

Counselor's Treatment Manual

*Matrix Intensive Outpatient
Treatment for People With
Stimulant Use Disorders*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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www.samhsa.gov

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1 Choke Cherry Road
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V. Relapse Prevention Group

Introduction

Goals of Relapse Prevention Group

- Allow clients to interact with other people in recovery.
- Alert clients to the pitfalls of recovery and precursors of relapse.
- Give clients the strategies and tools to use in sustaining their recovery.
- Allow group members to benefit from the long-term sobriety experience of the recovering co-leader.
- Allow the counselor to witness the personal interactions of clients.
- Allow clients to benefit from participating in a long-term group experience.

Session Format and Counseling Approach

New Member Introductions

Each 90-minute Relapse Prevention (RP) group meeting begins with new members introducing themselves and giving a brief description of their substance use history. This description should not be detailed or graphic, nor should it be a litany of “war stories.” New members provide basic information such as type of substances used and their reasons for entering treatment. Clients who ramble or provide unnecessary substance use details should be prompted gently to finish their introduction.

Topic Presentation and Discussion

Following the introductions and during the first 15 minutes of the session, the counselor presents a specific topic in a casual, didactic manner. The counselor then opens up the topic

for discussion by the group for 45 minutes. Over the first hour of the meeting, the counselor ensures that all the important aspects of the topic are covered and that premature digressions from the main topic are avoided. Clients with concerns or questions unrelated to the topic can be assured that the final 30 minutes of the group meeting will be devoted to issues that individual clients are struggling with. The counselor wraps up the discussion period with a reiteration of the session topic and the important issues relevant to it.

Open Discussion

During the last 30 minutes of each group session, the counselor asks clients whether they have had any recent problems or whether they wish to bring up any matters. Individual clients, particularly those who have been having problems or those who have not participated in the group session, should be encouraged to participate. General questions that usually evoke a response include the following:

- How are things going?
- Are there any new developments with the problem you brought up last time?
- Have you had any cravings?
- If so, how did you handle them?
- How are you planning to stay abstinent this week?

End of Session

The counselor ties up loose ends, summarizes the discussion, and acknowledges any unresolved issues. Discussion of these issues can be carried over to the next meeting. The counselor can ask clients who during the session mentioned cravings or who appear troubled, angry, or

depressed to stay afterward to talk briefly and to schedule them for individual sessions as soon as possible. All sessions should end on a positive note and with a reminder that what is said in group *stays* in group and a commitment by clients to attend the next RP group meeting.

Special Considerations

Clients who are quiet and uncommunicative may be concealing issues that should be elicited and discussed.

The group provides an opportunity for clients to solicit input from and give encouragement to other group members. The counselor should ask for comments from all clients on the issue being discussed, especially if particular group members have coped with the issue. For example, clients who have moved beyond the protracted abstinence period could be asked to describe how they handled problems they encountered during that time. The counselor should not, however, relinquish control of the group or promote directionless crosstalk about how each person feels about what the others have said. The counselor must maintain the group's focus and direction and be ready to redirect discussions that are moving into redundancy, irrelevance, inappropriateness, or volatility.

The recovering co-leader can be a positive role model, reinforce suggestions, and share advice from experiences. Rather than lecture or talk down to the group, the recovering co-leader should speak in the first person about his or her experiences. The recovering co-leader may be effective in instances where clients are resistant to the counselor's input. In such cases, the co-leader's discussion of what worked for him or her may be offered in a "for what it's worth" manner, with the aim of providing a strategy that worked for one person and the encouragement that comes with knowing that others have succeeded.

Balancing Group Cohesion With Excessive Interdependence

Along with 12-Step or other mutual-help meetings, the RP group is the most consistent element of Matrix treatment. Each of the initial 16 weeks of treatment features an RP group meeting on Monday and Friday. The frequency and intensity of these group meetings foster interdependence among clients. The resulting bonding and cohesion can support and motivate clients and help sustain treatment involvement. However, balancing clients' responsibility to their fellow group members with the need to take charge of their own recovery can be tricky. The counselor needs to ensure that clients gain support and encouragement from the group without developing exclusive dependence on the group for their abstinence and recovery. Each client should view recovery as a personal achievement that has been supported and encouraged by other group members. If several group members experience relapse, the independence of each client's personal recovery can help prevent relapse contagion, in which relapse seems to spread from member to member of a group like an infectious disease.

The camaraderie and cohesion of an RP group are extremely valuable to the treatment process. However, clients should be cautioned against treatment program romances and outside involvement with other group members (e.g., entering into a business relationship). When they start treatment, clients must sign an agreement to avoid intense relationships outside group. The counselor should remind clients of this agreement and discuss with them the rationale for prohibiting intense personal involvement between group members. If two clients are becoming inappropriately involved, the counselor should meet with them briefly after group to remind them that such relationships are discouraged and to discuss appropriate ways that the clients can handle the situation.

In the first few months of recovery, the main forums for social support in the context of the Matrix method are the RP group and outside spiritual and mutual-help support groups. Clients should be encouraged to find a long-term support system through their involvement in these groups. By attending meetings and socializing with 12-Step members, recovering clients will be able to find a sponsor to help guide their recovery as well as make recovering friends with whom to pursue substance-free activities. To build a vital support system that will help them avoid relapse, clients in early recovery need to expand their network of support beyond the people they meet in treatment to include people with longer term abstinence.

Handling Troublesome Client Behaviors

At times, the counselor may need to intervene assertively in response to specific types of client behavior in the group. This intervention may consist of quieting a client, limiting a client's involvement in the group, or removing a client from the group. Below are some strategies for handling troublesome client behaviors.

Behavior: Occupying too much session time with an issue that has been addressed.

Intervention: Politely suggest that it is time to allow others to discuss their issues and move on.

Behavior: Arguing in favor of behavior that is counter to recovery (e.g., using, dropping out of group, using self-control instead of avoiding triggers) after receiving repeated feedback.

Intervention: Point out the futility of these sorts of approaches in light of the realities of addiction and the experience of others. If the client continues along the same lines, ask him or her to listen and not to speak for the remain-

der of the group; this client's concerns should be discussed individually after the group meeting.

Behavior: Making threatening, insulting, or personally directed remarks; behaving in a manner obviously indicative of intoxication.

Intervention: Take the client out of the group, and let the recovering co-leader lead the group. Have a brief individual session with the difficult client, or have another counselor intervene. Be sure that the client has calmed down before leaving him or her. Arrange for transportation home, if the client cannot drive or get home safely.

Behavior: Having a general lack of commitment to treatment, as evidenced by poor attendance, resistance to treatment intervention, disruptive behavior, or repeated relapses.

Intervention: Reassess and adjust the treatment plan in an individual or conjoint session with the uncommitted client. If the client agrees not to show up intoxicated or engage in inappropriate behavior, he or she can be allowed to attend the meeting but should be asked to listen and not to speak. The client should be given some discussion time at the end of this session, contingent on appropriate behavior.

Addressing Drug Dreams During Recovery

It is not unusual for clients in recovery to have frequent and intense dreams about substance use. The counselor should reassure clients that these dreams—which can be frightening—are a normal part of recovery. Stimulant use interferes with normal sleep patterns; when people stop using substances, vivid dreams are part of the brain's recovery process. Intense dreams of substance use can produce feelings that persist into the waking day and can act as triggers for use. Clients who have detailed dreams about

using should be alert to the added risk of relapse during the ensuing day. The counselor should encourage clients to express their concerns about drug dreams during the open discussion period of RP sessions. However, clients should be discouraged from describing their dreams of using in detail because they may act as triggers for other clients. If, during a group session, a client mentions having dreamed about using substances, the counselor should have clients look at handout RP 33—Drug Dreams During Recovery and go over it with them. The handout discusses how drug dreams affect early (0–6 weeks), middle (7–16 weeks), and late (17–24 weeks) recovery and provides some suggestions to help clients address the issue of drug dreams. This handout also can be used to supplement RP sessions that focus on triggers and cravings (e.g., sessions 3, 9, 11, 13, 16, 18, and 21).

Rational Brain Versus Addicted Brain

The RP group session descriptions use the metaphorical struggle between a client's *rational brain* and *addicted brain* as a way to talk about recovery. The terms rational brain and addicted brain do not correspond to physiological regions of the brain, but they give clients a way to conceptualize the struggle between the desire to stay committed to recovery and the desire to begin using stimulants again.

Adapting Client Handouts

Client handouts are written in simpler language than the session descriptions for counselors. The client materials should be understandable for someone with an eighth grade reading level. Difficult words (e.g., *abstinence*, *justification*) are occasionally used. Counselors should be prepared to help clients who struggle with the material. Counselors should be aware that handouts will need to be adapted for clients with reading difficulties.

Session Descriptions

Pages 92 through 165 provide structured guidance to the counselor for organizing and conducting the RP group sessions. Figure V-1 provides an overview of the RP sessions.

Following the presentation of the 32 RP sessions are descriptions of 3 elective sessions that can be used as substitute sessions whenever the counselor deems appropriate. For example, Elective Session B addresses the difficulties clients may face around major holidays, such as Christmas or the Fourth of July. The counselor may wish to substitute this session for 1 of the 32 regular sessions if a holiday is approaching. The handouts indicated in all the RP session descriptions are provided after the session descriptions for the counselor's use and are duplicated in the *Client's Handbook*.

Figure V-1. Relapse Prevention Sessions Overview			
Session Number	Topic	Content	Pages
1	Alcohol	Clients learn how alcohol can jeopardize recovery. Clients discuss and plan for situations in which they are likely to drink.	92–93
2	Boredom	Clients learn that boredom in recovery is to be expected and will diminish over time. Clients discuss activities to help alleviate boredom.	94–95
3	Avoiding Relapse Drift	Clients learn about relapse drift and discuss things that anchor their recovery.	96–97
4	Work and Recovery	Clients learn how their work life affects their recovery and explore ways to balance work and recovery.	98–99
5	Guilt and Shame	Clients learn to distinguish between guilt and shame and discuss ways to cope with each.	100–101
6	Staying Busy	Clients learn that idle time can be a trigger and discuss how scheduling activities can help them avoid relapse.	102–103
7	Motivation for Recovery	Clients learn that the same motivation that brought them to treatment may not sustain them. Clients discuss new motivations and strategies for staying abstinent.	104–105
8	Truthfulness	Clients learn that although truthfulness is not always easy, it is integral to successful recovery. Clients discuss the consequences and benefits of always telling the truth.	106–107
9	Total Abstinence	Clients learn that substance use of any kind will cloud their decisionmaking and endanger recovery. Clients discuss changes they must make to eliminate all substance use.	108–109
10	Sex and Recovery	Clients learn that impulsive sex can be a form of dependence and can lead to relapse. Clients discuss the ways that stable relationships can contribute to recovery.	110–111
11	Anticipating and Preventing Relapse	Clients learn to recognize the warning signs of relapse and explore strategies for avoiding relapse.	112–113
12	Trust	Clients learn the necessity of restoring lost trust and discuss ways to cope with being suspected of continued substance abuse.	114–115
13	Be Smart, Not Strong	Clients learn that recovery is not a test of will but of commitment and smart planning. Clients discuss the efficacy of their approach to recovery.	116–117

Figure V-1. Relapse Prevention Sessions Overview
(continued)

Session Number	Topic	Content	Pages
14	Defining Spirituality	Clients explore the difference between spirituality and religion and discuss ways that spiritual beliefs can support recovery.	118–119
15	Managing Life; Managing Money	Clients identify aspects of their life that have been neglected and explore ways to manage their lives responsibly.	120–121
16	Relapse Justification I	Clients learn about relapse justification. Clients discuss justifications to which they are susceptible and formulate plans to counter them.	122–123
17	Taking Care of Yourself	Clients learn the importance of self-esteem to recovery and explore aspects of their lives that require change.	124–125
18	Emotional Triggers	Clients learn that emotions can act as triggers and discuss tools that will help them avoid dangerous emotions.	126–127
19	Illness	Clients learn that becoming ill can be a trigger and discuss ways to keep their recovery on track when they are sick.	128–129
20	Recognizing Stress	Clients learn the threat that stress poses to recovery. Clients discuss how to identify and cope with stressful situations.	130–132
21	Relapse Justification II	Clients learn that moving closer to relapse (e.g., to test the strength of their recovery) is dangerous. Clients explore strategies to resist relapse justifications.	133–135
22	Reducing Stress	Clients are reminded that stress can endanger their recovery and discuss strategies to reduce stress.	136–137
23	Managing Anger	Clients learn that anger can be a trigger. Clients discuss ways to recognize and address a buildup of anger.	138–139
24	Acceptance	Clients learn that accepting their substance use disorder is not a sign of weakness. Clients explore strengths to rely on.	140–141
25	Making New Friends	Clients learn that abstinent friends can support their recovery. Clients discuss people who can serve as supportive friends and how to meet them.	142–143

Figure V-1. Relapse Prevention Sessions Overview
(continued)

Session Number	Topic	Content	Pages
26	Repairing Relationships	Clients learn the importance of making amends and discuss how to address people who refuse to forgive them.	144–145
27	Serenity Prayer	Clients learn to distinguish between things that can be changed and those that cannot. Clients discuss things in their lives that they will change.	146–147
28	Compulsive Behaviors	Clients learn what compulsive behaviors are and how they can endanger recovery. Clients discuss ways to recognize and eliminate compulsive behaviors.	148–149
29	Coping With Feelings and Depression	Clients learn to recognize their emotional responses, especially signs of depression. Clients explore strategies for coping with depression.	150–152
30	12-Step and Mutual-Help Programs	Clients learn how 12-Step and mutual-help programs support recovery. Clients explore the variety of 12-Step and mutual-help programs available.	153–155
31	Looking Forward; Managing Downtime	Clients learn that boredom can be a relapse trigger. Clients discuss ways to break the monotony of recovery.	156–157
32	One Day at a Time	Clients learn to avoid feeling overwhelmed by the past and explore strategies for focusing on the present.	158–159
Elective Session A	Client Status Review	Clients learn that establishing a regular pattern of self-review will help support recovery. Clients discuss areas in which they need to improve.	160–161
Elective Session B	Holidays and Recovery	Clients learn that holidays pose risks for recovery and discuss ways to alleviate the added stress that comes with holidays.	162–163
Elective Session C	Recreational Activities	Clients learn how new hobbies and pursuits can help support recovery. Clients discuss old hobbies they would like to pick up again or new pursuits they wish to try.	164–165

Session 1: Alcohol

Goals of Session

- Help clients understand that alcohol is a substance whose use can jeopardize recovery.
- Help clients identify the situations in which they are most likely to drink.
- Help clients plan for those situations so they can remain abstinent.

Handout

- RP 1—Alcohol

Presentation of Topic (15 minutes)

1. *Understanding the Effects of Alcohol on the Brain*

Because alcohol affects the rational, reasoning part of the brain, people who are drinking are especially ill equipped to evaluate the detriments of drinking and the benefits of quitting. Drinking also lessens people's inhibitions and makes them feel less self-conscious, more sociable, and more sexual. Some clients will have to address the fact that they have used alcohol to make themselves feel comfortable in social situations. Some clients may have to address the fact that sexuality is linked with alcohol for them. Clients who are accustomed to consuming alcohol in social or sexual situations may find that, for a time, these activities are uncomfortable without alcohol.

2. *Being Alert for External and Internal Triggers for Drinking*

Alcohol consumption is a significant and pervasive part of U.S. culture. Clients who are trying to stop using alcohol face a difficult struggle. External triggers bombard clients; consumption of alcohol is assumed to be the norm, especially at social functions and celebrations. It is hard for clients to go through a typical day without coming across many reminders—both cultural and personal—of alcohol. Advertisements, movies, and TV shows link drinking with being happy, popular, and successful. Clients encounter colleagues, friends, and family members with whom they used to drink and pass by bars or liquor stores that they used to frequent.

Internal triggers also pose problems for clients. Depression, anxiety, and loneliness are all characteristic of recovery. These emotional states also are cues to drink for many people. Facing the emotional fallout from quitting other substances, clients feel justified in turning to alcohol to “relieve” their mental state. It is difficult for clients to realize that alcohol may be responsible for their depression or other emotional problems.

3. *Preparing for Situations Involving Alcohol*

Drinking often accompanies certain activities: wine with dinner, a beer at the game, a drink after work. Alcohol also is integral to celebrations such as parties and weddings. For some clients, alcohol seems to be an inextricable part of these activities; they cannot conceive of enjoying certain activities without drinking. Not drinking may mean that clients feel left out of the fun, less cool. It is important for clients to know that they will have these feelings and to prepare for them. Clients should be encouraged to think about ways of celebrating that do not involve alcohol. If they know that being around others who are drinking will make them feel left out, clients should avoid such situations until their recovery is well underway.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 1—Alcohol.
- Ask clients who already have covered the material to recall the discussion of triggers from Early Recovery Skills (sessions 2 and 3) and share what they learned about external and internal triggers with the group. The recovering co-leader can share his or her experiences with triggers.
- Ask clients to discuss what people, places, situations, and mental and emotional states act as triggers for them.
- Survey clients' success at stopping drinking. How many have tried? How many have succeeded?
- Ask clients to recall a time when they saw that someone else's judgment was affected by drinking. What does this tell them about their ability to make smart decisions about recovery while they still are drinking?
- Encourage clients to discuss ways they have become dependent on alcohol in social situations. (Note: Although it is important for clients to discuss their experiences, the counselor should ensure that clients do not detour into elaborate descriptions of substance use that could act as triggers.)
- Ask clients how they can prepare themselves for situations in which they formerly used alcohol.
- Urge clients to think about situations to avoid if they are to remain abstinent.
- Ask clients what changes they can make in their celebrations with family and friends to remain abstinent.

The counselor should end this portion of the group session by reassuring clients that everyone who stops drinking must work through the same difficulties. The longer clients are abstinent, the easier it will be for them to manage these difficult situations.

Open Discussion (30 minutes)

Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Homework

To prepare for abstinence, instruct clients to use their journal or pages 6 and 7 of their *Client's Treatment Companion* to solidify their plans. Ask clients to write down situations that pose the greatest threat to their sobriety and, for each situation, detail three alternatives to help them avoid drinking.

Session 2: Boredom

Goals of Session

- Help clients understand that boredom poses a risk to their recovery.
- Help clients understand that the situation will improve with time.
- Help clients identify new activities and techniques that will help them through their boredom.

Handout

- RP 2—Boredom

Presentation of Topic (15 minutes)

1. *Understanding the Risk Boredom Poses*

Boredom is a precursor to relapse. For many clients, boredom is a trigger: when they were bored, they would use. Unless clients take some action, the boredom—and the relapse risk that accompanies it—will not dissipate. To have a successful recovery, clients must continue to make progress. Standing still can mean losing ground. Clients need to take action to combat the inertia that boredom represents.

2. *Understanding the Reasons for Boredom*

Some of the boredom clients feel can be attributed to the shift from a substance-using to a substance-free lifestyle. When contrasted with the emotional highs and lows of substance use, an abstinent life can seem dull. The brain still is adjusting to the lack of substances. While the brain heals, clients may feel listless or bored. The period from 2 to 4 months into recovery (known as the Wall) is often characterized by emotional flatness and boredom. Finally, the structure clients must impose to have a successful recovery may not offer them the short-term emotional rewards of a substance-using lifestyle.

It is important for clients to know that, as their body and mind adjust to recovery, boredom will become less of an issue.

3. *Addressing Boredom*

There are several ways clients can reduce feelings of boredom. The skills clients learn in the Early Recovery Skills group can be put to use. For example, scheduling every hour of every day helps clients identify unplanned sections of time that can be used to explore interesting activities. Starting new hobbies or picking up interests that were abandoned while clients were using is a good way to defeat boredom. Some clients schedule something that they can look forward to: a long weekend, a visit with family, a concert, a movie. It also may help clients to discuss their feelings of boredom with a spouse, loved one, or trusted friend. Starting new friendships with substance-free people met through 12-Step or mutual-help groups also can help alleviate clients' boredom. (The counselor should remind clients that intense personal involvements—including romantic or sexual relationships—among group members are discouraged.)

The danger of boredom during recovery is that it encourages clients just to float along. Before they know it, clients can drift from abstinence into relapse. The most important thing clients can do is take an

active role in their recovery. Engaging in some kind of process and working toward a goal—taking up a hobby, planning a vacation, starting a friendship—also help clients move toward their recovery goals.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 2—Boredom.
- Ask clients whether they are having trouble with boredom. When did they first notice it?
- Ask what actions clients have taken to counter boredom.
- Ask the recovering co-leader to share his or her experiences with boredom.
- Ask clients to list new activities they have tried or might try to help them during recovery. How have these activities affected or will they affect their recovery?
- Survey the clients to learn how many are scheduling activities. Ask them to share how scheduling has helped them.
- Ask clients what kinds of activities they can plan and anticipate to help them counter boredom.
- Remind clients that although structure is important to recovery, sometimes boredom results from too *much* routine. People who are stuck in a boring rut can be heading toward relapse. Boredom can indicate that clients are not challenging themselves enough in their daily lives. Encourage clients to try new things that will advance their personal growth and bolster their recovery.
- Ask the recovering co-leader to share with clients the activities and techniques that helped him or her defeat boredom.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients keep a record of their emotional states, staying vigilant for signs of boredom.

Session 3: Avoiding Relapse Drift

Goals of Session

- Help clients understand the process of relapse drift.
- Help clients identify things in their lives that are anchoring their recovery.
- Help clients identify things that must be avoided because they threaten to send clients into relapse drift.

Handouts

- RP 3A—Avoiding Relapse Drift
- RP 3B—Mooring Lines Recovery Chart

Presentation of Topic (15 minutes)

1. Understanding How Relapse Drift Can Lead to Relapse

In the group session on boredom (RP session 2) clients learned that boredom can be a sign that they are not taking an active role in their recovery, that they are just going with the flow. Relapse drift is the process by which people slide from abstinence to relapse without even realizing what is happening. A useful comparison is that of sailors who anchor a boat before going to sleep below decks. If the anchor is not properly set, the boat will drift away during the night; the sailors wake up to find they are in unfamiliar waters, far from their safe anchorage.

Although relapse may feel like a sudden occurrence—an unforeseeable disruption of recovery—often it is the result of a gradual movement away from abstinence that is so subtle clients can explain it away or deny responsibility for it. Relapse rarely occurs without warning signs. Clients need to remain vigilant for signs of relapse. (In Early Recovery Skills session 7, these early warnings of relapse were referred to as addictive behaviors.)

2. Understanding the Importance of Mooring Lines

People who are successful in recovery find ways to remain abstinent. Pursuing certain activities or avoiding certain people and situations becomes essential to maintaining recovery. Identifying these recovery-supporting behaviors and checking to make sure they are in place also are essential to maintaining abstinence. These recovery-supporting behaviors are the “mooring lines” of people in recovery. They keep clients anchored in recovery and alert them to the first signs of relapse drift. Clients need to examine their recovery process and identify their mooring lines. Doing so allows them to list and monitor the things that are anchoring their recovery.

3. Monitoring Mooring Lines

To monitor their mooring lines, clients need to identify them and list them as specifically as possible. Merely listing “Exercise” is not as helpful to the client as listing “Ride bike for at least 30 minutes, 4 times a week.” Likewise, listing a friend as a mooring line is not as helpful as writing “Talk on the phone with Louisa once a week.” Clients should avoid listing attitudes or things that are not quantifiable as

mooring lines. Although a feeling of optimism may help clients stay abstinent, it is not easy to monitor. The goal is to have clients make a list of activities or behaviors whose presence or absence they can note. Detailed, concrete listings give clients better indications of whether their mooring lines are secure.

Handout and Focused Discussion (45 minutes)

Clients should be given time to read handout RP3—Avoiding Relapse Drift and complete handout RP3B—Mooring Lines Recovery Chart before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 3A—Avoiding Relapse Drift. Cover any aspects of the topic that were not addressed in the didactic portion of the session.
- Go over handout RP 3B—Mooring Lines Recovery Chart. Give clients 5 to 10 minutes to complete this chart.
- Ask clients to share the activities, behaviors, and people they identified as mooring lines.
- Have clients explain how one of their mooring lines helps keep them abstinent and secure in their recovery.
- Ask the recovering co-leader to share his or her experience with mooring lines. Have they stayed the same over time? Or has the co-leader added new mooring lines as recovery has progressed?
- Ask clients to share the activities, behaviors, and people they must avoid if their recovery is to remain anchored.
- Ask clients how often they will check their mooring lines. It is recommended that they check them at least weekly.
- Review with clients the steps they can take if they realize that more than two of their mooring lines are missing and they are drifting toward relapse.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Instruct clients to check their mooring lines once before the next RP session.

Session 4: Work and Recovery

Goals of Session

- Help clients understand how their work life affects their recovery.
- Help clients examine possible solutions to problems that work poses to their recovery.

Handout

- RP 4—Work and Recovery

Presentation of Topic (15 minutes)

1. *Understanding Conflicts Between Work and Recovery*

Recovery takes a total commitment from clients, yet few people can afford to ignore their jobs or stop job-hunting and focus solely on their recovery. As a result, many clients experience conflicts between employment issues and recovery. Some conflicts may be difficult to resolve; it is important to acknowledge conflicts that exist and work toward solutions.

2. *Finding Balance Between Work and Recovery*

Although the four work situations on the handout RP 4—Work and Recovery are very different, some general principles can help clients address them. Because treatment must coexist with work, clients may have to find ways to cut back on their work commitments to incorporate all the activities and demands of recovery. Finding this balance may require employees to request that their work schedules be adjusted.

Clients who are in jobs that contributed to their substance use problem (e.g., where other people use substances or where the client is paid in cash) face a dilemma. Clients may feel that it is better to quit such a job, yet major change or upheaval is not recommended during the first 6 months to a year of recovery. Unemployment may seem preferable if the job poses risks to relapse. However, without the structure of and income from work, clients may have difficulties committing to recovery.

Although it is unpaid, recovery is work in a real sense. And recovery may be more important to clients' happiness and success than their paying work. Clients should be encouraged to devote as much time and effort as they can to their recovery.

Handout and Focused Discussion (45 minutes)

Clients should be given time to read the handout before the discussion begins. The handout is primarily a tool for discussion. The counselor encourages clients to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 4—Work and Recovery.
- Ask clients to share which of the work situations best fits them. Are there other situations that are not listed on the sheet that apply?

- Ask what compromises and changes clients have made to find time for recovery.
- Ask the recovering co-leader to share his or her experience with balancing work and recovery. Has striking that balance gotten easier as recovery has progressed?
- Allow clients to debate the pros and cons of leaving a job that is obstructing recovery.
- Ask clients whether they have worked with their bosses or their company's employee assistance program to make it easier to commit to treatment activities.
- Ask whether there are clients in the group who opted for intensive outpatient treatment over inpatient treatment because of the demands of their jobs.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Ask clients to examine their commitment to recovery and come up with two new strategies for effectively balancing work and recovery.

Session 5: Guilt and Shame

Note: This topic should not be used when there is a client attending his or her first RP group session. If there is a client new to the group, the counselor should choose a different topic for the session so that a new member is introduced to the group with a less daunting subject.

Goals of Session

- Help clients understand the difference between guilt and shame.
- Help clients learn strategies for coping with guilt and shame.

Handout

- RP 5—Guilt and Shame

Presentation of Topic (15 minutes)

1. Differentiating Guilt From Shame

Guilt refers to feeling bad about things one has done or failed to do. For example, one might feel guilty for cheating on a spouse or for neglecting to keep promises to a child. Shame goes beyond a response to a specific action or behavior. Shame means feeling bad about who one is—a belief that one is defective or unworthy.

Feelings of guilt and shame are often part of people's responses to substance abuse. But it is important for clients to distinguish between the two. Guilt can be a useful reaction in recovery, indicating to clients that they have done something that goes against their value system. Guilt can motivate clients to seek forgiveness and make amends for the pain and trouble they have caused others. However, if clients are convinced they are bad people, they may feel unworthy of recovery and feel that they have a license to use substances. Shame can be an impediment to abstinence.

2. Addressing Feelings of Guilt and Shame

Both guilt and shame can erode a client's self-esteem and self-confidence. Focusing on negative feelings can cause clients to turn to substance use to alter their mood or to escape. Clients should be reminded that their substance abuse is not related to their being bad or weak. To stay abstinent, clients need to be smart and work hard, and part of being smart and working hard is understanding their feelings. What things do they feel guilty about? What has contributed to their feelings of shame? Clients may need time to work through feelings of guilt and shame. Clients need to give themselves time to feel better about themselves and their behaviors. Talking about feelings of guilt and shame also may help clients, as can making amends.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their

responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 5—Guilt and Shame.
- Ask clients to list the things that they feel guilty for doing and for neglecting to do.
- Remind clients that it is all right to have made mistakes; they cannot change the things they did in the past. Ask whether they are able to forgive themselves for past mistakes.
- Have clients discuss the difference between moving past guilt by forgiving themselves and simply letting themselves off the hook.
- Ask the recovering co-leader to share his or her experience of overcoming guilt. How did the co-leader balance the need to take responsibility for past actions with the need to forgive those actions?
- Have clients discuss how they can get over feelings of guilt and shame. What positive behaviors can they engage in that will aid this process?
- Ask clients who are attending 12-Step or mutual-help meetings whether guilt and shame have been discussed in meetings. Ask how these discussions have been helpful.
- Ask the recovering co-leader to discuss how mutual-help fellowship has helped him or her cope with guilt and shame.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Encourage clients to think about people from whom they may need to ask forgiveness. How will they approach these people? What can they do to put things right with the people they have hurt?

Session 6: Staying Busy

Goals of Session

- Help clients understand the importance of scheduling activities.
- Help clients understand how idle time can be a trigger to use.
- Help clients learn and share strategies for scheduling and staying busy.

Handout

- RP 6—Staying Busy

Presentation of Topic (15 minutes)

1. Understanding the Importance of Scheduling and Structure to Recovery

Most clients in this session already will have been introduced to the practice of scheduling in the Early Recovery Skills group (Early Recovery Skills session 1). However, the structure that scheduling provides is so important to recovery that the principle should be reviewed here. Clients are reminded that many people who abuse substances organize their days around procuring, using, and recovering from the substances. Without these activities to structure their time, many people with a substance use disorder feel a void or sense of loss. Finding new activities and new ways to occupy their time and replace that sense of loss is a major component of recovery for clients. It is important for clients to write down their schedules. Schedules that exist only in one's head are too easy to revise or abandon. When clients are making their schedules, special attention should be paid to weekends and other times clients feel they are particularly vulnerable to substance use.

2. Understanding How Free Time Can Act as a Trigger

Because using was a habitual activity for clients, their minds gravitate back to thoughts of using if they have nothing to do and nowhere to go. Then, the thought–craving–use process begins, and clients are on their way to relapse. Being alone also can be a trigger for clients. Before they entered treatment, many probably isolated themselves from friends and loved ones when they used. For this reason, it is important not just that clients schedule substance-free activities but that these activities involve other people who are living a substance-free life (e.g., people clients meet at mutual-help meetings) or are committed to the clients' recovery (e.g., family members and friends).

3. Incorporating New Activities and New People

Even clients who are committed to recovery can miss aspects of a substance-using lifestyle. Scheduling activities and staying busy are ways to keep clients engaged in their new lives without substance use. Some clients are interested sufficiently by picking up old hobbies or activities; others need the increased interest that is generated by new activities and new acquaintances. Although the focus of their lives must be recovery, clients are encouraged to think of recovery as a time to try something they have put off: volunteering, taking up a new sport, learning to play a musical instrument.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 6—Staying Busy.
- Ask clients to think about how unfilled time and an unoccupied mind can act as triggers.
- Ask whether clients have felt tempted to use when they had too much free time on their hands. How did they respond?
- Ask the recovering co-leader to share his or her strategies for staying busy to keep recovery on track.
- Ask clients whether they always used in groups or tended to use alone. Discuss the dangers of being alone for those who tend to isolate themselves.
- Ask clients what activities have helped them stay busy and stay abstinent since they stopped using.
- Solicit suggestions from clients for hobbies or activities they would like to try that they feel will help them stay abstinent.
- Ask clients whether they have made new friends through mutual-help meetings. What activities have they pursued outside meetings?

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Instruct clients to make a wish list of activities they would like to pursue. The lists could include activities that they learned about from other clients in the group.

Session 7: Motivation for Recovery

Goals of Session

- Help clients understand that the motivation that brought them into treatment may change as they progress in treatment.
- Help clients recognize new motivations and strategies for staying abstinent.
- Help clients identify benefits from recovery.

Handout

- RP 7—Motivation for Recovery

Presentation of Topic (15 minutes)

1. Understanding That Reasons for Staying in Treatment Evolve Over Time

Clients know that they must remain steadfast in recovery. This knowledge may lead some to believe that their motivation for remaining abstinent must always be the same. It does not matter what brings clients into treatment in the first place. What is important is what motivates clients to stay abstinent each day. The counselor might remind clients that, although staying abstinent is a lifelong goal, they can achieve it only hour by hour and day by day. Clients may find that their reasons for staying abstinent change over time. Some clients may realize this for the first time as a result of handout RP 7 and the ensuing discussion.

2. Using New Strategies as Motivations Evolve

Clients may enter treatment because they are afraid of what will happen if they do not stop using substances. Clients may find that if they focus on staying abstinent, their initial motivation for not using drugs and alcohol will evolve into a personal, internal desire to maintain their new lives.

3. Remaining Abstinent Long Enough To See the Benefits of Recovery

When clients have been abstinent long enough to experience the benefits that abstinence brings, the desire to see those benefits persist becomes a powerful motivator for clients to stay in recovery. Clients are able to address problems with family, friends, and employment that resulted from substance abuse. In place of feeling the shame and having the self-defeating attitude that characterize many people who abuse substances, clients now can take pride in their abstinence and their new lives.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 7—Motivation for Recovery.
- Ask clients what assumptions they made about the various motivations for starting treatment listed on RP 7—Motivation for Recovery. Which motivations *seem* the strongest?
- Ask clients to discuss the reasons that brought them to treatment.
- Ask whether the same things are motivating them today that motivated them when they started treatment.
- Ask what motivates clients to stay in treatment and be abstinent now.
- Ask the recovering co-leader to discuss how his or her motivations evolved from the start of treatment.
- Ask clients whether they feel that they are running out of reasons for staying in treatment.
- Ask the group to suggest reasons for staying abstinent and in treatment.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Ask clients to add to the list of current motivations they made during this session. Instruct them to identify three more reasons for them to stay in treatment.

Session 8: Truthfulness

Goals of Session

- Help clients understand that substance dependence and truthfulness are irreconcilable states.
- Help clients acknowledge that truthfulness will not always be easy.
- Help clients understand that continued truthfulness is integral to successful recovery.

Handout

- RP 8—Truthfulness

Presentation of Topic (15 minutes)

1. Understanding That Substance Dependence Is Based in Unreality and Recovery Is Based in Truth

Substance dependence represents an escape from the realities of life, a flight from responsibility, and a denial of consequences. Maintaining a substance-abusing lifestyle requires people to lie and make excuses continually. Entering recovery represents the first step toward acknowledging the truth of substance dependence. To be successful, recovery must continue to be grounded in truth. This means not just that clients acknowledge that they have a substance use problem but also that they make a commitment to behave truthfully with the people in their lives.

2. Understanding the Difficulties Posed by Truthfulness

Often it is hard for clients to be honest with themselves about their substance abuse. Having taken the step to enter treatment and be truthful with themselves, they now face the more daunting task of being honest with those around them. Being honest with friends and loved ones can be harrowing. Clients risk driving away friends and alienating family members when they give an honest account of their actions while they were using. Clients may be embarrassed to admit their actions. Loved ones may be offended by clients' blunt approach to truth telling.

The RP group is a good place for clients to get used to telling the truth. Other group members may take offense, but that, too, provides good practice for addressing the responses of family members and friends.

3. Understanding That Recovery Cannot Be Successful Without Truthfulness

If clients choose to be in treatment without being totally truthful, they have not committed fully to recovery. It is as if by continuing to deceive and be less than truthful, these clients are holding back, refusing to become involved fully in their recovery.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group.

The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 8—Truthfulness.
- Ask clients to make an honest assessment of the ways they were dishonest when they were using. Encourage them to look beyond obvious lies and discuss ways in which they misled people or let them believe something that was not true.
- Discuss the limits of truth telling. What types of things should clients be sure they are always honest about? Are there situations in which it is all right *not* to be completely honest?
- Ask clients to think about the consequences of telling the truth to friends and family members. Does the prospect of doing so upset them?
- Ask the recovering co-leader to discuss his or her experiences of telling the truth to friends and family members.
- Ask whether clients are experiencing difficulty telling the truth in group.
- Ask what problems clients have encountered. What positive experiences have come from being honest?

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Encourage clients to speak truthfully about their substance abuse with a friend or family member before the next RP group meeting.

Session 9: Total Abstinence

Goals of Session

- Help clients understand that they need to stop using alcohol and *all* mood-altering drugs.
- Help clients understand that continued substance use will cloud their decisionmaking and endanger recovery.

Handout

- RP 9—Total Abstinence

Presentation of Topic (15 minutes)

1. Understanding the Connection Between Alcohol and Other Substance Use and Relapse to Stimulants

Substance abuse clouds judgment and throws lives out of balance. People and things that had been priorities before a person became substance dependent—family, friends, work—often get ignored as substance abuse takes precedence. To put their lives back into balance and to reorient their priorities, clients need to be able to think and act clearly. Stopping stimulant use is an important part of this process. But continued use of marijuana, another drug, or alcohol can jeopardize this process.

Clients may not think these other substances pose a problem. Some may even argue that occasional use of alcohol or marijuana helps them cope with the stress of stopping stimulant use. Clients need to be convinced that any substance use will interfere with their brain's ability to heal and their mind's ability to reason clearly. Any substance use interferes with recovery. However, the counselor makes it clear that clients should continue to take prescribed medications required to treat chronic physical or mental disorders.

2. Understanding That It Is Not Possible To Learn How To Cope Without Stimulants if Clients Turn to Alcohol or Marijuana or Other Substances To Escape

The counselor reminds clients that they signed an agreement not to use any substances when they began treatment. Even if clients have not used stimulants during treatment, use of alcohol or other mood-altering substances is a way of avoiding a full commitment to recovery. By continuing to use substances, clients are hedging their bets, using alcohol or marijuana as an escape hatch in the event that recovery is too hard. Clients lessen their chances of successful recovery for stimulant dependence if they continue to use alcohol and other substances, even once in a while. Alcohol use makes relapse to stimulant use eight times more likely; marijuana use makes relapse three times more likely (Rawson et al. 1995).

Handout and Focused Discussion (45 minutes)

Clients should be given time to read the handout before the discussion begins. The handout is primarily a tool for discussion. The counselor encourages clients to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 9—Total Abstinence.
- Ask clients to share their responses to the “no substance use” agreement they signed on admittance to treatment.
- Ask whether clients find themselves coming up with justifications for drinking or getting high. What are these justifications?
- Ask whether some clients have come to appreciate the logic of ceasing all substance use. What changed their minds?
- Ask the recovering co-leader to discuss his or her experiences with the “no substance use” policy.
- Ask clients to think about what changes they have made or will have to make in their lives to eliminate use of alcohol and marijuana (e.g., get rid of all the alcohol in the house, ask family members or housemates not to bring home pot, advise loved ones that they have stopped drinking and getting high).
- Ask clients who have stopped all substance use to share with the group reasons why total abstinence is a good idea.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session’s topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Instruct clients to list the steps they will take to begin totally abstinent recovery. Ask clients who are already in compliance with the “no substance use” agreement to list reasons they will maintain total abstinence. Clients can use their journals or pages 8 and 9 of their *Client’s Treatment Companion*.

Session 10: Sex and Recovery

Note: This topic should not be used when there is a client attending his or her first RP group session. If there is a client new to the group, the counselor should choose a different topic for the session so that a new member is introduced to the group with a less sensitive and intimate subject.

Goals of Session

- Help clients understand distinctions between intimate sex and impulsive sex.
- Help clients understand that impulsive sex can be a form of dependence and can lead to relapse.
- Help clients appreciate the importance of stable relationships.

Handout

- RP 10—Sex and Recovery

Presentation of Topic (15 minutes)

1. Understanding What Distinguishes Intimate Sex From Impulsive Sex

The counselor should anticipate that this topic will be met with some nervous laughter and joking from clients. This response may be unavoidable. However, the counselor and recovering co-leader need to take a serious approach to the topic and maintain a serious atmosphere during discussion.

The distinction between intimate and impulsive sex depends on the relationship with the sexual partner. Intimate sex is a caring act that takes place in the context of a relationship. It is an extension of the feelings that two people have for each other. Impulsive sex is a selfish act in which the sexual partner is being used to achieve a type of high. The feelings of the partner are irrelevant. Impulsive, selfish sex need not even involve another person; excessive masturbation is a form of impulsive sex.

Counselors should ensure that all clients understand that they run the risk of contracting HIV/AIDS and other sexually transmitted diseases if they engage in impulsive and unprotected sex.

2. Understanding How Impulsive Sex Can Act as a Trigger for Substance Use

For some clients, impulsive sex was linked with substance use before they came into treatment. They usually would have sex when they were using. Other clients may turn to impulsive sex to achieve a kind of high after they have stopped using substances. In both cases, impulsive sex is a trigger for substance use and can lead to relapse. Clients even can become dependent on impulsive sex just as they were dependent on substances.

3. Understanding How Intimacy and Stable Relationships Can Support Recovery

Many components of a stable relationship also are important to a successful recovery. Clients who have relationships characterized by trust, honesty, and support should find it easier to participate fully

in recovery activities, support others in group sessions, and be truthful about their lives. A stable relationship that includes intimate sex can help support recovery.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 10—Sex and Recovery.
- As the discussion begins, be sure to keep the group focused on the importance of these issues to recovery.
- Ensure that clients understand the difference between impulsive sex and intimate sex.
- If clients are not in a relationship, help them determine whether they need a period of celibacy to support their recovery. For some clients, sex and stimulant use are so intertwined that any feelings of arousal can act as a trigger. With abstinence from substances, the connection between arousal and stimulant use will diminish.
- Ask clients to discuss the connection between impulsive sex and substance use in their lives.
- Ask clients to discuss rewarding, caring relationships they have had or currently have.
- Ask what features of these relationships help support clients' recovery.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients list specific ways they can make their current relationship more caring, supportive, and intimate. If clients are not in a relationship, ask them to focus on ways to improve their next relationship.

Session 11: Anticipating and Preventing Relapse

Goals of Session

- Help clients understand what relapse is and how it develops.
- Help clients recognize the warning signs of relapse.
- Help clients develop strategies for avoiding relapse.

Handout

- RP 11—Anticipating and Preventing Relapse

Presentation of Topic (15 minutes)

1. Understanding That Staying Abstinent Is Different From Deciding To Stop Using Substances

The decision to stop using substances and enter treatment is important. But having decided once to stop using, clients must now decide every day not to *start* using again. Now that they have stopped using and are in treatment, clients need to be vigilant about signs of relapse. Using is familiar and comfortable behavior; clients' bodies and minds will want to return to using. So clients must anticipate and prevent relapse.

2. Learning To Recognize Emotional Buildup and Addictive Behaviors

Being on guard for relapse means that clients are attuned to their physical and emotional well-being. Persistent, nagging emotions (e.g., boredom, anxiety, irritability, depression) or physical symptoms (e.g., insomnia, headaches) often can serve as triggers in the relapse process. Likewise, clients may find themselves engaging in the behaviors that used to accompany their substance abuse (e.g., lying, stealing, acting compulsively). These addictive behaviors are like an alarm bell; they tell clients that a relapse is on the way unless the clients take action.

3. Enacting a Plan To Avoid Relapse

Clients need to plan in advance how they will intervene when they are at risk of relapse. Different interventions work for different clients. Common actions that help are talking with a trusted friend or family member, going to a mutual-help meeting, talking to a counselor, exercising, or doing something to move out of a rut, such as taking a day off from work. Clients should think about what will work for them and be prepared to put their plan into action at the first sign of a relapse.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 11—Anticipating and Preventing Relapse.
- Make sure clients understand what relapse is and appreciate the importance of relapse prevention.
- Ask clients to describe the activities that they engaged in when they were using. These are addictive behaviors. Have these behaviors crept back into their lives?
- Ask the recovering co-leader to give examples of addictive behavior from his or her experience.
- Emotional buildup may be a difficult concept for clients to grasp. Ask the recovering co-leader to describe how emotions can build up and lead to relapse.
- The concept of addictive thinking will be addressed further in two sessions on relapse justification. For now, have clients discuss justifications for engaging in behaviors that could lead to relapse.
- Ask clients what indications of an impending relapse they will look out for.
- Ask clients to share their plans for avoiding relapse. Encourage them to be specific about their plans.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Ask clients what they are doing on a regular basis to avoid relapse. Have clients record the steps they are taking to avoid triggers and stop thoughts of using.

Session 12: Trust

Goals of Session

- Help clients understand the role that trust plays in their relationships.
- Help clients understand the necessity of restoring lost trust.
- Help clients cope with suspicions of continued substance abuse.

Handout

- RP 12—Trust

Presentation of Topic (15 minutes)

1. Understanding the Damage That Substance Abuse Does to Trusting Relationships

People who use substances often find themselves concealing their behavior from those they care about with deceit and lies. If the substance abuse comes to light, the people who have been lied to often have a hard time trusting the person who has been deceiving them. Once trust has been violated, it is not easy to win back. Trust that has been earned over years can be demolished with a single act. And it may take a long time to convince people that the person who destroyed their trust is worthy of being trusted again.

2. Restoring Trust in Relationships

The only way for clients to rebuild trusting relationships with those they have wronged is by staying abstinent and making amends for the harm they have done. The process of restoring the trust is more laborious than the blow that brought it down. Clients cannot expect their friends and family members to believe that they will remain abstinent. Clients have to provide evidence that they can be trusted again.

3. Coping With Suspicions of Continued Substance Use

Earning back people's trust can be a frustrating process. Clients may feel that they have been abstinent long enough for their loved ones to trust them again. However, clients must understand that restoring trust does not happen on the clients' schedule. Rebuilding a trusting relationship may take time, even if both parties are committed to the process. Clients should be prepared to cope with the frustration that comes from being suspected of using even though they have not done so.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 12—Trust.
- Ask clients to discuss relationships that they have damaged by losing the trust of others.
- Ask clients whether they can work to rebuild these relationships.
- Ask clients to put themselves in the shoes of someone whose trust they violated. Encourage them to empathize with that person. How might it feel for clients to have their trust taken from them?
- Ask the recovering co-leader to discuss a relationship that was damaged by substance abuse and how he or she is working to restore the other person's trust.
- Ask clients to discuss how they will respond if their loved ones are suspicious of them even though clients have stopped using and are doing their best to repair damaged relationships.
- Ask clients what they can do, in addition to staying abstinent, to earn back the trust of those they care about.
- Ask clients how they will respond if some relationships are severely damaged, if it seems that the lost trust cannot be restored.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients list three positive ways in which they can respond to a loved one who refuses to trust them even though the clients have remained abstinent.

Session 13: Be Smart, Not Strong

Goals of Session

- Help clients understand that recovery is not mainly a test of will, but of commitment and smart planning.
- Help clients understand the importance of avoiding triggers and relapse situations.
- Help clients assess the efficacy of their approach to recovery.

Handout

- RP 13—Be Smart, Not Strong

Presentation of Topic (15 minutes)

1. Understanding That Substance Dependence Is Stronger Than the Individual

When people become dependent on a substance, chemical processes are at work on a biological level that cause cravings. Clients cannot conquer these cravings merely by an assertion of will anymore than they can concentrate and make feelings of hunger disappear. With longer abstinence, cravings will fade. The physical processes that clients set in motion when they became dependent on stimulants are stronger than their willpower. Most people who come into treatment have tried very hard on their own not to use. But quitting is not just a matter of deciding not to use and then gritting one's teeth. It requires clients to be smart and make plans to remain abstinent.

2. Understanding the Importance of Avoiding Triggers to Abuse and Likely Abuse Situations

No matter how strong clients' desire to remain abstinent, wanting to be abstinent is not enough by itself. People who are able to stop using and stay abstinent do so by being smart. Clients need to use the relapse prevention skills they learn in these sessions and in Early Recovery Skills sessions to ensure that they are avoiding triggers and relapse situations. Clients should take a hard, honest look at the people, emotions, and situations that are linked to their substance abuse, make a list of these triggers, and then make a commitment to avoid them. Likewise, clients should analyze situations for their risk potential. If a group of friends always winds up at a bar, clients need to avoid that group of friends. If substances are prevalent at a certain club, clients need to avoid that club.

3. Assessing How Well Prepared Clients Are To Avoid Relapse

Clients need to have an accurate idea of how smart their approach to recovery is. Avoiding triggers and relapse situations is not all there is to recovery. But doing these things helps support the complete lifestyle change necessary for a solid recovery. The more skills clients have at their disposal to help them avoid triggers and prevent relapse, the stronger their recovery will be. The techniques clients learn in Early Recovery Skills sessions should be thought of as tools to use to stay abstinent. For recovery to be successful, clients need to have as many tools in their toolboxes as possible.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 13—Be Smart, Not Strong.
- Ask clients whether the statements at the top of the handout sound familiar.
- Ask clients to discuss the difference between being strong and being smart, in the context of recovery.
- Ask the recovering co-leader to discuss his or her experience with trying to be strong and being smart.
- Have clients calculate their Recovery IQ.
- Review the various techniques listed on the chart. Do clients understand the importance of all these techniques?
- Ask clients what they can do to work on the techniques they currently are not practicing.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients choose 1 of the 11 relapse prevention techniques for which they rated themselves fair or poor and describe how they will work to improve that rating. Clients can write in their journals or on pages 10 and 11 of their *Client's Treatment Companion*.

Session 14: Defining Spirituality

Note: Clients may have passionately held beliefs about religion and spirituality. This session is not designed to change clients' ideas about religion. The goal is to provide clients a constructive way to approach 12-Step meetings and recovery that is not explicitly religious. Because the material is potentially contentious, the counselor may want to take a few moments at the start of this session to remind clients to be respectful of one another.

Goals of Session

- Help clients understand the difference between religion and spirituality.
- Help clients explore their beliefs so they can understand better what will bring them happiness.
- Help clients see that success in recovery can be bolstered by spiritual beliefs.

Handout

- RP 14—Defining Spirituality

Presentation of Topic (15 minutes)

1. Understanding That Spirituality Is About Inner Strength and Peace, Not Necessarily About Belief in God

Spirituality has been shown to be an important component in recovery. It occupies a prominent place in 12-Step and mutual-help programs. It should be expected that some clients will have objections to this part of the recovery process. Some may feel that spirituality equates with belief in the Christian God and excludes people of other faiths. Some may feel that it is a sign of weakness to look for help outside themselves. Some may feel that their struggle with substance abuse is physical and cannot be aided by appealing to God. These clients should be reassured that spirituality is not the same as organized religion and does not always involve belief in God. Likewise, including spirituality as an aspect of recovery is not a sign of weakness. Clients' spirituality should be seen as a source of strength that they may not be using.

2. Assessing What Spirituality Means for Individual Clients

Many people are more concerned with the physical aspects of their lives than with the spiritual aspects. During recovery, clients should examine the quality of their spiritual lives. Spirituality can be a source of strength, but clients first must understand what spirituality means to them and how it affects their lives. The goal is for clients to find a source they can draw on for inner strength and peace—a quiet satisfaction—that supplants their desire to abuse substances.

3. Linking Spirituality With 12-Step or Mutual-Help Groups

Along with fellowship, spirituality is the foundation of 12-Step and mutual-help programs. Clients who are closed off to the spiritual aspects of recovery have a hard time benefiting from these recovery groups. Twelve-Step programs invoke a higher power and often close with the Serenity Prayer. Clients who are uncomfortable with a strictly religious meaning of the prayer can think of these elements in the broadest terms: higher power can refer to the inner source of strength provided by spirituality, and

the Serenity Prayer can be thought of as a wise saying about achieving inner peace rather than as a supplication to God.

Twelve-Step and mutual-help groups are not the only means to incorporate spirituality into one's life. The counselor should be familiar with other supportive options that may be better suited to clients, depending on their values, religion, or culture.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 14—Defining Spirituality.
- Have clients discuss the four definitions of spirituality provided plus additional definitions that clients may suggest. It is important for clients to understand that spirituality may include one or more of the definitions listed on the handout. In other words, clients should not be led to believe that the first response listed is wrong.
- Ask the recovering co-leader to share what spirituality means to him or her. How has spirituality played a part in the co-leader's recovery?
- Encourage clients to be honest and detailed in their responses to the four questions on the handout. The questions are personal, but all clients in the group can benefit from listening to one another's honest appraisals of the spiritual aspects of their lives.
- Clients who use spirituality to help themselves achieve inner peace and support their recovery should be encouraged to share their experiences. What has helped these clients? Meditation? Reading certain writers or philosophers? Keeping a journal?

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Encourage clients to attend a 12-Step, mutual-help, or spiritually oriented meeting before the next RP session. Have them focus on the spiritual aspects of the meeting that they can apply to their recovery.

Session 15: Managing Life; Managing Money

Goals of Session

- Help clients identify important, practical areas in their lives that they have been neglecting.
- Help clients prioritize aspects of their lives.
- Help clients make a plan to be responsible about managing their lives.
- Help clients understand the importance of taking “baby steps.”

Handout

- RP 15—Managing Life; Managing Money

Presentation of Topic (15 minutes)

1. Understanding How Substance Dependence Encourages Irresponsibility

People who are substance dependent spend much of their time and energy preparing to use, using, and recovering from using. People who are abusing substances narrow their world until most activities not related to substance use are excluded. They neglect the normal day-to-day activities that are necessary for a healthy and satisfying life.

People in recovery need to widen their view. They need to stop focusing on substance abuse and take all aspects of their lives into account. Clients can think about entering recovery as an end to the tunnel vision of substance dependence. Now, instead of focusing on a tiny portion of their lives and being surrounded by darkness, as in a tunnel, clients can lift their heads and see the full panorama of their lives.

2. Understanding the Necessity of Bringing Life Back Into Control if Recovery Is To Be Successful

People who are substance dependent often spend their time and money in irresponsible ways. Along with deciding to stop abusing substances, clients need to decide to use their time and money more wisely because these practices go a long way in determining quality of life. Exercising discipline in how they spend time and money helps support clients in their recovery. Behaving responsibly also helps them move beyond the guilt and shame they experienced as a result of abusing substances.

3. Understanding the Importance of Setting Goals To Be Responsible in Daily Living

The newfound awareness of all that they had been neglecting can be overwhelming to people in recovery. The counselor should reassure clients that they are capable of taking up long-forgotten responsibilities and getting on with their lives. Setting reasonable goals is integral to reassuming responsibilities. Taken together, home repairs, debts, taxes, and court dates may seem like too much for anyone to handle. Clients should prioritize the things they need to accomplish—set a goal that they can achieve, achieve the goal, and then move on to the next goal.

4. Understanding the Importance of Taking “Baby Steps”

Clients often want to do too much too early in their recovery. The counselor should stress that clients need to set small, manageable goals to avoid becoming overwhelmed and placing their recovery at risk.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 15—Managing Life; Managing Money.
- Ask clients to discuss the ways in which their lives were out of control when they were using.
- Ask clients what changes they have made since entering treatment that have helped them regain control.
- Ask clients whether they are still struggling with problems related to daily life. What are they?
- Ask clients to determine which problems to tackle first.
- Ask the recovering co-leader to recount how he or she regained control of daily activities.
- Ask clients whether they have changed how they handle money since they have entered treatment.
- Ask clients what plans they have for opening a savings account and paying off debts.
- Ask the recovering co-leader to share how he or she regained control of finances.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session’s topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients write a step-by-step plan for achieving one of their financial goals. Clients can write in their journals or use pages 14 and 15 of their *Client’s Treatment Companion*.

Session 16: Relapse Justification I

Goals of Session

- Help clients understand what relapse justification is.
- Help clients identify the justifications to which they are susceptible.
- Help clients formulate plans to counter relapse justifications.

Handout

- RP 16—Relapse Justification I

Presentation of Topic (15 minutes)

1. Understanding the Dangers Posed by Relapse Justifications

Relapse justifications narrow the distance between abstinence and relapse so that it is easier for people in recovery to go back to using. A relapse justification can seem harmless. A client's addicted brain may be telling him it is OK to hang out at a club where he used to use. The client is not intending to use when he goes out, but he makes relapse much more likely by giving himself permission to go to the club. Another example is a woman who reasons that it is fine to go out with her old using friends because they all know she is in recovery now and say they are supportive. Her addicted brain convinces her she is reconnecting with old friends who say they want to help, but she also is placing herself in a situation that makes relapse a distinct possibility.

2. Understanding Specific Justifications to Which Clients Are Susceptible

Relapses often *seem* to come out of nowhere. However, the addicted brain of a person who has entered recovery recently is often busy making dangerous behaviors seem reasonable. This happens at a subconscious level. Using a substance as a response to a certain event (e.g., a fight with a spouse, the loss of a job) seems to be an automatic process. But the justification was ready, just waiting for the right set of circumstances to emerge. Clients need to understand and anticipate the situations in which they are vulnerable to relapse justifications. Knowing their weaknesses in advance allows clients to halt the automatic process that leads from event to justification to relapse.

3. Addressing Specific Situations That Might Lead to Relapse

Relapse justifications are hard to avoid. Clients still may feel a physiological craving for the substance until their minds and bodies are fully healed. Addicted brains will try to push clients to respond to situations in ways that put them at risk. Although the justifications may pop into clients' minds, clients need to use their rational brains to resist relapse justifications and choose behaviors that support recovery. The counselor should encourage clients to recognize the justifications that have worked against them in the past and find safer responses to those dangerous situations. Clients should plan what they will say if, for example, friends they formerly used with call to invite them out. Having a plan allows clients to avoid hesitating, then being cajoled into going along. Clients should consider making a list of potential relapse situations and determining how to avoid them in the future.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 16—Relapse Justification I.
- Ask whether clients have tried to stop using before and ended up relapsing. How did the relapses occur? Did they seem to come out of the blue?
- Ask clients to discuss the relapse justifications to which they feel especially vulnerable.
- Have the recovering co-leader discuss experiences with relapse justifications, both the times when relapse occurred and the times when anticipating a potential relapse situation helped prevent relapse.
- Have clients discuss specific catastrophic events and negative emotions that make them more likely to use. Are there events and emotions not listed on the worksheet that are troublesome?
- Ask clients whether they are more vulnerable to relapse from positive or negative emotions.
- Have clients discuss specific relapse justifications their addicted brains have used on them.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients identify a relapse justification, write a description of it, and script a response that will help them avoid relapse.

Session 17: Taking Care of Yourself

Goals of Session

- Help clients understand the importance of taking care of themselves.
- Help clients understand the importance of self-esteem to recovery.
- Help clients identify aspects of their lives that require change.

Handout

- RP 17—Taking Care of Yourself

Presentation of Topic (15 minutes)

1. Understanding the Ways in Which Taking Care of Themselves Can Aid Clients' Recovery

One of the many things clients can do to support their recovery is boost their self-esteem. Client's substance abuse may have resulted partly from low self-esteem; low self-esteem also can be one of the effects of substance dependence. Clients can get caught in a downward spiral in which they feel bad about their lives, so they use. Using confirms that their lives have little value, which lowers their self-esteem and leads to more substance abuse.

Clients in treatment have stopped their substance use, but they also need to break the cycle of low self-esteem and begin to see value in their lives and themselves. Looking after their health and grooming helps clients respect themselves. Clients who respect themselves have more of an investment in their future and in succeeding in recovery.

2. Prioritizing Aspects of Life That Require Change

Some people can make a lot of changes to their lives at once and be successful. However, most people need to take major life changes one step at a time. Most clients need to prioritize their changes, first making those that are most urgent. Overdue visits to the doctor and the dentist probably should come before other lifestyle changes. Even before clients implement any changes, they already will have begun to take control of their lives by prioritizing the changes they need to make. As clients begin to address their health and grooming, the whole process of reclaiming their self-esteem gathers momentum. After clients have visited a doctor for a checkup, they are more likely to eat right and exercise. When their diet and fitness are under control, clients are more likely to pay attention to their clothes and hygiene.

The counselor might draw connections between the concerns raised in this session and those raised in Session 15: Managing Life; Managing Money. The counselor should help clients see that staying healthy, managing finances, paying attention to personal grooming, and attending to the responsibilities of day-to-day living are part of the larger picture of recovery. As was noted in session 15, however, the counselor should ensure that clients do not feel overwhelmed by this larger picture. They can address one aspect of their lives at a time and gradually fill in the larger picture.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 17—Taking Care of Yourself.
- Make sure that clients understand that self-esteem can help support recovery.
- Ask clients how they felt about their self-esteem when they were using.
- Ask clients whether they feel more self-respect now that they are in treatment and abstaining from substance use.
- Ask the recovering co-leader to discuss the changes in his or her self-esteem from the period of substance dependence to treatment and recovery.
- Ask clients to identify and discuss the areas of their lives that need particular attention.
- Have each client propose and share with the group a plan to address the most important area in his or her life.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients write their plans for addressing the first thing they need to do to take better care of themselves. Encourage them to be as detailed as possible.

Session 18: Emotional Triggers

Goals of Session

- Help clients understand how certain emotions can act as triggers.
- Help clients examine and understand their emotions.
- Help clients identify tools that will help them avoid emotions that can act as triggers.

Handout

- RP 18—Emotional Triggers

Presentation of Topic (15 minutes)

1. Learning To Look Out for Dangerous Emotional Triggers

Each client probably has emotional triggers that are unique to him or her. Feelings that might lead to relapse for one client may not cause the same response in others. For example, some clients are at greater risk of relapse when things are going well than when negative emotions arise. But some emotions are dangerous triggers for most clients: loneliness, anger, and feeling deprived. If clients are feeling these emotions, they should be aware that they are at a higher risk of relapse. Loneliness arises because clients often feel isolated—they cannot hang out with using friends, and other friends and family may not be ready to trust them again. Anger is a consequence of the frustrating struggle to remain abstinent. Clients may begin to feel deprived because the life of partying with friends that they left behind for abstinence and recovery begins to look appealing. These feelings of deprivation are a signal that clients are very vulnerable to relapse.

2. Ensuring That Certain Emotions, if Encountered, Do Not Lead to Relapse

Like relapse justifications, some emotions may seem to lead automatically to substance abuse. Clients need to understand their emotional responses and know which ones put them at increased risk of relapse. As was discussed in Early Recovery Skills session 7, it is important for clients to be able to separate emotions from behavior. The goal is for clients to examine their emotions in the abstract so that they can experience a negative feeling without having it result in substance abuse. In this way, clients' rational minds, not their emotions, control their behavior.

3. Using Strategies for Understanding Emotions and Avoiding Relapse

One of the best ways for clients to gain a better understanding of their emotions and how they respond to them is by writing about their feelings. Some clients already may be keeping a journal or writing in a diary. Others may be new to the practice. For both groups, the process of writing about a problem to understand it better can be beneficial. This is focused writing; clients should write with a specific emotional question or issue in mind. The writing process itself, though, should be fluid. This often is called free writing; the writer does not let punctuation, penmanship, or spelling stop the flow of ideas. Clients do not need to write for a long time; they just need to write honestly and focus on the question they decided to address. When they have finished writing, they should go back and read what they have written, returning to it several more times in subsequent days.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 18—Emotional Triggers.
- Ask clients which emotions make them feel most vulnerable to relapse.
- Ask clients to recall times when one of these emotions seems to have *caused* a relapse.
- Ask clients whether they have experienced loneliness and anger and felt deprived since they have been in treatment.
- Ask clients whether emotions have acted as triggers. If so, how did they respond?
- Have the recovering co-leader share how he or she became more aware of these “red flag” emotions (e.g., loneliness, anger, feeling deprived). How did that awareness help the co-leader avoid relapse?
- Ask clients whether they have kept a diary or a journal or written about their problems.
- Ask clients how this process has helped them.
- Ask the recovering co-leader to share his or her experience with writing about emotional problems as a way to avoid relapse.
- Ask clients what other strategies they have used to try to understand their emotions better.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session’s topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients set aside 15 minutes to write about an emotional problem that has been troubling them.

Session 19: Illness

Goals of Session

- Help clients understand that becoming ill can be a relapse trigger.
- Help clients understand the importance of engaging in healthful behaviors.
- Help clients understand the importance of being responsible about recovery, even during illness.

Handout

- RP 19—Illness

Presentation of Topic (15 minutes)

1. Understanding That Fighting a Physical Illness Takes Energy and Focus Away From Recovery

Illness can be a major setback to recovery. Missing treatment sessions at the clinic and skipping mutual-help meetings can let clients slip toward relapse. However, clients also should be aware that sickness poses more subtle relapse risks. Early Recovery Skills session 8 (in which some clients already may have participated) points out that people are vulnerable to relapse when they are tired. (This concept should be familiar to clients who have attended 12-Step meetings.) Sickness saps the physical and mental energy clients need to maintain abstinence.

2. Taking Responsibility for Preventing Illness and Maintaining Recovery

Clients should view staying healthy in the same way they view avoiding triggers. Doing their best not to get sick should be regarded as an important goal in clients' recovery, especially early in recovery. The same behaviors that help ward off sickness also support recovery in general. Clients should be sure to get enough sleep, eat healthful meals, exercise regularly, and minimize the stress in their lives. They also should avoid activities that will leave them fatigued or prone to illness (e.g., excessive work, elective surgery).

3. Keeping Recovery on Track Even During Periods of Illness

No matter how healthful a lifestyle clients lead, everyone gets sick at some point. It is important for clients to recognize early on when they are getting sick so they can be on the alert for thoughts and feelings that might lead to relapse. The unstructured time alone that is part of being sick can be a trigger for some people. Being sick also can encourage relapse justifications. For example, clients may think, I can't *stop* myself from getting sick; it's out of my control, just like my substance use. Or clients might use because at a time when they do not feel good, they think substance use will help them feel better. Clients also may slide into relapse because typical behavior is suspended when people are sick. Without the structure of work and responsibilities, it is easier for clients to set aside their commitment to remain abstinent.

Because illness can be a relapse trigger, clients should ensure that they get the rest and medical attention they need to recover. If clients seek medical attention, they should be sure to inform the

doctor that they are in recovery so the doctor can take this into consideration if prescribing medication. Clients should do all they can to minimize the amount of time they are ill. Getting healthy will allow them to return to their regular recovery activities (e.g., attending treatment sessions, going to mutual-help meetings, following their scheduled activities) more quickly.

Handout and Focused Discussion (45 minutes)

Clients should be given time to read the handout before the discussion begins. The handout is primarily a tool for discussion. The counselor encourages clients to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 19—Illness.
- Ask whether any client has been sick since entering treatment. Was it hard to maintain abstinence while sick?
- Ask clients what recovery activities they abandoned when they were sick. What effect did this have on their recovery?
- Ask the recovering co-leader to share his or her experiences with being sick during early recovery. How did he or she remain abstinent when faced with diminished mental and physical energy?
- Ask clients to discuss their current approach to maintaining good health. Are they regularly eating healthful meals? Are they exercising three or four times a week?
- Ask the recovering co-leader to discuss the importance of diet and exercise to his or her recovery.
- Ask clients to plan for illness. Do they usually get sick during certain times of the year (e.g., flu in the winter, allergies in the spring)? They should be thinking ahead and preparing for the times when they are sick. What can they do to limit the amount of time they are sick? What can they do to keep their focus on recovery, even if they are tired?

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients list the ways in which their lifestyles are unhealthful and measures they can take to live a healthier life.

Session 20: Recognizing Stress

Goals of Session

- Help clients recognize signs of stress in their lives.
- Help clients understand the threat stress poses to recovery.
- Help clients identify strategies to cope with stress.

Handout

- RP 20—Recognizing Stress

Presentation of Topic (15 minutes)

1. *Recognizing Signs of Stress*

The prevalence of the term “stress” has tended to empty it of specific meaning; clients may equate stress with worry, anxiety, nervousness, tension, or other similar words. Stress refers to an accumulation of concerns that unbalances a person’s life. Stress represents an overload that throws people’s lives out of equilibrium. People complain about stress so much that clients may assume it is a fact of modern life about which they can do little. However, clients need to recognize the signs of stress and minimize the effects that it has on their lives. Stress makes it harder for clients to remain abstinent and focused on recovery. It is easy for people to become accustomed to a certain level of stress and not even be aware of its presence until physical warning signs appear.

Clients should be on the alert for the following warning signs of stress:

- Irritability
- Difficulty communicating
- Sleep disturbances
- Headaches
- Weight loss or gain
- Tremors or muscle twitching
- Gastrointestinal problems
- Constant fatigue
- Memory problems
- Disorientation or confusion
- Difficulty making decisions
- Depression
- Apathy

These are the warning signs that clients may not be able to handle the level of stress in their lives. Staying committed to recovery is more difficult when stress reaches high levels.

2. *Understanding That Stress May Indicate That Clients Are Trying To Do Too Much*

Stress can result when people place excessive demands on themselves. People in recovery often want to try to live a perfect life or make up for the damage they have done when they were substance dependent. They take on too much responsibility or too much work in too short a time, and their recovery suffers. An example is an employee who often missed work because of substance abuse

now putting in a lot of overtime to compensate. Clients should be reminded that it is important to balance the various aspects of their lives and that recovery needs to come first. If they are too busy and are experiencing stress that could distract them from their recovery, they may need to back away from some other obligations.

3. Coping With Stress

RP session 22 will address ways to help clients reduce stress in various areas of their lives. For now, clients should know that many of the practices they explore in Early Recovery Skills and Relapse Prevention sessions also will help reduce stress. Exercise is an excellent way to manage stress. Scheduling activities helps impose order and exerts control over clients' lives. Talking with supportive friends and mentors (e.g., participating in mutual-help groups) helps manage stress levels. Being aware of triggers and staying alert for relapse help keep recovery on track and help clients understand themselves better. Being mindful of how one conducts one's life is key to reducing stress.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 20—Recognizing Stress.
- Ask clients to discuss how they know they are experiencing stress in their lives. What physical or emotional changes do they notice?
- Sometimes people are unaware of signs of stress that are obvious to others. Ask clients whether they have noticed signs of stress in other group members.
- Ask clients whether they think there is an acceptable level of stress. Is *some* stress unavoidable in today's world?
- Ask the recovering co-leader to share his or her experience of recognizing and coping with stress during recovery.
- Ask clients how they coped with stress when they were abusing substances.
- Ask clients whether they are experiencing different types of stress now that they are in recovery.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed

the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients list two sources of stress in their lives, the emotional or physical signs of stress, and the danger the stress poses to their recovery.

Session 21: Relapse Justification II

Goals of Session

- Help clients understand the processes by which relapse justifications lead to relapse.
- Help clients understand that moving closer to substance use is never a good idea.
- Help clients identify strategies to resist relapse justifications.

Handout

- RP 21—Relapse Justification II

Presentation of Topic (15 minutes)

1. Recognizing That Overconfidence in Personal Strength Is Dangerous

Often, after several weeks of abstinence, clients begin to feel that their substance dependence is under control. This is called the Honeymoon—usually weeks 3 through 7 of recovery. (Clients who have already participated in Early Recovery Skills session 5 will be familiar with this term and concept.) Clients begin to have more energy during this time and may begin to feel more positive about recovery. An optimistic approach to recovery is welcome, but it can prompt some clients to think their substance dependence is “cured.”

Clients who feel that they are in control of their substance use disorder are vulnerable to relapse; they may try to test the strength of their recovery by putting themselves in situations where drugs are prevalent. They may go to a club or call up friends they formerly used with. Overconfident clients also may decide that it is all right to try just a little bit of the substance they were dependent on, just to prove to themselves that they have conquered their problem.

2. Remembering That for Recovery Being Smart Is Part of Being Strong

Although it is true that it requires personal strength to stop taking drugs and to remain abstinent, clients cannot rely on this strength in all situations. Clients who try to test themselves as discussed above are relying exclusively on their willpower rather than their intelligence. Some clients feel that only by getting close to substance use and not using will they be able to gauge their recovery. But the most important measurement in recovery is abstinence. Anything that moves clients closer to using and farther from abstinence is a bad idea. Clients' willpower might fail them, but sticking to a smart plan for abstinence will help clients maintain their recovery.

3. Countering Relapse Justifications

Relapse justifications abound. Clients will be able to think of a lot of reasonable-sounding excuses for why they should use again. No matter how clients try to rationalize using, the end point of all justifications is relapse, with the danger of a return to life driven by substance abuse.

A good way for clients to short circuit the connection between relapse justification and relapse is to anticipate likely relapse situations and plan their responses. Each client knows best the relapse justifications to which he or she is susceptible and how his or her addicted brain has been successful in the past. Some people might not be swayed at all by the temptation to hang out with old using friends or to use drugs as part of a celebration. But the notion of drinking while watching a sporting event or testing their willpower by trying a little of the drug on which they were dependent formerly might seem very appealing. Clients need to be honest with themselves about their vulnerabilities and plan detailed responses to specific relapse justifications.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 21—Relapse Justification II.
- This session is a continuation of RP session 16. If necessary, return to the description of session 16, and review what relapse justification is.
- Ask clients whether they have entered the Honeymoon stage of recovery. Do they feel as if they have their substance use problem under control now? What are the inherent dangers in feeling this way?
- Personal strength *is* part of recovery. But clients should rely on being smart, not strong, to maintain their recovery. Ask clients to discuss this idea. How much of their recovery is the result of personal strength? How much is the result of being smart? How do clients balance being strong with being smart?
- Ask the recovering co-leader to discuss his or her experiences with the relapse justifications listed on the handout.
- Celebrations may pose particular challenges to recovery for many clients. Celebrations are usually public events, and drinking or other substance use often is expected. Ask clients how they plan to handle, for example, a toast at a wedding, when friends and strangers are encouraging them to take a drink.
- Have clients discuss specific strategies and responses they can use when confronted with relapse justifications.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients identify a relapse justification, write a description of a dangerous relapse situation, and script a response that will help them avoid relapse. (Clients who have already participated in RP session 16 should address a different scenario.)

Session 22: Reducing Stress

Goals of Session

- Help clients understand that stress can affect recovery adversely.
- Help clients identify the aspects of their daily lives that are stressful.
- Help clients identify strategies to reduce stress.

Handout

- RP 22—Reducing Stress

Presentation of Topic (15 minutes)

1. Understanding the Risk Posed by Accumulation of Daily Stress

Clients who enter treatment have added major stressors to their lives. In addition to the stress of stopping all substance use, clients must handle the demands that treatment places on their time, their families, and their emotions. Faced with these imposing sources of stress, clients may be less attuned to the accumulation of daily stress in their lives. A previous RP session (session 20) addressed ways for clients to recognize signs of stress. It is important for clients to be alert to signs of stress so that they can prevent a buildup of stressors that will put their recovery in jeopardy. Energy that is sapped by coping with stress is energy that cannot be directed toward recovery.

2. Focusing on Signs of Stress

Clients should be encouraged to undertake a thorough examination of their lives, looking for signs and sources of stress. They might approach this task as they would taking an inventory, checking each aspect of their lives (e.g., family, work, friends) for stressors. Minimizing stress is important to recovery. Clients should make this survey of stressors a regular practice.

When clients are experiencing stress, they need to find a way to relax. Often, physical activity helps people minimize stress. Stretching, deep breathing, exercise, even a brief walk help defuse stress. Clients need to explore various options for reducing stress, find out what works for them, and then use that intervention when they feel stress.

3. Making Changes to Daily Life To Reduce Stress

It may help clients to have a few general strategies that they can apply to minimize stress in their lives:

- **Moderation.** One useful strategy is to do things in moderation; balance is always important to a healthy, happy life, but never more so than during recovery. Clients need to ensure that they do not experience large swings in physical energy from sleeping too much or not enough, from overeating or eating infrequently, from exercising too much or not at all, or from ingesting too much caffeine or sugar.

- **Management.** A second strategy that clients may find useful is planning ahead (scheduling) and breaking down goals into small steps that can be tackled one at a time. This practice helps clients assert control over their lives. The feeling that events in life are not under control can be a major source of stress.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 22—Reducing Stress.
- Ask clients how they know when they are coping with a stressful situation. How does stress manifest itself physically? Emotionally?
- Ask clients what long-term effects of stress they have observed in their lives.
- Ask clients about their techniques for relaxing when they are in a stressful situation. What techniques work for them?
- Ask clients how they work to minimize the stress that enters their lives. Have they tried applying the principles of moderation and management?
- Ask the recovering co-leader to share his or her experiences coping with and minimizing stress.
- Ask clients whether they make it a habit to reflect quietly on their lives. This can be meditation, prayer, writing in a diary, or just taking a few minutes before going to sleep. But it is important for clients to think about their lives and calmly address the things that produce stress.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

On each day between this session and the next RP session, have clients set aside a few minutes to reflect on their lives, focusing on the factors that produce the most stress. Clients can use their journals or pages 16 and 17 of their *Client's Treatment Companion* to write about five ways they reduce stress.

Session 23: Managing Anger

Goals of Session

- Help clients understand that anger can be an emotional trigger that leads to relapse.
- Help clients recognize when anger is building up.
- Help clients identify strategies to address anger positively.

Handout

- RP 23—Managing Anger

Presentation of Topic (15 minutes)

1. Understanding How Anger Can Lead to Relapse

For many people, substance use is a way to cope with feelings that are uncomfortable. When faced with a troubling emotion, such as anger, people often choose not to cope with it and turn to substance use instead. Clients in recovery no longer can turn to drugs and alcohol for a temporary escape from difficult emotions. However, these emotions still act as triggers for substance use. Once clients are in recovery, their refusal to come to terms with their troubling feelings can lead to relapse.

2. Recognizing How Anger Builds Up

People usually think of anger as a response to a person or an event. Someone makes a nasty remark or cuts you off in traffic, and this causes you to be angry. However, anger is not caused by people or events but is caused by how one thinks about them. If clients look for someone to blame when they feel angry, they can end up feeling victimized. This can lead to a downward spiral in which the more clients focus on being victims, the angrier they get.

3. Exploring Ways To Understand and Manage Anger

The following steps may help clients better understand and manage their anger:

- **Be honest with yourself.** Admit when you are experiencing anger.
- **Be aware of how your anger shows itself.** Physical sensations and patterns of behavior can help you recognize when you are angry.
- **Think about how anger affects others.** Being aware of anger's effects on those you care about might motivate you to minimize its effects in your life.
- **Identify and implement coping strategies.** Keep using strategies that have always worked, and find new ones that may be useful.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 23—Managing Anger.
- Ask clients to discuss times when they have felt victimized. How did they break out of the cycle of anger and victimization?
- Ask clients to discuss the physical and behavioral clues that let them know they are angry. Why is it important to be aware of anger?
- Ask clients about the advantages of speaking their mind when they are angry, as opposed to bottling up their anger. What are the potential disadvantages to speaking up?
- Ask clients what it means when someone is passive–aggressive. What types of behaviors are typical of this response? Why is this an unhealthy way to manage anger?
- Ask clients what strategies for coping with anger have worked for them in the past. What new strategies might be helpful?
- Ask the recovering co-leader to share his or her experiences with anger in recovery.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients identify one new strategy for coping with anger and write the benefits of the strategy.

Session 24: Acceptance

Goals of Session

- Help clients understand that accepting their substance use disorder is the first step in gaining control of their lives.
- Help clients understand that accepting their substance use disorder is not a sign of weakness.
- Help clients identify sources of strength to draw on.

Handout

- RP 24—Acceptance

Presentation of Topic (15 minutes)

1. Accepting the Power of Substance Dependence

Clients confront a paradox when admitting and accepting the power of their substance use disorder. Remaining abstinent and in recovery will require that clients be smart and strong. Before they can get to the point where their recovery is underway, clients must admit that substance dependence is stronger than they are and that it controls their lives. Even though it may seem counterintuitive to clients, especially those who have made attempts to stop using on their own without the benefit of treatment or support groups, surrendering control is the first step to reclaiming control. Clients who have attended 12-Step meetings may be familiar with this idea because it constitutes the first of the 12 Steps.

2. Understanding That People Have Limits and That Some Things Are Beyond Their Control

It is normal for clients not to recognize the extent of their substance use disorder. Knowing that they are substance dependent, in part, because their bodies now have a chemical need for drugs may help some clients accept that their problem is beyond their control. In this sense, substance use disorders are much like any other chronic medical disorder, such as diabetes or heart disease. There is no shame in admitting the need for help, just as there is no shame in admitting the need for insulin by people who have diabetes. This is not to say that their substance dependence is out of clients' hands. Clients need to take responsibility for their actions, but the first step in that process is admitting that they cannot stop using substances on their own.

3. Identifying Sources of Support and Strength

Clients should be aware that admitting and accepting that they have a problem is not something they do only once at the beginning of treatment. Even people who have been in recovery for months can let down their guard and begin to think they are stronger than the substance dependence that brought them to treatment in the first place. (In fact, clients who are several weeks into recovery often feel that they are "cured." This often happens during the Honeymoon stage of recovery, as discussed in Early Recovery Skills session 5.)

Because acceptance can be an ongoing problem throughout recovery, clients need sources of strength they can draw on to help them stay abstinent. The fellow members of 12-Step, mutual-help, or spiritually

oriented programs can be a strong support during recovery. Clients should find a meeting group they are comfortable with and attend regularly. Friends and loved ones also can provide needed support.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 24—Acceptance.
- Ask clients to discuss their experiences with trying to stop using substances before they entered treatment. Did they try to “just say no”? Were some clients practicing “white-knuckle sobriety,” just hanging on for dear life?
- Ask clients whether they have accepted their substance dependence. How did their approach to abstinence and recovery change once they accepted their problem?
- Ask the recovering co-leader to discuss the negative effects of his or her substance use.
- Some clients may have heard that it is necessary to “hit bottom” before they can begin recovery. Tell clients that studies indicate that “hitting bottom” is not correlated with success in recovery.
- Ask the recovering co-leader to discuss the paradox of surrendering control to take back control of his or her life. Have clients discuss this paradox as well.
- Introduce the idea that substance dependence can be thought of as a disorder just like other chronic medical disorders. Discuss with clients whether this concept makes them feel less guilt and shame.
- Ask the recovering co-leader to share the supports and sources of strength that helped him or her during early recovery. What sources of strength can clients draw on to help them stay abstinent and in recovery?

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session’s topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients make a list of at least three sources of strength and support on which they can draw during recovery.

Session 25: Making New Friends

Goals of Session

- Help clients understand the need to surround themselves with supportive, abstinent friends.
- Help clients learn how to determine whether people they meet will be appropriate friends.
- Help clients explore new places and ways to meet people and make friends.

Handout

- RP 25—Making New Friends

Presentation of Topic (15 minutes)

1. Understanding the Important Role Friends Play in Recovery

Sometimes when clients enter treatment, they expect to stop using substances but maintain old friendships with people who still use. Clients who are serious about living a substance-free life will need to find new friends who can be supportive of their recovery. Relationships with friends help shape individuals. Being around people who are committed to recovery and people whose lives are balanced and fulfilling has a positive effect on clients, especially those who are new to abstinence and recovery. Perhaps the most important role friends can play for clients in recovery is to be a resource for support and strength. However, clients also rely on friends for fun activities that are an important part of recovery.

2. Recognizing That Behavior Change May Be Necessary for Clients To Make New Friends

Friendships are built on common interests. Many clients entering treatment will have had friendships that were based primarily on substance use. Some clients' social skills for making new friends might be rusty. Clients who are reluctant to seek out new friendships will gain confidence and self-assurance as their recovery progresses. The counselor should remind clients that friendship is a two-way street. In addition to looking for support from friends, clients can benefit from being a good friend to others in recovery or to new people they meet.

3. Exploring New Places and Ways To Meet People and Make Friends

The counselor should encourage clients to attend 12-Step, mutual-help, or spiritually oriented meetings; try to make abstinent friends; and find a sponsor. Clients also should be encouraged to resume old hobbies or activities that they allowed to languish or explore new interests. Taking a class, joining a club or a gym, and volunteering are good ways to meet people with whom clients can form meaningful friendships. The counselor should remind clients that personal friendships and business dealings with other clients in group are not recommended, especially early in recovery.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The

handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 25—Making New Friends.
- Ask clients whether they have friends from before they entered treatment who will be good friends to keep now that they are in recovery. What qualities do these friends have?
- Ask clients how the friends they used substances with affected their lives.
- Ask clients whether they have spoken with friends with whom they used to use substances. What have they talked about? Have clients severed these friendships? Tried to maintain them?
- Ask the recovering co-leader to share his or her experience with friends during the transition from using to recovery. Did any of the former friendships last?
- Ask clients how they met new people and made friends while they were abusing substances. Will they be able to meet new nonusing friends in the same ways?
- Ask clients what qualities they look for in a good friend. What role do acquaintances play in clients' lives? How is this different from the role friends play?
- Ask the recovering co-leader to discuss personal changes he or she made to find new friends after entering treatment.
- Have clients discuss ways to meet new friends.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients identify three things (other than attending 12-Step or mutual-help meetings) that will help them meet new friends.

Session 26: Repairing Relationships

Goals of Session

- Help clients understand the need to repair relationships by making amends.
- Help clients understand that making amends must go beyond stopping substance use.
- Help clients prepare to address people who refuse to forgive.

Handout

- RP 26—Repairing Relationships

Presentation of Topic (15 minutes)

1. Acknowledging Past Behaviors for Which Amends Should Be Made

As discussed in RP session 24, clients first must admit to themselves that they have a substance use disorder and that it has control over their lives. Another aspect of recovery is clients' acknowledgment that they have hurt the people close to them because of their substance abuse. In addition to clients' being honest with themselves about the hurt they have done to others, clients must rebuild the relationships that were broken as a result of their substance abuse. Clients who have attended 12-Step meetings may be familiar with the process of acknowledging that amends must be made; this process constitutes Step 8 of the 12 Steps.

2. Exploring Ways To Make Amends and Repair Relationships

Stopping substance use, entering treatment, and staying abstinent are difficult. Some clients may feel that by accomplishing these things they have done enough work toward repairing their damaged relationships. By themselves, these things are not sufficient. Clients must speak with the people they have wronged, acknowledge the harm they caused, and explain that they have entered treatment and are in recovery. For some people, clients' taking responsibility for the harm they have caused will be enough to repair past damage. Others may not be so quick to forgive. Clients may have to work with the people they have hurt to restore relationships. As discussed in RP session 12, restoring trust can be an arduous process.

3. Forgiving Oneself and Others

The damage done to relationships by substance use disorders is not a one-way street. Friends and loved ones do hurtful things to the person who is abusing substances, too. Clients should be prepared to forgive people who have hurt them, even if the people are not ready to acknowledge the hurt or apologize for it. Clients should work to let go of grudges and resentment; bitterness is a dangerous emotion (like anger) that can act as a trigger for relapse. To leave bitterness behind, clients must be able to forgive themselves for their past behaviors. They cannot change the past; once they have entered treatment, made amends, and resolved not to make the same mistakes again, clients have done all they can do to address past mistakes.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 26—Repairing Relationships.
- Ask clients to whom they need to make amends.
- Ask clients what they need to make amends for.
- Ask clients to discuss the difference between apologizing and making amends.
- Ask clients how they plan to handle a situation where someone is still angry and refuses to forgive them.
- Ask the recovering co-leader to share his or her experience with going to people to make amends. How did the co-leader handle people who refused to forgive and accept him or her?
- Ask clients how they are prepared to make amends. Beyond apologizing, what else might they have to do to repair relationships?
- Ask the recovering co-leader to share the various ways he or she went about making amends.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients list one person to whom they need to make amends and the measures they will take to repair the relationship. Clients can use their journals or pages 18 and 19 of their *Client's Treatment Companion*.

Session 27: Serenity Prayer

Goals of Session

- Help clients understand the importance of distinguishing between things that can be changed and those that cannot.
- Help clients understand that the Serenity Prayer is not strictly religious and is applicable in many situations.
- Help clients identify things that they can change.

Handout

- RP 27—Serenity Prayer

Presentation of Topic (15 minutes)

1. *Distinguishing Things That Can Be Changed From Those That Cannot*

Making distinctions between what can be changed and what cannot is a critical skill for clients in recovery. If clients are unsuccessful at making these distinctions, they can experience frustration, anger, and increased stress that make them more vulnerable to relapse. Staying abstinent and progressing in recovery demand clients' full attention; clients do not have time or energy for worrying about things over which they have no control. The counselor should take clients through some specific scenarios and have clients discuss and evaluate whether they can change the situations and how they should respond. For example:

- A client is stuck in traffic and is late for an appointment.
- The grocery store is out of a key ingredient a client needs to make a special dish.
- A client's boss reprimands him for being late to work.
- A client's partner still does not trust her, even though she has been abstinent for months.

2. *Understanding What Serenity Means in the Context of Recovery*

The Serenity Prayer was popularized by Alcoholics Anonymous (AA). (A version of the 12 Steps, adapted for people who are recovering from stimulant use, is available at www.crystalmeth.org.) Like 12-Step programs, the Serenity Prayer has specific religious overtones: the first word in the saying is God. Prayer provides many people with inner calm, but the serenity that is beneficial to recovery can be achieved through other means, such as meditation or journal writing. Clients who are not religious or do not believe in God can benefit still from the principles in the Serenity Prayer. These clients can think of the prayer as a poem or a wise saying. Every aspect of the Matrix method or 12-Step meetings may not be useful to clients. The counselor should encourage clients to take what they can use and leave the rest. In other words, clients should accept the wisdom of this saying even if its form is not to their liking.

3. *Identifying Areas That Require Change*

Achieving the inner peace mentioned in the Serenity Prayer requires not only the ability to set aside those things that clients cannot change but also the commitment to work on those things that they can

change. The important aspects of clients' lives are things that will support them in recovery. Relationships with friends and family can be a powerful source of strength during recovery. Often, relationships can be improved and are worth repairing. The counselor should help clients identify other areas of their lives that are both important to recovery and capable of being changed.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 27—Serenity Prayer.
- Ask clients to discuss what this saying means to them.
- The name of this saying focuses on serenity, but courage and wisdom also are mentioned in the saying. Ask clients how courage and wisdom are part of recovery. How do courage and wisdom contribute to serenity?
- Ask clients whether they are troubled by the fact that, according to the saying, God provides serenity. Can clients appreciate the saying even if they are not religious or do not believe in God?
- Ask the recovering co-leader to discuss his or her understanding of the Serenity Prayer. Did the co-leader struggle with the religious aspects of the saying? Was the idea of a higher power comforting and helpful?
- Have clients discuss the things in their lives that they cannot change. How do they identify these things?
- Ask clients what things in their lives should be changed. What steps are they taking to make those changes?

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Ask clients to identify one thing about their lives that they can change and that would help strengthen their recovery. Have clients list the steps they will take to make that change.

Session 28: Compulsive Behaviors

Goals of Session

- Help clients understand what compulsive behaviors are and how compulsive behaviors other than substance abuse can affect recovery negatively.
- Help clients understand the dangers of abstinence violation syndrome.
- Help clients recognize and eliminate compulsive behaviors.

Handout

- RP 28—Compulsive Behaviors

Presentation of Topic (15 minutes)

1. *Getting Life Under Control by Eliminating Compulsive Behaviors*

The counselor should define “compulsive behaviors” as irrational or destructive actions people take in response to irresistible impulses.

As clients used stimulants and became more dependent on them, what started out as a casual practice—something they did when they were at a party or with certain friends—progressed to compulsive use. Now that clients are abstinent and in recovery, they may be replacing their compulsive stimulant use with other compulsive behaviors. Signs of compulsion include overindulging in food, tobacco, caffeinated sodas and coffee, sweets, exercise, work, and masturbation. Gambling, spending a lot of money, and abusing drugs other than stimulants also may be compulsive behaviors. It is important for clients to eliminate compulsive behaviors from their lives. As long as some aspect of their life is out of control, it is easy for clients to slip back into the out-of-control use of stimulants.

Some clients may need help beyond the scope of substance abuse treatment to address compulsive behaviors (e.g., eating disorders, gambling addictions). The counselor should be alert for clients who need more help and refer them for additional treatment.

2. *Understanding How Abstinence Violation Syndrome Can Derail Recovery*

Clients can feel as if they are walking a narrow path when they are in recovery. For some clients, as long as everything in their recovery goes according to plan, they are fine. But if they make even one small misstep, they can feel that they have fallen off the recovery path. This pattern of thinking is called abstinence violation syndrome, and it is dangerous. By this strict logic, even a small slip-up is the equivalent of using again. A client who skips his regular evening swim may end up relapsing because in his mind he already has ruined his recovery. Clients need to understand that no one's recovery happens “perfectly”; making a mistake does not mean that all is lost and that using drugs again is inevitable.

3. *Balancing Lifestyle Change With a Healthful and Successful Recovery*

Clients may have different approaches to the goal of eliminating compulsive behaviors from their lives. Some people find that it is easier to make sweeping changes all at once. They figure they already are girding themselves to do something difficult, so they might as well tackle all their compulsive behaviors

at once. Other people need to make changes gradually, one or two at a time. For them, the thought of trying to eliminate all their compulsive behaviors at once is overwhelming. Clients need to work toward the goal of eliminating their compulsive behaviors in a way that is comfortable for them and allows them to keep their lives and recovery in balance.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 28—Compulsive Behaviors.
- Ensure that clients understand what it means to act compulsively and what compulsive behaviors are.
- Ask clients to discuss their compulsive behaviors. Did clients find themselves engaging in more compulsive behaviors when they became abstinent?
- Ask clients what steps they have taken to eliminate compulsive behaviors. How much success have they had? What approach are they using? Are they tackling all behaviors at once or one or two at a time?
- Ask the recovering co-leader to discuss his or her experiences with abstinence violation syndrome.
- Small things go wrong during recovery. Ask clients to discuss their attitude toward small slip-ups. Encourage clients to put small missteps in perspective. If they are overly rigid in their approach to recovery, they may overreact—and relapse—because of a minor problem.
- Ask clients to discuss relapse prevention techniques they have learned about. If clients are new to recovery, make sure they understand the necessity to avoid triggers, practice thought stopping, and use scheduling.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients choose one of the relapse prevention strategies on handout RP 28 that they think will work best for them. Have them describe when and how they will put this strategy into action.

Session 29: Coping With Feelings and Depression

Goals of Session

- Help clients recognize and understand their emotional responses.
- Help clients recognize signs of depression.
- Help clients explore strategies for coping with emotions and depression.

Handout

- RP 29—Coping With Feelings and Depression

Presentation of Topic (15 minutes)

1. Understanding Emotional Patterns in Recovery

It is important for people in recovery to be able to recognize and understand their emotional responses. Accustomed to experiencing emotions that make them uncomfortable (e.g., shame, anger, sadness), some clients may have ceased to be honest with themselves about what they are feeling. Until clients can label their feelings accurately, they cannot address feelings that may build up and cause problems. Even if clients experience negative or painful emotions, it is important that they acknowledge these feelings. The counselor should remind clients that there is nothing wrong with having these feelings; clients still can choose *not* to act on emotions that trouble them.

Clients also can gain a better understanding of their feelings by looking for patterns in how they respond to situations and to people. Are clients more susceptible to some feelings than others? Do certain situations always make clients depressed? Do certain people always make clients angry?

2. Understanding the Importance of Identifying and Addressing Depression

People in recovery often experience bouts of depression. For some clients, this is just a normal part of the recovery process. They become depressed right after becoming abstinent or several months into recovery (during the period known as the Wall). If these clients stay abstinent and keep their recovery on track, the depressive symptoms should abate. In other clients, however, stimulant use had masked symptoms of a depressive disorder that is laid bare once they are abstinent. The counselor should be alert for clients with symptoms of depression that do not improve and ensure that these clients receive proper evaluation and treatment.

Counselors may find the following resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) helpful:

- Treatment Improvement Protocol 42, *Substance Abuse Treatment for Persons With Co-Occurring Disorders* (CSAT 2005a)
- SAMHSA's Web site on Populations With Co-Occurring Substance Use and Mental Disorders (www.samhsa.gov/Matrix/matrix_cooc.aspx)
- SAMHSA's Co-Occurring Center for Excellence (coce.samhsa.gov)

3. Using Coping Strategies To Manage Emotions and Depression

Many of the best ways to address symptoms of depression coincide with strategies clients already should be using to prevent relapse. It is especially important for clients to reach out to supportive friends and family if they are feeling depressed. Talking to a counselor or a physician also is a good idea. Activities that get clients out of the house and force them to interact with other people also are a good way to cope with depression. Exercise can stabilize the body's rhythms, allowing clients to return to more regular patterns of eating and sleeping. Exercise also can help alleviate symptoms of depression that occur during the Wall.

However, when these steps do not help mitigate a client's depression, the counselor should consider whether the client is experiencing clinical depression and should be referred for more intensive treatment. The counselor should follow up immediately with clients who are suspected of being clinically depressed.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 29—Coping With Feelings and Depression.
- Ask clients whether they are being honest with themselves about their feelings. Do they feel that there are some feelings that are off-limits?
- Encourage clients to accept the emotions that they experience. If clients feel that some emotions are off-limits, ask them why they feel this way.
- Ask clients whether they notice patterns in their feelings. Do they often feel angry? Sad? Bitter? If so, what are these emotions in response to?
- Ask the recovering co-leader to share his or her experiences with depressive episodes in recovery. Did the depressive feelings abate after the Wall?
- Ask clients whether they have been through depressive episodes before. How do they recognize them?
- Ask clients whether they feel depressed now. What symptoms are they experiencing?
- Ask clients to share strategies that have helped them cope with periods of depression.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients write down three responses, other than the ones listed on the handout, that they can use to combat depression.

Session 30: 12-Step and Mutual-Help Programs

Goals of Session

- Help clients understand how 12-Step and mutual-help programs can support recovery.
- Help clients realize the many benefits from 12-Step and mutual-help programs.
- Help clients understand the breadth of 12-Step and mutual-help programs available.

Handout

- RP 30—12-Step Programs

Presentation of Topic (15 minutes)

1. Understanding the Basics of 12-Step Groups (e.g., what meetings are like, how to find a meeting)

Some clients will be familiar with AA and other 12-Step groups. The counselor should take time to walk clients through the rudiments of 12-Step group participation. Professional substance abuse treatment combined with 12-Step participation is one of the most effective interventions for substance dependence. These components are very important to recovery; clients should be given every opportunity to understand and become comfortable with 12-Step programs. Important points to cover include the following:

- **Meeting format.** Meetings are held throughout the day and evening and usually last 1 hour, with time before and after for socializing. The counselor should provide clients with a list of local meetings and contact information.
- **Participant-specific meetings.** Large communities may have special group meetings (e.g., for doctors, lawyers, members of other professions, people with mental disorders; gender-specific meetings; meetings based on participants' sexual orientation). Some communities have meetings especially for people in recovery from methamphetamine use. (See www.crystalmeth.org to access a list of communities that have methamphetamine-specific meetings.)
- **Types of meetings.** The content of some meetings has a special focus:
 - ◆ Speaker meetings feature a person in recovery telling his or her story of drug and alcohol use and recovery.
 - ◆ Topic meetings have a discussion on a specific topic such as fellowship, honesty, acceptance, or patience. Everyone is given a chance to talk, but no one is forced.
 - ◆ Step/Tradition meetings are special meetings where the 12 Steps and 12 Traditions are discussed.
 - ◆ Book study meetings focus on reading a chapter from the main text of the 12-Step group. (For AA, this is the Big Book; for Narcotics Anonymous [NA], the Basic Text.) Book study meetings often focus on someone's experience or a recovery-related topic.

Clients should visit different meetings until they find a group they like. Not every aspect of a meeting or a particular discussion will be useful. But clients should strive to find a group they can attend regularly and try to learn something that will strengthen their recovery each time they go to a meeting.

2. Understanding the Social and Emotional Support Available Through 12-Step Attendance

Twelve-Step groups consist of people with the same problem working together to help one another. The group process reminds clients that they are not alone and provides them the opportunity to make abstinent friends and begin to build a support network. Clients can receive guidance and encouragement from others who have been in recovery longer than they have.

3. Exploring Alternatives to 12-Step Programs

Twelve-Step programs such as AA, Cocaine Anonymous, and NA are the most prevalent groups available. But they may not be for everyone. Crystal Meth Anonymous is a 12-Step group that provides fellowship and support for people in recovery from methamphetamine use (see www.crystalmeth.org). The counselor should research local options to 12-Step programs and expose clients to other types of recovery support in addition to 12-Step programs, such as mutual-help groups. (In small communities, a 12-Step meeting may be clients' only option.) Even groups that do not adhere to 12-Step principles offer the fellowship and support that are crucial to recovery. The counselor may want to discuss the alternatives to traditional 12-Step meetings listed on pages 33 and 34.

The counselor also may want to devote some time to describing the various support programs for families of clients (e.g., Nar-Anon, Al-Anon, Alateen).

Handout and Focused Discussion (45 minutes)

Clients should be given time to read the handout before the discussion begins. The handout is primarily a tool for discussion. The counselor encourages clients to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 30—12-Step Programs.
- Take care to respect group members who are reluctant to attend 12-Step meetings; ensure that they do not feel coerced to attend 12-Step meetings.
- Ask clients whether they have participated in 12-Step or any of the other groups mentioned above. Ask clients who have participated to describe the ways in which attending meetings helped them.
- Ask clients whether they attend any special-focus meetings that they find helpful.
- Ask the recovering co-leader to discuss any reservations or difficulties that he or she had with attending 12-Step meetings when first starting in recovery.
- Ask clients to discuss the spiritual dimensions of 12-Step meetings. Do they find comfort in the notion of a higher power?

- Ask clients whether they are troubled by the references to a higher power in 12-Step meetings. If so, how do they reconcile those objections with continued attendance?
- Ask clients whether they have attended mutual-help or spiritually oriented meetings. If so, ask them to describe their experiences.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients attend a 12-Step or mutual-help meeting and write down five benefits from the meeting.

Session 31: Looking Forward; Managing Downtime

Goals of Session

- Help clients appreciate the risks of boredom as a relapse trigger.
- Help clients understand the benefits of planning rewards and downtime.
- Help clients explore different ways to break the monotony of recovery.

Handout

- RP 31—Looking Forward; Managing Downtime

Presentation of Topic (15 minutes)

1. Understanding That Boredom Can Be a Relapse Trigger

It is normal for clients to feel bored, listless, and unexcited during recovery. This boredom may be caused by chemical changes that are part of the brain's healing. It also may be a function of the rigid structure of recovery. Although the structure of recovery is necessary, the boredom that it can breed acts as a relapse trigger for many clients; using was the way many clients filled their free time and made their lives more interesting. In addition, clients who are bored may lack the mental energy to maintain a smart and strong recovery. It is necessary for clients to fight through their feelings of boredom to keep their recovery on track.

2. Understanding the Benefits of Breaking Recovery Into Manageable Chunks of Time

One way for clients to combat the routine nature of recovery is to plan little rewards for themselves every couple of weeks. These rewards need not be large purchases or big events. In fact, it is better if clients think of small things that they enjoy but that still constitute a special treat (e.g., eating a favorite meal, buying a new CD, taking a day trip). The rewards should be things that clients can look forward to and that will pull them through the dreary parts of recovery. It also is important that the rewards not disrupt recovery. For example, leaving town for more than a few days would not be a good idea during treatment. Clients can think of these rewards as extensions of the marking progress activity from the Early Recovery Skills sessions. Both components are exercises in breaking the sameness of recovery into smaller periods that are punctuated by rewards.

3. Exploring Ways To Enhance Recovery by Planning Activities and Structuring Downtime

In addition to occasional rewards such as rest and fun, clients may need more frequent breaks from the predictability of the recovery routine. For most clients, relaxing from the stress of everyday life used to involve substance use. Now that they are in recovery, many clients need to find new ways to unwind or to cope with the stress of their lives. Physical activity is an excellent way for clients to relax. Exercise is known to reduce stress levels. When clients exercise, they also boost their self-esteem and help ameliorate any remaining physical symptoms from stopping substance use. Exercise need not be vigorous—just consistent; walking or bicycling several times a week is good exercise during recovery.

Activities that involve clients' minds are important, too. Starting a new hobby or picking up an old interest is an excellent way to fight boredom. Clients might consider taking lessons or classes; learning something new (e.g., how to play a musical instrument or speak another language) orients clients toward the future. When clients become engaged in learning something or participating regularly in an activity, they make a commitment that supports their recovery.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 31—Looking Forward; Managing Downtime.
- Ask clients whether they have been experiencing boredom and emotional tedium. To what do they attribute these feelings?
- Ask clients what effect boredom has on their recovery. What do they do now to relieve daily boredom?
- Ask the recovering co-leader to discuss how he or she used the practice of building islands (from handout RP 31) to stay engaged in the recovery process.
- Ask clients what activities they can use as rewards to combat the routine nature of treatment and recovery.
- Ask clients how they know whether they need to relax. What physical or emotional signs tell them that they need some downtime?
- Ask clients to describe hobbies and activities that they have found relaxing and satisfying.
- Ask the recovering co-leader to discuss his or her experience using activities to combat boredom. To relieve stress, what does the co-leader do in place of substance use?

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients explain in detail one of their islands and one of the activities or hobbies they are going to pursue.

Session 32: One Day at a Time

Goals of Session

- Help clients avoid feeling overwhelmed by the past.
- Help clients understand that the past does not define the future.
- Help clients explore different strategies for focusing on the present.

Handout

- RP 32—One Day at a Time

Presentation of Topic (15 minutes)

1. Avoiding Defeatist and Fatalistic Ideas About the Past

When many clients enter treatment, their immediate past is characterized by failure. They can use little in their histories to build their self-confidence. Little in their experience convinces them that they can succeed in recovery. Paradoxically, once clients are in recovery, the process of clearing up problems from the past often leaves them overwhelmed and unable to face the present or the future optimistically. Negative feelings and a bleak outlook on the future add stress to clients' lives and increase the chances of relapse. The counselor needs to persuade clients that they are capable of making a break with their past behavior. As evidence that this is possible, the counselor can point to the fact that clients made the decision to enter treatment. They can build on this decision to make their future different from the past.

2. Understanding That the Future Is Determined by the Individual, Not by Past Behavior

Clients often feel that, because they have failed to stay abstinent in the past, they will fail to do so in the future. Although it is true that people often repeat past behavior, they do so by choice, for the most part. The mere fact that a client had quit using and then went back to stimulant use does not mean that the same thing will happen again. Clients decide whether they will be abstinent. Taking a smart approach to recovery helps clients succeed where before they did not.

The counselor should remind clients of the times in their lives when they decided to change their behavior and succeeded. For example, perhaps some clients altered their diet or gave up cursing. Most clients probably can identify some point in their lives when they made a decision to change their behavior and stuck with it.

The counselor also should be aware that some clients come to treatment with serious psychological problems other than substance use. These problems may be the result of significant trauma that has scarred clients. If the counselor notices serious psychological problems in clients, the counselor should refer the clients to a mental health professional for assessment.

3. Exploring Strategies To Keep Recovery on Track by Focusing on the Present

The phrase "One Day at a Time" comes from 12-Step programs and is useful for clients to bear in mind. Twelve-Step and mutual-help programs teach clients a new way to structure their experience so

that they are focused more on their immediate reality. Clients should strive to be less concerned about the past and less fretful about the future. The counselor might suggest exercise (especially repetitive exercise like walking, running, or swimming), meditation, or journal writing, but clients will know better than the counselor what practices and thoughts will help them focus more on the present.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP 32—One Day at a Time.
- Ask clients whether they let thoughts from the past affect their current behavior. What kind of thoughts about the past do they have?
- Ask clients whether they tend to focus on negative thoughts about the past. What positive aspects of their past could clients recall instead?
- Ask clients whether fears about the future overwhelm them. What fears do clients have about the future?
- Ask clients whether they find it hard to make changes in their lives. Can they point to a time when they made a change in their lives and stuck with it?
- Ask the recovering co-leader to share his or her experiences of letting go of past worries and future fears and focusing on the present.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients describe one activity that will help them focus more on the present and put it into practice before the next RP session.

Elective Session A: Client Status Review

Goals of Session

- Help clients see an overview of the many issues involved in their recovery.
- Help clients establish a pattern of regular self-review.

Handout

- RP Elective A—Client Status Review

Presentation of Topic (15 minutes)

1. Understanding That Recovery Is a Dynamic Process That Must Be Actively Managed

Recovery is a complicated process. Remaining abstinent is the most important part of recovery, but there is much more to recovery. As clients are going through treatment, it is important for them to realize that once the structure of daily group sessions is gone, they will need to manage the complicated process of recovery on their own. From the beginning of the Matrix intervention, clients have been encouraged to attend 12-Step or mutual-help meetings. By the time they leave treatment, all clients should be attending meetings and benefiting from the structure and support meetings provide. Clients also will have the support of their families, friends, and, for those who are in a 12-Step program, sponsors. But it will be up to clients to make daily decisions that influence their recovery and monitor how they are doing in the various aspects of recovery. Successful relapse prevention requires regular, frequent reviews of the broad spectrum of issues that are involved in recovery.

2. Using Members of the Group To Explore Ways To Improve Recovery

Clients should be encouraged to draw inspiration and take suggestions from other members of the group. A client who has been successful in a certain aspect of recovery should talk about the success so that the rest of the group can be encouraged and can use or adapt the client's strategies and approach. Clients should treat the group as a think tank of good ideas and approaches to recovery, taking the best ideas and applying them to their lives.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP Elective A—Client Status Review.
- Ask clients to assess honestly their progress in the aspects of recovery listed on the handout. This type of self-review should become a regular part of clients' lives because it will help them remain abstinent.

- Ask clients whether they can discern patterns in their responses. Do some aspects of recovery come more easily for them? Why?
- Ask clients to focus on the areas with which they are most satisfied. Have them share their ideas on why they have been successful. Encourage each client to share at least one story of success along with the approach that led to the success.
- Ask clients what they can do to improve the areas with which they were unsatisfied.
- Ask the recovering co-leader to discuss how gleaning ideas and suggestions from other people in recovery has helped his or her recovery.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Ask clients to write down one of the ideas from the group discussion that they think will help them improve their recovery. Have them explain how they will implement this idea and how it will help them.

Elective Session B: Holidays and Recovery

Goals of Session

- Help clients understand that the added stress of holidays increases the risk of relapse.
- Help clients assess their level of holiday stress and identify ways to alleviate it.

Handout

- RP Elective B—Holidays and Recovery

Presentation of Topic (15 minutes)

1. Understanding That Holidays Pose Particular Risks for Recovering Individuals

The counselor should consider using this session before a major holiday. The weeks around Christmas and New Year's Day can be a particularly troublesome time, but the Fourth of July, Memorial Day, Labor Day, and other holidays also feature celebrations and parties that put clients at increased risk of relapse. Holidays come with increased stressors, such as hectic schedules, travel, and increased spending. In addition, many people experience intense emotional swings during the holidays—either joyous or depressed. In this environment, faced with increased triggers, clients find it easier to relapse.

2. Understanding the Importance of Scheduling and Planning To Avoid Triggers

Clients experience disruptions in the normal routine of recovery during holidays. They may be away from home, find themselves with more unstructured time, and have difficulty going to meetings. As a holiday nears, clients need to be aware of the added risks and make plans that will help them avoid triggers. If clients have gotten away from the practice of scheduling their activities, they should reinstitute the practice as a holiday approaches. If clients know they will be out of town, they should make arrangements to keep up the activities that have been preventing them from relapsing. This may mean locating a 12-Step meeting in the town they are visiting, scheduling phone calls with their sponsor, being sure they can get some exercise, or setting aside some time for meditation or journal writing.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP Elective B—Holidays and Recovery.
- Ask clients whether holidays are stressful times for them. How can holidays affect their recovery?
- Ask clients whether they have tried to remain abstinent through holidays, for example Christmas and New Year's. What additional stressors did they face during holidays?

- New Year's Eve can be an especially troubling holiday for people in recovery. People are expected to be festive, to drink alcohol, and to assess the previous year—all of which can be stressful for people in recovery. Ask clients how they plan to cope with the added stress of New Year's Eve this year.
- Ask clients about the specific risks posed by holidays.
- Ask the recovering co-leader to discuss his or her experience with planning and scheduling to keep recovery on track during holidays.

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients select the holiday that is most stressful for them or think about the next holiday. Have them write a plan for how they will avoid relapse during this time.

Elective Session C: Recreational Activities

Goals of Session

- Help clients understand the importance of introducing new activities into their lives.
- Help clients understand that new activities and old pursuits may not feel like fun right away.

Handout

- RP Elective C—Recreational Activities

Presentation of Topic (15 minutes)

1. Understanding the Role Activities and Hobbies Play in Recovery

Activities and hobbies are important during recovery for several reasons. Any interest clients take up helps orient them toward the future. The whole notion of *pursuing* a hobby or an activity suggests that clients are involved in a process that stretches out in front of them. In this way, the activities that clients choose help them reengage in their lives and enhance their commitment to recovery.

Physical exercise helps the body and mind get over lingering effects of substance use, relieves stress, and bolsters clients' self-esteem. Taking a class, joining a club, or volunteering helps clients meet people who share their interests and builds a repertoire of interests and activities that do not focus on substance use.

2. Finding Activities That Are Stimulating and Engaging May Take Patience

As clients resume old activities or pick up new ones, they should not be surprised if the activities are not rewarding immediately. Their motivation at the beginning of an activity should be to strengthen their recovery. As they become involved in activities over time, clients will enjoy them more. The counselor should encourage clients to look on recovery as a fresh opportunity. Now that they are not spending time, energy, and money supporting their substance use, clients can explore and develop interests that they have been putting off or that seemed beyond their reach.

Handout and Focused Discussion (45 minutes)

Clients should be given time to complete the handout before the discussion begins. Clients should not be forced to comply if they find it difficult or uncomfortable to complete the handout in the group. The handout is primarily a tool for discussion. The counselor steers clients away from reading their responses and encourages them to converse about the issues the handout raises. The counselor ensures that all clients have an opportunity to participate.

- Go over handout RP Elective C—Recreational Activities.
- Ask clients what activities they would like to pursue now that they are abstinent and in recovery. Clients should be encouraged to imagine and describe a lot of different activities, helping one another think of fun and involving interests to pursue. It is important to note here that personal

friendships among clients in the group are not encouraged. The counselor may want to discourage clients from making arrangements to pursue activities with people who have been abstinent for less time than they have.

- Ask clients about former hobbies they used to enjoy. What were the benefits of those activities? How did they enrich clients' lives?
- Ask clients whether they have begun new activities or resumed old hobbies. How has their recovery been affected?
- Ask clients whether they have begun exercising since entering treatment. How has their recovery been affected?
- Ask the recovering co-leader to discuss the role that exercise, interests, and hobbies played in his or her recovery. How has the co-leader used these activities to help him or her avoid triggers and prevent relapse?

Open Discussion (30 minutes)

The counselor should carry over from the previous discussion any important issues that have not been addressed fully. Although it is important for clients to be able to speak about what is on their minds, the counselor should make sure that the session's topic has been explored completely.

Five minutes before the end of open discussion, the counselor should ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Homework

Have clients list five new activities they have pursued or want to pursue to help them avoid triggers and prevent relapse. Clients can use their journals or pages 20 and 21 of their *Client's Treatment Companion*.

Handouts for Relapse Prevention Group Sessions

The handouts that follow are to be used by clients with the counselor's guidance. The handouts will help clients make the most of the 32 RP sessions.



It is often difficult for people to stop drinking when they enter treatment. Some reasons for this follow.

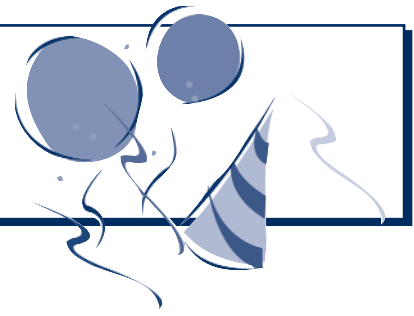
Triggers for alcohol use are everywhere. It is sometimes hard to do anything social without facing people who are drinking. **How can you get together with your friends without drinking?**

Many people use alcohol in response to internal triggers. Depression and anxiety seem to go away when they have a drink. It's difficult for people to realize that sometimes the alcohol causes the depression. **What moods and feelings make you want to have a drink?**

If a person is dependent on an illicit drug and uses alcohol less often, alcohol may not be viewed as a problem until the person tries to stop drinking. **What challenges have you faced in stopping drinking since you entered treatment?**

Alcohol affects the rational, thinking part of the brain. It is difficult to think reasonably about a substance that makes thinking clearly more difficult. **How does it feel to be sober at a party and watch people drink and act stupidly?**

Alcohol dulls the rational brain. Alcohol lowers people's inhibitions and can make people more sexually aggressive, less self-conscious, and more sociable. People who use alcohol to decrease inhibitions and help them socialize may feel uncomfortable without it. **In what ways have you depended on alcohol? For sexual or social reasons?**



Many of us grow up using alcohol to mark special occasions.

It is hard to learn how to celebrate those times without drinking. **What special occasions did your family celebrate with alcohol?**

How do you celebrate now?

In many families and social groups, drinking is a sign of strength or maturity. Drinking often is seen as a way of being “one of the gang.” **Do you feel less “with it” when you are not drinking? If so, in what ways?**

Drinking can become linked to certain activities. It can seem difficult during early recovery to do those things without a beer or other drink (for example, eating certain kinds of foods, going to sporting events). **What activities seem to go with drinking for you?**

It is important to remember that everyone who stops drinking has these problems at first. As you work through the difficult situations and spend more time sober, it does get easier.





Often people who stop using drugs say life feels boring. Some reasons for this feeling include the following:

- A structured, routine life feels different from a lifestyle built around substance use.
- Brain chemical changes during recovery can make people feel listless (or bored).
- People who use substances often have huge emotional swings (high to low and back to high). Normal emotions can feel flat by comparison.

People who have been abstinent a long time rarely complain of continual boredom. The problem of boredom in recovery does improve. Meanwhile you should try some different activities to help remedy the problem of boredom in recovery.

List five recreational activities you want to pursue.

1. _____
2. _____
3. _____
4. _____
5. _____

Have you started doing things that you enjoyed before using drugs? Have you begun new activities that interest you? What are they?



Can you plan something to look forward to? What will you plan?

How long has it been since you've taken a vacation? A vacation doesn't have to involve travel—just time away from your regular routine. What kind of break will you plan for yourself?

Here are some tips to reduce feelings of boredom:

- Recognize that a structured, routine life feels different from a lifestyle built around substance use.
- Make sure you are scheduling activities. Forcing yourself to write down daily activities helps you fit in more interesting experiences.
- Try not to become complacent in recovery. Do something that will further your growth. Sometimes boredom results from not challenging yourself enough in your daily living.

Which of the suggestions listed above might work for you? It is important to try new ways of fighting boredom. Boredom can be a trigger that moves you toward relapse.

How Relapse Happens

Relapse does not happen without warning, and it does not happen quickly. The gradual movement from abstinence to relapse can be subtle and easily explained away or denied. So a relapse often feels as if it happens suddenly. This slow movement away from abstinence can be compared to a ship gradually drifting away from where it was moored. The drifting movement can be so slow that you don't even notice it.

Interrupting Relapse Drift

During recovery people do specific things that keep them abstinent. These activities can be called "mooring lines." People need to understand what they are doing to keep themselves abstinent. They need to list these mooring lines in a specific way so they are clear and measurable. These activities are the "ropes" that hold recovery in place and prevent relapse drift from happening without being noticed.

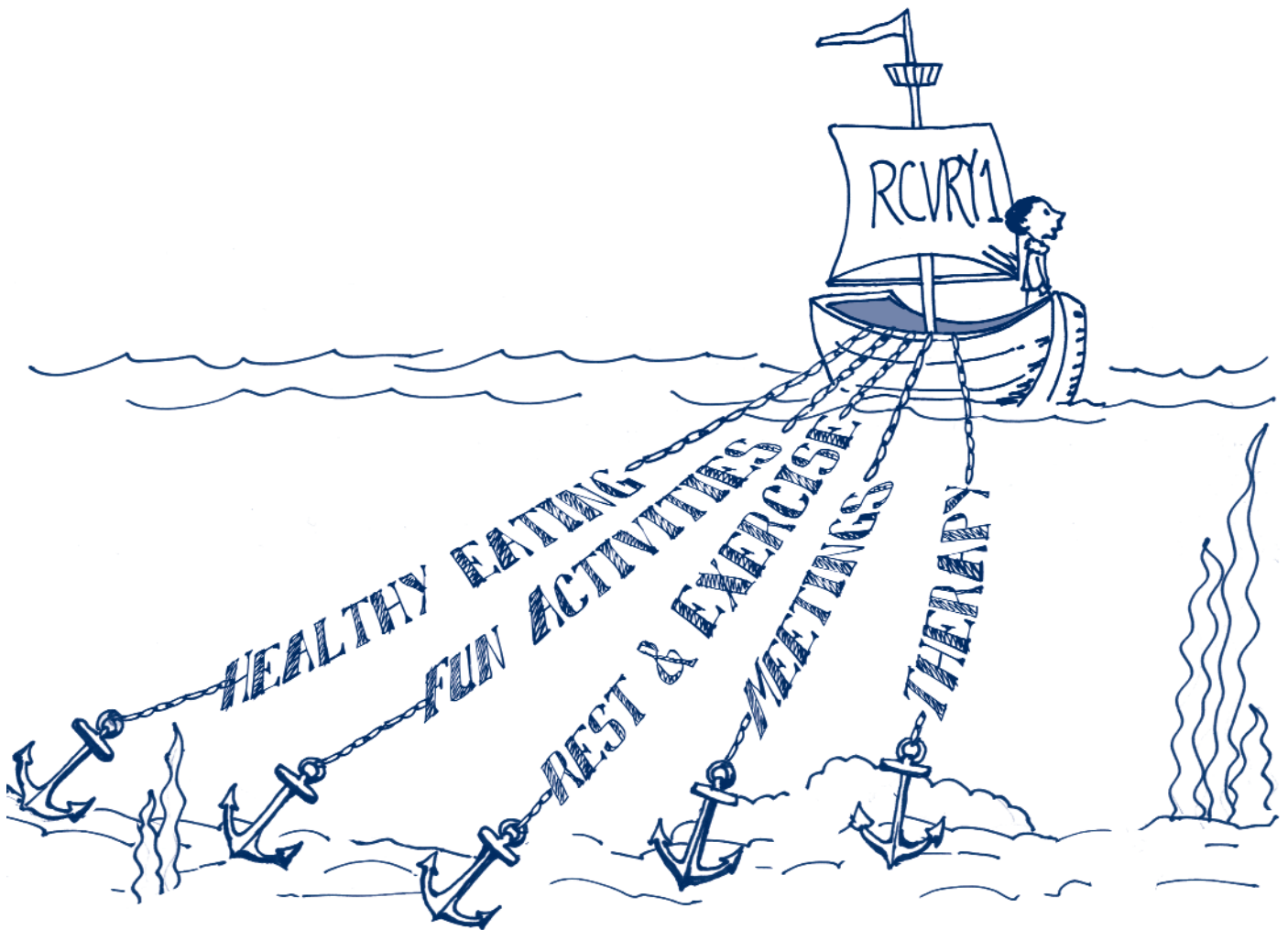
Maintaining Recovery

Use the Mooring Lines Recovery Chart (RP 3B) to list and track the things that are holding your recovery in place. Follow these guidelines when filling out the form:

- Identify four or five *specific* things that now are helping you stay abstinent (for example, working out for 20 minutes, 3 times a week).
- Include items such as exercise, therapist and group appointments, scheduling activities, 12-Step meetings, eating patterns.
- Do not list attitudes. They are not as easy to measure as behaviors.
- Note specific people or places that are known triggers and need to be avoided during recovery.

Avoiding Relapse Drift

You should complete your Mooring Lines Recovery Chart weekly. Place a checkmark next to each mooring line that you know is secure and record the date. When two or more items cannot be checked, it means that relapse drift is happening. Sometimes events interfere with your mooring lines. Emergencies and illnesses cannot be controlled. The mooring lines disappear. Many people relapse during these times. Use the chart to recognize when you are more likely to relapse, and decide what to do to keep this from happening. (After 5 weeks when the chart is full, transfer the list of mooring lines to a journal or pages 12 and 13 of your *Client's Treatment Companion*, and continue to check your mooring lines.)





Certain employment situations can make treatment and recovery more difficult. Some difficult situations are outlined below.

Employed in a Demanding Job That Makes Treatment Difficult

Your treatment won't work unless you give it 100 percent of your effort. People in recovery need to find a way to balance work with treatment so they can give recovery their full effort. Some jobs require long or unusual hours. Often the very nature of the work schedule has contributed to the substance use problem. The first task, if you have such a job, is to adjust your schedule to accommodate treatment. Work with your counselor and your boss or representative from your employee assistance program to do this. You also should find out whether flextime is an option. Recovery needs to be the first priority while you are in treatment.

Working in an Unsatisfactory Job; Thinking of Making a Change

During recovery major changes (in jobs, in relationships, etc.) should be delayed for 6 months to 1 year whenever possible. Reasons for this include the following:

- People in recovery go through big changes. Sometimes they change their views on personal situations.
- Any change is stressful. Major stress should be avoided as much as possible during recovery.

Working in a Situation Where Recovery Will Be Difficult

Some jobs lend themselves to recovery more than others. Work situations that are difficult to combine with outpatient treatment include

- Situations where it is necessary to be with other people who are drinking or using
- Jobs in which large sums of cash are available at unpredictable times

People in these types of jobs may want to plan for a job change.

Unemployed and Needing To Find a Job

When people are out of work, treatment becomes more difficult for the following reasons:

- Looking for work is often the first priority.
- Abundant free time is difficult to fill, and the structure that makes outpatient treatment effective is lacking.
- Resources often are more limited, making transportation and child care more of a problem.



If you are out of work and in treatment, remember that recovery still needs to be your first priority. Make sure the counselor knows your situation, and strive to balance job-seeking activities and treatment.

There are no easy solutions to these problems. It is important to be aware of the issues so that you can plan to make your recovery as strong as possible.

Guilt and Shame



Guilt is feeling bad about what you've done: "I am sorry I spent so much time using drugs and not paying attention to my family."

What are some things you have done in the past that you feel guilty about?

Feeling guilty can be a healthy reaction. It often means you have done something that doesn't agree with your values and morals. It is not unusual for people to do things they feel guilty about. You can't change the past. It is important to make peace with yourself. Sometimes that means making amends for things you've said and done.

Remember the following:

- It's all right to make mistakes.
- It's all right to say, "I don't know," "I don't care," or "I don't understand."
- You don't have to explain yourself to anyone if you're acting responsibly.

Do you still feel guilty about the things you listed? What can you do to improve the situation?

Shame is feeling bad about who you are: "I am hopeless and worthless."

Do you feel ashamed of being dependent on substances? Yes ___ No ___

Guilt and Shame

Do you feel you are weak because you couldn't or can't stop using?

Yes ___ No ___

Do you feel you are stupid because of what you have done?

Yes ___ No ___

Do you feel that you are a bad person because you are involved with substance use? Yes ___ No ___

Recovery is always a hard process. No one knows why some people can stop using substances once they enter treatment and decide to be abstinent and other people struggle to maintain abstinence. Research shows that family histories, genes, and individual physical differences in people play a role. Being dependent on drugs or alcohol does not mean you are bad, stupid, or weak.

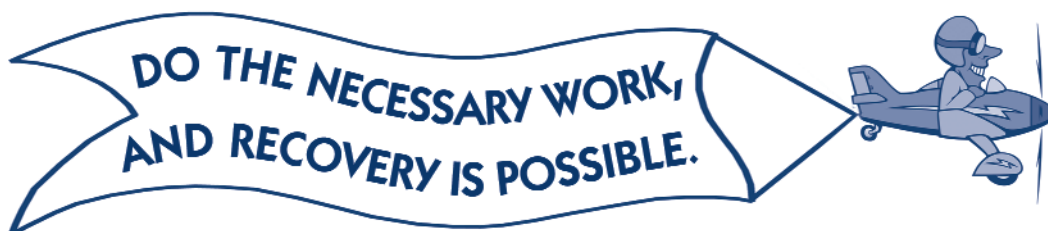
What we do know is that you cannot recover by

- Trying to use willpower
- Trying to be good
- Trying to be strong

Two things to make recovery work are

- Being smart
- Working hard

Everyone who is successful at recovery will tell you, "It was the hardest thing I ever did." No one can do it *for* you, and it will not happen *to* you.





Learning to schedule activities and structure your recovery is important in outpatient treatment. Staying busy is important for several reasons.

Often relapses begin in the head of a person who has nothing to do and nowhere to go. The addicted brain begins to think about past using, and the thoughts can start the craving process. **How has free time been a trigger for you?**

How could you respond to prevent relapse if free time led to thoughts of using?

Often people who abuse substances begin to isolate themselves. Being around people is uncomfortable and annoying. Being alone results in fewer hassles. **Did you isolate yourself when you used? If so, how did this isolation affect your substance abuse?**

How does being alone now remind you of that experience?

Staying Busy



Being involved with people and doing things keeps life interesting. Living a substance-free life can sometimes feel pretty tame. You begin to think being abstinent is boring and using is exciting and desirable. People have to work at finding ways to make abstinence fun. **What have you done lately to have fun?**

When people's lives become consumed with substance use, many things they used to do and people they used to do them with get left behind. Beginning to reconnect or to build a life around substance-free activities and people is critical to a successful recovery. **How have you reconnected with old activities and friends? How have you built new activities and brought new people into your life?**

If you have not reconnected with old activities and friends or added some new activities and people to your life, what are your plans to do so?

Motivation for Recovery

Ask any group of people who are new to recovery *why* they want to stop using right now and you will get many different answers:

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

Which of the people quoted is most likely to be successful in recovery? It seems logical to think that people who want to stop using for themselves and not because someone else wants them to are more likely to do well in treatment. However, that may not be true. Research shows that the reasons people stop using don't predict whether they will be able to lead substance-free lives.

What does make a difference is whether they can stay substance free long enough to appreciate the benefits of a different lifestyle. When debts are not overwhelming, relationships are rewarding, work is going well, and health is good, the person in recovery *wants* to stay abstinent.



Motivation for Recovery

List some of your reasons for entering treatment (for example, medical problems, family pressure, job problems, depression).

List some of your reasons for continuing to work on your recovery today.

Do you feel that your reasons for initially stopping substance use are the same as your reasons for staying abstinent today? Why or why not?



During Substance Dependence

Not being truthful is part of substance dependence. It is hard to meet the demands of daily living (relationships, families, jobs) and use substances regularly. As you become more dependent on the substance, the activities that are necessary to obtain, use, and recover from the substance take up more of your life. It becomes more and more difficult to keep your life on track. People who are substance dependent often find themselves doing and saying whatever is necessary to avoid problems. Telling the truth is not important to them.

In what ways were you less than truthful when you were using substances?

During Recovery

Being honest with yourself and with others during the recovery process is critically important. Sometimes being truthful is very difficult for the following reasons:

- You may not seem to be a nice person.
- Your counselor or group members may be unhappy with your behavior.
- You may be embarrassed.
- Other people’s feelings may be hurt.

Truthfulness

Being in treatment without being truthful may make everything you are doing a waste of time.

How has truthfulness been difficult for you in recovery?

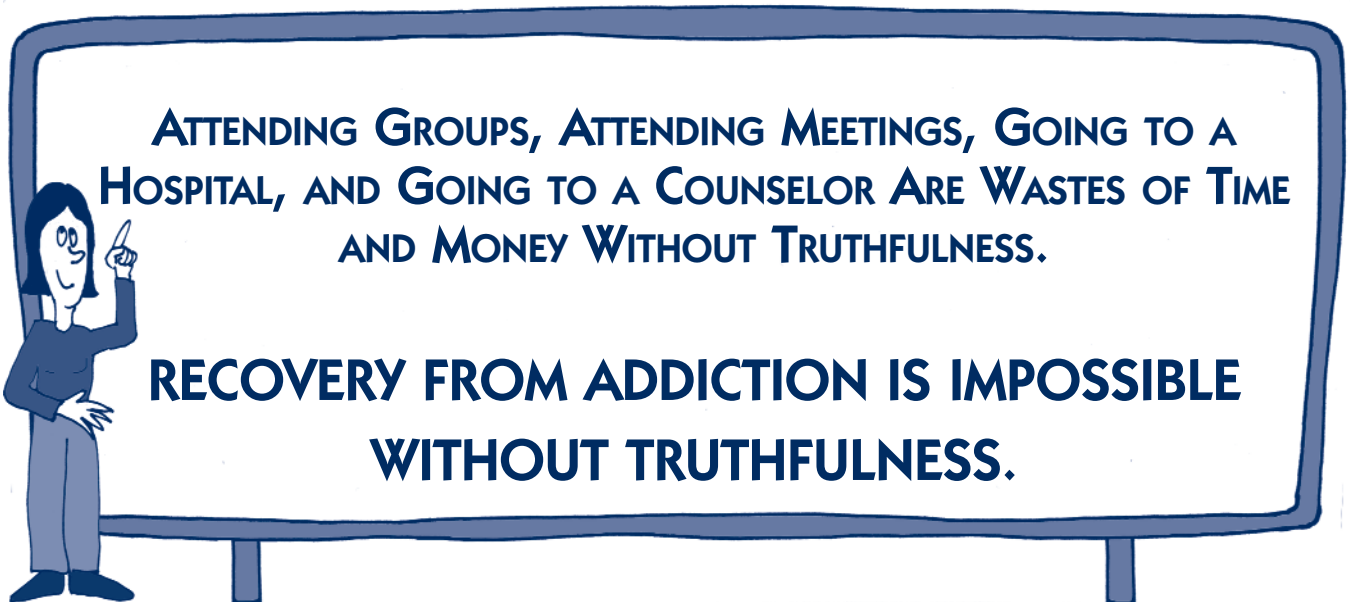
Being partly honest is not being truthful. **Do you ever**

Decide to let someone believe a partial truth? Yes ___ No ___

Tell people what they want to hear? Yes ___ No ___

Tell people what you wish were true? Yes ___ No ___

Tell less than the whole truth? Yes ___ No ___



ATTENDING GROUPS, ATTENDING MEETINGS, GOING TO A HOSPITAL, AND GOING TO A COUNSELOR ARE WASTES OF TIME AND MONEY WITHOUT TRUTHFULNESS.

RECOVERY FROM ADDICTION IS IMPOSSIBLE WITHOUT TRUTHFULNESS.

Have you ever found yourself saying any of the following?

- My problem is my meth use. Alcohol (or marijuana) is not a problem for me.
- Having a beer or glass of wine is not really drinking.
- I drink only when I choose to. My drinking is not out of control.
- I don't really care about alcohol. I drink only to be sociable.

If you entered the program to stop using stimulants, you may have wondered why you were asked to sign an agreement stating your willingness also to stop using other substances, including alcohol. For many reasons, total abstinence is a necessary goal for people in recovery:

- Followup studies show that people who use stimulants are eight times more likely to relapse if they use alcohol and three times more likely to relapse if they use marijuana than people who do not use these substances. You can reduce your chances of relapsing greatly by maintaining total abstinence.
- Places and people associated with drinking often are the very places and people who are triggers for substance use.
- When you're learning to handle problems without taking stimulants, using another drug or alcohol to numb the uncomfortable learning process is harmful for two reasons. First, such use prevents you from directly confronting your stimulant use problem. Second, it puts you at risk of becoming dependent on alcohol or another substance while you try to overcome your dependence on stimulants.

Remember, if it's more difficult to stop drinking than you expected, maybe you are more dependent on alcohol than you think.



Intimate Sex

Intimate sex involves a significant other. The sex is a part of the relationship. Sometimes the sexual feelings are warm and mellow. Sometimes they are wild and passionate. But they result from and add to the feelings each partner has for the other.

Impulsive Sex

In this definition of impulsive sex, the partner is usually irrelevant; the person is a vehicle for the high. Impulsive sex can take the form of excessive masturbation. Impulsive sex can be used and abused in the same way drugs are used and abused. It is possible to become addicted to impulsive sex.

What kind of experiences have you had with impulsive sex?

Is impulsive sex linked to your drug use? How?

Describe a healthy, intimate sexual relationship that you have had or hope to have.

Impulsive sex is not part of a healthy recovery lifestyle. It can be the first step in the relapse process. Like using alcohol or a drug other than stimulants, engaging in impulsive sex can trigger a relapse and result in use of stimulants.

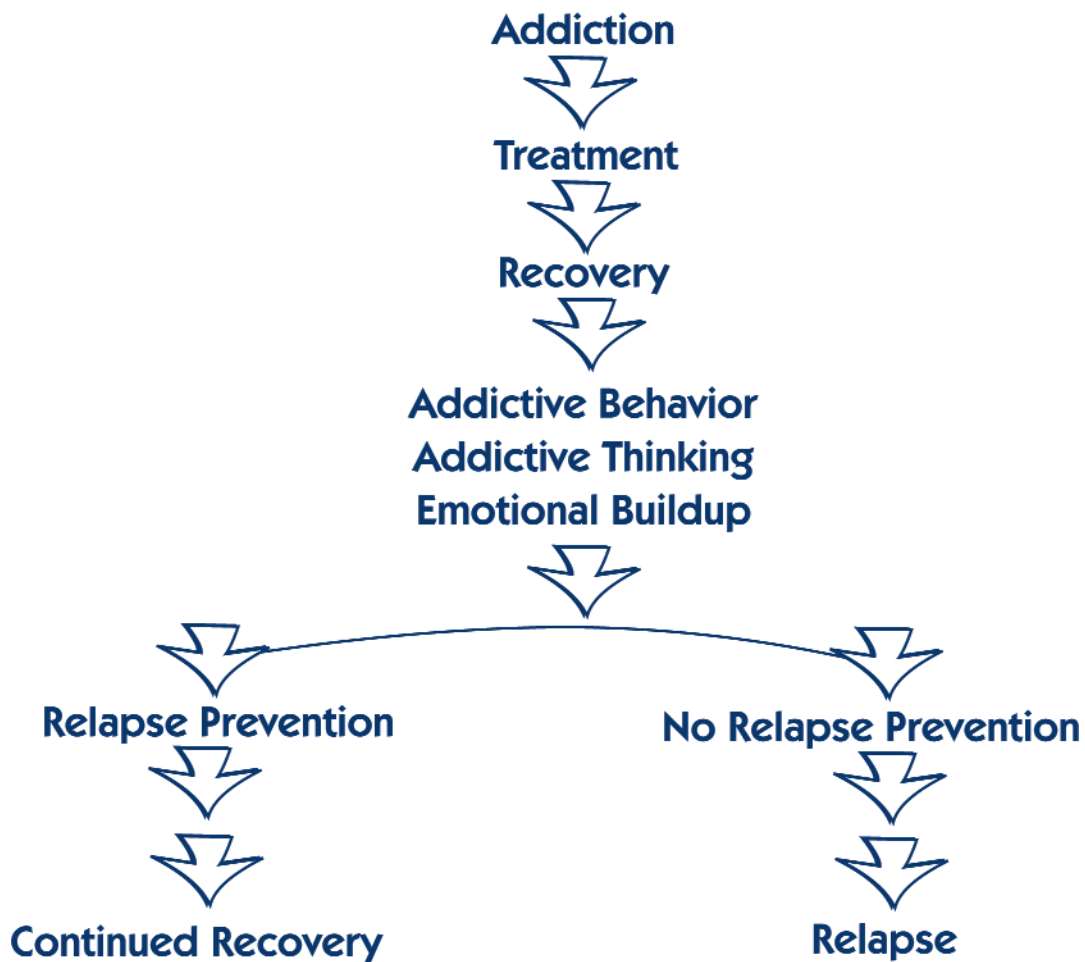
Anticipating and Preventing Relapse

Why Is Relapse Prevention Important?

Recovery is more than not using drugs and alcohol. The first step in treatment is stopping drug and alcohol use. The next step is not starting again. This is very important. The process for doing it is called *relapse prevention*.

What Is Relapse?

Relapse is going back to substance use and to all the behaviors and patterns that come with it. Often the behaviors and patterns return before the substance use. Learning to recognize the beginning of a relapse can help people in recovery stop the process before they start using again.



Anticipating and Preventing Relapse

What Are Addictive Behaviors?

The things people do as part of abusing drugs or alcohol are called addictive behaviors. Often these are things that addicted people do to get drugs or alcohol, to cover up substance abuse, or as part of abusing. Lying, stealing, being unreliable, and acting compulsively are types of addictive behaviors. When these behaviors reappear, people in recovery should be alerted that relapse will soon follow if they do not intervene.

What are your addictive behaviors?

What Is Addictive Thinking?

Addictive thinking means having thoughts that make substance use seem OK. (In 12-Step programs this is known as “stinking thinking.”) Some examples follow:

- I can handle just one drink.
- If they think I’m using, I might as well.
- I have worked hard. I need a break.

How have you tried to find excuses to use substances?

Anticipating and Preventing Relapse



What Is Emotional Buildup?

Feelings that don't seem to go away and just keep getting stronger cause emotional buildup. Sometimes the feelings seem unbearable. Some feelings that can build are boredom, anxiety, sexual frustration, irritability, and depression.

Have you experienced a buildup of any of these emotions?

The important step is to *take action* as soon as you recognize the danger signs.

Which actions might help you prevent relapse?

- | | |
|--|--|
| <input type="checkbox"/> Calling a counselor | <input type="checkbox"/> Exercising |
| <input type="checkbox"/> Calling a friend | <input type="checkbox"/> Talking to your spouse |
| <input type="checkbox"/> Taking a day off | <input type="checkbox"/> Scheduling time more rigorously |
| <input type="checkbox"/> Talking to your family | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Going to a 12-Step or outside mutual-help support meeting | _____ |
| | _____ |

How has substance use affected the trust between you and people you care about?

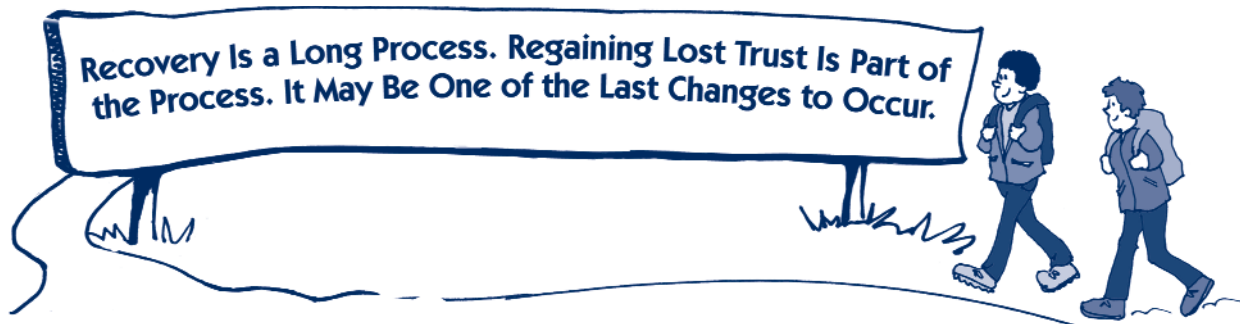
If you tell someone you're not using and the person doesn't believe you, does it make you feel like using? Do you think, "If people are going to treat me as if I'm using, I might as well use"?

People who are substance dependent find it difficult to have open, honest relationships. Things are said and done that destroy trust and damage relationships. Substance abuse becomes as important as or more important than other people.

When substance abuse stops, the trust does not return right away. To trust means to feel certain you can rely on someone. People cannot be certain just because they want to be. Trust can be lost in an instant, but it can be rebuilt only over time. Trust will return gradually as the person who violated the trust gives another person reasons to trust again. One or both people may want the trust to return sooner, but it takes time for feelings to change.

How do you cope with suspicions about drug use?

What can you do to help the process of reestablishing trust?



Be Smart, Not Strong

“I can be around drugs or alcohol. I’m sure I don’t want to use, and once I make up my mind, I’m very strong.”

“I have been doing well, and I think it’s time to test myself to see whether I can be around friends who are using. It’s just a matter of willpower.”

“I can have a drink and not use. I never had a problem with alcohol anyway.”

Staying abstinent has little to do with how strong you are. People who maintain abstinence do it by being smart. They know that the key to not drinking and not using is to keep far away from situations in which they might use. If you are in an environment where drugs might appear (for example, at a club or party) or with friends who are drinking and using, your chances of using are much greater than if you weren’t in that situation. Smart people stay abstinent by avoiding triggers and relapse situations.

DON’T COUNT ON BEING STRONG. BE SMART.

How smart are you being? Rate how well you are doing in avoiding relapse. (Circle the appropriate number.)

	Poor	Fair	Good	Excellent
1. Practicing thought stopping	1	2	3	4
2. Scheduling	1	2	3	4
3. Keeping appointments	1	2	3	4

Be Smart, Not Strong

	Poor	Fair	Good	Excellent
4. Avoiding triggers	1	2	3	4
5. Not using alcohol	1	2	3	4
6. Not using drugs	1	2	3	4
7. Avoiding people who use drugs and alcohol	1	2	3	4
8. Avoiding places where you might encounter drugs or alcohol	1	2	3	4
9. Exercising	1	2	3	4
10. Being truthful	1	2	3	4
11. Going to 12-Step or mutual-help meetings	1	2	3	4

Add up the circled numbers. The higher your total, the better your Recovery IQ. The best possible Recovery IQ is 44.

I scored _____.

This is your Recovery IQ. What can you do to improve your Recovery IQ?

Defining Spirituality



Look at these definitions of spirituality. Which ones describe what spirituality means to you?

Spirituality is

1. A person's relationship with God
2. The deepest level from which a human being operates
3. The philosophical context of a person's life (values, rules, attitudes, and views)
4. The same as religion
5. Other: _____

The second and third definitions describe spirituality in a broad sense. When it comes to recovery, these broad definitions are the most useful way to think of spirituality. They describe being spiritual as having to do with a person's spirit or soul, as distinguished from his or her physical being. Some people believe the level and degree of spirituality in a person's life help determine the quality of life. One way to assess the quality of your spirituality is by answering the following questions:

What do you want from life? Are you getting it?

Defining Spirituality

On what is your spiritual security based? (What would it take to destroy your sense of self-worth?)

Who do you have to be before you approve of yourself? (What qualities are most important to you?)

What does success mean to you? (What does “making it” mean?)



To live an abstinent life, the person in recovery has to be comfortable within himself or herself. Gaining a sense of spirituality gives many people the inner peace that makes abusing substances unnecessary. Twelve-Step and mutual-help programs provide one way to gain or regain a love of oneself and of life.



Managing Life

Maintaining a substance-dependent lifestyle takes a lot of time and energy. People who are substance dependent give little time or thought to everyday responsibilities. When recovery begins, long-neglected responsibilities come flooding back. It sometimes is overwhelming to think about all the things that need to be done. It also is frustrating and time consuming to catch up on so many responsibilities.

Determine how well you are managing your life by answering the following questions:

Do you have outstanding traffic tickets? _____

Have you filed all your tax returns to date? _____

Are there unpaid bills you need to make arrangements to pay? _____

What repair and maintenance does your house or apartment need?

Does your car need to be serviced or repaired? _____

Do you have adequate insurance? _____

Do you have a checking account or a way to manage your finances? _____

Are you handling daily living chores (for example, buying groceries, doing laundry, cleaning)? _____

If you try to do all this at once, you may feel overwhelmed and hopeless. Take one item each week and focus on clearing up one area at a time. Handling these issues will help you regain control over your life.

The first item I need to take care of is: _____

I will start by: _____

The second item I need to take care of is: _____

I will start by: _____

Managing Money

Being in control of your finances is being in control of your life. When people who are substance dependent are using, the out-of-control lifestyle often affects their finances.

How many of the following have been true for you?

- Any amount of money over _____ is a trigger to buy drugs.
- I have concealed money to buy drugs.
- I have large debts.
- I gamble with my money.
- I spend compulsively when I feel bad.
- I frequently argue about money with family members.
- I have stolen to get money to buy substances.

When they first enter treatment, some clients choose to give control of their money to someone they trust. If you make that decision, you are controlling your finances and asking the trusted person to act as your banker. Together with your counselor, you should decide when you can handle money again safely. Then you can begin working toward financial maturity. You may choose to have some of the following goals:

- Arrange to pay off large debts in small, regular payments.
- Budget your money carefully, as you schedule your time.
- Arrange spending agreements with anyone who shares your finances.
- Use bank accounts to help you manage your money.
- Live within your means.
- Make a savings plan.

What are your other financial goals? _____

Once a person decides not to use drugs anymore, how does he or she end up using again? Do relapses happen completely by accident? Or are there warning signs and ways to avoid relapse?

Relapse justification is a process that happens in people's minds. A person may have decided to stop using, but the person's brain is still healing and still feels the need for the substances. The addicted brain invents excuses that allow the person in recovery to edge close enough to relapse situations that accidents can happen. You may remember a time when you intended to stay substance free but you invented a justification for using. Then, before you knew it, you had used again.

Use the questions below to help you identify justifications invented by your addicted brain. Identifying and anticipating the justifications will help you interrupt the process.

Someone Else's Fault

Does your addicted brain ever convince you that you have no choice but to use? Does an unexpected situation catch you off guard? **Have you ever said any of the following to yourself?**

- An old friend called, and we decided to get together.
- I had friends come for dinner, and they brought me some wine.
- I was in a bar, and someone offered me a beer.
- Other: _____

Catastrophic Events

Is there one unlikely, major event that is the *only* reason you would use? **What might such an event be for you?**



- My spouse left me. There's no reason to stay clean.
- I just got injured. It's ruined all of my plans. I might as well use.

Relapse Justification I

- I just lost my job. Why not use?
- There was a death in the family. I can't get through this without using.
- Other: _____

For a Specific Purpose

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

- I'm gaining weight and need stimulants to control my weight.
- I'm out of energy. I'll function better if I use.
- I need drugs to meet people more easily.
- I can't enjoy sex without using.
- Other: _____

Depression, Anger, Loneliness, and Fear

Does feeling depressed, angry, lonely, or afraid make using seem like the answer?

- I'm depressed. What difference does it make whether I use?
- When I get mad enough, I can't control what I do.
- I'm scared. I know if I use, the feeling will go away.
- If my partner thinks I've used, I might as well use.
- Other: _____

What might you do when your addicted brain suggests these excuses to use? _____

Taking Care of Yourself



People who are substance dependent often do not take care of themselves. They don't have the time or energy to pay attention to health and grooming. Health and personal appearance become less important than substance use. Not caring for oneself is a major factor in losing self-esteem. To esteem something means to see value in it, to acknowledge its importance.

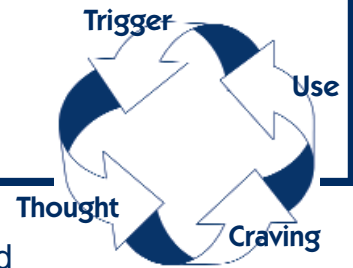
People in recovery need to recognize their own value. In recovery, your own health and appearance become more important as you care more for yourself. Taking care of yourself is part of starting to like and respect yourself again.

Paying attention to the following concerns will strengthen your image of yourself as a person who is healthy, abstinent, and recovering:

- Have you seen a doctor for a checkup?
- When was the last time you went to the dentist?
- Have you considered getting a new look?
- Are you paying attention to what you are eating?
- Do you wear the same clothes you wore when you were using?
- Do you need to have your vision or hearing checked?
- Do you exercise regularly?
- Is your caffeine or nicotine intake out of control?

Some people find it is easier to make sweeping lifestyle changes all at once. However, if addressing all these health and grooming issues at once is too overwhelming, work on one or two items each week. Decide which are the most important, and do those first. As you look and feel better, you will increase both the strength and the pleasure of your recovery.

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



For many people certain emotional states are directly connected to substance use, almost as if the emotion *causes* the substance use. It seems to people in recovery that if they could avoid ever feeling those emotions (for example, loneliness, anger, feeling deprived), they would never relapse. These emotional triggers should act as warnings or “red flags” for clients.

The most common negative emotional triggers are the following:

Loneliness: It is difficult to give up friends and activities that are part of a substance-using lifestyle. Being separated from friends and family leaves people feeling lonely. Often friends and family members who do not use are not ready to risk getting back into a relationship that didn’t work earlier. The person in recovery is stranded between groups of friends. The feeling of loneliness can drive the person back toward using.

Anger: The intense irritability experienced in the early stages of recovery can result in floods of anger that act as instant triggers. A person in that frame of mind is only a few steps from substance use. Once a person uses, it can be a long trip back to a rational state of mind.

Feeling Deprived: Maintaining abstinence is a real accomplishment. Usually people in recovery feel justifiably good and proud about what they have been able to achieve. Sometimes people in recovery feel as if they have to give up good times and good things. Recovery seems like a jail sentence, something to be endured. This reverses the actual state of recovery: substance use begins to look good and recovery seems bad. This upside-down situation quickly leads to relapse.

It is important to be aware of these red flag emotions. Allowing yourself to be flooded with these powerful negative emotions is allowing yourself to be swept rapidly toward relapse.

Have some of these emotional states been a trigger for you in the past?

Which ones? _____



**Are there other negative emotional states that are dangerous for you?
What are they?**

One of the goals during the recovery process is learning to separate thoughts, behaviors, and emotions so that you can control what you think and how you behave. It is important to recognize and understand your emotions so that your actions are not always dictated by your feelings.

Many people find that writing about their feelings is a good way to recognize and understand their emotions. You don't need to be a good writer to use this tool. People who do not like to write and who have never written much in the past still can learn valuable things about themselves by putting their feelings into words. Follow the simple instructions, and try a new way of getting to know yourself:

1. Find a private, comfortable, quiet place and a time just for writing. Try to write each day, even if you can write only for a few minutes.
2. Begin by taking several deep breaths and relaxing.
3. Write in a response to a question that you have asked yourself about your feelings (for example, "What am I feeling right now?" "Why am I angry?" "Why am I sad?").
4. Forget spelling and punctuation; just let the words flow.

Writing about your feelings makes them clearer to you. It also can help you avoid the emotional buildup that often leads to relapse.



Getting sick often predicts a relapse. This might seem strange, even unfair. After all, you can't really do anything about getting sick, right? Many people get a few colds a year. Although you may not be able to prevent yourself from getting sick, you can be aware of the added relapse risk that comes with illness, and you can take precautions to avoid getting sick.

Sickness as Relapse Justification

Illness can be a powerful relapse justification. When you are sick, you make a lot of exceptions to your regular routine. You stay home from work; you sleep more than usual; you eat different foods. You may feel justified in pampering yourself (for example, "I'm sick, so it's OK if I watch TV and lie around most of the day"; "I don't feel good—I deserve a few extra cookies"). Because people feel that getting sick is out of their control, it seems OK to take a break from their regular behaviors. You need to be careful that, while you are taking a break from other routines, you don't allow sickness to be an excuse for using.

Relapse Risks During Illness

When you are sick, you are physically weaker. You also may have less mental energy to maintain your recovery. In addition to lacking the energy to fight your substance use disorder, you may face the following relapse risks when you are sick:

- Missing treatment sessions
- Missing mutual-help meetings
- Not exercising

The following relapse risks also can act as triggers when you're sick:

- Spending a lot of time alone

- Recovering in bed (which reminds some people of recovering from using)
- Having a lot of unstructured time

Healthful Behaviors

Although you can't always prevent yourself from getting sick, you can do things to minimize your chances of getting sick. The following behaviors help support your recovery in general and help keep you healthy:

- Exercise regularly (even when you feel as if you're getting sick, light exercise can be good for you).
- Eat healthful meals.
- Get adequate sleep.
- Minimize stress.



Early in recovery from substance use, you also should avoid activities that put your health at risk or require recovery time. Elective surgery, serious dental work, and extended exertion may leave you fatigued and make you susceptible to illness.

Recognize When You're at Risk

Because you may be more likely to relapse when you're sick, you should be alert for the signs of illness. Soreness, tiredness, headaches, congestion, or a scratchy throat can signal the onset of illness. Even something like premenstrual syndrome (PMS) can weaken you physically and make relapse more likely.

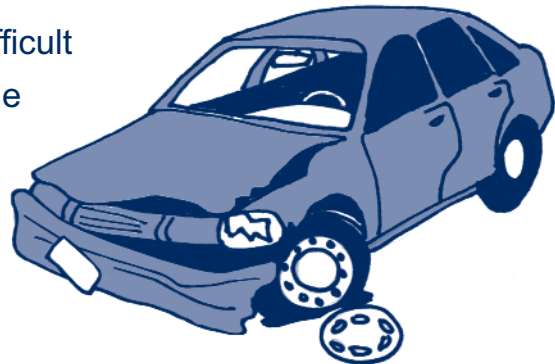
If you do get sick, try to keep the negative effects of illness from interfering with your recovery by getting well as quickly as possible. Get proper rest and medical attention so that you can return to your regular recovery routine as soon as possible. You will feel stronger, and your recovery will be stronger.

Recognizing Stress

Stress is a physical and emotional response to difficult or upsetting events, particularly those that continue for a long time.

Stress is the experience people have when the demands they make on themselves or those placed on them disrupt their lives.

Sometimes we are unaware of this emotional state until the stress produces physical symptoms. **Place a checkmark next to any of the following problems you have experienced in the past 30 days:**



- Sleep problems (for example, difficulty falling asleep, waking up off and on during the night, nightmares, waking up early and being unable to fall back to sleep)**
- Headaches**
- Stomach problems**
- Chronic illness**
- Fatigue**
- Moodiness**
- Irritability**
- Difficulty concentrating**
- General dissatisfaction with life**
- Feeling overwhelmed**



If you checked two or more of these items, you may need to make some changes in your life to reduce the level of stress. Becoming more aware of stress is the first step to reducing it. You may have been accustomed to turning to substance use in times of stress. Learning new ways to cope with stress is part of the recovery process. Another Relapse Prevention session will address techniques for reducing stress.

Once a person decides not to use drugs anymore, how does that person end up using again? Do relapses happen completely by accident? Or are there warning signs and ways to avoid relapse?

Relapse justification is a process that happens in people's minds. A person may have decided to stop using, but the person's brain is still healing and still feels the need for the substances. The addicted brain invents excuses that allow the person in recovery to edge close enough to relapse situations that accidents can happen. You may remember a time when you intended to stay drug free but you invented a justification for using, and before you knew it, you had used again.

Understanding and anticipating the justifications help you interrupt the process. Use the questions below to help you identify justifications you might be susceptible to.

Substance Dependence Is Cured

Has your addicted brain ever convinced you that you could use just once or use just a little? For example, have you said any of the following?

- **I'm back in control. I'll be able to stop when I want to.**
- **I've learned my lesson. I'll only use small amounts and only once in a while.**
- **This substance was not my problem—stimulants were. So I can use this and not relapse.**
- **Other:** _____

Testing Yourself

It's very easy to forget that being smart, not being strong, is the key to staying abstinent. **Have you ever wanted to prove you could be stronger than drugs? For example, have you said any of the following?**

- I'm strong enough to be around it now.
- I want to see whether I can say "No" to drinking and using.
- I want to see whether I can be around my old friends.
- I want to see how the high feels now that I've stopped using.
- Other: _____

Celebrating

You may be encouraged by other people or your addicted brain to make an exception to your abstinence. **Have you ever tried to justify using with the following thoughts?**

- I'm feeling really good. One time won't hurt.
- I'm on vacation. I'll go back to not using when I get home.
- I'm doing so well. Things are going great. I owe myself a reward.
- This is such a special event that I want to celebrate.
- Other: _____

What might you do when confronted with these excuses to use?



Answering the following questions as honestly as possible will help you identify which parts of your daily living are most stressful. Take steps to correct these problems, and you will reduce stress in your life.

1. In deciding how to spend your time, energy, and money, you determine the direction of your life. **Are you investing them in work and hobbies that you find rewarding?** Yes ___ No ___ **If not, how might you change this?**

2. Focusing on the present means giving your attention to the task at hand without past and future fears crippling you. **Are you usually able to stay in the here and now?** Yes ___ No ___ **If not, what prevents you from focusing on the present? How can you change the situation?**

3. **Do you take time each day to do something relaxing (for example, playing with your children, taking a walk, reading a book, listening to music)?** Yes ___ No ___ **If not, what relaxing activity will you add to your day?**

4. **Are you challenging yourself to do things that increase self-confidence?** Yes ___ No ___ **If not, what changes could you make to boost your self-confidence?**

5. **Do you tackle large goals by breaking them into smaller, more manageable tasks?** Yes ___ No ___ **If not, how do you think breaking goals into smaller steps would help you manage stress?**

Reducing Stress



6. Are you careful to make your environment (home, work-place) peaceful, whenever possible? Yes ___ No ___ If not, how can you make your environment more peaceful?

7. Can you and do you say “No” when that is how you feel? Yes ___ No ___ If not, how do you think saying “No” could help you cope with stress in your life?

8. Do you know how to use self-relaxation techniques to relax your body? Yes ___ No ___ If not, what can you do to learn more about ways to relax?

9. Are you careful to avoid large swings in body energy caused by taking in excess sugar and caffeine? Yes ___ No ___ If not, what changes can you make to limit your intake of sugar and caffeine?

10. Are there specific ways you cope with anger to get it out of your system? Yes ___ No ___ If not, how would reducing anger help you manage stress?

11. What techniques can you start using that will help you get rid of anger?



Managing Anger



Anger is an emotion that leads many people to relapse. This is particularly true early in treatment. Frequently, anger slowly builds on itself as you constantly think about things that make you angry. Sometimes it seems that the issue causing the anger is the only important thing in life.

Often a sense of victimization accompanies the anger. **Do the following questions seem familiar to you?**

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

How do you recognize when you are angry? Does your behavior change? Do you notice physical changes (for example, pacing, clenching your jaw, feeling restless or "keyed up")? _____

How do you express anger? Do you hold it in and eventually explode? Do you become sarcastic and passive-aggressive? _____

What positive ways do you know to cope with anger? _____

Here are some alternative ways to cope with anger. **Which of the following will work for you?**

- Talk to the person you are angry with.
- Talk to a counselor, a 12-Step sponsor, or another person who can give you guidance.
- Talk about the anger in an outside support group meeting.
- Write about your feelings of anger.
- Exercise.
- Other: _____



“Just say no” is good advice to stop people from trying drugs. But it does not help people who are substance dependent. Overcoming substance dependence requires that you recognize its power and accept the personal limitations that occur because of it. Many people accept the hold that substance dependence has over them when they enter treatment. But entering treatment is the first act of acceptance. It cannot be the only one. Recovery is an ongoing process of accepting that substance dependence is more powerful than you are.

Accepting that dependence on drugs has power over you means accepting that human beings have limits. Refusal to accept a substance use disorder is one of the biggest problems in staying drug free. This refusal to give in to treatment can lead to what is called “white-knuckle abstinence”—hanging on to abstinence desperately because you isolate yourself and refuse to accept help. Admitting that you have a problem and seeking help are not weaknesses. Does getting treatment for diabetes or a heart condition mean you are a weak-willed person?

Accepting the idea that you have a substance use disorder does not mean you cannot control your life. It means there are some things you cannot control. One of them is the use of drugs. If you continue to struggle with trying to control the disorder, you end up giving it more power.

There is a paradox in the recovery process. People who accept the reality of substance dependence to the greatest degree benefit the most in recovery. Those who do not fight with the idea that they have a substance use disorder are the ones who ultimately are most successful in recovery. The only way to win this fight is to surrender. The only way to be successful in recovery and get control of your problem is first to admit that it has control over you.

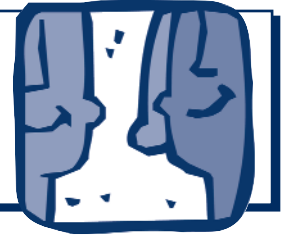
YOU DO NOT NEED TO “HIT BOTTOM” TO BEGIN RECOVERY.

I have a substance use disorder. Yes _____ No _____

I hope someday I can use again. Yes _____ No _____

I need to work on acceptance of _____

Making New Friends



*A blessed thing it is for any person to have a friend:
One human soul whom we can trust utterly, who knows the best and
worst of us, and who loves us in spite of our faults.*

Anonymous



Relationships are very important to the recovery process. Friends and family can offer strength and help us understand who we are. The relationships you establish can support or weaken recovery. It has been said, “You will become like those people with whom you spend your time.” Use the following questions to help you think about your friendships.

Do you have any friends like the one described in the poem above? If yes, who are they? _____

Have you become like the people around you? In what ways? _____

What is the difference between a friend and an acquaintance? _____

Where can you make some new acquaintances who might become friends?

To whom are you a friend? _____

What behaviors do you need to change to be better able to have honest relationships? _____

Repairing Relationships



Friends and family of people who are substance dependent often get hurt as a result of the substance abuse. People who are substance dependent often cannot take care of themselves and certainly cannot take care of others.

As part of your recovery, you should think about whom you have hurt. You should also think about whether you need to do anything to repair the relationships that are most important to you. In 12-Step programs this process is called “making amends.”

What are some of the past behaviors you might want to amend?

Are there things you neglected to do or say when you were using that should be addressed now? _____

How are you planning to make amends? _____

Do you feel that being in recovery and stopping the use of drugs is enough?

Making amends does not have to be complicated. Acknowledging the hurt you caused while you were using substances will probably help reduce conflict in your relationships. Not everyone will be ready to forgive you, but an important part of this process is beginning to forgive yourself. Another aspect of repairing relationships involves your forgiving others for things that they did when you were using substances.

Whom do you need to forgive? _____

What resentments do you need to let go of? _____

Serenity Prayer

God grant me the serenity to accept the things
I cannot change,
The courage
to change the things I can,
And the wisdom
to know the difference.



What does this saying mean to you? _____

How can you find meaning in this saying, even if you are not religious or don't believe in God? _____

What parts of your life or yourself do you know you cannot change? _____

What have you changed already? _____

What parts of your life or yourself do you need to change? _____

Compulsive Behaviors

Many people who are substance dependent enter treatment just to stop using a certain drug. They do not intend to change their lives entirely. When they enter treatment, they are told that recovery requires making other changes in the way they live. The lifestyle changes put people in recovery back in control of their lives.

In what ways was your life out of control before you entered treatment?

Have you noticed yourself behaving excessively in any of the following ways?

- Working all the time
- Abusing prescription medications
- Using illicit drugs other than the one you entered treatment for
- Drinking a lot of caffeinated sodas or coffee
- Smoking
- Eating foods high in sugar
- Exercising to the extreme
- Masturbating compulsively
- Gambling
- Spending too much money
- Other: _____

What changes have you tried to make so far? _____

Does the following sound familiar? “I stopped smoking and using drugs. It was hard. Then one day I gave in and had a cigarette. I felt so bad that I had messed up, I ended up using.” This pattern is called the “abstinence violation syndrome.” Once you compromise one part of your recovery, it becomes easier to slide into relapse.

Do you have a similar story from the past? What event led to your relapse?

What major lifestyle changes are you making in recovery?

Is it uncomfortable for you to make these changes? Yes ___ No ___

Are you avoiding being uncomfortable by switching to other compulsive behaviors? If so, what are they? _____

Are there changes you still need to make? If so, what are they?

Relapse and Sex

Like substance use, high-risk sex is controlled by a trigger process. (High-risk sex includes sex with a stranger, unprotected sex, and trading sex for drugs.) Triggers lead to thoughts of sex. Thoughts of sex lead to arousal and action. For many people, high-risk sex is associated with substance use. High-risk sex can be a trigger for substance use. Engaging in high-risk sex can bring on a relapse to substance use.

What are some of your triggers for substance use? _____

What are some of your triggers for high-risk sex? _____

Have you experienced a relapse when sex was a trigger to use? _____

Prevention

Once you are aware of the things that are triggers for you, you can take steps to prevent a relapse. Here are some suggestions you can do to prevent a relapse:

Compulsive Behaviors

- **Prevent exposure to triggers.** Stay away from people, places, and activities that you associate with drug use.
- **Stop the thoughts that may lead to relapse.** Many techniques can be used to do this. Some examples of thought-stopping techniques are the following:

→ **Relaxation**—Take three slow, deep breaths.



→ **Snapping**—Wear a rubberband loosely on your wrist and every time you become aware of a triggering thought, snap the rubberband and mentally say, “No!” to the thought.



→ **Visualization**—Imagine an ON/OFF switch in your head. Turn it to OFF to stop the triggering thoughts.

- **Schedule your time.** Structure your day and fill blocks of free time with activities. You can exercise, do volunteer work, or spend time with friends who do not use drugs.
- **Break your typical pattern.** Take a trip out of town. Go to a movie or watch a video. Go out to eat. Go to a 12-Step or mutual-help meeting at a time you normally would be doing something else.

What are some other things you could do to prevent a relapse?

What do you plan to do next time you’re aware of being in a relapse situation?

Feelings

Can You Recognize Your Feelings?

Sometimes people don't allow themselves to have certain emotions (for example, you tell yourself, "Feeling angry is not all right"). Sometimes people aren't honest with themselves about their emotions (for example, saying, "I'm just having a bad day," when the truth is they're sad). When you mislabel emotions or deny them, you cannot address them and they build up inside you.

Are You Aware of Physical Signs of Certain Feelings?

Maybe you get an upset stomach when you are anxious, bite your fingernails when you are stressed, or shake when you are angry. Think about the emotions that trouble you, and try to identify how they show physically.

How Do You Cope With Your Feelings Now?

How do you respond when you experience negative emotions? How do your feelings affect you and others around you? For instance, do your feelings interfere with your relationships with others? Do people avoid you, try to keep you from getting upset, or try to make you feel better? Focus on one or two emotions you need to cope with better.

How Do You Express Your Emotions?

It is important to find an appropriate way to express emotions. You can express feelings indirectly (to a trusted group, friend, or counselor), or you can express feelings directly to others about whom you have the feelings. You need to learn in which situations it is appropriate to express feelings directly. You also can change your thinking in ways that result in your feeling different. For example, instead of saying, "I am so angry she doesn't agree with me, I feel like using," you can frame your feelings as, "It's all right for someone not to agree with me, and using will not make anything better."

Do not let out-of-control feelings drive you back to using. Learning to cope with emotions means allowing yourself to feel and balancing an honest response with intelligent behavior.

Coping With Feelings and Depression

Depression

Although we know drug use and depression are related, it is not always clear how the two interact. Most people in recovery report having problems with depression from time to time. Depression can be a particular problem for people who have been using stimulants. Stimulants make people feel “high” by flooding the brain with chemicals called neurotransmitters that regulate feelings of pleasure. During recovery there are periods when the brain doesn’t supply enough of those neurotransmitters. The undersupply of neurotransmitters causes a temporary feeling of depression. But this is different from being clinically depressed. For some people, depression left untreated can result in relapse. It is important to be aware of signs of depression and be prepared to cope with the feelings. If you feel that you cannot cope with your depression or if your depression lasts for a long time, seek help from a mental health professional. Your counselor or someone else at your treatment program can refer you to someone for help.

These are some symptoms that might indicate depression. **Check all that apply to you:**

- Low energy
- Overeating or not eating
- Sad thoughts
- Losing interest in career or hobbies
- Sleeping more than usual
- Decreased sex drive
- Increased thoughts of drinking
- Insomnia
- Stopping attendance at 12-Step or mutual-help meetings
- Stopping exercise program
- Avoiding social activities
- Feelings of boredom, irritability, or anger
- Crying spells
- Suicidal thoughts or actions
- Stopping normal activities such as work, cleaning house, buying groceries





What Is AA?

Alcoholics Anonymous (AA) is a worldwide organization. It has been in existence since the 1930s. It was started by two men who could not recover from their alcoholism with psychiatry or medicine. AA holds free, open meetings to help people who want to stop being controlled by their need for alcohol. Meetings are available throughout the day and evening, 7 days a week. The principles of AA have been adapted to help people who are dependent on drugs or who have other compulsive disorders, such as gambling or overeating.

Are These Meetings Like Treatment?

No. They are groups of people in recovery helping one another stay abstinent.

Does a Person Need To Enroll or Make an Appointment?

No, just show up. Times and locations of meetings are available through this treatment program or by calling AA directly.

What Are the 12 Steps?

The basis of groups such as AA is the 12 Steps. These beliefs and activities provide a structured program for abstinence. There is a strong spiritual aspect to both the 12 Steps and AA.

The 12 Steps of Alcoholics Anonymous*

1. We admitted that we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.

* The Twelve Steps are reprinted with permission of Alcoholics Anonymous World Services, Inc. (A.A.W.S.). Permission to reprint the Twelve Steps does not mean that A.A.W.S. has reviewed or approved the contents of this publication, or that A.A.W.S. necessarily agrees with the views expressed herein. A.A. is a program of recovery from alcoholism only—use of the Twelve Steps in connection with programs and activities which are patterned after A.A., but which address other problems, or in any other non-A.A. context, does not imply otherwise.

12-Step Programs

3. Made a decision to turn our will and our lives over to the care of God, as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry it out.
12. Having had a spiritual awakening as a result of these Steps, we tried to carry this message to addicts and to practice these principles in all our affairs.

What Are CA and NA?

Cocaine Anonymous and Narcotics Anonymous. Other 12-Step groups include Marijuana Anonymous, Pills Anonymous, Gamblers Anonymous, Overeaters Anonymous, Emotions Anonymous, and more. Here are the Web site addresses for these support groups:

12-Step Programs

- Cocaine Anonymous (CA): www.ca.org
- Narcotics Anonymous (NA): www.na.org
- Marijuana Anonymous (MA): www.marijuana-anonymous.org
- Pills Anonymous (PA): groups.msn.com/PillsAnonymous
- Gamblers Anonymous (GA): www.gamblersanonymous.org
- Overeaters Anonymous (OA): www.oa.org
- Emotions Anonymous (EA): www.emotionsanonymous.org

The methods and principles of the groups are similar although the specific focus differs.

Spinoff groups that use the 12 Steps include Al-Anon and Alateen, Adult Children of Alcoholics, Co-Dependents Anonymous, and Adult Children of Dysfunctional Families. Here are the Web site addresses for some of these support groups:

- Al-Anon and Alateen: www.al-anon.alateen.org
- Nar-Anon: www.naranon.com
- Adult Children of Alcoholics (ACoA): www.adultchildren.org
- Co-Dependents Anonymous (CoDA): www.codependents.org

Often people go to more than one type of group. Most people shop around for the type of group and the specific meetings that they find most comfortable, relevant, and useful.

What Is CMA?

Crystal Meth Anonymous (www.crystalmeth.org). CMA is a 12-Step group that offers fellowship and support for people who want to stop using meth. CMA meetings are

open to anyone with a desire to end dependence on meth. Like other 12-Step programs, CMA has a spiritual focus and encourages participants to work the 12 Steps with the help of a sponsor. CMA advocates complete abstinence from nonprescribed medication.

What if a Person Is Not Religious?

One can benefit from 12-Step or mutual-help meetings without being religious or working the 12 Steps. Many people in 12-Step and mutual-help groups are not religious. These people may think of the higher power mentioned in the 12 Steps as a bigger frame of reference or a bigger source of knowledge than themselves.

What Do 12-Step Programs Offer?

- A safe place to go during recovery
- A place to meet other people who don't use drugs and alcohol
- A spiritual component to recovery
- Emotional support
- Exposure to people who have achieved long-term abstinence
- A worldwide network of support that is always available

It is strongly recommended that you attend 12-Step or mutual-support meetings while you are in treatment. Ask other clients for help in choosing the best meeting for you. Try several different meetings. Be open to the ways that 12-Step meetings can support your recovery: social, emotional, or spiritual.



Looking Forward; Managing Downtime

Islands To Look Forward To

There are many important elements to a successful recovery. Structure is important. Scheduling is important. Balance is important. Your recovery works because you work at it. Amid the hard work and the structure of recovery, do you feel as if something is missing? The activities and routines of recovery can seem stifling. Do you feel that you need to take a break from the routine and get excited about something?

The emotional flatness you experience during recovery may be explained by the following:

- Many people feel particularly bored and tired 2 to 4 months into recovery (during the period known as the Wall).
- The recovery process the body is going through may prevent you from feeling strong emotions of any kind.
- Life feels less “on the edge” than it did when you were using.

Planning enjoyable things to look forward to is one way to put a sense of anticipation and excitement into your life. Some people think of this as building islands of rest, recreation, or fun. These are islands to look forward to so that the future doesn't seem so predictable and routine. The islands don't need to be extravagant things. They can be things like

- Going out of town for a 3-day weekend
- Taking a day off work
- Going to a play or a concert
- Attending a sporting event
- Visiting relatives
- Going out to eat



Looking Forward; Managing Downtime

- Visiting an old friend
- Having a special date with your partner



Plan these little rewards often enough so that you don't get too stressed, tired, or bored in between them.

List some islands that you used to use as rewards. _____

What are some possible islands for you now? _____

Handling Downtime

The Problem

Being in recovery means living responsibly. Always acting intelligently and constantly guarding against relapse can be exhausting. It is easy to run out of energy and become tired and bitter. Life can become a cycle of sameness: getting up, going to work, coming home, lying on the couch, going to bed, and then doing it again the next day. People in recovery who allow themselves to get to this state of boredom and exhaustion are very vulnerable to relapse. It is difficult to resist triggers and relapse justifications when your energy level is so low.

The Old Answer

Drugs and alcohol provided quick relief from boredom and listlessness. All the reasons for not using substances can be forgotten quickly when the body and mind desperately need refueling.



A New Answer

Each person needs to decide what can replace substance use and provide a refreshing, satisfying break from the daily grind. What works for you may not work for someone else. It doesn't matter what nonusing activities you pursue during your downtime, but it is necessary to find a way to relax and rejuvenate. The more tired and beaten down you become, the less energy you will have for staying smart and committed to recovery.

Notice how often you feel stressed, impatient, angry, or closed off emotionally. These are signs of needing more downtime. **Which activities listed below would help rejuvenate you?**

- | | | |
|---|---|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Taking a class | <input type="checkbox"/> Going to the movies |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Playing team sports | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Meditating or doing yoga | <input type="checkbox"/> Bicycling | <input type="checkbox"/> Knitting |
| <input type="checkbox"/> Listening to music | <input type="checkbox"/> Painting, drawing | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Playing with a pet | <input type="checkbox"/> Exercising at the gym | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Becoming active in a church | <input type="checkbox"/> Cooking | <input type="checkbox"/> Window shopping |
| <input type="checkbox"/> Talking with a friend who does not use | <input type="checkbox"/> Going to 12-Step or mutual-help meetings | <input type="checkbox"/> Playing a musical instrument |

On a day when you're stressed and you realize that in the past you would have said, "I really need a drink" or "I need to get high today," what will you do now? What will you do in your downtime?



People in recovery usually do not relapse because they cannot handle one difficult day or one troubling situation. Any given day or any single event usually is manageable. Things become unmanageable when the person in recovery allows events from the past or fears of the future to contaminate the present.

Beating yourself up about the past makes you less able to handle the present. You allow the past to make your recovery more difficult when you tell yourself

- “I can never do anything right. I always mess up every opportunity.”
- “If I try to do something difficult, I will fail. I always do.”
- “I always am letting people down. I always have disappointed everyone.”

You need to find a way to reject those negative thoughts when they come up. The thought-stopping techniques you learned in Early Recovery Skills (session 1) can help you move past these negative thoughts. Exercise, meditation, and journal writing also help you focus your mind and control your thoughts.

Can you think of a recent situation in which you allowed the past to make the present more difficult?

Don't allow things that *might* happen in the future to overwhelm you in the present. You can plan ahead and be prepared, but you can do little else about the unknown. You can address only what is happening right now, today. You are filling yourself with fear when you tell yourself



- “Tomorrow something will happen to ruin this.”
- “That person is going to hate me for this.”
- “I will never be able to make it.”

What things do you tell yourself that make you fear the future?

When you have these thoughts, it may help to remind yourself of times when you did not let your past behavior influence the future. Think of times when you broke away from an old, destructive pattern. Calling a friend who can remind you of your successes is a good way to keep yourself focused on today and reject fearful thoughts of the future.

What things can you tell yourself that will bring you back to the present?

Early Recovery (0–6 weeks)

Drug use interferes with normal sleeping. When people stop using, they experience frequent and intense dreams. The dreams seem real and frightening. These dreams are a normal part of the recovery process. You are not responsible for whether you use in a dream. Regular exercise may help lessen the dream activity.

Middle Recovery (7–16 weeks)

For most people, dreams are less frequent during this phase of recovery. When they do occur, however, dreams can leave powerful feelings well into the following day. It is important to be careful to avoid relapse on days following powerful dream activity. Often dreams during this period are about choosing to use or not to use, and they can indicate how you feel about those choices.

Late Recovery (17–24 weeks)

Dreaming during this period is very important and can be helpful in warning the person in recovery. Sudden dreaming about drug or alcohol use can be a clear message that there may be a problem and that the dreamer is more vulnerable to relapse than usual. It is important to review your situation and correct any problems you discover.

Listed below are some of the actions people take when their dreams become intense and troubling. **Add to the list things that would help you in this situation:**

- Exercise
- Go to a 12-Step or mutual-help meeting
- Call a counselor
- Talk to friends
- Take a break from your normal routine
- Other: _____



Client Status Review

Name: _____ Date: _____

Rate how satisfied you are with the following areas of your life by placing a checkmark in the appropriate boxes.

	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Career					
Friends					
Family					
Romantic Relationships					
Drug Use/Cravings					
Alcohol Use/Cravings					
Self-Esteem					
Physical Health					
Psychological Well-Being					
Sexual Fulfillment					
Spiritual Well-Being					

Client Status Review

Which of these areas improved the most since you entered treatment?

Which are your weakest areas? How are you planning to improve them?

What would need to change for you to be satisfied with the areas you rated lowest?

Holidays and Recovery

Holiday seasons and the celebrations that come with them are difficult for people in recovery. Many things can happen to increase the risk of relapse. **Review the list below and check the items that might cause problems for you and your recovery program during the holidays. Then total up the number of checkmarks and assess your relapse risk below:**

- More alcohol and drugs at parties
- Shortage of money because of travel or gift buying
- More stress caused by hectic pace (for example, traffic, crowds)
- Normal routine of life interrupted
- Stopping exercise
- Not going to AA meetings
- Not going to therapy
- Party atmosphere
- More contact with family
- Increased emotions from holiday memories
- Increased anxiety regarding triggers and craving
- Frustration of not having time to meet responsibilities
- Coping with “New Year’s Eve” type occasions
- Extra free time with no structure
- Other: _____

Mild: If you checked one to three items, the holidays produce only a slightly increased risk of relapse.

Moderate: If you checked four to six items, the holidays add a lot of stress to your life. Relapse risk is related to how well you cope with increased stress. Your score indicates that you need to plan carefully for your recovery during the holidays.

Severe: If you checked seven or more items, the holidays add a major amount of stress to your life. Relapse prevention means learning how to recognize added stress and taking extra care during dangerous periods. Your score indicates the holidays are one of these periods for you.

NO ONE HAS TO RELAPSE. NO ONE BENEFITS FROM A RELAPSE. THINK ABOUT YOUR RECOVERY PLAN. ADD SOME MEETINGS. SCHEDULE YOUR TIME. SEE YOUR COUNSELOR. TO GET THROUGH THIS STRESSFUL TIME, USE THE TOOLS THAT HAVE HELPED YOU STAY ABSTINENT IN RECOVERY.





In addition to abstaining from substance use, it is important for you to put some interesting activities in your life. For many people in recovery, substance use was the main thing they did to relax and have a good time. Now that you are abstinent and in recovery, it is important to find fun things to do that can take the place of substance use. You might try returning to old activities you used to enjoy before you started using substances.

What are some hobbies or activities that you used to enjoy and might like to try again?

New activities and hobbies are an excellent way to support your recovery while you meet new people. Now is the time to take a class, learn a new skill, try your hand at making art, take up a new sport, do volunteer work, or try out other new interests. Ask your friends about hobbies that they enjoy. See about adult classes that are offered at local colleges. Consult your local community's directory or Web site for listings of activities and classes. Check the newspaper for lectures, movies, plays, and concerts.

What new activities and interests would you like to pursue?

It is important to remember that not all new activities will be fun right away. It may take a while before you can really enjoy a new activity or become proficient at a new skill. Old activities that you enjoyed may not feel the same now that you're abstinent and in recovery. Regardless of how new or old activities feel, you need to make them part of your life.





DHHS Publication No. (SMA) 07-4152
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Printed 2006
Reprinted 2007