, pedicure, etc. whenever possible. You can even use your home bathtub as your personal spa.

3. Enjoy the Benefits of Warmth/ Heat: Take a warm shower to ease tension in your muscles. Set your home water on a therapeutic temperature to relax your joints and muscles.

7 Feeling Bad

1. Use Positive Language: Replace negative words with positive ones. Use positive affirmations such as: "Look how far I have come" as opposed to: "I am not progressing fast enough."

2. Live in Gratitude: Consistently acknowledge things for which you are grateful. To your recovery friends, to your family, to yourself and to your spiritual life. Make a list of areas and things in your life for which you are grateful.

3. Volunteer for Charity Work and Express Your Spiritual Generosity: Help other people even if it seems small. Volunteering or charity work is a great opportunity to be of service to others.

8 Feeling Good

1. Be a Member of the Happiness Club: Try to laugh and share humor with other people. Spend your leisure time watching comedy shows with your family and offer some funny stories and tell some jokes. Turn on your sense of humor and enjoy your life.

2. Be a "Hobbiest": Choose joyful hobbies that help you relax and feel joyful. Ex: Swimming, arts/crafts, cooking, golf or gardening could enhance your recovery and brain healing.

3. Detox Your Brain from Negative Memories by Making New Positive Ones: Try new fun experiences and form happy memories. You can visit new places or learn new exercises associated with joy and pleasure without using alcohol or any other drugs.

9 Social Cognition

1. Use Compassion and Understanding: In every meeting, place yourself in other people shoes, try to view the world from their perspective and consider their circumstances.

2. Allow Yourself to be Transparent: Express your thoughts, fears, and emotions to your recovery friends or family members, when safe to do so whenever you feel out-of-sorts or tense. Use a journal or a notebook to write about emotions you experienced that day.

3. Be a Voice Analyzer: Listen to your partner's expressions and tone of voice deeply during conversations and try to understand by writing about his/her emotions from voice inflections and body language.

10 Awareness & Insight

1. Observe Your Brain Processes: You can monitor what is happening inside your brain and ask yourself such questions as""What type of process is my brain engaged in right now?""What brain processes encourage me to feel certain emotions such as glad, sad, or mad?"

2. Attend to Your Posture: Use your brain power to monitor your posture moment by moment especially when you are in the middle of walking, typing or watching TV.

3. Live Weight-Conscious: If your body weight has been a health risk for you, find out what your ideal BMI is. Find brain processes that help you reach your food intake and body weight goals.

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In Summary

Much like your body, your brain needs exercise on a regular and progressively more challenging basis. Our brain needs exercise to stay sharp and encourage resiliency to handle the day-to-day rigors of life. A healing, addicted brain needs even more attention, nurturing and care. In this third educational poster, we introduce some of the exercises which can be done easily, almost everywhere, anytime without any special equipment. So, please enjoy the offerings of our poster series and our book "Brain-Healing First Aid...": and their recommendations for healing.

Authors: Hamed Ekhtiari, Tara Rezapour, Brad Collins, Martin Paulus; Illustrator: Naeem Tadayon; Graphist: Mohsen Farhadi

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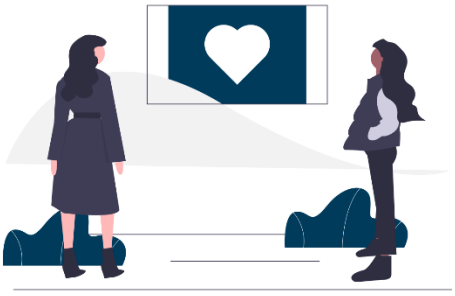
RSG 10 – Stimulants and Sex-A Natural Connection



Stimulants affect the same part of the brain that controls both sexual behavior and sexual pleasure. Were any of these true for you?

In the Beginning

Stimulants increased sexual pleasure	____yes ____no
Stimulants helped sex last longer	____yes ____no
Stimulants allowed me to do things I might not otherwise do	____yes ____no
Stimulants helped me meet people	____yes ____no
Stimulants made me less anxious in new sexual encounters	____yes ____no
Stimulants added excitement to an existing relationship	____yes ____no

It is not unusual for people to experience some of the above effects from stimulant use in the beginning. As the addiction gets worse, less pleasant things often begin to happen. Did you experience any of the following?

Near the End

Continued ability to prolong sexual activity with decrease in pleasure from the experience	____yes ____no
Increased, more unusual sex (looking for pleasure)	____yes ____no
Thinking about sex and drugs became more exciting than the real thing	____yes ____no
Difficulty achieving erection (males) or orgasm (females)	____yes ____no
Using stimulants replaced sex	____yes ____no

All these things are commonly experienced when people use stimulants in connection with sex. They also move people away from sexual pleasure faster.

Many people notice that thinking about sex is a trigger for drug use. If that is true for you, be aware that you will need to avoid both the drugs and the sexual triggers, at least for a while. Use the checklist below to identify situations that may still be dangerous for you.

Are you getting triggered from any of the following?

Porn: Looking at porn internet sites or cruising through areas of prostitution can result in arousal and then cravings. It is difficult to fight this 1-2 punch from your addicted brain.

Bars/Clubs: Many people miss the social scene that goes along with using and try to return to the same places where stimulants and sex were used together. A menu for relapse.

Extra-relationship Sex: Forbidden sex can be a trigger during recovery. One of the reasons for this is that such activity may involve lying, cheating, etc. All of these are addictive behaviors.

Dysfunction: It takes a while after stopping drug or alcohol use to experience pleasurable, normal sex again. There are times it is not unusual to lose all interest in sex. For some people it's difficult not to get anxious about this.

Over time, with abstinence, normal sexual functioning will return. Some people may be faced with drug-free sex for the first time since adolescence – or ever! It's important not to rush back to sex. The triggering will occur less often and with less power over time. Let your triggers (or the lack of them) be your guide for your return to sexuality.

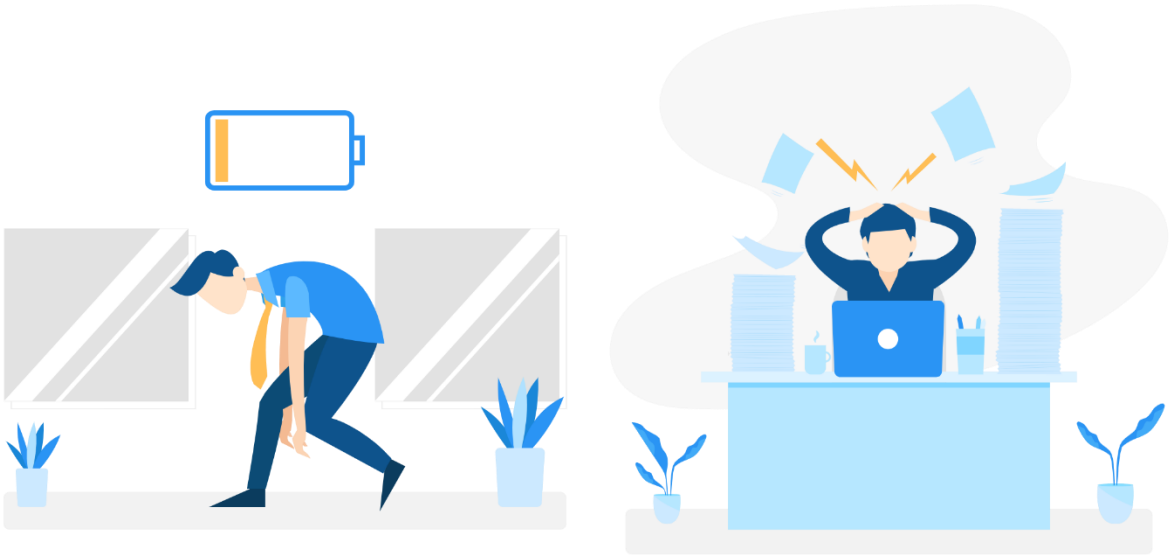
1. Do you have a steady partner who will help you untangle your sexuality from your stimulant use? What is s/he willing to do?

_____

_____

2. In what ways does your sexual functioning interact with your recovery?

RSG 11 – Signs of Stress



Stress is what a person experiences as the result of difficult or upsetting events, particularly those which continue for a period of time. Stress is a major cause of a return to drug use.

Stress is the experience people have when the demands they make of themselves or those placed upon them are greater than what they feel they can handle. Sometimes we are unaware of this emotional state until the stress is producing physical symptoms. Check off any of the following problems you have experienced in the past 30 days:

_____ 1. Sleep problems

a. Difficulty falling asleep

b. Waking up off and on during the night

c. Nightmares

d. Waking up early and being unable to fall back to

sleep

_____ 2. Headaches

_____ 3. Stomach problems

_____ 4. Chronic Illness

_____ 5. Fatigue

_____ 6. Moodiness

_____ 7. Irritability

_____ 8. Difficulty concentrating

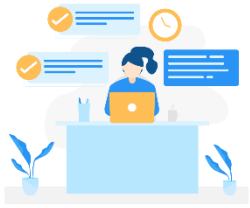
_____ 9. General dissatisfaction with life

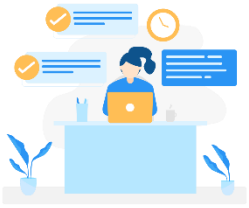
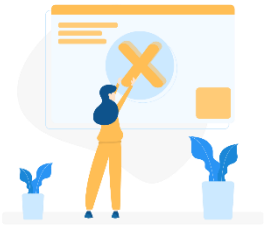
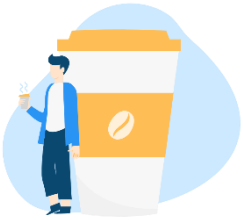
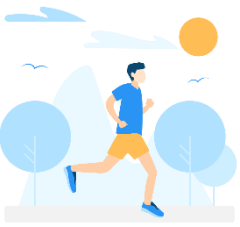
_____ 10. Feeling overwhelmed

If you have checked some of these items, you need to think about ways to reduce stress. By becoming more aware of stress and learning ways to cope, you can further ensure your continuing recovery and improve your physical and mental health.

RSG 11a – Reducing Stress

The following questions should be answered as honestly as possible to help identify which parts of your daily living are most stressful. Take steps to correct these areas and you will reduce stress in your life.

	Do you enjoy your work, does it satisfy you? Yes_____ No_____
	Focusing on the present means giving your attention to the task at hand without past and future fears crippling you. Are you usually able to stay in the here and now? Yes_____ No_____
	Do you appreciate things like music, reading, nature, and personal relationships? (Or are you focused on having money and things.) Yes_____ No_____
	Are you forcing yourself to do things that increase your self-confidence? Yes_____ No_____

	Do you tackle large goals by breaking them into smaller, more manageable tasks? Yes_____ No_____
	Are you careful to make your environment peaceful? Yes_____ No_____
	Can you and do you say "NO" when that is how you feel? Yes_____ No_____
	Do you know how to use self-relaxation/ meditation/ yoga techniques to relax your body and do you allow time in your day to do it? Yes_____ No_____
	Are you careful to avoid large swings in body energy caused by taking in excess caffeine or nicotine? Yes_____ No_____
	Are there specific ways you deal with anger and get it out of your system physically? Yes_____ No_____

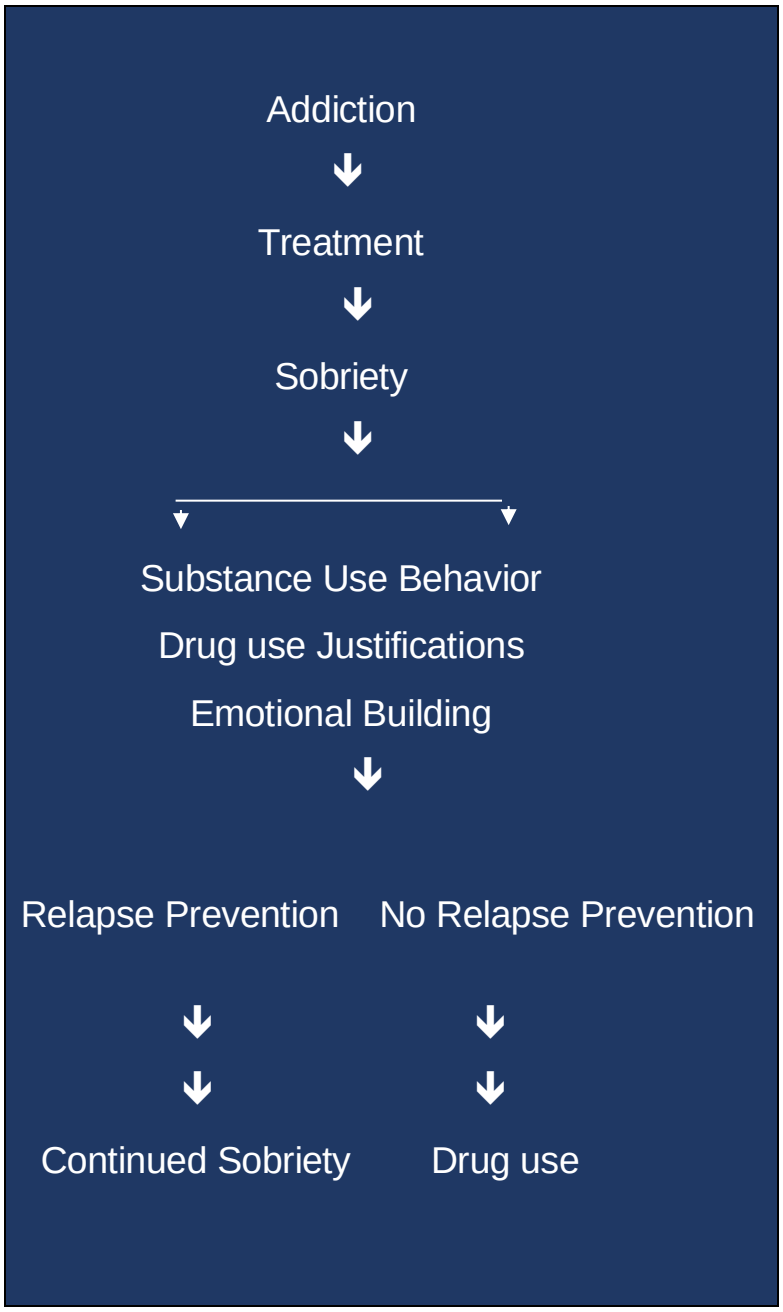
RSG 12 – Drug use Prevention

Why is drug use prevention important?

Recovery is more than not using drugs/alcohol. The first step in treatment is stopping drug/alcohol use. The next step is not starting again. This is very important and the process for doing it is called DRUG USE PREVENTION.

What is relapse?

Relapse is going back to drug/alcohol use and to all the behaviors and patterns that go with that. Often the behaviors and patterns return before the actual drug/alcohol use. Learning to recognize the beginning of a relapse can help the recovering person stop the process before actual drug/alcohol use begins. The choice looks like this:


Addiction
Treatment
Sobriety
Substance Use Behavior
Drug use Justifications
Emotional Building
Relapse Prevention
No Relapse Prevention
Continued Sobriety
Drug use

What is Substance use Behavior?

The things people do as part of using drugs or alcohol are called “using behaviors.” Often these are things the individual does to get drugs or alcohol, to cover-up drinking/using or as part of the use. Lying, stealing, being unreliable, and acting compulsively are types of these behaviors. Describe yours:

_____

_____

What is Emotional Building?

Feelings that don't seem to go away and just keep getting stronger cause emotional building. Sometimes the feelings seem unbearable. The kinds of feelings that can build are boredom, anxiety, sexual frustration, irritability, and depression. Are any of these familiar to you now or in the past?

_____

_____

_____

_____

_____

_____

_____

_____

What is Drug use Justification Thinking?

In AA these kinds of thoughts are called "stinking thinking." They are thoughts that make using or drinking seem O.K. Some examples are, "I can handle just one drink", "If they think I'm using, I might as well", or "I have worked hard. I need a break." What might your brain say to you?

_____
_____
_____
_____
_____
_____
_____

The important step is to <u>TAKE ACTION</u> as soon as you recognize the danger signs. Which actions might work for you?

___ Calling a therapist

___ Calling a sober friend

___ Going to a support meeting

___ Beginning to exercise

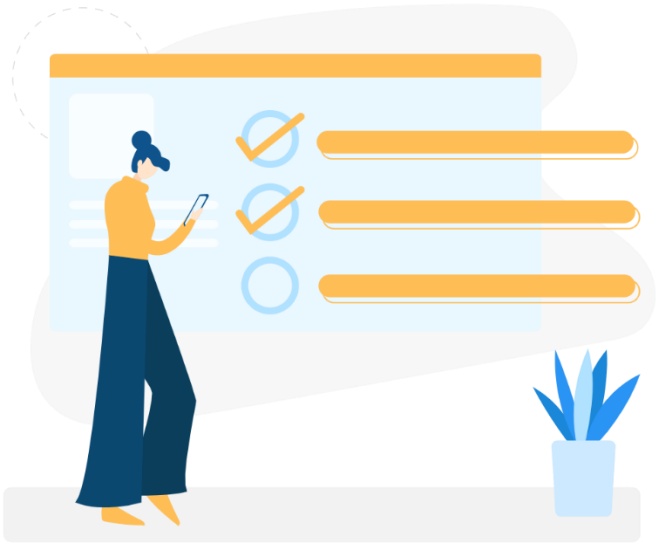
___ Other

___ Have sober fun

____ Talking to your family

___ Talk to your spouse

___ Using time scheduling



Individual Coaching Session (ICS) Worksheets

ICS A – Relapse Analysis and Chart

When does a relapse begin?

If relapse happens, it is important to analyze the events surrounding it. By doing this, you can make necessary changes to avoid future drug use.

Prior to the actual substance use there are usually signs and changes in behavior days or even weeks ahead of the final punctuation mark of drug taking.

Use the relapse analysis chart to help zero in on the causes of drug use recently, currently, or in the future.

Look at events over the 1 – 4-week period preceding drug use. Note every change or stressor even if it doesn't seem relevant. Areas to look at are:

1. Work Events – events or change in status relative to a job.

2. Personal Events – events or a change in the status of relationships with family/friends as well as other events or situations unrelated to any other category.

3. Treatment Events – events or a change in status of the regular treatment plans as well as transition from one phase of treatment to another.

4. Drug/Alcohol Related Behaviors – behaviors directly related to drug and alcohol consumption (e.g., drinking, going to bars, visiting a dealer)

5. Behavior Patterns – new or resumed behaviors that are part of addiction (e.g., lying, stealing, behaving compulsively, isolating, etc.)

6. Drug use Cognitions- thought that seem to condone or justify drug use, even if they were brief and seemed minor. Being aware at any point that a relapse might be in progress. Fantasies about using or the behaviors above that go with using. Dreams about drugs and drug use.

7. Health Habits Status-events or a change in status or routine of normal eating, sleeping, exercise, or grooming behaviors. Illness or injuries are particularly pertinent.

It is not likely that there will be significant events in every single category. It is important to get a picture of overall vulnerability before the actual drug use occurred.

Relapse Analysis Chart

Name:_____

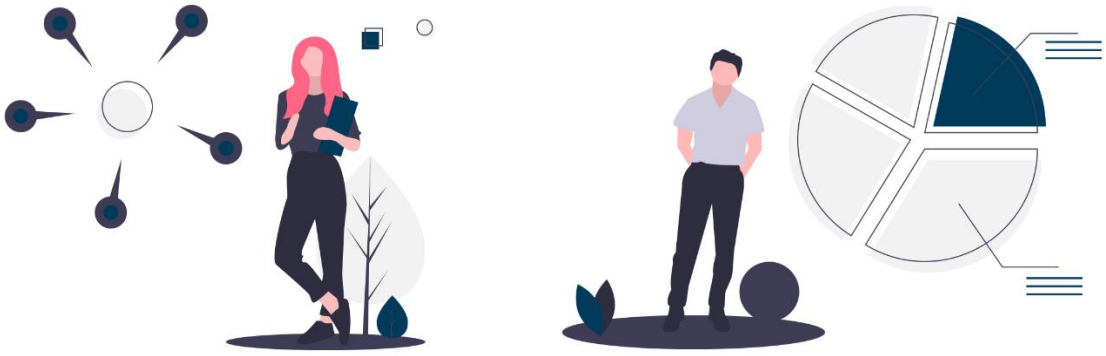
Date of Relapse:_____

A relapse episode does not begin when drug ingestion occurs. Frequently there are pre-use events that occur, which are indicative of a return to drug use . Identifying your individual pre-use patterns will allow you to interrupt the process of a return to drug use. Using the chart below, note events occurring during the week immediately preceding the drug use being analyzed.

WORK EVENTS	PERSONAL EVENTS	TREATMENT	DRUG/ RELATED BEHAVIORS	BEHAVIORAL PATTERNS	DRUG USE THOUGHTS	HEALTH HABITS STATUS

THOUGHTS OR FEELINGS RELATIVE TO ABOVE EVENTS

ICS 1 – Functional Analysis: The Five Ws



- Your drug use isn't random. It doesn't happen accidentally.
- If you have been using stimulants on a regular basis, then there are probably some patterns to your use (e.g., places, times of day, with certain people).
- If you understand how methamphetamine/cocaine are entangled in your life, then you can work on reducing or eliminating your use.

To gain an understanding of how drug use has become involved in your life, it is useful to do a "Functional Analysis." This analysis helps you see a clear picture of the factors that influence your drug use or simply, "The five Ws."

The Five Ws

- **When**: The time periods <u>when</u> you use stimulants
- **Where**: The places <u>where</u> you use and buy stimulants
- **Why**: The external cues and internal emotional states that trigger craving and use of stimulants (<u>why</u>)
- **Who**: The people <u>who</u> you use drugs with or the people who you buy drugs from<u>.</u>

- **What**: What effects do you experience (good and bad) when you use stimulants (what happened)

When are the days of the week/ times of day that you most often use cocaine or methamphetamine:

_____
_____
_____

Where are the places you most often use and buy meth/cocaine:

_____
_____
_____
_____

Why does use happen? What are the events or things around you or the emotional feelings (triggers) that you have that often occur right before you buy and use meth/cocaine:

_____
_____
_____
_____
_____

Who are the people you frequently use stimulants with, or buy stimulants from?

_____
_____
_____
_____

What happens when you use methamphetamine/cocaine? Good and Bad.

_____
_____

ICS 2 – Drug Refusal Skills

Refusing Methamphetamine and Cocaine

Some Important Things to Know:

- Remember that those persons who offer you drugs or alcohol are not thinking of your best interests. They may be your friends, but once you have decided to quit, it is important for you to consider anyone who asks you to use to be a danger. They must be discouraged - politely, if possible, but firmly.

- Saying “no” is the first and most important part of your refusal response. There are different ways of saying “no” that are appropriate in different situations. Different people say “no” in different ways. It is important to feel comfortable, which means that you have to develop your own style.

Components of Effective Refusal

When creating your own refusal style, a few basic components of your refusal responses will increase the likelihood that they will be effective.

1. "**No"** should be the first thing you say.
    a. No, thank you.
    b. No, I'm not using anymore; it's causing me too many problems.
    c. No, I've got a meth problem, so I'm not using anymore
2. Tell the person offering you drugs <u>not to ask you now or in the future.</u>
3. Saying things like:
    a. "maybe later," "I have to get home," or "I'm on medication" just make it likely that they will ask again. This "no" means "no, not now but yes at another time."
4. <u>Body language</u> is important. You want to communicate sureness and inflexibility.
5. Making good <u>eye contact</u> is important; look directly at the person when you answer.
6. Your <u>expression and tone</u> should clearly indicate that you are <u>serious</u>.
7. <u>Change the subject to a new topic</u> of conversation but don't prolong being in the presence of the person.

COMPONENTS OF AN EFFECTIVE REFUSAL

- "NO" SHOULD BE THE FIRST THING YOU SAY.
- TELL THE PERSON NOT TO ASK YOU NOW OR IN THE FUTURE IF YOU WANT TO USE DRUGS.
- USE APPROPRIATE BODY LANGUAGE:
- MAKE GOOD EYE CONTACT; LOOK DIRECTLY AT THE PERSON

Practice Refusal Skills

- It is necessary to practice refusal skills. Practice prepares you with words and a plan.

- Think about situations where you have used drugs. Examples of such situations are friends stopping by with drugs, friends calling or texting, running into friends while shopping or leaving work, and attending parties or celebrations.

- What are at least three typical scenarios in which you have had, or may have difficulty refusing drugs? Choose a specific situation, include specific people, the time of day, the place, and the activity.

- Role-play two or three of these situations. Before starting, review the components of effective refusal and the goals for the situation (see box with components)

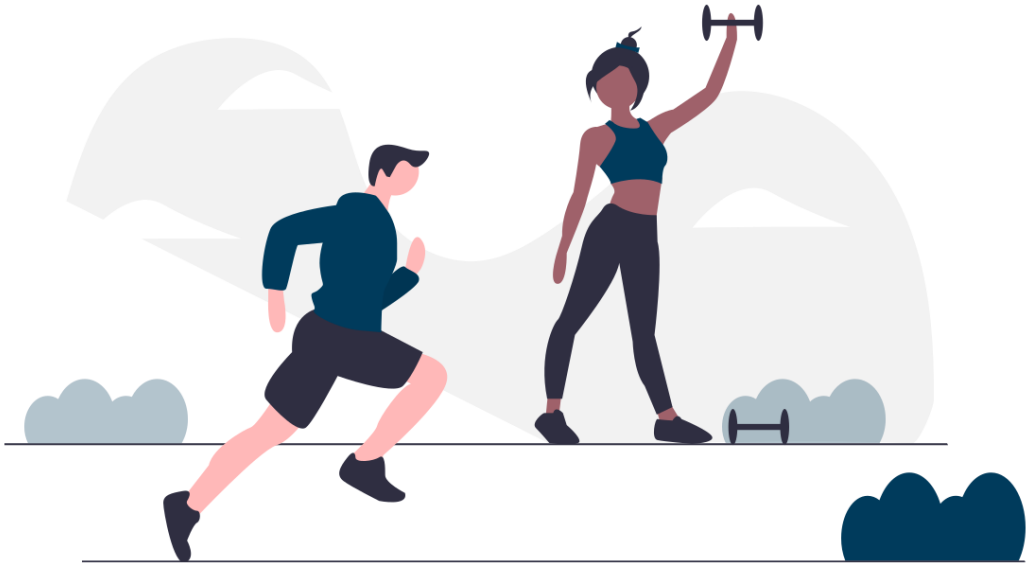
- After each trial, constructive feedback is given referring to the above components. Following the feedback, the role-play is repeated.

- If you experience a lot of trouble, the counselor may reverse roles with you and model an effective response.

Homework

The most important thing in developing effective refusal skills is practice. Identify high-risk situations and practice these scenes between sessions. If you have a partner to practice with, this can be scheduled either during or outside of the session. If you do not have anyone to practice with, you can either practice aloud in front of a mirror or write down a refusal scenario with responses and bring it to the next session for practice.

ICS 3 – Exercise and Recovery



- People who exercise on a regular basis in stimulant treatment do better than those who don't.
- Research has been done that shows exercise can reduce anxiety, depression, weight gain and help reduce craving.
- Any exercise that increases heart rate (aerobic) and can be done for 20 minutes, 3 times per week can make a huge benefit on the health and mental health of people recovering from stimulant dependence.
- And exercise provides a new set of behaviors to use your time in a non-drug related activity.

Making a plan for exercise, one day at a time, is a really valuable way to increase your chances of success in stimulant recovery.

There are simple things you can do alone without expense or equipment (e.g., jogging, sit-ups, etc.) or there are group activities that can provide you with support and new non-drug using friends (yoga, joining a gym, aerobics classes) There are also many apps for smart phones, tablets and computers that you can use to support your exercise efforts.

1. What are some exercises that you are willing to add to your recovery plan?_____
   _____
   _____
   _____
   _____

2. List any medical or physical problems that could be obstacles to exercise?_____
   _____
   _____
   _____

3. What is the name of your doctor who could clear you for exercise?
   _____

4. Do you exercise now? ____ Have you exercised in the past? ____
   Describe your exercise experiences:
   _____
   _____
   _____
   _____
   _____

5. What exercise plan would work for you? Think about:

- Is there have someone you could exercise with?
- Do you have any equipment (e.g., a bike, hand weights, basketball)?
- When could you block out a half hour for exercise? 3 x week?
- What exercise program has worked for you in the past?
- What kinds of things do you like to do physically?

_____
_____
_____
_____
_____
_____
_____

Start slowly, don't overdo it, some is better than none.

Be consistent-do a little but do it consistently

ICS 4 – Social Skills/Assertiveness Training

What is assertiveness?

Assertiveness means to behave in a confident, forceful, yet respectful way. Being assertive helps you to stand up for yourself and stick to your beliefs.

Why is assertiveness training relevant to treatment for drug use?

Assertiveness training can help with improving interpersonal relations. Poor interpersonal skills can give rise to emotional states such as anger, frustration, resentment, depression, or anxiety and decrease the quality of life and increase the risk of relapse.

Assertiveness training is particularly appropriate if you tend to be either too passive or too aggressive in social situations.

What is <u>passive</u> behavior?

Do you deny yourself or your rights?	___Yes ___No ___Sometimes
Do you avoid expressing feelings?	___Yes ___No ___Sometimes
Do you feel hurt and anxious?	___Yes ___No ___Sometimes
Do you allow others to choose for you? _	___Yes ___No ___Sometimes
Do you fail to achieve your goals?	___Yes ___No ___Sometimes

What is <u>aggressive</u> behavior?

Do you accomplish goals without concern of bad feelings and resentment in others?	___Yes ___No ___Sometimes
Do you express feelings and promote yourself, but usually hurt others in the process?	___Yes ___No ___Sometimes
Do you minimize others' worth and put them down?	___Yes ___No ___Sometimes
Do you make choices for others, and deny them their rights?	___Yes ___No ___Sometimes

What is <u>assertive</u> behavior?

- Assertive behavior enables you to <u>express your feelings honestly</u>.
- Assertive behavior allows you to <u>achieve your personal goals</u>.
- Assertive behavior <u>respects the feelings of others</u>.

In summary:

- ***Passive***: You are hurt by not getting what you want.
- ***Aggressive***: The other person is hurt and may seek revenge.
- ***Assertive***: Neither person is hurt, and both get what they want.

Some tips on how to be assertive.

Rate yourself on each item from 0 to 10,

0 meaning “I need to work on this”

10 meaning “I’m as good as I can be with this.”

- I clearly express my needs (what you want). Rating: _____
- I balance the negative with the positive when I give others feedback. For example, if telling someone that you want them to stop nagging at you, you might say, “I know you have really tried to be supportive and understanding of my problem in the past, but lately I feel like you have been on my case constantly.” Rating: _____
- I use “I” statements when expressing my feelings or needs.(For example, you could say “I am angry because I feel like nobody cares about my feelings,” instead of “You make me feel awful.”) Rating: _____
- I speak loudly and firmly (Your message should be said with authority but not hostility. You want to convey that you mean business but are respectful). Rating: _____
- I respond promptly. (This lets the other person know that you have thought about this and are sure of yourself). Rating: _____
- I Make good eye contact when speaking. I Look at the other person when I speak and when I listen. (Again, this promotes the impression that you are serious about your message). Rating: _____
- My body gestures and facial expressions are consistent with my message. (For example, don’t smile if you are angry.) Rating: _____

Practice

What are some situations where you feel you might have been too passive or too aggressive? For example, at home, at work, with friends, with neighbors. Pick one to act out with your counselor.

_____

_____

_____

ICS 5 – Recovery Checklist

Outpatient treatment requires a lot of hard work and a great deal of commitment. To get the most from treatment, it is necessary to change many old habits and replace them with new behaviors.

Check all the things that you do (or have done) since entering treatment:

_____ Schedule on a daily basis

_____ Avoid triggers (when possible)

_____ Visit physician for check-up

_____ Use thought-stopping for cravings

_____ Eliminate all paraphernalia

_____ Avoid individuals who use alcohol

_____ Avoid individuals who use drugs

_____ Attend treatment groups

_____ Attend 12-Step/other support meetings

_____ Avoid bars and clubs

_____ Stop using alcohol

_____ Get a sponsor or sober support

_____ Stop using all drugs

_____ Exercise every day

_____ Pay financial obligations promptly

_____ Discuss your thoughts, feelings, and behaviors honestly with your counselor

____ Avoid triggering websites

_____ Delete triggering contacts from your phone/computer

_____ Identify behaviors associated with drug or alcohol use

Which of the above are easiest for you to do?

_____

_____

Which of the above take the most effort for you to do?

_____

_____

Which have you not done yet? Why not?

_____

_____

_____

_____

ICS 6 – Motivation for Recovery

Ask any group of people just starting into recovery WHY they want to stop using right now and you will get many different answers:

- "I was arrested and it's either this or jail."
- "My wife says if I don't stop, we are finished."
- "Last time I used I thought I was going to die; I know I will if I use again."
- "They are going to take the children from us unless we stop."
- "I've been using for 20 years now; it's time to change."

Which of the people quoted are most likely to be successful in recovering? It seems logical to think that people who want to stop using for themselves and not because someone else wants them to, are more likely to do well in treatment. However, that may not be true. Research shows that the reasons people stop using have little bearing on whether they will be able to successfully lead a drug-free life.

What does make a difference is whether they can stay drug-free long enough to appreciate the benefits of a different lifestyle. Life becomes less complicated and more enjoyable. When debts are not overwhelming, when relationships are rewarding, when work is going well, and health is good, the recovering person WANTS to stay drug free.

FEAR WILL GET SOMEONE INTO TREATMENT BUT

FEAR ALONE IS NOT ENOUGH TO KEEP THEM IN RECOVERY.

1. List some of the specific reasons you first entered treatment. (e.g., medical problems, family pressure, job problems, depression, etc.)

_____
_____
_____
_____
_____
_____
_____

2. List some of the specific reasons you are continuing to work on the recovery process today:

_____
_____
_____
_____
_____
_____

3. Do you feel that your reasons for stopping drug use initially are the same as your reasons for staying off drugs today? Explain why or why not.

_____
_____
_____
_____
_____
_____
_____
_____
_____

ICS 7 – Managing Anger

Anger is an emotion that leads many people to relapse.

This is particularly true early in treatment. Frequently, anger slowly builds on itself as you may constantly think about the people and events that make you angry. Sometimes it seems like the issues causing the anger are the only important things in life. Often, a sense of victimization accompanies the anger.

Do you ever think these things?

- "Why do I get all the bad breaks?"
- "How come he/she doesn't understand my needs?"
- "Why won't he just do what I want him to do?"

1. Does any of this seem familiar to you?_____ Explain.

_____
_____
_____
_____

2. How do you recognize when you are angry? Does your behavior change? For example, pacing, clenching your jaw, feeling restless? How or where do you feel or notice it?

_____
_____
_____

3. How do you express anger?

- Do you hold it in and eventually explode?
- Do you become sarcastic or passive-aggressive?

_____
_____
_____
_____
_____

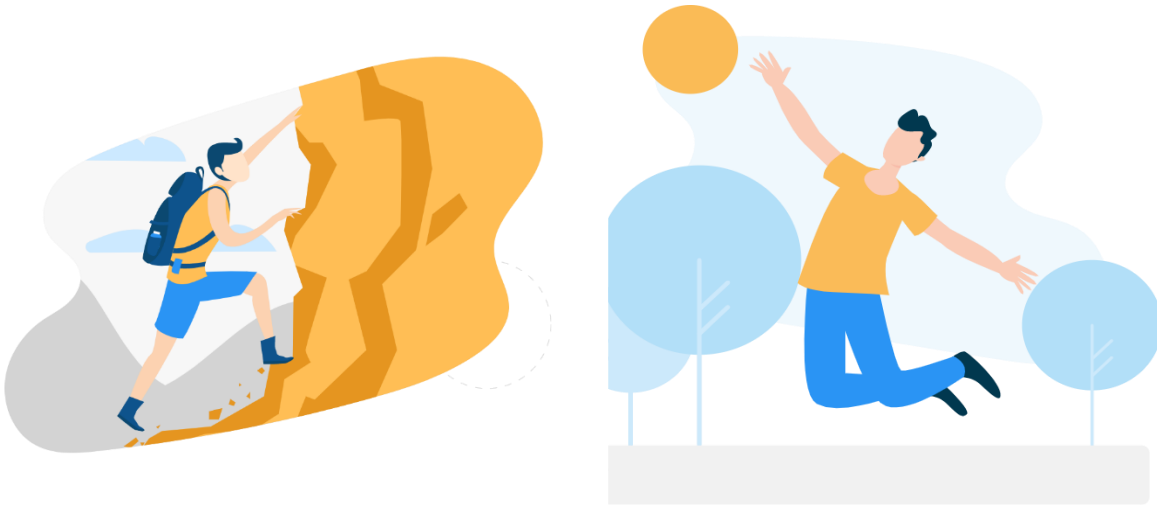
There are positive ways to deal with anger. Consider these methods:

- Talk to the person with whom you are angry (unless this is dangerous or might make the situation worse).
- Talk to a therapist, a Twelve Step sponsor, or another trusted, rational person who can give you guidance.
- Talk about the anger in a Twelve Step or community support group meeting.
- Don't lose sight of where you are in your recovery. Are you in the Wall stage?
- Write about your feelings of anger.
- Take a break to change your frame of mind.
- Exercise.
- Other (Remember things that might have worked for you in the past):_____
  _____

  Which of these would you try?

  _____
  _____
  _____
  _____
  _____

ICS 8 – Social/Recreational Counseling



This session focuses on developing interest and participation in recreational and social activities that are pleasurable and do not involve drug use. The goal is to increase your participation in social activities that may serve as alternatives drug use.

Why this is important?

Social and recreational activities provide a source of enjoyment that can be looked forward to after a stressful day. They are a way to decrease boredom and to feel physically healthy. They are a way to develop a skill that makes you feel good about yourself, and an opportunity to be with new people and to develop friendships.

These activities can play a very important part in becoming and staying drug free. When you give up using drugs, you must do something else during the times you were using. If the things you do are not satisfying or enjoyable, or you don't do anything but sit around and feel lonely or bored, you are more likely to use drugs.

List Activities and People

The first step is to develop a list of activities that you are interested in pursuing. (See the Leisure Interest Checklist for ideas.)

- What are some current activities you enjoy?

  _____
  _____
  _____
  _____
  _____
  _____
  _____

- What are some activities you enjoyed in the past?

  _____
  _____
  _____
  _____
  _____
  _____
  _____

- What are some activities you have always wanted to do, but have never done?

  _____
  _____
  _____
  _____
  _____
  _____
  _____

- Of these activities which are the most realistic with regard to: your amount of interest, cost, others' involvement, time commitment, your likelihood of engaging in the activity?

_____
_____
_____
_____
_____
_____
_____

- List some non-drug-using people who might participate in these activities with you?

_____
_____
_____
_____
_____
_____
_____

Set Goals

- What activities could you take part in over the next week?

  _____
  _____
  _____
  _____
  _____

- What activities could you take part in over the next month?

  _____
  _____
  _____
  _____

- Who could take part in these activities with you?

  _____
  _____
  _____
  _____
  _____

ICS 8a – Leisure Interest Ideas

Read these suggested activities and circle ones you might try in the future:

Acting/Dramatics
Attending concerts
Attending swap meet
Auto repairing
Backpacking
Badminton
Baseball/Softball
Basketball
Bicycling
Bird watching
Bowling
Camping
Canoeing
Carpentry
Ceramics/Pottery
Checkers
Chess
Child-related activities
Civic organizations
Cooking/Baking
Dining out
Electronics
Fishing
Flower arranging
Folk dancing
Football
Gardening
Garage/yard sale
Go to movies
Go to park
Go to plays/lectures
Golf
Gymnastics
Hiking/Walking
Home decorating
Horseback riding
Horseshoes
Ice-skating
Jogging
Judo/Karate
Kite flying
Knitting/Crocheting
Leatherwork
Model building
Motorboating
Motorcycling
Mountain climbing
Needlework
Painting/Drawing
Ping Pong
Playing a musical instrument
Playing cards
Political activities
Reading
Religious activities
Roller skating
Rowing/Boating
Scouts, PTA, coaching,
Sculpture
Sewing
Singing
Skiing
Surfing
Swimming
Tennis
Video games
Visiting museum
Volleyball
Volunteer work
Walking
Watching sports
Weaving
Weight lifting
Woodworking
Writing poetry/songs

ICS 9 – Daily Reminder to be Nice

Why be nice?

- Many times, in relationships, people begin to take each other for granted. If you think about it, sometimes they treat strangers with more courtesy, respect, or appreciation than they do their own partners and relatives. This situation can be even worse in relationships that are stressed by drug use.

- This exercise can help to reverse the negative behavior that may have become habitual in your household. Even if your situation is not as bad as I described, everyone can still benefit from this exercise.

- **The goal of this exercise is simply be nice to your partner/family member**. This form lists seven ways to do that. The form serves as a reminder for you to do more of these nice things and to record how well you are doing with actually engaging in these nice behaviors.

Review of form:

- For practice, complete a sample form by reflecting back on last week's behavior. How do you think your partner/family members would answer? When you review the form respond directly to one another and tell each other specifically what you would like the other to do. The mood during this exercise should be light and fun.

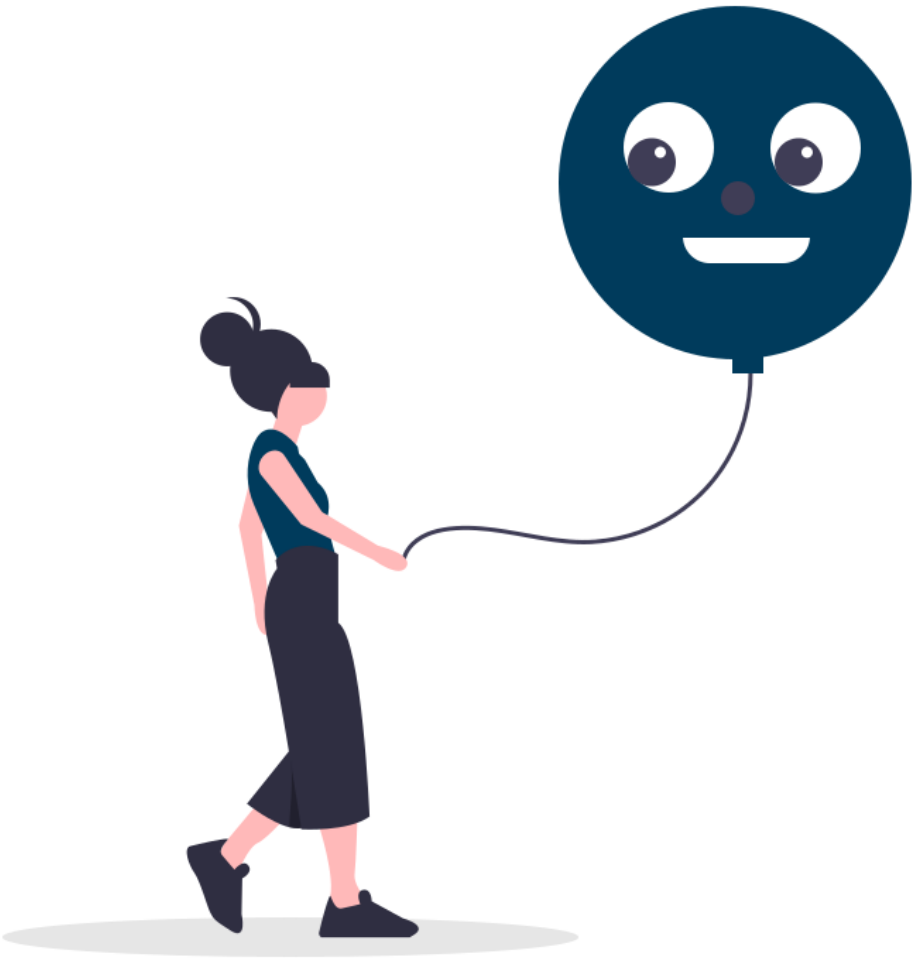
- Record on the sheet each day whether you performed each of the positive behaviors. It's a good idea to keep the forms someplace to help you remember to fill them out (for example, on the refrigerator or on top of the television set or any place where they can be seen frequently.) This can help to remind you to do the nice behaviors and to record them.

- The list should refer to specific events rather than general attitudes. For example, "I do laundry each week," "I clean the house," "I provide advice when asked," "I provide moral support," "I went food

shopping." After the lists are completed, discuss the items with each other so agreement is reached.

- Fill out the Daily Reminder forms and bring them to the next session. Mention each day any novel, unusual, unanticipated, or unscheduled satisfaction you receive from your partner/family.

This simple exercise can change the home environment to a much more rewarding place.



ICS 9a – Daily Reminder to be Nice Form (Partner/Family Member)

Name: _____							
Date							
Did you express <u>appreciation</u> at least once to your partner today?							
Did you <u>compliment</u> your partner at least once today?							
Did you give your partner any pleasant <u>surprises</u> today?							
Did you express visible <u>affection</u> to your partner at least once today?							
Did you spend some time devoting your complete attention to pleasant <u>conversation</u> with your partner?							
Did you <u>initiate</u> at least one of the pleasant <u>conversations</u>?							
Did you make an <u>offer to help</u> before being asked?							

ICS 10 – Recovery Checklist

Outpatient treatment requires a lot of hard work and a great deal of commitment. To get the most from treatment, it is necessary to change many old habits and replace them with new behaviors.

Check all the things that you do (or have done) since entering treatment:

_____ Schedule on a daily basis

_____ Avoid triggers (when possible)

_____ Visit physician for check-up

_____ Use thought-stopping for cravings

_____ Eliminate all paraphernalia

_____ Avoid individuals who use alcohol

_____ Avoid individuals who use drugs

_____ Attend treatment groups

_____ Attend 12-Step/other support meetings

_____ Avoid bars and clubs

_____ Stop using alcohol

_____ Get a sponsor or sober support

_____ Stop using all drugs

_____ Exercise every day

_____ Pay financial obligations promptly

_____ Discuss your thoughts, feelings, and behaviors honestly with your counselor

____ Avoid triggering websites

_____ Delete triggering contacts from your phone/computer

_____ Identify behaviors associated with drug or alcohol use

Which of these is the easiest for you to do?

_____

_____

_____

_____

Which of the above take the most effort for you to do?

_____

_____

_____

_____

Which have you not done yet? Why not?

_____

_____

_____

_____

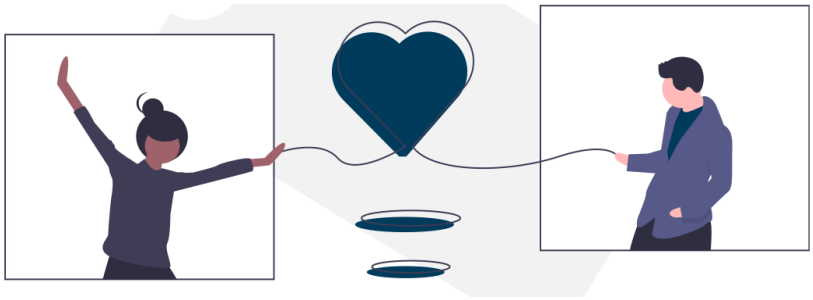
ICS 11 – Relationship Happiness Scale

This scale is intended to estimate your current happiness with your relationship in each of the 10 areas listed below. Ask yourself the following question as you rate each area:

How happy am I with my partner today in this area? Then circle the number that applies.

Numbers toward the left indicate some degree of unhappiness: numbers toward the right reflect some degree of happiness. By using the proper number you can show just how happy you are with that relationship area.

Remember: You are indicating your current happiness, that is, how you feel today. Also do not let your feelings in one area influence your rating in another area.



Completely unhappy **Completely happy**

Household Responsibilities	1	2	3	4	5	6	7	8	9	10
Rearing of Children	1	2	3	4	5	6	7	8	9	10
Social Activities	1	2	3	4	5	6	7	8	9	10
Money	1	2	3	4	5	6	7	8	9	10
Communication	1	2	3	4	5	6	7	8	9	10
Sex and Affection	1	2	3	4	5	6	7	8	9	10
Academic/Occupational Progress	1	2	3	4	5	6	7	8	9	10
Personal Independence	1	2	3	4	5	6	7	8	9	10
Partner's Independence	1	2	3	4	5	6	7	8	9	10
General Happiness	1	2	3	4	5	6	7	8	9	10

ICS 11a – Examples of Relationship-Related Activities

Social Activities

- Going together to:
- the movies
- out to dinner
- Visiting friends, going for walks
- Participating in or watching sports

Academic/Occupational Progress

- Spends too much or too little time on it
- Too much procrastination
- Constant complaining about job
- Poor job location

Rearing of Children

- Preparing their meals
- Bathing/dressing the children
- Disciplining the children
- Watching the children
- Playing with the children
- Helping with homework

Personal Independence

- Has day or night off alone
- Allowed to drive by myself
- Allowed to learn to drive
- Attends social events alone
- Feels free to ask partner's advice
- Can make decisions w/o asking

Money

- Paying bills
- Budgeting money
- Buying/receiving presents
- Saving too much or too little
- Buying clothes or necessities

Partner's Independence

- Partner relies on you to make household decisions
- Partner goes out without you
- Partner will not go out without you
- Partner is too possessive
- Partner is not possessive enough
- Partner lacks friends
- Partner has no personal interests
- Partner does not drive

Communication

- Planned discussion periods
- Frequent discussion periods'
- Frequent arguments
- Using tactful statements
- Misinterpreting things said
- Solving problems through discussion

ICS 12 – Continuing Care Plan

Chronic health problems require ongoing attention. The intensity of care can be less as time goes by, but there must be some regular monitoring and adjustments to keep things on track. The Continuing Care group provides a weekly opportunity to help maintain the progress to date. It is important to begin the Continuing Care group right away. Taking a "vacation" from treatment often results in the end of care.

What to expect from the group:

- It is a relapse prevention group. Every group of recovering people is a relapse prevention group. The group fortifies your new, healthy lifestyle and can help get you back on track if you stray from your plan.
- It is a support group. A group of people who are dealing with the common problem of stimulant use have an invaluable understanding and empathy for each other. The people in the group provide support for progress and help during rough times.
- It is a place to review the status of your continuing care plan. The Mooring Lines handout will be reviewed regularly with attention to changes in behavior that may reflect some slippage.

Other plans:

- Are you attending or planning to attend 12-Step or other community support groups? If so, which ones, where, and when?

  _____
  _____

- Are you attending or planning to attend counseling for personal or relationship issues? If so, where and when?

  _____
  _____

- What are your regular social/recreational healthy activities? How often do you take part in these?

  _____
  _____