RECOVERY VOICES: A CONSTRUCTIVE NARRATIVE PERSPECTIVE FOR TREATING INDIVIDUALS WITH ADDICTION AND CO-OCCURRING DISORDERS

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Forthcoming book "Treating individuals with addictive disorders: A strengths -based approach"
(Taylor and Francis -- Routledge)

APPENDIX A

TREATMENT OF INDIVIDUALS WITH SUBSTANCE ABUSE DISORDERS: WHAT WORKS?

(See Miller, Forcehimes and Zweben, 2019 "Treating Addiction: A Guide for Professionals" for more details of outcome studies)

When choosing among the treatment options from the array of alternative interventions, here are a number of critically important facts to keep in mind.

1. Treatment outcome studies in the area of substance abuse have found no, or only small differences, among treatment alternatives. All treatment approaches have comparable effects and outcomes. "There is no winner in the race of identifying the best treatment intervention." For example, treatment outcomes of inpatient programs are on average no different than less costly outpatient treatment approaches. Patients with co-occurring disorders of substance abuse and mental disorders may require and benefit from more intense inpatient treatment. It has been noted that when it comes to comparing the relative effectiveness of different treatment approaches for individuals with substance abuse, there are "Distinctions without differences." What this means is that while there are differences in names of various interventions, there are few distinctions in treatment outcomes. In short, there are multiple pathways to recovery.

2. No matter what substance an individual abuses, 75% of them are likely to relapse following treatment, most often within three months of the end of treatment. Moreover, some 44% to 60% of individuals beginning addiction treatment will leave within the first month. This is of particular concern when you consider that approximately 40% of individuals with Substance Abuse Disorders have another diagnosable mental disorder.

3. Remission ("falling off the wagon", as the saying goes) is quite common. Even among people who do not maintain perfect abstinence from alcohol treatments, drinking is normally reduced by 87% on average. The majority of people do recover within three years of seeking treatment.

4. There are substantial differences among therapists in achieving positive treatment outcomes. The most important predictor of treatment outcome is the quality of the therapeutic relationship or the therapeutic alliance with the patient. Insofar as the therapist and the patient can agree on the goals of the treatment, the means by which to achieve them, and the degree of therapist empathy in creating an accepting non-judgemental, trusting relationship, increases the likelihood of positive treatment success. As noted, it matters not only what treatment is being offered, but who offers it. In some treatment studies, patients in the same treatment program had up to four times the risk of relapse, depending on the therapist who treated them. Therapists differ in their effectiveness.

5. There is a need to engage the patient as an active participant in the treatment process and for the therapist to obtain on an ongoing session-by-session basis patient feedback about his/her progress and assessment of the quality of the therapeutic relationship. A patient informed treatment approach is essential, whereby a treatment team and the patient can adjust the treatment program accordingly. The patient needs to have an active voice in his/her treatment plans. The patient's subjective experience of improvement early in the treatment is critical for a successful treatment outcome.

6. The most effective treatment programs are those that are sensitive to both gender and cultural/racial differences. Female patients have different needs and different patterns of alcohol and drug usage than men in terms of a history of victimization, and when and how they use substances. Thus, there are benefits in conducting treatment groups separately for women and men.

   Similarly, there is a need to tailor interventions in a culturally sensitive manner. For example, Native Healing Treatment ceremonies called "Qungasvik" consists of culturally relevant shared activities involving elders, ancestral traditions including spiritual prayers, songs, trips to sacred sites, canoe journeys, sweat lodge and purification ceremonies, as well as the creation of wellness villages. The Native healers admire the Buffalo as a symbol because it is the only animal that does not hide or run away from a storm, but charges directly into an oncoming storm. The Buffalo is a symbol of the courage that individuals with substance abuse problems need.

7. In short, the degree of patient motivation to change is the most critical feature of any treatment program. With these findings in mind, let us consider how currently you are willing to work to change your substance use and follow-through in doing the Exercises in this Patient Workbook? APPENDIX B provides a way for you to determine your current level of motivation to become abstinent and improve your well-being.

You can also look up various Websites that will provide you with ways to self-evaluate the degree to which your substance-abuse behaviors are a problem for you and others. (See the Website addresses listed at the end of this Patient Workbook).

These measures usually ask the following type of questions:

"Do you drink (or use drugs) more than you intended to do?"

"Do you frequently have more than 4 or 5 drinks in a day?"

"Has your drinking (or your drug use) caused you problems at home, school or at work?"

"What is going on in your life and what, if anything, do you want to do about it?"

INTEGRATED TREATMENT OF PATIENTS WITH PTSD AND SUBSTANCE ABUSE DISORDERS

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www.melissainstitute.org
www.roadmaptoresilience.com

1. Assessment Questions, Mindset/Self Talk and Patient Worksheets

2. Change talk examples

3. 12 Step AA Program Checklist

4. Post Treatment Recovery Strategies Checklist

5. Consumer's Guidelines for Choosing a Residential Treatment Center

6. References

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PHASE-ORIENTED INTEGRATIVE TREATMENT APPROACH

INITIAL PHASE

1. **Develop, maintain and monitor therapeutic alliance. Use session-by-session Feedback-Informed Treatment and similar patient feedback measures.**

2. **Conduct Initial Assessment and conduct ongoing assessments**

    a. **Polysubstance abuse**

    b. **Comorbidity assessment from a life-span perspective**

    c. **Risk assessments toward self and others**

    d. **Assess for evidence of strengths and signs of resilience**

    e. **Assess from a Constructive Narrative Perspective: "Addictive and Redemptive Stories", and Reasons for noncompliance**

3. **Use Three Tile-Lines:**

    <u>Time</u> <u>Line</u> <u>1</u> - - History of Addictive and Co-occurring Disorders and Interventions

    <u>Time</u> <u>Line</u> <u>2</u> - - "In spite of" resilient behaviors

    <u>Time</u> <u>Line</u> <u>3</u> - - Focus present and future

4. **Use Case Conceptualization Model (CCM) of Risk and Protective Factors: Have the patient fill this out. Maintain Progress notes using CCM.**

5. **Use Motivational Interviewing: Use the "Art of Questioning."**

6. **Engage in Collaborative Goal-setting. Establish SMART goals (<u>S</u>pecific, <u>M</u>easureable, <u>A</u>ttainable, <u>R</u>elevant, <u>T</u>imely). ("As yet", "So far").**

7. **Conduct Psychoeducation**

    a. **Discuss the impact of the use of substances: "Addictive Trap"**

    b. **Discuss the role of resilience - - "plasticity": Use language of possibility ("As yet", "So far") and RE Active Verbs.**

c. Use CLOCK Metaphor

i. 12 o'clock - - external and internal triggers

ii. 3 o'clock - - primary and secondary emotions

iii. 6 o'clock - - automatic thoughts, thinking style, schemas and beliefs

iv. 9 o'clock - - behaviors and resultant consequences

These contribute to a "Vicious Cycle." Question "Toll, Impact, Price" patient and others pay. Consider ways to "Break the Cycle."

d. Discuss ways in which PTSD and Substance Abuse go hand-in-hand ala Najavits.

8. **Address ways Psychoeducation and Collaborative Goal-setting can be conducted on a <u>Group</u> basis: Use CLOCK metaphor and "Conversation Starters."**

9. **Engage the patient in Self-monitoring: Contribute to skills training.**

PHASE II- SKILLS BUILDING AND CONSOLIDATION

1. **Help the patient develop Intra-and Interpersonal Skills and ways to bolster resilience.**

   a. Emotion self-regulation skills and "build and broaden" positive emotions.
   b. Identify Triggers and develop urge-surfing skills.
   c. Mindfulness and relaxation training.
   d. Interpersonal communication skills and social network associations.
   e. Refusal skills training
   f. Ways to bolster resilience
   (see www.roadmaptoresilience.com)

2. **Incorporate Generalization Guidelines: Do <u>not</u> "train and hope" for transfer and maintenance.**

3. **Engage significant others, where indicated (e.g., Couples, Family and Peers involvement).**

4. **Discuss Role of 12 Step AA programs (See Checklist) and other possible programs such as SMART Recovery and Community-based supports.**

5. **Integrate spiritually and religiously-based interventions, where indicated.**

6. **Integrate skills and Treatment of Co-occurring Disorders such as PTSD.**

    a. **Cloitre - - STAIR-MPE**
    b. **Ford - - TARGET**
    c. **Najavits - - SEEKING-SAFETY**

    Use various exposure-based interventions, Cognitive restructuring, Restorative Retelling (Gestalt "Empty Chair" Procedures).

7. **Help patients develop SOBRIETY SCRIPTS and accompanying coping skills.**

PHASE III - - STEPS TOWARD DEVELOPING "LASTING CHANGES"

1. **Conduct Relapse Prevention Training**

2. **Engage the patient in Self-attributional training ("Taking Credit").**
    a. **Use Patient Checklist**
    b. **Use Active Verbs that reflect meta-cognitive abilities.**
    c. **Put the patient in a "consultative" role: (Describe, Demonstrate, Teach, Own skills and express commitment and enumerate Reasons why and when and where to use coping skills. How to anticipate "high-risk" situations (triggers"), game plan and back-up plan.)**

3. **Have patient Revisit his/her Case Conceptualization and "retell" story.**

4. **Have patient complete Patient Satisfaction Measures and solicit suggestions for improvement of treatment.**

PHASE IV - - ACTIVE FOLLOW-UP PROCEDURES

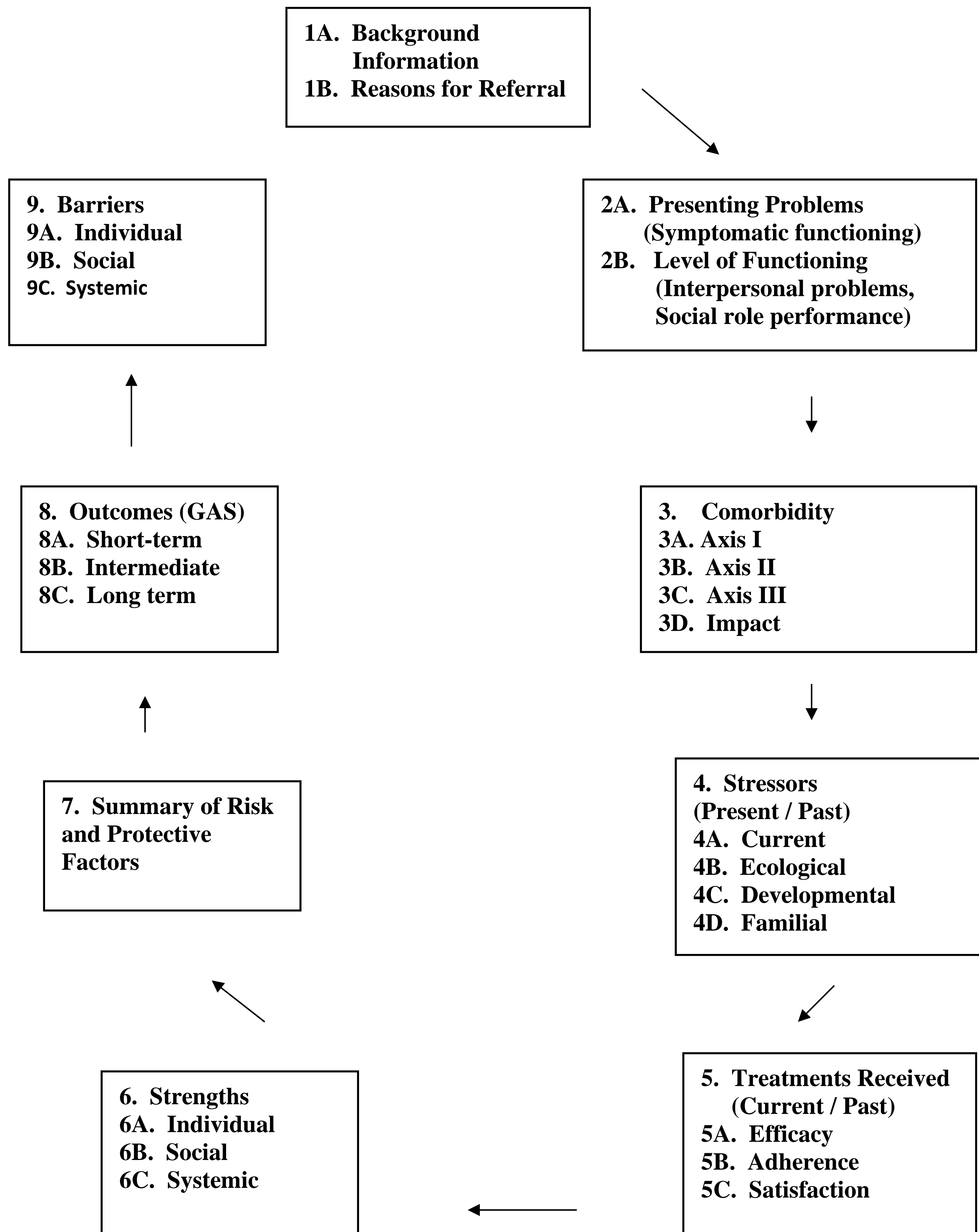
1. **Build in active follow-up Booster Sessions.**

2. **Focus on transition skills such as job skills and role responsibilities.**

3. **Help the patient reclaim a life worth living, and engage in meaning-making skills ("Making amends"; forgiveness skills toward self and others; altruistic behaviors ("Give to Get"), and the like.**

4. **Engage in Active Case Management.**

GENERIC CASE CONCEPTUALIZATION MODEL



FEEDBACK SHEET ON CASE CONCEPTUALIZATION

Let me see **if I understand:**

BOXES 1& 2: REFERRAL SOURCES AND PRESENTING PROBLEMS

"What brings you here...? (distress, symptoms, present and in the past)
"And is it particularly bad when..." "But it tends to improve when you..."
"And how is it affecting you (in terms of relationship, work, etc)"

BOX 3: COMORBIDITY

"In addition, you are also experiencing (struggling with)..."
"And the impact of this in terms of your day-to-day experience is..."

BOX 4: STRESSORS

"Some of the factors (stresses) that you are currently experiencing that seem to maintain your problems are...or that seem to exacerbate (make worse) are... (Current/ecological stressors)
"And it's not only now, but this has been going on for some time, as evident by..." (Developmental stressors)
"And it's not only something you have experienced, but your family members have also been experiencing (struggling with)..." "And the impact on you has been..." (Familial stressors and familial psychopathology)

BOX 5: TREATMENT RECEIVED

"For these problems the treatments that you have received were-note type, time, by whom"
"And what was most effective (worked best) was... as evident by...
"But you had difficulty following through with the treatment as evident by..." (Obtain an adherence history)
"And some of the difficulties (barriers) in following the treatment were..."
"But you were specifically satisfied with...and would recommend or consider..."

BOX 6: STRENGTHS

"But in spite of...you have been able to..."
"Some of the strengths (signs of resilience) that you have evidenced or that you bring to the present situation are..."
"Moreover, some of the people (resources) you can call upon (access)are..." "And they can be helpful by doing..." (Social supports)
"And some of the services you can access are..." (Systemic resources)

BOX 7: SUMMARY OF RISK AND PROTECTIVE FACTORS

"Have I captured what you were saying?" (Summarize risk and protective factors)
"Of these different areas, where do you think we should begin?" (Collaborate and negotiate with the patient a treatment plan. Do not become a "surrogate frontal lobe" for the patient)

BOX 8: OUTCOMES (GOAL ATTAINMENT SCALING PROCEDURES)

"Let's consider what are your expectations about the treatment. As a result of our working together, what would you like to see change (in the short-term)?
"How are things now in your life? How would you like them to be? How can we work together to help you achieve these short-term, intermediate and long-term goals?"
"What has worked for you in the past?"
"How can our current efforts be informed by your past experience?"
"Moreover, if you achieve your goals, what would you see changed?"
"Who else would notice these changes?"

BOX 9: POSSIBLE BARRIERS

"Let me raise one last question, if I may. Can you envision, can you foresee, anything that might get in the way- any possible obstacles or barriers to your achieving your treatment goals?"
(Consider with the patient possible individual, social and systemic barriers Do not address the potential barriers until some hope and resources have been addressed and documented.)
"Let's consider how we can anticipate, plan for, and address these potential barriers."
"Let us review once again..." (Go back over the Case Conceptualization and have the patient put the treatment plan in his/her own words. Involve significant others in the Case Conceptualization Model and treatment plan. Solicit their input and feedback. Reassess with the patient the treatment plan throughout treatment. Keep track of your treatment interventions using the coded activities (2A, 3B, 5B, 4C, 6B, etc) Maintain progress notes and share these with the patient and with other members of the treatment team.

ASSESSMENT QUESTIONS, MINDSET- SELF TALK AND PATIENT WORKSHEETS

The following illustrative list of questions are designed to help determine the patient's reasons for seeking treatment, areas of concern that the patient and significant others have about the patient and the role that substance abuse plays.

Help Recognize the Problems

What difficulties have you had regarding drinking?
How has drinking stopped you from doing what you want?
In what ways have other people been harmed by your drinking?

Help Acknowledge Concern

What worries you about your drinking?
What do you think could happen to you?
In what ways does this concern you? Your family?

Help Generate Intention To Change

What reasons do you see for making a change?
If you succeed and it all works out, what will be different?
What things make you think you should keep on dri

Help Develop Optimism

What encourages you to think you can change?
What do you think will work for you, if you decide to change?
What is a positive example from your past of when you decided to do something differently?
How did you accomplish this goal?

This question can help bolster hope, the clinician can also use the **MIRACLE QUESTION** derived from Solution-focused therapy. In order to help the patient imagine what life would be like if his or her problems were solved, to nurture hope of change and to highlight the potential benefits of working for change.

> ***"Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The problems that brought you here are solved. Because you are sleeping, however, you didn't know that the miracle has happened. When you wake up tomorrow morning, what will be different that will tell you a miracle has happened, and that the problems that brought you here have been solved?"***

Help Reinforce Commitment To Change

Since no one can decide for you and you are in a position to choose, let me ask:

"What do you think has to change?"
"What are you going to do?"
"How are you going to do it?"
What are some benefits of making such changes?"
"How would you like things to turn out, ideally?"
"How can I help you bring about such change?

The clinician can then add:

"Let me explain to you what I do for a living. I work with folks like yourself and I try to find out:

1. ***How things are in your life right now and how you would like them to be?***
2. ***What have you tried in the past to bring about such change?***
3. ***What has worked and what has not worked, so we can both be better informed?***
4. ***Worked, as evident by? What were you most satisfied with that you could try again?***
5. ***If we work together on your areas of concern, and I hope we can, how would we know if you were making progress? What would other folks in your life notice?***
6. ***How would that make you feel? What conclusions or lessons would you draw as a result of such changes?***
7. ***Permit me to ask, one last question. Can you foresee, envision what might get in the way of your bringing about such change?***
8. ***Is there some way that you can learn to anticipate and plan for such possible barriers or potential obstacles?***

MINDSET and SUSTAINING SELF-TALK of INDIVIDUALS with PSYCHIATRIC and SUBSTANCE ABUSE PROBLEMS

The following list provides examples of the types of **"sustaining self-talk"** and **"self-generated narratives"** that contribute and help to maintain addictive behaviors. They are summarized using the acronyms **CLUBS** and **DEFENCES**.

CLUBS

C- CONTROLLED By- - Feelings of being controlled by
L- LOSS- Experiencing irrevocable loss and complicated grief
U- UNDESIREABLE- Label self and believe one is unwanted (thwarted belongingness)
B- BURDENED By- Feeling burden on others
S- SEPARATED FROM- Feeling detached, alienated from others, withdrawn and avoidant

DEFENCES

D--DENIAL
E--Self- **EVALUATIVE** Thoughts
F-- FATALISTIC Thoughts
E--EVALUATIVE Thoughts about **OTHERS**
N-- NEEDS-based beliefs
C-- Illusions about **CONTROL**
E--ENTITLEMENT feelings and beliefs
S- - SUBSTANCE-related STIMULATING and
SATISFYING Thoughts

1. D-- DENIAL

Alcohol is legal. Everyone does it.
It is a natural substance.
This substance is not as bad as alcohol.
All my friends use.
A few (drugs, shots) won't hurt.
Drinking (substance abuse) is a problem for some people, but not for me.
I am different from other people who use.
I can hold my X
I am not an addict, I am a social drinker.
No one will find out if I use.

I could drink and no one would ever know.
I know I should stop, but I don't want to (or need to).
2. E--Self-EVALUATIVE Thoughts

I hate myself
I'm inept (a failure, unlovable, boring, depressed, too anxious, damaged goods, broken, soiled goods, victimized).
I messed up my whole life.
I am my own worst enemy (critic, inner persecutor).
I berate myself. I loathe myself.

3. F-- FATALISTIC Thinking

I am HELPLESS.
I feel trapped, defeated
I need to punish myself. I have no other choice.
I do not deserve to be happy given what I did. I am so guilty and ashamed.
Nothing is going right in my life, I might as well use.
If I need help, then that means.....
The losses are too great.
I'll never get out of debt, I might as well get drunk.
What is the point of staying sober? It really doesn't matter.
I am POWERLESS to stop.
I lack the will power, incapable of resisting. Too much work.
Drinking (substance abuse) has hijacked my life.
I am at the mercy of my urges.
My cravings are too strong; they make me use.
I will never be able to stop.
I am at the end of my rope.
I had one drink. Now I will never be sober.
Once a drug user, always a drug user
My life is a revolving door of treatment failures.
Nobody can help. There is no point in trying.
Everyone is going to die sometime.

I am USELESS.
I am a complete mess
Stopping won't do any good anyway.
I have wasted my entire life because of using alcohol/drugs.
I have blown it so many times, I might as well go all the way this time.
Once an alcoholic, always an alcoholic.
I worked so hard to stop and look what happened. I only got into more trouble.
I am stuck and I cannot get on with life.
I will never get out of this "vicious cycle".

4. E--EVALUATIVE Thoughts of OTHERS

This is my way of getting even (taking revenge).
My use will make her feel guilty (ashamed) for my fall.
I feel isolated (alienated, marginalized, rejected, abandoned, betrayed, manipulated, overwhelmed, taken for granted).

No one really cares if I use or not.
No one understands me.

People are untrustworthy. In order to be safe I have to use.
People who are against drugs don't really understand.

Only drug users will understand this and can be of help.
Only people who have been through what I have been through will understand my use.
I know you mean well, but you cannot be of help.

5. N--NEEDS-based Beliefs

I NEED X in order to (reduce, unwind such as take away my pain, drown my sorrows, self-medicate), take a time out, escape my bad thoughts, forget, survive.

I NEED X in order to (acquire some benefits) such as be creative, sexy, attractive, sociable.

I MUST use to have a good life. Drugs make my life worth living.

I CAN'T survive without them.

If I use X, then I will be able to improve my mood, boost my morale, endure life, take the edge off, handle my guilt, shame, loneliness.

Without X, I can't handle Y, tolerate, control, stand, cope.
Without X, I will mess up, be overwhelmed, be impotent.
Without X, my life is unbearable.
I can't have fun or excitement if I don't use.
I can't fit in with others (my friends) if they use and I don't.
Life is difficult. I need to escape for a while.

6. C--Illusions of CONTROL

I can test myself.
I can use just one more time. I am in control.
I am different from others who use.
I can stop anytime I want. I can control my use whenever I want to.

I can keep it limited this time.
I know how to handle my use.
As long as I am careful, using won't be an issue.
I am more in control when I use.
I do not know if I control the drug or if the drug controls me.
I'll never use again. I've got my problem under control.

7. E--ENTITLEMENT Thoughts: Permission-giving beliefs

I deserve X.
I cannot be happy without X.
I have quit everything else.
It is too much work to stop
Getting high is the only thing I have to look forward to.
It will be good to party tonight.
I will be able to be with all of my buddies. What will they think of me if I do not use. It is the only way to be accepted, being part of the group. It is the only form of pleasure and freedom I have.
I do not like being told what to do and not do by others. I am my own boss.
AA is for "quitters" and no one likes a quitter.
It is what everyone else does.

8. S- SUBSTANCE-related STIMULATING and SATISFYING THOUGHTS

It feels so good. I like the buzz.
I need a pick me up.
It makes me feel alive
Just the anticipation of the high is too great.
It will feel good to party tonight.
It kills the pain.
Have you ever used? If not, then don't tell me I don't benefit from this.

TYPES OF WORKSHEETS USED WITH SUBSTANCE ABUSE PATIENTS

(*See Daley & Marlatt, 2006a,b; McCrady & Epstein 2009a,b; Meichenbaum 2009; Project Match, 1998 and SAMHSA TIPS- - www.keys.samhsa.gov and T. Gorski www.cenaps.com and www.wpic.pitt.edu/accp/finds/locus.html*)

SELF-RATING SCALE

HARMFUL EFFECTS WORKSHEET

FAMILY EFFECTS WORKSHEET

GOALS of TREATMENT WORKSHEET
- **Goal Planning Worksheet: Domains of Recovery**
- **My Goal Sheet**

THERAPY INTERFERING BEHAVIORS THAT CAN UNDERMINE/SABATOGE TREATMENT

STAFF ATTITUDES: MY PERSONAL VIEWS

DECISION MATRIX: PROS AND CONS OF CONTINUE USING VERSUS QUITING SUBSTANCE

POSSIBLE TRIGGERS: DRINKING AND OTHER SUBSTANCE USE
- **Substance Abuse Triggers That Lead to Urges and Cravings**

DAILY MONITORING WORKSHEETS

MANAGING THOUGHTS OF USING WORKSHEET AND COUNTERSTATEMENTS: ACRONYM "DEFENCES"

EMOTIONS WORKSHEET
- **Steps To Emotional Wellness**

SOCIAL PRESSURE WORKSHEET
- **Interpersonal worksheet**

RECOVERY NETWORK WORKSHEET
- **Ways To Increase My Interactions With People Who Will Support My Abstinence**

SELF-HELP PROGRAM WORKSHEET

RELAPSE WARNING SIGNS WORKSHEET
- **High-Risk Situations Worksheet**

Lapse and Relapse Worksheet
Relapse Chain Worksheet: Use "Clock" Analysis

BEHAVIORAL SAFETY PLAN: RECOVERY-ORIENTED THOUGHTS
My Personal Safety Plan

PROBLEM-SOLVING WORKSHEET

MY ABSTINENCE PLAN

BALANCED LIFE-STYLE WORKSHEET: THE JOURNEY AHEAD

PLEASANT ACTIVITIES WORKSHEET

PATIENT CHECKLIST: WHAT I HAVE LEARNED AND WILL CONTINUE

PATIENT SATISFACTION MEASURE

SELF-RATING SCALE

Severity Level of My Problem
(1 = Mild, 3 = Moderate, 5 = Serious, 7 = Extremely Severe)

My Motivational Level to Quit Using Substances
(1 = Definitely Don't Want To Quit, 3 = Some Desire To Quit, 5 = Strong Desire To Quit, 7 = Extremely Strong Desire To Quit)

My Confidence in My Ability to Stay Drug Free
(1 = Low Confidence, 3 = Some Confidence, 5 = High Confidence, 7 = Extremely High Confidence)

HARMFUL EFFECTS WORKSHEET

List of Problems Caused By My Substance Use
(Rank Order and Give Examples)

Medical/Physical Problems
Emotional/Psychological Problems
Work/School Problems
Family Problems
Recreational Problems
Legal Problems
Financial Problems

FAMILY EFFECTS WORKSHEET

List Your Family Members: How Has Your Substance Abuse Affected Each Family Member?

Spouse
Children
Siblings
Parents
Others- (Friends, Co-workers, Boss)

Indicate How Substance Abuse Has Affected Your Relationship With Each Member

1) **Now for each indicate specific <u>ways to improve these relationships</u>**
2) **What might <u>get in the way</u>? How to anticipate and address each of these potential barriers?**
3) **How will you know if your efforts are working?**

GOALS of TREATMENT WORKSHEET

1. Describe your primary goal for treatment at this time?

2. What form of treatment do you think would be most helpful at this time?

3. What treatment or other forms of interventions have proven most helpful in the past? What was it that made it most helpful ?

4. What has proven most unhelpful in the past?

5. Describe what you hope to get out of treatment now?

GOAL PLANNING WORKSHEET

Domain of Recovery

Goal

Steps Toward Change

Domains
Physical
Emotional/Psychological
Family
Social/interpersonal
Spiritual
Other (Work, Financial)

MY GOAL SHEET

A Goal is something I want to get or something I want to have happen and I am willing to work for it.

My goal is:

The change(s) I want to make are:

The most important reasons for changing are:

The steps I plan to take are/or the advice I would give someone else to achieve this goal is:

How can I get started? What small changes can I make to begin with?

The ways other people can help me are:

Person:	Possible ways they can help:

I will know if my plan is working if:

Who else would notice the change? What would he/she observe?

Some things that could interfere with my plan and some possible solutions are:

If my plan does not work, I will: ***("I will be on the lookout for…"; "Whenever I see…I will do…": "I will tell myself…")***

What else do I have to do to increase the likelihood of achieving my goals?

a) Include reminders ("If…then" statements; "Whenever" statements)
b) Conduct a cost-benefit analysis (pros-cons, short-term, long-term benefits)
c) Share my plans with supporting others
d) Make commitment statements
e) Take credit for my efforts
f) Reinforce myself

THERAPY INTERFERING BEHAVIORS (TIBs) THAT CAN UNDERMINE/SABATOGE TREATMENT

(Obtain a History of Prior Treatment and Various Interventions)

<u>Past TIBs</u> (***List examples such as not fully engaged or actively participating in treatment; Dropping out of treatment early; Being noncompliant; Not working my program)***

<u>Current TIBs</u>

Identify a Current TIB and indicate your ACTION PLAN to address this, ahead of time.

STAFF ATTITUDES: MY PERSONAL VIEWS

1. **The main reason my clients are addicted is because:**
2. **The best ways for my clients to deal with urges to drink (or cope with urges to engage in other addictive behaviors) are to:**
3. **In order for individuals to change their addictive behaviors they have to:**
4. **The goals of treatment for addictive behavior should be:**
5. **In order for individuals to change their addictive behavior they:**
6. **When my clients have multiple problems I think the best way to conduct treatment is:**
7. **As a result of participating in treatment, I would like my clients to tell themselves the following:**
8. **In order to help my clients from relapsing:**
9. **The best ways to help prevent the development of addictive behavior is to:**

DECISION MATRIX: PROS AND CONS OF CONTINUE USING VERSUS QUITING SUBSTANCES

CONSEQUENCES

PROS and CONS: Short and Long Term

To <u>Stop Using</u> and Remaining Abstinent

<u>Immediate Consequences</u>		**<u>Long-term Consequences</u>**	
Positive	**Negative**	**Positive**	**Negative**

To <u>Continue</u> Using

<u>Immediate Consequences</u>		**<u>Long-term Consequences</u>**	
Positive	**Negative**	**Positive**	**Negative**

POSSIBLE TRIGGERS: DRINKING AND OTHER SUBSTANCE USE

Drinking Location/Settings

Drinking Times

Drinking Companions

Drinking Activities
(What are you doing when drinking?)

Drinking Urges
(What sets you off?)

Nature of Difficulties That Trigger Drinking

Financial
Social/Interpersonal
Emotional/Psychological
Family

SUBSTANCE ABUSE TRIGGERS THAT LEAD TO URGES OR CRAVINGS

(List People, Places, Events, Situations, Objects, Feelings, Thoughts, Memories, and Times of Day)

Level of Threat

(0 = No threat, 3 = Moderate Threat, 5 = Severe Threat)

Trigger (Internal/External)	Rate Level of Threat	Coping Strategies

DAILY MONITORING WORKSHEETS

Rate Intensity of Craving Daily
(Number the Days 1-31 per month)
(Rating 0 = None, 1 = Low, 3 = Moderate, 5 = Severe Craving)
Under Each Day Rate Craving

Time of Day	Strength of Urge or Craving	Trigger	Type and Amount of Substance Use

MANAGING THOUGHTS OF USING WORKSHEET

COUNTERSTATEMENTS-THOUGHTS

"DEFENCES"

D--DENIAL
E--Self- **EVALUATIVE**
F-- FATALISTIC
E--EVALUATE OTHERS
N-- NEEDS-based
C-- Illusions about **CONTROL**
E--ENTITLEMENT
S- -STIMULATING and **SATISFYING**

INCLUDE COUNTER THOUGHTS

Can you see the sequence of thoughts that convince you to use?

How can you challenge your addictive thoughts?

> ***I know I am using addictive thinking when I start saying to myself…***
>
> ***Here is where this line of thinking will take me.***
>
> ***My ACTION PLAN is…***

EMOTIONS WORKSHEET

Rate The Degree of Difficulty You Have In Dealing With These Feelings Without Using Substances (0 = None, 1 = Low, 3 = Moderate, 5 = Severe)

List of Emotions	**Degree of Difficulty Coping with Each Emotion**
Choose Two Emotions	**List Coping Strategies**

Some of My Calming Strategies are:

STEPS TO EMOTIONAL WELLNESS

1. Tune into Feelings

2. Name the Feeling

3. Locate the Feeling in your Body

4. Accept the Feeling

5. Letting Go (Allow feeling to melt away, dissipate or release)

6. Express the Feeling

7. Practice Containment (Hold your feelings in order to share and process them in safe place with a trusted person)

8. Check the relationship between my thoughts and feelings

> **"When I say this to myself I tend to feel…"**
> **"What am I thinking that makes me feel this way?"**
> **"What is another way of thinking that could help me manage this feeling better?"**
> **"What can I do to recognize this feeling as soon as it occurs?"**
> **"How can I plan ahead to anticipate situations that are likely to trigger this feeling?"**
> **"Can I stay centered and in control and be aware of the rise and fall of my feelings?"**
> **"How do these feelings color the way I see things? Am I being 'prejudiced'?"**

9. Change my behavior in order to feel better.

> **"Use my feeling management skills"**
> **"Take a time out before the feeling becomes unmanageable"**
> **"Use my relaxation/calming responses"**
> **"Procrastinate my delf-defeating behaviors"**
> **"Ask for help"**
> **"What is another way to manage these feelings?"**

SOCIAL PRESSURE WORKSHEET

Rate Degree of Difficulty You Have In Coping Successfully with Social Pressure
(0 = No Threat, 3 = Moderate Threat, 5 = Severe Threat)

Social Pressure	**Degree of Difficulty**	**Coping Strategies**

INTERPERSONAL WORKSHEET

1. Identify one aspect of the way you relate to others that you want to change (Be specific)

2. List several steps you can take to help you change this behavior.

RECOVERY NETWORK WORKSHEET

Identify People, Groups, Organizations that you believe can be helpful in your recovery, and the potential benefits of obtaining their assistance.

People/Groups/Organizations **Potential Benefits**

What Potential Barriers Might Get in the Way of Your Accessing Their Help

Potential Barriers **How To Overcome These Barriers ACTION PLAN**

Repair Sobriety Supportive Relationships

Who are the people I have harmed by my addiction? (Make a list)

What did I do to hurt them?

What can I say and do to acknowledge/convey this hurt?

What can I do to repair the damage?

How can I make amends?

How can I prepare for possible rejection?

WAYS TO INCREASE MY INTERACTIONS WITH PEOPLE WHO WILL SUPPORT MY ABSTINENCE

Map Your Social Support Network (Provide Names) Indicate who can provide each type of support

Practical Support (Drive you, loan something you need)

Advice or Information

Companionship

Emotional Support (Share feelings encourages you)

Where do you have a lot of social supports?

Where do you have gaps in support?
What new people can you meet who do not use drugs?
How can you go about this?

Who can you support?
Who counts on you for support?
Is there someone you would like to begin supporting?

SELF-HELP PROGRAM WORKSHEET

1. Describe what it is like for you to ask for help and support.

2. What has been your experience with self-help programs? (Pros and cons)

3. List potential drawbacks (if any) in participating in self-help programs.

4. List potential benefits of participating in self-help groups.

5. What can you do (Action Plan) to get the most out of the self-group? What barriers might get in the way of your using a self-help group and how can these barriers be anticipated and overcome?

RELAPSE WARNING SIGNS WORKSHEET

Relapse Warning Signs ***(Feelings, Thoughts, Attitudes, Behaviors)***	**Coping Strategies**

HIGH-RISK SITUATIONS WORKSHEET

List High Risk Situation	**Coping Strategies**

LAPSE AND RELAPSE WORKSHEET

Describe Main Reasons for Lapse

Describe Triggers (External/Internal - - feelings and thoughts)

Do a Relapse Chain Analysis of Sequence that led to lapse. ***(Use Clock Analysis)***

RELAPSE CHAIN WORKSHEET
Use "Clock" Analysis

12 o'clock
Triggers
(External/Internal)

9 o'clock
a. Behaviors
"What did you do"
"What you did not do"

b. Reactions from others

3 o'clock
Primary/Secondary Feelings
(What did you do with all these feelings?"
"What thoughts or beliefs do you hold about your feelings?")

6 o'clock
a. Automatic thoughts, images, memories
b. Thinking patterns
c. Core Beliefs/Values

BEHAVIORAL SAFETY PLAN: RECOVERY-ORIENTED THOUGHTS
(Put on 3X5 Index Card)

MY PERSONAL SAFETY PLAN

- **Remember my cravings will go down, like riding out a wave on the ocean.**
- **My positive thoughts can steer my ship over the waves of my cravings. I can learn to ride out the waves.**
- **I can call my sponsor (Include telephone number).**
- **I can call my best friend (Include telephone number).**
- **I can write in my journal.**
- **I can read from my favorite recovery book.**
- **I can work out and lift my weights**

On the back of a 3x5 index card, come up with a saying or a prayer that gives you strength and helps you stay substance free.

Examples
"Lord help me to be the best possible person that I can be."

"God, grant me the serenity to accept the things I cannot change, courage to change the things that I can, and the wisdom to know the difference"

PROBLEM-SOLVING WORKSHEET

Goal – Plan – Do – Check

1. Problem

2. Goal

3. Brainstorm for possible solutions (List Pros and Cons of Each Possible Solution)

Solution	Pros		Cons	
	Short Term	Long Term	Short Term	Long Term

4. Pick a Solution and Generate an Action Plan

5. Check to see how it is working

6. Reevaluate

MY ABSTINENCE PLAN

Anticipate High-risk Situations
(Generate a High-risk Hierarchy)
How hard is each situation (0-10 Very Easy to Very Hard)

List Triggers (External/Internal)

Identify Chain of Events that Lead to Lapses
(Consider Seemingly Irrelevant Decisions - - SIDs)

Ways to Cope with urges and cravings

Learn to Look Ahead for Trouble

Safe Choices	Risky choices

Implement a Plan for People, Places and Situations

Plan for Handling Slips and Lapses

Plan for Not Letting Lapses Become Full-Blown Relapse
(How Will I Get Support?)

List Alternatives to Using Substances

Possible Barriers to Doing Alternatives and Action Plan:

Triggers Plan	ACTION PLAN +/- Consequences	Difficulty Level (1-10)

Pros		Cons	
Short Term	Long Term	Short Term	Long Term

BALANCED LIFE-STYLE WORKSHEET: THE JOURNEY AHEAD

SHOULDs LIST   WANTs LIST

Consider List in Various Areas of Your Life: Indicate "Wants" and "Shoulds"

Physical
Emotional/Psychological
Family
Social Relations
Work/School
Financial

OUT-OF-BALANCE AREA

MY CHANGE PLAN

POSSIBLE BARRIERS and GAME PLAN

PLEASANT ACTIVITIES WORKSHEET

Current Pleasant Activities

New Pleasant Activities

Action Plan to Increase Pleasant Activities

Possible Barriers And Game Plan

CREATE A WEEKLY SCHEDULE WORKSHEET AND INCLUDE PLEASANT ACTIVITIES ("WANTS")

PATIENT CHECKLIST: WHAT I HAVE LEARNED AND WILL CONTINUE

As a result of participating in treatment, I have learned to do the following activities/skills: (Please give examples of each and then indicate the reasons why doing each activity is important and how it will help you achieve your goals). How confident are you, from 0% confidence to 100% confidence, that you can implement each of these activities? What barriers are you likely to encounter and how can you address these as they arise?

____1. Be on the lookout for triggers and setting events (people, places and things) such as the use of drugs or having urges/cravings that set me off. Bring these triggers into my awareness. (Give examples of such triggers).

____2. Notice warning signs of when I am getting upset. (For example, "I am becoming upset, angry, depressed, anxious, bored"), as evident by ...

____ 3. Conduct my "Clock Analysis in order to see the connections between my feelings, thoughts and behaviors.
12 o'clock - - external and internal triggers
3 o'clock - - primary and secondary emotions and urges and cravings
6 o'clock - - automatic thoughts/images, thinking patterns underlying beliefs
9 o'clock - - behavioral acts (what I do) and how others respond

____ 4. Take action to break my "Vicious Cycle" (Use my Clock analysis)

____ 5. Monitor my moods and accompanying thoughts. Keep my journal and check it regularly. Modify my beliefs that fuel my craving and behavior. Look at my Coping Flashcards as reminders of what I have to do differently.

____ 6. Reduce risk factors and make sure I spend my time in "safe" places with "safe" people. Work to keep myself out of trouble and away from temptations. Safeguard my environment so it is "unfriendly to trouble".

____ 7. Remind myself why it is important to stay "safe" and free of trouble. Think about the consequences to me and others for my actions. Conduct a cost-benefit analysis of pros and cons, short-term and long-term (2x2 analysis). "Think through the drink" and consider consequences for myself and those I care for.

____ 8. Take responsibility for the choices I make. Recognize that the responsibility to change is clearly mine.

____ 9. Be able to "notice", "catch", "interrupt", "anticipate/plan for", "set positive/prosocial goals", "reward myself", "tell others/show others what I have learned", and "take credit for changes I have made".

____ 10. Ask for help from “safe people” (family, friends, training team members) who will help me achieve my treatment goals. Make “healthy decisions” and develop meaningful relationships.

____ 11. Develop and expand AA sober support network. Socialize with recovery people.

____ 12. Learn how to have fun without substance abuse. Pursue hobbies, volunteer.

____ 13. Give up resentments and choose to forgive others, as well as myself.

____ 14. Implement my Safety Plan which includes the following specific steps (spell these out).

____ 15. Anticipate the possible barriers and potential obstacles that might get in the way of doing my Safety Plan. Have a Game Plan in place to address each of these potential barriers/obstacles.

____ 16. Create an “If...then” and “Whenever ...if” backup Safety Plan.

____ 17. Use my Coping Cards as reminders to “jump start” my healthy thinking and Safety Plans.

____ 18. Avoid high-risk situations and activities (people, places and things).

____ 19. Challenge, test out and change my thoughts and thinking processes. Change what I tell myself and change my “internal debate”.

____ 20. Catch myself when I am being demanding and impatient with others. Lengthen my fuse and learn how to “think before I act”. Increase my frustration tolerance. Reduce my “musts” and “shoulds”.

____ 21. Accept my feelings and thoughts and learn how to “ride out” my cravings and the urge to hurt others or to hurt myself. Like an “ocean wave”, peak and then gradually come down.

____ 22. Use my problem-solving skills. View perceived provocations, threats and disappointments as “problems-to-be-solved”, rather than as interpersonal insults and personal failures. Use my Goal-Plan-Do-Check protocol.

____ 23. Use my self-soothing techniques so I won’t hurt others or won’t hurt myself. (Use my relaxation, mindfulness and distraction coping skills).

____ 24. Look for the “Middle Road” and use my “I statements”, Negotiation Skills, and Cognitive Skills. For example, I can ask myself:

“What is the data and evidence to support my belief that ...?”
“Are there any other explanations for what happened?”
“What does it mean if indeed...?”
“Can I ask myself the question that my trainer/counsellor would be discussing?”
“What are my goals in the situation and what are all the ways to achieve them?”
“Which alternatives are likely to keep me out of trouble?”
“Write this all down in my journal”

____ 25. Remind myself of the reasons to do all of these activities and visit my “Hope Kit”. Remind myself of my “strengths” and “signs of resilience” and “survivor skills” that I have used in the past. Listen to the audiotape of my training sessions as a reminder.

____ 26. Use my Future Imagery Procedures. Mentally rehearse how I can handle high-risk situations and ways to achieve my goals beforehand.

____ 27. Cope with any lapses that may occur and view them as "learning opportunities". These are “wake-up” calls to use my coping skills. They should awaken my curiosity so I can play detective/scientist and use my problem-solving skills. Use my Clock analysis to figure out what went wrong. (Give examples).

____ 28. Plan for future high-risk situations and possible reoccurrences so I am not “blindsided” down the road. Have an Action Plan for each high-risk situation.

____ 29. Make a “gift” of what I have learned and share it with others.

____ 30. Take pride in what I have been able to achieve, “in spite of” possible temptations, social pressure, conflict with others and upsetting feelings (boredom, loneliness, humiliation, guilt, shame, anger). Take credit for changes I am bringing about. Build my self-confidence.

____ 31. Recognize that I am on a “journey”, but not alone in creating a “Life that is worth Living”. Structure my daily activities with meaningful activities. Live up to my behavioral contract that I made with others and with myself. Remember that being a “person” is keeping your word and being a model for others. Maintain hope and demonstrate the “courage to change” and create a “positive lifestyle”. I have learned ***“to keep on keeping on.”***

____ 32. These are some things I learned from my treatment that I can use. In addition, I can also ____ .

____ 33. Treatment tips that I would be willing to try: ______________________________

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PATIENT SATISFACTION MEASURE

To what extent were the following aspects of treatment helpful? Rate each item below on the following scale.

0	1	2	3
Not at all Helpful	A Little Helpful	Moderately Helpful	Very Helpful

List Treatment Features

___ 1. Group Meetings
___ 2. Individual Counselling Sessions
___ 3. Etc.

CHANGE TALK

As a result of participating in treatment, the clients should begin to incorporate the following "language of change" into their narrative or "stories" and learn to use these phrases in an unprompted fashion. The clients should be able to employ the terminology of relapse prevention and offer multiple examples of each of these coping actions. They should be able to operate in a consultative mode being able to explain, teach and demonstrate these activities to others, and moreover, offer self-generated reasons why doing each of these activities is important to his/her recovery. As a result of treatment, the client should be able to indicate that ***"I can now…"***

IDENTIFY TRIGGERS

Analyze "near miss" episodes, so I can learn from them
Catch myself before I fall off the wagon
Identify high-risk situations ahead of time
Increase awareness of unseen problems
Pinpoint triggers, tell tale signs, watch out for warning signs
Recognize when I am time-sliding back
See how I stir up my feelings and frequently fuel my feelings
Stay alert to my personal needs and people, places and things that put me at risk of using again
Troubleshoot events ahead of time
Turn off the CD in my head that leads to drinking (substance abuse)
Watch out for what activates my "hibernating" (dormant) beliefs that lead to my drug use

COPE MORE EFFECTIVELY

Avoid getting blind-sided
Avoid putting myself at risk
Avoid tunnel vision
Catch myself using "musts", "shoulds", "always", "never"
Change my moods without using drugs
Change who I spend time with. Increase my association with non-substance abusing buddies.
Structure my daily activities
Check my 2 X 2 Grid of the pros and cons of using and not using drugs
Check my coping cards that I keep in my wallet/purse
Check out my beliefs
Come to grips with my emotions
Conduct a behavior chain analysis
Go for hugs, not drugs
Increase my tolerance for others
Increase ways to get positive "healthy" reinforcers or "perks" in my life
Maintain hope
Perform personal experiments
Plan ahead
Refocus on what is really important in my life

Rein in my feelings
Remind myself of what "***I have***", what "***I can do***" and "***Who I am***", besides someone who has been a drug user.
Seek help when I need it
Start using my coping plans and back-up plans if I need them.
Stop being my own worse critic
Stop "catastrophizing"
Stop deluding myself
Stop giving myself a "snow job"
Stop my self-defeating behaviors
Stop putting myself down all the time
Stop sabotaging my treatment plan
Stop setting myself up for failure
Take pride in what I have accomplished
Teach (explain, demonstrate) what I have learned in treatment to others and offer reasons why I now do these things
Use my Clock Analysis (**12 o'clock- internal and external triggers; 3 o'clock – primary and secondary emotions; 6 o'clock – thinking processes and beliefs; 9 o'clock – behavior and consequences)**
Use my game plan and back up strategies to cope with my urges and cravings

The clients should be encouraged to offer **commitment statements** of specific ways (how, where, when) they will engage in each of these activities, in spite of barriers, pressures, obstacles to perform, and most importantly, they should be encouraged/challenged to provide the **reasons why** engaging in such behaviors are important to achieving their treatment goals.

A sign of the clients' commitment statement is the desire to which their accounts ("stories") include examples of **change talk verbs**. Consider the following list of verbs that reflect self-efficacy.

EXAMPLES OF “CHANGE TALK” : VERBS THAT REFLECT SELF-EFFICACY

A’s	ABSOLVE	ADOPT	APPLY
	ACCEPT	AFFECT	APPRECIATE
	ACCESS	AFFIRM	ARMED WITH
	ACHIEVE	ALIGN	ASSERT
	ACKNOWLEDGE	ALEVIATE	ASSURE
	ACQUIRE	ALLOW	ATTAIN
	ACTIVATE	ANEW	ATTEST
	ADAPT	ANTICIPATE	AVOID
	ADDRESS	APOLOGIZE	AWAKEN
B’s	BALANCE	BE PRESENT	BREAK THROUGH
	BE AUTHENTIC	BLEND	BREAKAWAY FROM
	BECOME	BLINF SPOT	BRING
	BEFRIEND	BOSS PTSD	BUILD
	BEGIN a journey	BRAINSTORM	BYPASS
	BENEFIT from		
C”s	CATCH IT	COLLABORATE	CONSTRUCT
	CAPASITY TO	COME to terms with	CONTAIN
	CLARIFY	CONCENTRATE	CONTRAST
	CLEANSE	COMFORT zone	CONTROL
	CHALLENGE	COMMITT to	CONSULT
	CHANGE it	CONCENTRATE	COPE with
	CHECK IT OUT	CONDUCT	CREATE a safe haven
	CHOOSE	CONFIDENT	CULTIVATE
	CO-BUILT	CONFRONT	CURIOUS about
D’s	DAMPEN	DESTRESS	DIRECT towards
	DECATASTROPHIZE	DEVELOP ability to	DISENGAGE from
	DECONDITION	DEVELOP X e.g. “coherent	DISCUSS
	DEEP insight into	narrative”, “Trust between	DISUADE
	DEFEND	you and the healing process”)	DISPLEY
	DEFER judgement	DIFFERENTIATE	DRAW upon
	DEMYSTIFY	DIGEST memories	
E’s	EDIT	ENGAGE	ESTABLISH and maintain
	ELICIT	ENHANCE	EVOKE
	EMPOWER	ENLARGE	EVOLVE
	EMBARK	ENLIST	EXAMINE
	EMPATHIZE	ENSURE	EXERCISE
	ENABLE	ENVISION	EXPRESS

F's
FACE
FACILITATE
FEEL CENTERED
FIGHT
FIGURE out
FILTER out
FIND peace, meaning, a lifetime alliance
FINE TUNE
FINISH the unfinished business
FIX
FLEE
FOCUS
FORGE
FORGIVE
FORESEE
FOSTER
FULFIL

G's
GALVANIZE
GARNER
GENERALIZE
GET BEYOND
GET unstuck
GO FORWARD
GONE AWRY
GRAPPLE with
GROW towards
GUIDE

H's
HARM avoidance
HARNESS
HARVEST full potential
HAVE corrective emotional experiences
HEAL
HELP
HONOR
HOMEWORK

I's
IDENTIFY high risk situations, warning signs
IMPROVE
INCREASE capacity to improve situations, warning signs
INCORPERATE
INCUBATE
INHABIT
INITIATE
INTEGRATE
INTRODUCE
INVEST in
INVITE

J's
JUMPSTART
JOY

K's
KEEP PRESENT (focus on problem at hand)
KEEP SAFE
KEYED UP
KINDLING EFFECT

L's
LABEL
LEARN to apply, move toward, plan fully, use
LET go
LIBERATE
LIFELINE
LIGHTEN UP
LINK TO
LISTEN to

M's
MAINTAIN
MAKE a gift of
MANAGE
MAP out
MARSHALL supports
MASTER
MEANING making
MEDIATE
MENTALIZE (observe one's own thought processes)
MIDDLE road
MINDFUL
MIND SET
MOBILIZE
MODIFY
MODULATE
MOLLIFY
MONITOR
MOVE on
MOVE through
MULTIPLY

N's
NARROW down problems
NOTICE
NEUTRALIZE
NEW PAGE
NURTURE

O's	**OBTAIN**	**OPERATE in comfort zone**	**OVERCOME**
	OPEN yourself up to	**OPTIONS**	**OVERREACT**
		ORGANIZE	

P's	**PERSEVERE**	**PREJUDICED toward self**	**PSYCHED YOURSELF UP**
	PLACED	**PREPOTENT (priming)**	**PURIFY**
	PLAN (Back up plan)	**PRESERVE values**	**PURPOSE**
	PRACTICE	**PROCESS**	**PURSUE**
	PREFER	**PROTECT**	**PUT BRAKES ON**

Q's **QUESTION SELF/OTHERS**

R's	**Re author**	**Re connect**	**Re prioritize**
	Re build	**Re duce**	**Re think**
Re calibrate	**Re frame**	**Re silient**	
Re charge	**Re pair**		

(See Pages 127-129 and Pages 136 -137 in Meichenbaum's Roadmap to resilience book for further examples of how to use RE Verbs and Active verbs)

S's	**SAFE haven**	**SELF-MONITOR**	**STAY in the present**
	SAVOUR NATURE	**SELF-REGULATE**	**STABILIZE**
	SEARCH	**SELF-SOOTHE**	**STAY focused**
	SEE	**SERVE others/humanity**	**STRENGTHEN my identity**
	SEEK SAFETY	**SET BOUNDARIES**	**STRUGGLE**
	SELECT	**SET GOALS**	**"STUCKEDNESS"**
	SEND	**SET on a path toward**	**SUPPORT**
	SELF-DETECT	**SHARE**	**SURVIVE**
	SELF-ESTEEM	**SHIFT attention away from**	**SURVIVAL**
		SOLICIT	**SUSTAIN**
		SPIRITUAL RENEWL	

T's	**TAKE charge**	**TEND TO**	**TRANSLATE**
	TAKE pride	**TEST out**	**Feel TRAPPED**
	TAKE stock of	**THINK out loud**	**TREAT**
	TALK THROUGH	**THWARTED**	**TRUST others, self**
	TAP	**TOLERATE**	**TURN toward, away,**
	TELL	**TRANSFER**	**a new page**
	TRANSFORM	**TWEAK**	

U's	**UNCOVER** **UNDERTAKE a journey** **UNDERSTAND origins of..** **UNDERMINE** **UPLIFT** **USEFUL**	**USE graded exposure** **USE safe exposure-based field trips/experiments** **USE your healing power, of story-telling**	**USE "Wise Mind" built in instincts/ intuition** **UTILIZE**
V's	**VALIDATE** **VISUALIZE**	**VENTILATE**	**VISION QUEST**
W's	**WARNING signs**	**WORK in progress**	**WORK through**
Y"S	**YEARN FOR**		

12 STEP AA PROGRAM CHECKLIST

Donald Meichenbaum, Ph.D.

Alcohol Anonymous**,** (AA) is an International Program with 114,000 AA groups and a total of 1.9 million members who attend yearly. Since many Treatment Centers have adopted the AA sober support recovery program. There is a need for all therapists to be familiar with their 12 Step Program and their language and treatment culture. The following examples of 12 Step Activities can be blended with various cognitive-behavioral treatment approaches. (See Knack, 2008)

The therapist can use the following **Checklist** of **AA Activities** and accompanying **AA Beliefs** with clients. The therapist can ask clients to fill in the **Checklist** and discuss their answers to:

a. assess what **AA activities** clients have already engaged in and what **AA beliefs** they have embraced;
b. assess the reasons why clients have or have not engaged in these activities (possible barriers, lack of motivation, confidence, skills, opportunities) and how these obstacles can be addressed;
c. engage would-be participants to join AA and treatment, highlighting what new members may get out of some form of participation.

AA BEHAVIORS

How many of the following behaviors do you presently practice? Please put a check mark next to each behavior that you now do as a result of participating in the 12 Step AA Program.

_____ 1. Attend AA meetings (Beginner's meeting, Big Book meetings, 12 Step meetings). How often per week? ____

_____ 2. I still attend AA meetings even though I have been sober.

_____ 3. Identify with presenters, but not compare myself to them. I recognize that the road one person takes to AA can be very different than another. Now, I do not feel so alone and different any more. I learn to listen for similarities than differences.

_____ 4. In AA there are many helpful tools such as meetings, 12 Steps, 12 Traditions, Slogans, the Big Book, learning from "Old Timers", Having a sponsor, Being a sponsor. The parts of the AA program that help me the most are: ______________________________
____

_____5. I work my program. I work toward progress, not toward perfection.

_____ 6. Be open, honest and helpful to others. As the saying goes, "***To keep it, you have to give it away***". This is all about helping others by speaking and sharing at meetings, lend a listening ear. "***Our spirit slowly starts coming back to life by dealing with honesty and tearing down barriers".*** **(H.O.W. Honest, Open and Willing)**

_____ 7. Tell my story of "What it was like to be dependent on alcohol, what happened and what it feels like <u>now</u>". The story I most want to talk about is about my recovery, namely, my pursuit of happiness, enjoyment, contentment and "how comfortable I am in my own skin". I have a story to share of <u>how</u> I got to this point.

_____8. I am not into producing a drunk-a-log, rather we talk about solutions. The more we focus on the problem, the bigger the problem becomes. The more we focus on the solution, the solutions get bigger. I call upon my "**Magic Magnifying Mind**" when it comes to solutions

_____ 9. Surrender to a Higher Power (namely, a Spiritual Force, God, the power of my Group and the support of my sponsor.) Thus, I can regain control. I recognize that the Higher Power I choose may be different than the Power others choose.

_____ 10. Get a sponsor, a home group, get involved and begin working the Steps with the guidance of my Sponsor. My sponsor helped explain the 12 Traditions, Slogans and was there when I needed him/her.

_____ 11. Call my sponsor daily, or call another member or a sober person.

_____ 12. Increase my awareness and watch out for triggers. (Social pressure, interpersonal conflict, strong emotions such as anger, resentment, depression, loneliness, boredom).

_____ 13. Use my self-soothing and self-regulation behaviors. Control my emotions.

_____ 14. Look at my beliefs (e.g., a sense of entitlement, viewing people as doing things to me "on purpose") and see how these beliefs can contribute to my addictive behavior.

_____ 15. Recognize that trust does not come overnight. It has to be earned.

_____ 16. Learned to listen and then listen to learn.

_____ 17. Put my experiences into words and share my thoughts and feelings with my sponsor and with trusting others. As a result, I am building self-confidence and developing sound bonding skills.

_____ 18. Cut down on my self-criticism and perfectionism. I can learn to forgive myself.

_____ 19. Use my coping behaviors to manage threats to my self-esteem (pride, "ego"). Remember it will take time to learn to use my coping skills. Have faith "***Faith can help move mountains, but you better bring along a shovel. You have to do the work".***

_____ 20. I am learning to be comfortable with myself and I feel gratitude each day that I am sober.

_____ 21. Ride out and procrastinate (delay) my cravings and desire to use substances.

_____ 22. Before I take a drink (use substances), I can look at where my drinking has led me in the past and where it will lead me in the future. Never forget how far you have come.

_____ 23. Remember that one of the best tools to cope is the telephone. Call my sponsor or friend in the program to help me deal with my cravings and difficult times.

_____ 24. Think through the drink. Consider the consequences of my drinking. I follow the AA slogan Think…Think…Think.

_____ 25. Hang around with sober non-drinking buddies and family members. Firmly connect with a sober support network, especially at the beginning of the recovery journey. Stay around positive people, places and things to improve my safety. Right Fellowship.

_____ 26. Do a Moral Inventory on a regular basis. I check to see if I am treating people with kindness and respect and make sure that any defects that I have do not rear their head.

_____ 27. Make amends. Make a list of all the people that I have had a negative impact as a result of my drinking and begin making amends. I remember that a person does not have to accept my apology, but I have to give one in order to clear up some of the "wreckage of the past".

_____ 28. Make a Gratitude List and follow through in showing my appreciation. I remember that the word "gratitude" is an Action Verb, where I have to show (demonstrate) positive behaviors and positive attitudes. I am developing the ability to practice of acceptance of myself and others.

_____ 29. Recognize signs of change and rehabilitation and "take credit" for this change. Use my "change talk" of "notice, catch, interrupt, game plan, backup plan, safety plan". Recognize the benefits of the changes I have made. Continue my healing journey.

_____ 30. I recognize that the only requirement for AA membership is a desire to stop drinking.

_____ 31. My detailed safety plan includes: Being aware of what are my triggers; Knowing the "warning signs"; Having the telephone number of my sponsor on hand who I can call; Avoiding high-risk people, places and things; Sharing my Safety Plan with others; Making commitment statements, not only to others, but also to myself.

_____ 32. Keep coming back. Be there for the new folks coming through the door. By helping others, we are helped ourselves.

_____ 33. Share my journey of recovery with others. Make a “gift” of my experiences with others. I can sponsor others.

AA BELIEFS

Please put a check mark next to each belief or self-statement that you now hold, as a result of participating in the 12 Step AA program.

I NOW BELIEVE THAT

Thinking Behaviors

_____ 34. Addiction is 90% thinking and 10 % drinking. ***“Stinking thinking is something I have to avoid”. “You can get mentally drunk, before you become physically drunk”***. (Some say, 99% thinking and 1% drinking).

_____ 35. I can look at and begin to change my beliefs that contribute to my drinking (for example, my sense of entitlement and the “shoulds”, “musts”, and “wants” in my life).

_____ 36. I believe that we can learn to put alcoholism “to sleep”, but we can wake it up if I stop taking my AA medication.

_____ 37. I can be “right-sized” - - not have to be too perfect, nor “better than”. Comfortable with myself. Make positive changes to make life more comfortable for myself and for my loved ones.

_____ 38. Sobriety is not just “stopping drinking”; sobriety is peace of mind, contentment and happiness which comes from dealing with the wreckage of the past.

_____ 39. I can recognize that relapse is part of the illness of addiction.

_____ 40. I can tie my drinking to the trouble in my life and see the beliefs that support my addictive behaviors.

_____ 41. To be humble is not to think less of yourself, but to think of yourself less, and as a result have more of yourself to give to others.

_____ 42. I can recall my sponsor telling me, “If you want what we have, do what we do”. This stays with me.

I <u>NOW</u> BELIEVE THAT

<u>Coping Behaviors</u>

_____ 43. As the saying goes, "If you do the same thing over and over it will lead to the same results. If you want something different, then you have to begin to do something different".

_____44. Alcoholic Anonymous may not open the gates of heaven, but it can surley open the gates of Hell and let you out.

_____ 45. The more you put into recovery, the more you will get out of it.

_____ 46. I believe that alcoholism is a "disease", AA was the doctor and my working the program was my medicine.

_____ 47. I can remind myself to "take one day at a time". "Easy does it!", "One moment at a time", "Yesterday is gone; tomorrow is not here yet; yet, all we have is today". Yesterday is history, tomorrow is a mystery, and today is a gift and that is why we call it the "Present".

_____ 48. I can remember that "This too shall pass".

_____ 49. I can tell myself that having short-comings is a sign of being human. I can understand my vulnerabilities. I can <u>forgive</u> myself.

_____ 50. I can take responsibility for what I do.

_____ 51. I can consider my options. The program works if I work it, so if I work it, I am worth it. Sobriety gives us options.

I <u>NOW</u> BELIEVE THAT

<u>Nurturing Hope</u>

_____ 52. I can have HOPE. Hope deferred make the heart sick.

_____ 53. Change is possible: I do <u>not</u> have to continue as before. I can practice my AA principles and change will occur.

_____ 54. I can clean house. Clear away wreckage of the past.

_____ 55. Accept life on life's terms.

_____ 56. I can see myself of value to others. Share experiences. Others can learn from me.

_____ 57. I can identify signs of resilience. I can give several examples of each of the following

I can _______________

I have _______________

I am _______________

_____ 58. Other beliefs I learned include ____

____

POST-TREATMENT RECOVERY STRATEGIES

Don Meichenbaum, Ph.D. and Julie Myers, Psy.D.

The first months after substance abuse treatment can present challenges for the newly recovered. There are new tasks to face, new ways of relating to others, and often continued cravings for substances. But it is also a time of new awakenings, renewed purpose and hope, and learning new ways to cope with the challenges. In some respects, this period is like going on a "journey", with multiples routes and various rates of recovery, with no one right way to cope or path to take and no one right amount of time to recovery.

People deal with these challenges in different ways. In the list below, you will find recovery strategies that others, like yourself, have used in their personal journey of recovery. This list is not meant to be a measure of how much you have recovered, but rather to reinforce the strategies you currently use and to help you discover new ways to move forward on your personal journey of sobriety.

We suggest that you look through the list and put a checkmark by the strategies that you have tried and find helpful. Then, choose some new items you would like to try, and if you find them helpful, add them to your toolbox of recovery strategies. If there are things you have found helpful that are not on this list, add them to the end of the list to share them with others!

We hope that reviewing this list will be a valuable opportunity to expand your repertoire of recovery activities and reinforce the ones you currently use. We thank you for taking the time to complete this checklist, and we wish you continued progress in your recovery.

MY RECOVERY STRATEGIES

I Can Reduce the Risk Factors That Lead to Relapse

___ 1. I recognize that substance use is driven by habits, external triggers and internal/emotional states, so I make a list of these and actively avoid those that might trigger relapse.

___ 2. I avoid high-risk situations that could lead to relapse. I limit contact with people, places and things that trigger urges, for example drinking/drugging-buddies, bars, and drug/alcohol paraphernalia.

___ 3. When I cannot avoid high-risk situations, I can have a plan in place of how I will deal with them, such as limiting time spent in the situation, having a trusted friend with me, etc. I anticipate barriers that might get in the way of my carrying out my Action and Safety Plans.

___ 4. I eliminate easy access to substances, such as deleting my drinking/drugging contacts on my phone and computer, removing all drugs/alcohol from my environment, etc.

___ 5. I abstain from using <u>all</u> mind-altering substance, because I know that if I use these substances, I am at higher risk for relapse of my drug of choice.

___ 6. I recognize that the "Seemingly Irrelevant Decisions" I might make can be the first step toward relapse. For example, agreeing to meet an old friend in a bar.

___ 7. I limit interpersonal conflicts and strong emotional response, and I set boundaries with those who cause me stress or are unsupportive.

___ 8. I practice my refusal skills to respond to the social pressures to use substances.

___ 9. I engage in healthy, sober activities that are incompatible with using drugs or alcohol.

___ 10. I keep recovery in the forefront of my mind to avoid complacency, and I try to engage in a positive "recovery activity" every day.

<u>I Address My Urges</u>

___ 11. I recognize my warning signs of relapse and have a Safety/Action Plan in place to counter them. I stop the "vicious cycle" before it begins so I don't get "blind-sided"

___ 12. I have a list of urge-controlling techniques and refer to the list often. When I learn a new tool or strategy, I add it to my list.

___ 13. I rate my craving intensity on a 1-10 scale and then watch the intensity rise and fall without judgment, like riding a wave. Or I allow the thought to just pass, without giving it power or too much attention since a thought is just a thought and doesn't have to be cranked-up into an urge.

___ 14. I track my urges in a journal to help identify their cause and remember how I handled the urge. I ask myself "What is triggering my craving?" I see these as problems-to-be solved, rather than as a command to use. I play "detective" and can have a compassionate curiosity and figure out what led to the relapse.

___ 15. I write about my feelings, thoughts and stressors, tying them to action plans for recovery.

___ 16. I know that I don't have to give into immediate gratification, and I have other ways to feel good, indulge myself, or celebrate. I *deserve* sobriety.

___ 17. I remind myself that I often used alcohol/drugs to avoid bad feelings, tough situations or withdrawal symptoms, and that I now have better ways to handle these without using.

<u>I Take Care of Myself Physically</u>

___ 18. I try to lead a balanced life, with time for both work and play. I engage in leisure and social activities, learn new skills, spend time outdoor, help others, and engage in meaningful activities.

___ 19. I use strategies to manage the physical triggers that affect my substance use, such as hunger, thirst, sleepiness, fatigue, stress, and pain.

___ 20. I follow a schedule which helps make life feel both more manageable and pleasurable.

___ 21. I get enough sleep, exercise, and good nutrition.

___ 22. I eliminate or limit substances that affect my physical state. (Those who give up tobacco are shown to have better recovery progress. Caffeine can cause anxiety, which triggers use.)

___ 23. I take medications that have been prescribed by my doctor and engage in alternative therapies that are helpful.

___ 24. I recognize the physical signs of stress and have relaxation tools to manage them, such as slow breathing, muscle relaxation, mindfulness activities, meditation, exercise, music, etc.

I Manage My Emotions

___ 25. I can label (name and tame) my intense feelings. I recognize the differences between my emotions and my thoughts and behaviors.

___ 26. I can tolerate and accept uncomfortable emotions, recognizing them as normal feelings that will pass. *"My negative feelings have gone away before. These too shall pass."*

___ 27. I manage emotional triggers that lead to my substance use, rather than reacting to them. I use coping statements, positive self-talk, relaxation techniques, acceptance, spirituality, recite the Serenity Prayer, or other self-soothing tools.

___ 28. I share my feelings with supportive others who do not judge, nor criticize me.

___ 29. I recognize that the way I react to others affects how they react to me. My past may drive my reactions, but I am not a destined by my past. I am assertive but not reactive.

I Examine My Thoughts

___ 30. I analyze the pros and cons of my using, and I know that the benefits of not using far outweigh the benefits of using, for myself and others, both in the short and long-term. I can remind myself of the consequences

___ 31. I pause to think before I act on my thoughts and feelings, thus leading to better outcomes. I take a "time out" when needed.

___ 32. I can change my beliefs that contribute to my substance use, particularly the "should", "musts", "wants", and preoccupation with "perfection".

___ 33. I use my CHANGE TALK to "notice", "catch", "interrupt", "anticipate", "plan for", "set positive social goals", and "tell/show others what I have learned",

___ 34. I use my Coping Cards to jump start my healthy thinking. For example, *"It is normal for my body to crave alcohol/drugs since I used to use, but I can choose to resist my cravings."*

___ 35. I recognize my automatic negative thoughts and challenge, test out and change these thoughts, avoiding "Thinking Traps". I change my negative "Internal Dialogue" and the negative words I use for myself. I am less self-critical, use positive self-statements, and view perceived threats, provocations, losses and disappointments as "problems-to-be-solved", rather than as insults and personal failures.

___ 36. I "talk back" to the emotional part of my brain by engaging the "thinking" part of my brain. I can make better decisions when I do not let my emotions hijack my thinking.

___ 37. I use my problem-solving skills and practice planning as a way to attain my short, mid, and long-term goals.

___ 38. I recognize that lapses may be part of the recovery process and that a mistake or slip, should it occur, is a learning opportunity and it doesn't mean I'm a failure. Instead, I accept the natural consequences of the slip and <u>do not let a lapse become a relapse</u>.

<u>I Reach Out to Others</u>

___ 39. I create a list of people whom I can reach out to for encouragement when I am at risk of using. When I need help, I recognize who to turn to in order to get the kind of help I need: Emotional Support, Advice and Practical Support.

___ 40. I increase my sober support network of family, friends, co-workers, and others.

___ 41. I participate in self-help groups by attending AA meetings, NA meetings, SMART Recovery, Women for Sobriety, Secular Organizations for Sobriety, or other self-help groups

___ 42. I seek information and help by connecting to others via the internet (chat rooms, blogs, recovery websites, etc.), books about recovery, and inspiring movies.

___ 43. I see my therapist, addiction counsellor, minister, or other helpful professionals.

___ 44. I have a "sober mentor" or Twelve-step sponsor.

___ 45. I am learning compassion and forgiveness of self and others. I am letting old resentments go.

___ 46. I keep a Gratitude List and actively thank people in my life.

___ 47. I remember that *"Being humble is not thinking less of yourself, but thinking of yourself less."*

___ 48. I make a GIFT of what I have learned to others and share my "story" of recovery.

___ 49. I spend time in altruistic activities, knowing that generosity is for both the receiver <u>and</u> the giver.

<u>I Cultivate Hope and a Future Outlook</u>

___ 50. I socialize with people who give me hope and encouragement

___ 51. I acknowledge the positive things I have gained by being sober, and I remind myself of how far I have come. I have faith in the future and remind myself that with sustained abstinence my brain will recover and my thinking processes will improve.

___ 52. I take "credit" for the changes I have made, taking time and pause and honor my accomplishments. I recognize the personal strengths I have that are needed to sustain my recovery.

___ 53. I take full responsibility for my recovery by taking charge of my life. I remind myself to "take one day at a time"

___ 54. I know that I am of value, and I stop thoughts of helplessness, hopelessness, or low self-worth. I have found new direction and purpose in my life.

___ 55. I use Future Imagery Procedures, mentally rehearsing how I can achieve my treatment goals.

___ 56. I use my spirituality or religion to guide me.

___ 57. I recognize that I am on a *journey*, but that I am not alone in creating a *life that is worth living*.

___ 58. I remember that being a "responsible person" means keeping my commitments and being a model for others so that they too may have hope for the future.

___ 59. I maintain hope and demonstrate the courage to change. I learned to *"keep on keeping on."* If one method doesn't work, try something else. The important thing is to keep working on my Recovery Plan.

___ 60. Other coping strategies and activities I have used. Please list what else you have done so that we can share them with others. THANK YOU.

____

____

____

CONSUMER'S GUIDELINES FOR CHOOSING A RESIDENTIAL TREATMENT CENTER (RTC)

Donald Meichenbaum Ph.D.

I have often been asked by relatives, friends and colleagues, "How can I best choose a RTC for my loved one?" This article provides Guidelines that I encourage them to follow. Imagine what the impact would be if Directors of all TRCs would have to address these questions on a regular basis or post their answers to such Frequently Asked Questions (FAQs) on their Website?

To: Director of Treatment
From: A Concerned Parent (Spouse, Client, Employer, Referring Agency)

I am considering your Treatment Center for my family member. Before I decide on a placement, I would greatly appreciate your providing me with answers to the following questions so I can make an informed decision.

I gather that critical reviews of the treatment research literature indicate that the following factors have been found to be key predictors of outcome for clients with psychiatric and substance abuse disorders. They include:

a) the quality of the therapeutic alliance that is established and maintained between clients and treatment staff;

b) the degree of client engagement and active participation in treatment;

c) the client's perception of improvement in training;

d) the inclusion of an active aftercare program that involves significant others (family members), supportive non-substance abusing peers and the development of a long-term Recovery Program;

e) the flexible implementation of a treatment package that incorporates regular feedback from outcome-driven results.

I would like to learn how your Treatment Center incorporates each of these treatment features. More specifically in terms of **Therapeutic Alliance**.

(1) How does your treatment program develop and monitor a therapeutic alliance with clients? How does your staff handle possible impasses or strains that may arise over the course of treatment?

(2) What specific client feedback measures about the quality of the therapeutic alliance does your staff regularly employ? For example, what specific Helping-alliance scales, client engagement/participation measures do you regularly obtain?

(3) Since continuity of care is so important, please share your staff turnover data and what you have done to address this issue?

(4) Since client engagement and active participation are critical to treatment outcome, what specific engagement strategies does your treatment center employ?

a) Is your staff trained and certified in using Motivational Interviewing procedures?

b) How does your staff engage clients in collaborative goal-setting and in developing a long-term Recovery Plan? (Could you please send me a copy of the Resident Handbook and of the Goal Sheets and Recovery Plan forms that clients are asked to fill out).

(5) What is your Treatment Center's policy for involving family members (significant others) from the outset and keeping them informed throughout treatment?) Policy toward visiting, phone call consultations, family therapy and the like).

In terms of **Assessment Issues**, I would appreciate your addressing the following questions.

(6) How effective has your Treatment Program been in helping clients become abstinent, or at least reducing their substance intake, and in developing a better quality of life? Please share what long-term outcome data you have collected (beyond testimonials). How do you go about collecting such follow up data on a regular basis?

(7) How do you intend to obtain long-term data from clients and from significant others. I would appreciate any reports on your treatment efficacy.

(8) I gather that the best assessment data in helping clients is to use ongoing outcome-driven feedback that is given to both clients and therapists in real-time. In this way both clients and therapists can adapt the treatment program in a flexible individualized fashion in order to reach agreed upon treatment goals. How does your treatment staff obtain such outcome-driven data and employ it in treatment? What specific assessment measures do your therapists employ and how is this information shared with all staff and the clients?

(9) How does your treatment team assess for the presence and history of polysubstance use, comorbid disorders, risk to self and others? How is this information incorporated into an integrated Case Conceptualization Model that informs treatment decision-making?

(10) How does your treatment staff assess for the "rest of the story", namely, the client's strengths, evidence of resilience, values, interests, talents, and how are these incorporated into the treatment plan? How does your staff explicitly nurture hope in clients, significant others, and staff?

(11) How does your staff employ a life-span perspective and assess for early victimization and trauma exposure? If such developmental events are identified, how do you incorporate this into the client's treatment program? What specific trauma-focused interventions do you use and how do you integrate them with the treatment of substance abuse?

In terms of **treatment issues** I would appreciate your addressing the following questions.

(12) What is the weekly treatment schedule? Please indicate how each of these various activities have some evidence-based or empirical support for clients with comorbid disorders? How will engaging in these activities help with long-term recovery? Any evidence for this?

(13) How does your staff provide integrative (as compared to sequential or parallel) treatment approaches for clients with dual diagnosis? Has your treatment team adapted and been trained in any specific evidence-based integrative treatment procedures? Which programs?

(14) How do you ensure that your treatment staff communicate regularly and convey a similar treatment message to clients and significant others?

(15) Most importantly, when your treatment staff train clients on a variety of intrapersonal and interpersonal coping skills, how do you ensure that the staff has incorporated generalization guidelines designed to improve the likelihood of transfer and maintenance of the treatment effects? In short, what explicitly does your staff do besides "train and hope" for generalization and maintenance of treatment effects?

(16) What specific coping skills does your treatment team teach? How do you go about deciding which skills should be taught and nurtured ("tailored") with which clients?

(17) When psychotherapies are provided, either individual, group or family, what specific approaches are used? Is this left up to the individual psychotherapist or is there one general psychotherapy approach at your Treatment Center? What is the psychotherapeutic approach and how do you evaluate its effectiveness?

(18) Given the high incidence of lapses and relapses, how does your treatment team incorporate relapse prevention training? How do you work with clients to develop and maintain a life of sobriety, a balanced life-style and a high quality of life that is drug free?

(19) How are your various treatment interventions culturally and gender sensitive? How do you incorporate the client's cultural background, rituals and values into treatment? Do you conduct any gender-specific treatment programs? Please describe them.

(20) How do you incorporate spiritually-based interventions, such as 12 Step AA programs into your treatment program? How do you explicitly facilitate such AA programs in order to increase the likelihood that client's will continue his or her participation, once he/she leaves the Treatment Center? Are such AA meetings on campus or off campus? How do you monitor the quality of these meetings? What percentage of the week's activities are devoted to AA meetings?

(21) How do you incorporate psychotropic medications as part of your treatment program? How do you go about educating clients about their medication, systematically assess for possible side-effects and efficacy, and ensure that the client "takes credit" (makes self-attributions) about what the medication has allowed him/her to achieve in terms of their treatment goals? Since I raised the issue of medication, what is your Treatment Center's policy about smoking and how do you handle clients who feel addicted to cigarettes?

(22) How does your treatment program conduct an assertive after-care program with follow up, as well as contact with recovery programs in the client's natural environment? What specifically, do you do in the form of follow-up contracts, assessments and ongoing contacts? Moreover, are there any additional charges for such aftercare activities, or is this service included in the initial treatment fees?

(23) How do you explicitly address the needs of your staff at the individual, collegial and organizational levels in order to avoid burnout, vicarious traumatization and to ensure their professional development?

I realize that this is a long list of comprehensive questions, but I am sure you will understand my desire to make the best, most informed decision concerning our loved one. If you were in my shoes, I am certain you would want to thoughtfully address each of these areas of therapeutic alliance, assessment procedures, treatment effectiveness, and various features of the treatment program in order to make an informed decision.

Thank you for your careful consideration of each of these questions, and I look forward to meeting you and discussing a possible placement at your setting.

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TITLE: TREATING INDIVIDUALS WITH ADDICTIVE DISORDERS: A STRENGTHS-BASED WORKBOOK FOR PATIENTS AND CLINICIANS

(Routledge Publisher)

AUTHOR: DONALD MEICHENBAUM, PH.D.

CHAPTER 1. THE STORIES WE TELL

This Chapter introduces a Constructive Narrative perspective of addictive behaviors and the role that patients' "story-telling" play in contributing to both relapses and abstinence. It discusses what individuals have to tell themselves and tell others, in order to become addicted and to recover. Included are a list of Websites where Patients can listen to Recovery Stories of individuals who have been able to reduce substance abuse and develop a drug-free balanced life-style. Throughout the Workbook are included example Case Studies of the CHANGE TALK Recovery Stories.

CHAPTER 2. PSYCHO-EDUCATION: WHAT YOU NEED TO KNOW ABOUT ADDICTIONS

A protective factor against relapse is an understanding of how the brain gets addicted, and also developmental influences that contribute to vulnerability to addictions, both of which are presented in a non-technical manner. A discussion of how the body keeps score of both negative and protective factors nurtures the patient's HOPE. Finally, a CLOCK metaphor is offered to help individuals better appreciate how their feelings, thoughts and behaviors interact and ways to break the" vicious loss spiral cycle" that addicts engage in.

CHAPTER 3. COLLABORATIVE GOAL-SETTING: WAYS TO NURTURE HOPE

This Chapter discusses how individuals can develop SMART treatment goals (Specific, Measurable, Attainable, Relevant, Timely) that nurture HOPE which is critical in engaging patients in their journeys toward recovery and abstinence. A major focus is on the critical role of establishing, maintaining and monitoring the quality of the therapeutic alliance. The Reader is directed to Appendix A that critiques "what works" in the treatment of patients with addictive and co-occurring disorders. This discussion helps patients and significant others become critical consumers and learn how to avoid HYPE in the field of treatment of addictions.

CHAPTER 4. WAYS TO STRENGTHEN YOUR EMOTIONAL COPING TOOLBOX

One of the major triggers for using substances are a host of negative emotions. This Chapter discusses ways to self-regulate such negative emotions by use of self-soothing, tolerating and accepting them. How to employ such techniques as relaxation tactical breathing and mindfulness activities are discussed. Specific practical Worksheets are included in order to engage the readers. A companion discussion of ways to use Opponent Processes (INSTEAD behaviors), and ways to increase positive emotions are included, as well.

CHAPTER 5. WAYS TO STRENGTHEN COGNITIVE COPING TOOLBOX

We are each "homo narrans", or "story-tellers". This Chapter enumerates what individuals have to tell themselves and to tell others in order to engage in high-risk self-injurious substance abuse. Included is a discussion of the role of " thinking traps" and "twisted thinking" that justify substance abuse. The Chapter explains how to use re-thinking skills, the principles of Motivational Interviewing that evoke CHANGE TALK and the recovery language of possibilities and becoming. A "Recovery Voice" case study illustrates ways to implement these cognitive coping skills.

CHAPTER 6 WAYS TO STRENGTHEN YOUR INTERPERSONAL TOOLBOX

The opposite of addiction is NOT Sobriety, but Connection. With this observation in mind, this Chapter discusses ways that readers can take stock of their social network of support for their journey to recovery. Specific interpersonal skills, such as communication and refusal skills, ways to handle conflicts, and ways to develop and maintain supports are discussed. Specific Exercises and Worksheets are included that individuals can deliberately practice and implement in order to develop a Sobriety Script. A set of Discussion Starters are included that underscore the main themes of this and other Chapters.

CHAPTER 7. SPIRITUAL AND RELIGIOUS MEANING-MAKING ACTIVITIES

The major way individuals with various types of addictive behaviors receive treatment is to use some form of mutual peer self-help group such as Twelve Step AA program, This Chapter discusses the history of AA and its relative effectiveness. A 58 Item self-assessment Checklist of AA activities is provided so clinicians can use to determine the level of patient engagement in

AA activities. Other non-professional peer -based interventions such as SMART RECOVERY are discussed. Finally, a variety of spiritually-oriented interventions such as forgiveness, compassion and gratitude are considered. A "Recovery Voice" case example illustrates these interventions in action.

CHAPTER 8. ATTENDING TO YOUR PERSONAL CLINICAL NEEDS: WAYS TO BOLSTER RESILIENCE

Clinical teams need to recognize that the patients they treat have many practical and clinical needs that go well beyond their addictive behaviors . In some 80 % of addicted patients, they have co-occurring psychiatric disorders that require attention. But, it is also important to incorporate into the treatment protocol the patient's individual and cultural resources ("in spite of behaviors"), and resilient strengths. The Chapter uses a life-span (Time Lines) approach in developing a customized collaboratively-generated treatment plan. The final "Recovery Voice" case study describes how patients can fill the "vacuum" free time) that abstinence creates.

CHAPTER 9. RELAPSE PREVENTION SKILLS

The story of addictions treatment is often one of lapses and relapses. This Chapter discusses ways that individuals can develop relapse prevention skills in the form of creating a risk diary, learning ways to handle urges and cravings, as well as lapses, so they do not escalate into full-scale relapses. A detailed list of possible triggers (for example, drug materials), negative and positive emotions, and thought patterns are enumerated for self-assessment purposes. A "Recovery Voice" case illustrates the way to create a Sobriety Script and how to plan ahead in order to anticipate and address potential challenges and barriers to recovery.

CHAPTER 10. ACTIVE AFTERCARE

This Chapter discusses ways to implement an Active Aftercare program, using a Case Manager who can conduct follow-up contacts and evaluations. A discussion of how to make amends when indicated, and how to be vigilant about the influence of "enablers" are addressed. The patient is invited to fill out a 49 item self-assessment Checklist of what they

learned from this Patient Workbook that they can use and share with others. Putting patients in a consultative role where they can describe, and offer reasons why they will use their coping skills increases the likelihood of achieving lasting changes. Finally, if additional treatment is indicated, the reader is directed to Appendix C that provides specific criteria (questions to be asked) when choosing a Treatment Center and a therapist.