

# 2020

## IOP Substance Abuse Treatment Program (SATP)



The William  
Jennings Bryan  
Dorn VA Medical  
Center, Columbia,  
South Carolina

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## SATP PATIENT ORIENTATION

You are now starting the second phase of the Substance Abuse Treatment Program. Prior to entering the two-week intensive outpatient program you will have demonstrated abstinence by testing negative on two consecutive urine drug screens and breath-analyzer testing. Random urine drug screens and breath analysis will be conducted during this two-week program. Positive urine drug screen/breath analysis findings will result in discharge from the IOP portion of the program. If you relapse, your provider may have a discussion with you about inpatient treatment. You are in a 90 day treatment program. Upon successful completion of the IOP you will enter the aftercare portion of your treatment program. Aftercare consists of two meetings face to face per month for two months. Throughout the IOP portion and aftercare you will be required to attend 3 community support meetings a week. Upon successful completion of the 90 day treatment program, you will receive a diploma acknowledging this accomplishment via US Mail.

Your start date for the IOP is based on space availability and your availability. The classes start at the beginning of each hour and run for 50 minutes. You will have 10 minute breaks between classes. Bathroom needs should be attended to during the 10 minute break. If you have bowel/bladder problems that prevent you from abstaining from the bathroom for time periods of 50 minutes, you must discuss this during your intake assessment.

You are being given a program manual (this orientation document is in the manual). You must bring this manual along with the "My Personal Journal" Workbook with you to class each day. The Intensive Outpatient Program (IOP) will consist of 3 classroom hours daily for 10 business days. The curriculum for the IOP is structured such that if you miss a day, you must make up the day missed on the next date that content is offered. In order to successfully complete the IOP it is mandatory that you attend all your scheduled classes. You must be in the room at the designated start time to avoid having an unexcused absence. You cannot leave the classrooms during the 50-minute group without permission from staff. Failure to be present during any portion of the group is considered an absence without authorization (AWA). If you are AWA from more than one group, you will be discharged from the IOP portion of the program for failure to meet program requirements. You are allowed one excused absence for doctor's appointments, etc. If something occurs that prevents your attendance (illness, car trouble, etc), you must call a staff member and speak directly to a person. Voice mail is not considered adequate communication because if a staff member is not present, the message cannot be retrieved by anyone else on staff. You must have cell phones either off or in vibrate mode during class and cannot answer calls or text messages during class. Use of either is violation of policy and will count as an AWA.

**Contact Numbers:**  
 803-776-4000 then dial  
 1 then extension  
 SW Babilon ext 4435  
 SW Blue ext 3988  
 SW Ross ext 4768  
 SW Palmer 6052  
 NP Shelby ext 7443  
 Ms. Swartz ext 6397  
 Mr. Kennerly ext 6390

A meal ticket will be provided daily for all full-time participants. These tickets expire the day of issue and are valued up to \$6.00 for food from the food court in building 100. If your selections exceed \$6.00, you will have to provide the additional monies. You may not bring any food or beverage into the group rooms or staff offices.

This is a smoke free facility. Smoking areas are designated on the outside of building 106.

Failure to complete the program in it's entirety due to violation of the abstinence policy, tardiness, or unapproved absences will result in discharge from SATP's intensive outpatient program. If you are discharged from IOP, your social worker will review your options to continue your enrollment in the Substance Abuse Treatment Program. These options include inpatient treatment, enrollment in the Substance Use Disorder (SUD) Support Twelve Step Program, or removal from the program. If you choose to enroll in inpatient treatment, we can help you with this process. If you choose to enroll in the Support Program, you can do this for a total of 8 weeks. If you are discharged from the program, you have to wait 6 months before you can begin the program again.

The Patient Representative Program is the Medical Center's mechanism for receiving and responding to veteran's concerns which cannot be resolved by the staff working with you. The Patient Representative Program is a link between you and the medical center. If you have a problem we encourage you to ask staff in the clinic or on the ward for assistance immediately. The Patient Representatives are available to provide additional assistance.

It is the policy of this Medical Center to be responsive and sensitive to the needs of our customers and to deliver quality medical care, as well as emotional support to the patient and his/her family. We are "Putting the Veteran First" in meeting their health care needs.

The Patient Representatives are available Monday-Friday, 8:00 am to 4:30 pm to answer patient concerns, to receive comments, and to receive compliments.

The Patient Representatives are:

Ms. Bernadette Allen, located on the first floor, Room 1C103-A, Building 100. Ms. Allen can be reached at Extension 6342.

Nate Gantt, located on the first floor, Room 1C103. Mr. Gantt can be reached at Extension 6879.

Mr. Nate Gantt, located at Hampton Street or in the Director's Office. Mr. Gantt may be reached at Extension 7679 or 7983.

Ms. Marjorie (Mia) Gentry, located at Hampton Street or in the Director's Office. Ms. Gentry can be reached at extension 7693 or 7983.

Michelle Hayes, located on the first floor, Room 1C103-C, Building 100. Ms. Hayes can be reached at Extension 6612.

Maggie Locke, located on first floor, Room 1C103-B, Building 100. Ms. Locke can be reached at Extension 7030.

The Director is Ms. Evetta Gregg. She may be reached at Extension 7696.

## **Veteran Resource List**

**VA Benefits line** - 800-827-1000 or [www.va.gov](http://www.va.gov)

**DAV Van Rides** – Tommy Goins – 803-776-4000, extension 7199

**Winter Shelter** (open November – March) subject to change  
803-240-9482 Mike Lee

**Charleston VA Medical Center** – 843-789-7183

**Augusta VA Medical Center** - 706-733-0188

**Columbia Housing Authority** – 803-254-3886

**Department of Social Services (Richland County)** 803-957-7333

**VA Regional Office (campus of Dorn VA)** (803) 255-4310

**Columbia Vet Center/Readjustment Counseling** 803-765-9944

**American Legion Offices** – Varies by County

**South Carolina Combat Veterans Association**

**Vocational Rehabilitation – Varies by County** – (803) 896-6500 main  
number, ask for your particular county's phone number

**Substance Abuse Treatment Program** – 803-776-4000, extension 6556

**Community Based Outpatient Clinics** – varies county by county

**Office of Disabled American Veterans** – [www.dav.org/links.html](http://www.dav.org/links.html)

**Office of Veteran's Business Development** – (202-205-6773)  
[www.sba.gov/VETS](http://www.sba.gov/VETS)

**Social Security Administration** – <http://ssa.gov/> or 1-800-772-1213

## Van Ride Contact List

Tommy Goins (DAV) Dorn VA Hospital Service Coordinator:  
803-776-4000, ext 7199

**Kershaw County-Camden** runs Tuesday, Wednesday & Thursday  
Contact D. Davis 803-272-8154 or 803-425-1521

**Chester** – runs Tuesday and Thursday if patients have scheduled appts  
County Veterans Affairs Officer: (Judy McWaters) 803-385-6157)

**Florence** - runs Monday thru Thursday  
DAV Van Coordinator: (Leatherman Senior Ctr.) 843-669-6761)

**Lancaster** – runs Monday and Wednesday, Thursday  
Veterans Affairs Officer: (Robin Helms) 803-283-2469)

**Laurens** – runs Tuesday and Thursday if patients have scheduled appts  
Co. Veterans Affairs Officer (Carey Bolt 864-984-4041)

**Lexington** – runs Monday Wednesday, and Thursday  
County Veterans Affairs Officer: (Ed Lundeen) 803-785-8400)

**Orangeburg** - runs Monday thru Friday  
Veterans Affairs Officer: (Kenisha Grimes 803-533-6156)

**Sumter** - runs Monday thru Friday  
Veterans Affairs Officer: (Valarie Brunson 803-436-2302)

**Union** – runs Wednesdays.  
Veterans Affairs Officer: (Cindy Fore 864-429-1605)

**York/Rock Hill** – runs Tuesday and Wednesday  
Veterans Affairs Officer: (Pam Voss 803-684-8529)



## **Trigger → Thought → Craving → Use**

### **The Losing Argument**

If you decide to stop drinking or using and end up moving toward drugs or alcohol, your brain gives you permission by using a process we call relapse justification. Using thoughts start an argument inside your head: your rational self versus your addiction. You feel as though you are in a fight, and you must come up with many reasons to stay sober. Your addiction is really just looking for an excuse, a relapse justification. The argument inside you is part of a series of events leading to drug and alcohol use. How often in the past has your addiction lost this argument?

### **Thoughts Become Cravings**

Craving does not always occur in a straightforward, easily recognized form. Often the thought of using passes through your head with little or no effect. It takes effort to identify and stop a thought. However, allowing yourself to continue thinking about drug or alcohol use is choosing to start a relapse. The farther the thoughts are allowed to go, the more likely you are to relapse.

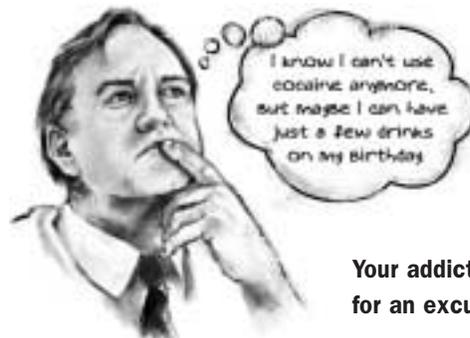
### **The Automatic Process**

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

**Trigger → Thought → Craving → Use**

### **Thought Stopping**

The key to success in dealing with this process is not to let it get started. Stopping the thought when it first begins prevents it from building into an overpowering craving. It is important to do it as soon as you recognize the thoughts occurring.



**Your addiction is really just looking for an excuse, a relapse justification.**



## Five Common Problems in Early Recovery: New Solutions

Everyone who attempts to stop drug and alcohol use runs into situations that make it very difficult to maintain sobriety. The following chart lists five of the most common situations encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for dealing with these situations.

PROBLEM	NEW ALTERNATIVE
<p><b>Using friends and associates</b></p> <ul style="list-style-type: none"> <li>Continued association with old friends or friends who use can cause triggering.</li> </ul>	<ul style="list-style-type: none"> <li>Try to make new friends at Twelve Step meetings or other spiritual recovery groups.</li> <li>Try new activities that will increase your chances of meeting sober people.</li> <li>Plan activities with sober friends or family members.</li> </ul>
<p><b>Anger or irritability</b></p> <ul style="list-style-type: none"> <li>Small events can create feelings of anger that seem to preoccupy the thinking process.</li> </ul>	<p>Tell yourself the following:</p> <ul style="list-style-type: none"> <li>Recovery involves a healing of brain chemistry.</li> <li>Moods will be affected; it's a natural part of recovery.</li> <li>Exercise helps.</li> <li>Talking to a therapist or a supportive friend helps.</li> </ul>
<p><b>Alcohol in the home</b></p> <ul style="list-style-type: none"> <li>Even if you decide to stop drinking, it doesn't mean everyone else in your house will decide to stop.</li> </ul>	<ul style="list-style-type: none"> <li>Get rid of all drugs and alcohol, if possible.</li> <li>Ask others if they would refrain from drinking and using at home for a while.</li> <li>If you continue to have a problem, consider moving out for a while.</li> </ul>
<p><b>Boredom or loneliness</b></p> <ul style="list-style-type: none"> <li>Stopping drug and alcohol use often means that many usual activities and people must be avoided.</li> </ul>	<ul style="list-style-type: none"> <li>Put new activities in your schedule.</li> <li>Go back to activities you enjoyed before your addiction took over.</li> <li>Develop new friends at outside meetings. Consider exchanging telephone numbers.</li> </ul>

FIVE COMMON PROBLEMS IN EARLY RECOVERY: NEW SOLUTIONS | *continued from other side*

PROBLEM	NEW ALTERNATIVE
<p><b>Special occasions</b></p> <ul style="list-style-type: none"><li>Parties, dinners, business meetings, weddings, holidays, and other events can be difficult without alcohol and drugs.</li></ul>	<ul style="list-style-type: none"><li>Have a plan for answering questions about not drinking.</li><li>Have your own transportation to and from events.</li><li>Leave if you get uncomfortable or start feeling deprived.</li></ul>

1. Are any of these issues likely to be a problem for you in the next few weeks? If so, which ones?

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2. How will you deal with them?

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**Try to make new friends at Twelve Step meetings or other spiritual recovery groups.**



## Compulsive Behavior

*Many addicted people enter treatment just to stop using drugs and alcohol.* 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 are living their lives. The lifestyle changes recommended are focused on getting the recovering person back in control of his or her life.

1. In what ways was your life out of control?

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2. Have you noticed yourself behaving excessively in any of the following ways? Check all that apply to you.

- Working all the time
- Using prescription medications
- Abusing other illicit drugs
- Drinking too much caffeine
- Smoking more
- Eating foods high in sugar
- Exercising to the extreme
- Compulsively masturbating
- Gambling
- Spending too much money
- Engaging in compulsive sexual activities
- Other \_\_\_\_\_

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COMPULSIVE BEHAVIOR | *continued*

3. What changes have you tried to make so far?

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Does the following sound familiar? “I stopped smoking, drinking, and drug use. 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 behavior is called the abstinence violation syndrome.

4. Do you have a similar story from the past? Explain.

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5. Are you making major lifestyle changes in this recovery process? Explain.

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6. Is it uncomfortable to make these changes?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you avoiding being uncomfortable by switching to other compulsive behaviors? Explain.

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COMPULSIVE BEHAVIOR | *continued*

8. Are there changes you still need to make?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what are they?

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### **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 of things you can do in order to prevent a relapse:

1. *Prevent exposure to triggers.*

Stay away from people, places, and activities that you associate with drug and alcohol use.

2. *Stop the thoughts that may lead to relapse.*

There are many techniques that can be used to do this. Some examples of thought-stopping techniques are

- Relaxation—take three slow, deep breaths.
- Snapping—wear a rubber band loosely on your wrist, and every time you become aware of a triggering thought, snap the band and say “no!” to the thought.
- Visualization—imagine an on/off switch in your head. Turn it to “off” to stop the triggering thoughts.

These techniques can be very effective in preventing a relapse. It helps to have different pictures or thoughts ready to replace the triggering thoughts. Try these techniques and use those that work best for you.

COMPULSIVE BEHAVIOR

3. *Schedule your time.*

Put structure into your day and fill blocks of free time with activities such as spending time with nonrisky friends, exercising, or doing volunteer work.

4. *Do something completely different.*

Get out of town. Go to a movie or watch a video. Go to a meeting.

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

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

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## Questions for *Alcohol: The Substance, the Addiction, the Solution*

### *Focus Questions*

1. The current definition of alcoholism begins, "Alcoholism is a primary chronic \_\_\_\_\_."
2. Currently there are \_\_\_\_\_ Americans in recovery from alcoholism.
3. Research is pointing to a \_\_\_\_\_ as a cause of alcoholism.
4. Alcoholism is characterized by a \_\_\_\_\_ over drinking.
5. Alcohol causes an outpouring of a neurotransmitter in the brain known as \_\_\_\_\_.

### *Process Questions*

6. What are some of the long-term effects of alcoholism?

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7. What relapse justifications have you used when discussing your drinking?

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8. How has drinking affected your relationships?

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QUESTIONS FOR *ALCOHOL* | *continued from other side*

9. In what way can spirituality help a person recovering from alcoholism?

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10. How have your family members sought support for themselves?

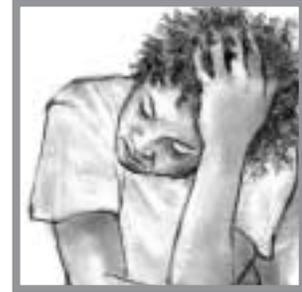
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## Recognizing Stress

Stress is what a person experiences as the result of difficult or upsetting events, particularly those that continue for a period of time.

Stress is the experience people have when the demands they make of themselves or those placed upon them are greater than what they feel they can handle. Sometimes we are unaware of this emotional state until the stress is producing physical symptoms.

Check any of the following problems you have experienced in the past thirty days:

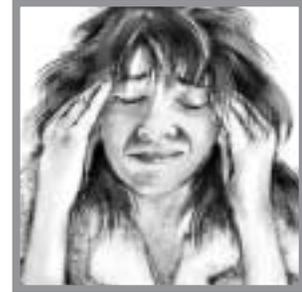
- \_\_\_\_\_ Sleep problems
- \_\_\_\_\_ Difficulty falling asleep
  - Waking up off and on during the night
  - Having nightmares
  - Waking up early and being unable to fall back to sleep
- \_\_\_\_\_ Headaches
- \_\_\_\_\_ Stomach problems
- \_\_\_\_\_ Chronic illness
- \_\_\_\_\_ Fatigue
- \_\_\_\_\_ Moodiness
- \_\_\_\_\_ Irritability
- \_\_\_\_\_ Difficulty concentrating
- \_\_\_\_\_ General dissatisfaction with life
- \_\_\_\_\_ Feeling overwhelmed

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*If you have checked two or more of these items, you need to think about reducing stress immediately. By becoming more aware of stress and learning ways to cope, you can further ensure your continuing recovery.*

Homework: "Stress Awareness" Journal Pages 67-68

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## Reducing Stress

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

1. Your time, energy, and money are all you have to give. Are you investing them in work that you enjoy and that satisfies you?

Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_\_

3. Do you appreciate things like music, reading, nature, and personal relationships? (Or are you overly focused on having money and things?)

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you forcing yourself to do things that increase your self-confidence?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you tackle large goals by breaking them into smaller, more manageable tasks?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are you careful to make your environment peaceful?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Can you and do you say no when that is how you feel?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you know how to use self-relaxation techniques to relax your body, and do you allow time in your day to do them?

Yes \_\_\_\_\_ No \_\_\_\_\_

REDUCING STRESS | *continued from other side*

9. Are you careful to avoid large swings in body energy caused by taking in excess sugar and caffeine?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are there specific ways you deal with anger and get it out of your system physically?

Yes \_\_\_\_\_ No \_\_\_\_\_

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**Learn how to use self-relaxation techniques to relax your body, and allow time in your day to do them.**



## Guilt and Shame

**Guilt is feeling bad about what you have done.**

*(“I am sorry I spent so much time using/drinking and not attending to my family.”)*

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**Shame is feeling bad about who you are.**

*(“I am hopeless and worthless.”)*

### Guilt

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

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Feeling guilty is 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 get into situations where they do things they feel guilty about. What is important is making peace with yourself. Sometimes that means making up for things you've said and done. Sometimes it means realizing you are feeling guilty unnecessarily.

Remember:

1. It's all right to make mistakes.
2. It's all right to say, “I don't know,” “I don't care,” or “I don't understand.”
3. 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(s)?

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Homework: "Four Big Feelings" Journal Pages 46-49

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GUILT AND SHAME | *continued from other side***Shame**

Check the statements that apply to you:

- \_\_\_\_\_ I feel ashamed of being addicted.
- \_\_\_\_\_ I feel weak because I couldn't or can't stop drinking or using.
- \_\_\_\_\_ I feel stupid because of what I have done.
- \_\_\_\_\_ I feel like I am a bad person because I am involved with alcohol or drugs.

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No one knows all the reasons that some people can stop using once they decide to and other people cannot. Research shows some of the reasons have to do with family histories, genes, and individual physical differences in people. They do not have to do with some people being bad, stupid, or weak. Addiction affects people differently.

What we do know is that you cannot recover by these means:

1. Trying to use willpower
2. Trying to be strong
3. Trying to be good

It takes two things to make recovery work:

1. Being smart
2. Working hard

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*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 just happen to you.*



## Managing Anger

*Anger is an emotion that leads many people to relapse.* This is particularly true early in treatment. Anger is frequently experienced as a slow, building process during which you constantly think about the anger-producing issues. Sometimes it seems that the issue causing the anger is the only important thing in life. Often, a sense of victimization accompanies the anger. “Why do I get all the bad breaks?” “How come she doesn’t understand my needs?” “Why won’t he just do what I want him to do?”

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

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2. How do you recognize when you get angry?

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3. How do you express anger?

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

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Are there any positive ways to deal with anger? Consider these methods:

- Talk to the person you are angry with.
- Talk to a therapist, a Twelve 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.
- Take a break to change your frame of mind.
- Exercise.
- Other \_\_\_\_\_

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# Pharmacological Issues – Lecture #1

Topic: Medications used to replace substances or decrease use or cravings

Reviewed substances of abuse and treatment strategies to either withdraw safely or to use as a replacement. Differentiated between physiological and psychological dependence and discussed what tolerance means. Substances addressed and the treatment options were:

- Alcohol:
  - Disulfiram (Antabuse),
  - Acamprosate (Campral),
  - Naltrexone
  - (Revia), Vivitrol
- Cocaine:
  - Naltrexone (Revia)
- Opiates:
  - Methadone
  - Buprenorphine (Suboxone)
- Cannabis:
  - no current pharmacologic remedies.
- Benzodiazepines and Non-Benzodiazepines: discuss need for slow taper to get off this class of medication and possible alternatives to use with less abuse potential (hydroxyzine pamoate, benadryl, trazodone)
- Tobacco:
  - Gum
  - nicotine replacement patches
  - bupropion,
  - varenicline.

Chronic Illnesses: Differentiated between acute and chronic illnesses. Talked about importance of treating chronic illness daily and working with prescribers when medications impact lives.

Homework: Journal Pages 14-15.

# Self-Esteem

## It's all about YOU

1. Self esteem is, a \_\_\_\_\_ and \_\_\_\_\_ in oneself equaling **SELF-RESPECT**.

2. Two elements of self-esteem are:

a. Satisfaction: \_\_\_\_\_

b. Confidence: \_\_\_\_\_

c. **KEY POINT:** self-esteem is \_\_\_\_\_ the person. This is **SPIRITUAL**.

3. One's self-portrait...

a. \_\_\_\_\_ (I am) \_\_\_\_\_

b. \_\_\_\_\_ (I could be) \_\_\_\_\_

c. \_\_\_\_\_ (Nightly inventory) \_\_\_\_\_

4. Self-concepts

a. Negative:

i. \_\_\_\_\_ no sense of stability, shifty

ii. \_\_\_\_\_ no flexibility, stubborn, not open to hear, one way

b. Positive:

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

Homework: Journal pages 36-40.

5. Three major influences in my self-concept:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

6. It's **ALL** about **YOU**

a. Who are you? (based from Exercise #3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

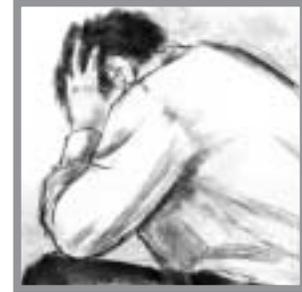
b. How did you come to this conclusion, what forces or influences helped you in determining who you are? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Questions for *Marijuana: Escape to Nowhere*

### *Focus Questions*

1. Marijuana affects \_\_\_\_\_ levels in males as well as females.
2. Smoking one joint is the equivalent of smoking \_\_\_\_\_ cigarettes.
3. The organ that suffers the most negative consequences of marijuana use is the \_\_\_\_\_.
4. The main chemical in marijuana that produces its behavioral effects is called \_\_\_\_\_.
5. Marijuana grown today is \_\_\_\_\_ times more potent than pot grown in the 1960s.

### *Process Questions*

6. Why is marijuana referred to as a “dream killer”?

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7. Why is smoking pot dangerous for a recovering alcoholic or addict?

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8. How does marijuana isolate a person emotionally and socially?

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Homework: Journal Pages 6-9

QUESTIONS FOR *MARIJUANA* | *continued from other side*

9. Why is it important to give recovery from marijuana time?

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10. What role does the recovery community have in your life?

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Relapse Prevention Plan – begin completing pages 63-65 in the “My Personal Journal” workbook.

## **HEALTHY ACTIVITIES AND SLEEP PRACTICES- WEEK A**

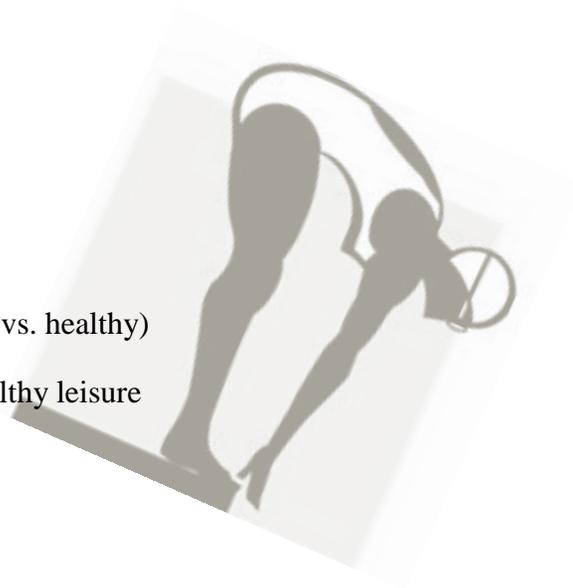
Participation in recreation and leisure in early recovery aids in the development of many skills that are used on a daily basis. Because isolation is such a common behavior in people who are addicted, social skills development is emphasized and these skills are practiced and improved through interactions with other recovering individuals.

*- Shelagh Keesmaat, Hons BA (TR)  
Homewood Health Center*

### **COURSE OBJECTIVES**

Identify various types of leisure (risky vs. healthy)

Consider appropriate strategies for healthy leisure



Homework: Journal Page 72.

# **WEEK A – Recreation Therapy**

## Handout – The Swamp of Boredom

One of the most dangerous places you may have to pass through is the swamp of boredom. People who linger too long in this swamp eventually become trapped. Slowly they sink until nothing left.

Alcohol and drugs make the swamp of boredom one of their regular haunts. They promise a way out to travelers seeking release from boredom. Do not be fooled by false promises. Learn to recognize when you are getting close to the swamp and take action.

### **Recognizing the Outer Edges of the Swamp**

Many people don't see that they are having problems with boredom until they are caught in the middle of the swamp, and then it is extremely difficult to get out. The earlier you understand what is happening, the quicker you will be able to make changes. Here are some warning signs:

1. Are you paying less and less attention to what you are doing?
  - Staring at TV, but not watching it.
  - Day dreaming a lot.
  - Not listening to what people are saying.
  - Losing interest in what you're reading.
2. Are you becoming more restless?
  - Pacing.
  - Opening the refrigerator and staring in but not being hungry.
  - Feeling lots of energy but having no place to put it.
3. Do you feel more lethargic—very little energy?
  - Finding it difficult to do the simplest task.
  - Feeling weighted down.
  - Being entertained only in a passive way, like watching TV or movies or listening to the radio. Not participating, just observing.
4. Are you constantly reminiscing about the fun you had when you were drinking or using?
  - Talking over old times with people still drinking and using, and enjoying the memories.

- Visiting old places where the good times happened during the drug and alcohol days.
  - Turning down opportunities to do fun things without drugs by saying they sound boring.
  - Looking at people who are not using or drinking and seeing them as boring and dull.
5. Are you beginning to ask yourself “Who cares?” Or “What’s the difference?”
  6. Are you beginning to equate sobriety with boredom?
  7. Are you finding yourself doing the same thing day after day and week after week?
  8. Are your relationships not satisfying?
    - Finding yourself wanting to spend more time with the users, you know.
    - Constantly looking for flaws in those people, you know who don’t use or drink.
    - Envyng other’s relationships and thinking how rotten yours are compared to theirs.
  9. Are you looking for someone or something to take your boredom away?
  10. Do you avoid meeting new people, getting involved with new organization doing anything new that could be fun or educational or stimulating?
  11. Are you getting away from support groups and support people?

If you answered Yes to any of these Questions, you could be moving into the swamp of boredom. If you answered Yes to many of these question, you are already deep into the swamp.

*Take the first step to get out now.*

### **Getting Out of the Swamp**

1. Go to your support group meetings. Increase the number if you need to. Call for rides if you have to, but get there.
2. Get involved in your support group. Besides the meetings, go to the extra activities they offer, like dances and picnics.

3. Call your sponsor and other supportive people both in and out of the recovery program.
4. Use the Boredom Escape Strategies below to aid you in escaping the swamp.
5. Remember your value as a human being—one who can care about others and give to others.
6. Take a hard look at your attitude. Are you like a kid who says he won't like something before he even tries it?
7. Keep an open mind.
8. Don't be seduced by how easy it is to make fun of people who don't use chemicals, or activities that don't involve chemicals.
9. Sit by a river or a mountain, or anywhere in nature, and just watch and listen. Learn from the land. Life is not boring, It is magical! Open your eyes.
10. Get active in the entertainment side of your life—whether it is arts or sports or reading. (Yes, reading is active—for the imagination above all.)
11. Believe that you can get out of the swamp sober and alive.
12. Reach into your soul and tap the power that is there. You have power.
13. Break your routines. Remember the only difference between a rut and a grave is the depth.
14. Take healthy risks instead of the old type you used to take. Share feelings, apply for a new job, assert yourself, take a self-inventory.
15. Don't wait until you are in the middle of the swamp to start implementing the ideas given here.
16. Listen to records or tapes that may help motivate you and stimulate enthusiasm for your new way of living.
17. Remember, new friends and new ideas are waiting for you in your support groups and in the rest of your life. Don't be tricked by the offer of help from drugs and alcohol.

### **Boredom Escape Strategies**

1. Write down your schedule for an entire typical week/ Be detailed. Break it down into five-minute groupings if you have to.

2. Find when you are most bored: the time of day, day of the week, activities you are doing when bored, and people you are with. Be a detective.
3. Write down any clues you pick up from this list. You may see a pattern. Then determine what changes you can make immediately that might eliminate some boredom. Don't say there aren't any. Remember boredom is a major cause of relapse.
4. Make a list of activities (A) you like to do and still do regularly, (B) you like to do but only do rarely, (C) you used to like to do but haven't done in a long time and (D) you think you might be interested in but haven't explored.
5. Keep doing (A) Do more of (B) Start doing (C) again. Begin exploring how to get involved in (D).
6. Think up ways to spend your time more effectively and enjoyably. Write them down. If you are having trouble with answers, talk to people in the program or other friends who don't find the answers in drugs and alcohol. Take a chance by going with them on one of these activities. See if you like it before dismissing it as a possibility.
7. Make a list of friends who are not a threat to your sobriety, including your new friends in AA, NA, or other support groups. Most people are not ready to abandon all their old friends, no matter what anyone tells them, but make an effort to be selective. Find people who are alive spiritually and emotionally and who are excited about being alive.
8. Besides making a list, make contact with those friends who support you as a person. Share your activities with them.
9. Break your routines. Notice which shoe you put on first in the morning. Put the other one on first. Go to work or school by different routes. Sit in different seats at meetings. Eat different foods different times if possible. Eat different foods. When you get home, change your normal pattern. Go for a walk instead of watching TV. Look at all the routines you have and see if you can modify them even just a little. Develop new routines that encourage creativity, happiness, and a sense of involvement.
10. Write down all the skills you have, even ones you don't use regularly. Ask your friends to help you. Many times people have skills they don't even know about. Once you recognize your skills, figure out ways to use them to put challenge and excitement into your life.

# **WEEK A -WEDNESDAY RECREATION THERAPY GROUP**

## Past and Future Leisure Interests

### Directions

#### Goals:

1. The purpose of this activity is for you to identify activities in which you participated in the past
2. To increase your ability to identify activities in which you may be interested in the future.
3. Please see the attached sheet, read the directions and complete the task.

#### Description:

1. On the left hand side, please list the activities in which you participated in prior to treatment.
2. On the right side, please list the activities that would be realistic for you to participate in after treatment.
3. Compare the two lists and then answer the below questions:
  - a) Were there any activities you listed on both lists and what were they?
  - b) What would need to change about these activities in order to be suitable for your participation? Would it be locations, people, play things.
  - c) Were you able to identify new interests?
  - d) How many of your activities involved using?
  - e) How will you stay motivated to participate in non-using activities?

Past Leisure Activities or Interests

Future Leisure Activities or Interests

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

# **WEEK A Wednesday – RECREATION THERAPY GROUP**

## **20 Sober Leisure Activities**

### **Directions**

This activity is designed for you to identify personal interests and put these interests and put these into an achievable arrangement.

On the list are approximately 200 potential leisure activities for you to participate in.

### **DIRECTIONS:**

- 1) Please circle at least 20 that you've either participated in or would like to participate in.
- 2) Once you have identified at least 20 activities please transfer them to the 20 Sober Leisure Activities Work Sheet. Then fill in the columns
  - a) Who: who will you go with, who else enjoys this activity?
  - b) Where: In what locations can this activity be pursued ( ex: bowling alley)
  - c) Times and Days: What day(s) of the week might you be able to engage in this activity and at what time of the day (ex: bowling league is Monday and Wednesday evenings at 7pm.)
  - d) Cost: What will this activity cost the participant. It may be free (ex: reading the paper at the library)
  - e) How: How will you get to the activity, is it something at your home or will you need a ride from someone.

Once you complete the above please answer these questions:

1. How did you select your activities – was it something you participated in before, or is it a new interest?
2. Was it easy or hard to pick 20 activities from the list?
3. If there are new interests that you've picked out, what will you need to do to ensure you can participate in these new activities?

Acting, dramatics	Carpentry	Fishing	Luge	Photography	Sweepstakes/lotto
Aerobics	Casino –gambling	Fly-fishing	Macrame	Ping pong	Swimming
Amusement parks	Ceramics – pottery	Football	Marathons	Plays, Lectures	Synchronized swim
Aquariums	Child related groups	Frisbee	Marksmanship	Political activities	Table Games
Archery	Choir	Garage Sales	Mechanics	Quilting	Backgammon
Art appreciation	Coffee houses	Gardening	Meditation	Racquetball	Checkers
Arts & Craft shows	Collecting things	Genealogy	Metal work	Reading	Chess
Astrology	Community events	Golf	Miniature golf	refinishing	Dominoes
Auctions	Computer games	Gymnastics	Model Making	Relaxation	Tai Chi
Auto racing	Concerts	Hackey sack	Motorcycling	Religious events	Talking on phone
Backpacking	Cooking, baking	Ham radio	Movies	Reminiscing	Teaching a skill
Auto repairing	Conservation	Hair styling	Mountain climbing	Rock climbing	Television
Badminton	Copper works	Handball	Museums	Roller skating	Tennis
Barbecues	Croquet	Hiking, walking	Musical instruments	Sailing	Tetherball
Baseball	Cross-country ski	Hockey	Flute	School club	Touring
Basketball	Crossword puzzles	Home decorating	Guitar	Scuba diving	Traveling
Batik	Dancing	Horseback riding	Horn	Sculpturing	VCR movies
Bicycling	Ballroom	Horse races	Piano	Sewing	Video games
Billiards, pool	Country line	Horseshoes	Saxophone	Shopping	Visiting friends
Bingo	Social	Hot air balloon	Needlework	Snow shoeing	Volleyball
Bird watching	Square	Houseplants	Newspaper	Shuffleboard	Volunteering
Board games	Darts	Hunting	Officiating	Sightseeing	Watching:
Boating	Dining out	Ice fishing	Basketball	Sign language	Baseball
Bocci ball	Designing clothes	Ice skating	Soccer	Singing	Basketball
Book club	Dining out	In-line skating	Softball	Skateboarding	football
Bowling	Downhill skiing	Inner-tubing	Volleyball	Skydiving	hockey
Boxing	Driving	Isometrics	Orchestra	Sledding, snow	Water polo
Calligraphy	Education	Jet ski	Orienteering	Snowboarding	Water-skiing
Camping	Electronics	Jewelry making	Painting, drawing	Snowmobiling	Watercolor
Canoeing	Exercising	Jigsaw puzzles	Parachuting	Soccer	Weaving
Car shows	Exercise video	Jogging	Parasailing	Softball	Weightlifting

Card games	Health club	Judo, karate	Parks	Squash	Window shopping
Bridge	Nordic track	Karaoke	Party planning	Stargazing	Woodworking
Cribbage	StairMaster	Kayaking	People watching	Stenciling	Wrestling
Euchre	Stationary bike	Kite flying	Pets:	String art	Writing
Hearts	Step aerobics	Knitting, crochet	Birds	Sunbathing	Yard work
Poker	Treadmill	Lawn games	Dogs	Supernatural	Yoga
Spades	YMCA	Leather working	Horses	Support groups	
UNO	Exhibits	Listening to music	Reptiles	surfing	

# WORKSHEET

Leisure Activity	Who	Where	Times or Days	Cost	How
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

## *Physical Effects of Alcohol and Drugs*

### Alcohol-

- Brain cell death in the cerebrum leading to dementia
- Decrease in brain chemical serotonin can lead to depression
- Cerebellar damage leading to coordination and balance problems
- Damage to brain stem that can lead to respiratory depression and death
- Peripheral nerve damage leading to numbness and tingling in fingers and feet
- Damage to esophagus caused by reflux which can lead to cancer of the esophagus
- Stomach irritation (gastritis)
- Ulcers of stomach and intestines
- Damage to liver- alcoholic hepatitis, fatty liver, fibrosis, cirrhosis
- Damage to pancreas- pancreatitis, diabetes, pancreatic cancer
- Abnormal heart rhythms which can lead to stroke and heart attack
- Impairment in judgment and decision making

### Cocaine-

- Significant increase in blood pressure that can lead to heart attack and stroke
- Stroke can be caused by blocked blood vessel or by a rupture (bursting) blood vessel- this can lead to paralysis (inability to move or feel sensation), incontinence (inability to control bowel and bladder), speech problems, vision problems
- Paranoia and disinhibition (inability to realize the consequences of behaviors leading to inappropriate behaviors)
- Impairment in judgment and decision making

### Marijuana-

- Causes lack of motivation
- Decrease in male hormone testosterone which can cause:
- Decreased sex drive, erectile problems, lowered sperm count, gynecomastia (breast development in males- this can result in lactation-milk production)
- Decreased reflex response (which can cause problems driving, working, etc)
- Paranoia
- Increased appetite
- Carcinogens (cancer causing substances) higher than in cigarette smoke
- Impairment in judgment and decision making

### Opiates-

- Infections from using dirty needles-viral (hepatitis B and C, HIV)
- Infections from using dirty needles-bacterial (heart, brain, lungs)
- Jaundice (yellowing of skin and eyes)
- Itching
- Nausea
- Constipation
- Impairment in judgment and decision making

Homework: Journal Page 10-13



## Internal Trigger Questionnaire

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

- |                                     |                                      |                                    |
|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Afraid     | <input type="checkbox"/> Passionate  | <input type="checkbox"/> Irritated |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Criticized  | <input type="checkbox"/> Sad       |
| <input type="checkbox"/> Neglected  | <input type="checkbox"/> Inadequate  | <input type="checkbox"/> Excited   |
| <input type="checkbox"/> Angry      | <input type="checkbox"/> Pressured   | <input type="checkbox"/> Jealous   |
| <input type="checkbox"/> Guilty     | <input type="checkbox"/> Depressed   | <input type="checkbox"/> Bored     |
| <input type="checkbox"/> Nervous    | <input type="checkbox"/> Insecure    | <input type="checkbox"/> Exhausted |
| <input type="checkbox"/> Confident  | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Lonely    |
| <input type="checkbox"/> Happy      | <input type="checkbox"/> Embarrassed |                                    |

2. I thought about using when I felt

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3. In the list above, circle the emotional states or feelings that have triggered your use of drugs or alcohol recently.

4. Has your use in recent weeks/months been

- Primarily tied to emotional conditions?  
 Routine and automatic without much emotional triggering?

5. Have there been times in the recent past in which you were attempting not to use and a specific change in your mood clearly resulted in your using? (For example, you got in a fight with someone and used in response to getting angry.)

- Yes     No

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INTERNAL TRIGGER QUESTIONNAIRE | *continued from other side*

If yes, describe:

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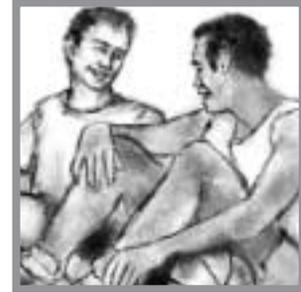
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6. Go back to the Trigger Chart from your previous session (page 27) and enter your emotional, internal triggers.





## External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you frequently used drugs or alcohol. Place a zero next to activities or situations in which you never have used drugs or alcohol.

- |   |  |
|---|--|
| <input type="checkbox"/> When home alone          | <input type="checkbox"/> After work                              |
| <input type="checkbox"/> When home with friends   | <input type="checkbox"/> When carrying money                     |
| <input type="checkbox"/> At a friend's home       | <input type="checkbox"/> After going past dealer's residence     |
| <input type="checkbox"/> At parties               | <input type="checkbox"/> When with drug-using friends            |
| <input type="checkbox"/> At sporting events       | <input type="checkbox"/> After going past a liquor store         |
| <input type="checkbox"/> At movies                | <input type="checkbox"/> After payday                            |
| <input type="checkbox"/> At bars/clubs            | <input type="checkbox"/> Before going out to dinner              |
| <input type="checkbox"/> At the beach             | <input type="checkbox"/> Before breakfast                        |
| <input type="checkbox"/> At concerts              | <input type="checkbox"/> At lunch break                          |
| <input type="checkbox"/> At the park              | <input type="checkbox"/> While at dinner                         |
| <input type="checkbox"/> When I gain weight       | <input type="checkbox"/> After passing a particular freeway exit |
| <input type="checkbox"/> Before a date            | <input type="checkbox"/> At school                               |
| <input type="checkbox"/> During a date            | <input type="checkbox"/> While driving                           |
| <input type="checkbox"/> Before sexual activities | <input type="checkbox"/> In the neighborhood                     |
| <input type="checkbox"/> During sexual activities |  |
| <input type="checkbox"/> After sexual activities  |  |
| <input type="checkbox"/> Before work              |  |

2. List any other settings or activities in which you frequently used drugs or alcohol.

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EXTERNAL TRIGGER QUESTIONNAIRE | *continued from other side*

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

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

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## Avoiding Relapse Drift

### How It Happens

*Relapse does not suddenly occur. It does not happen without warning, and it does not happen quickly.*

The gradual movement, however, can be so subtle and so easily explained away (denied) that often a relapse feels like it happened suddenly. This slow movement away from sobriety can be compared to a ship gradually drifting away from where it was moored. The drifting movement can be so slow that you don't even notice it.

### Interrupting the Process

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

### Maintaining a Recovery

Use the Mooring Lines Recovery Chart (page 9) to list and track the things that are holding your recovery in place. Follow these guidelines when filling out the form:

1. Identify four or five *specific* things that are now helping you stay sober (for example, working out for twenty minutes, three times per week).
2. Include items such as exercise, therapist and group appointments, scheduling, outside spiritually based meetings, and eating patterns.
3. Do not list attitudes. They are not as easy to measure as behaviors.
4. Note specific people or places that are known triggers and need to be avoided during recovery.

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

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Homework: Journal Pages 56-57

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## Mooring Lines Recovery Chart

*In becoming sober, you have had to learn to adopt certain new behaviors—behaviors that work for you to keep you sober.*

It is too easy to accidentally drop one or more of these mooring lines and allow your recovery to drift toward relapse. Charting the new behaviors and occasionally checking to make sure the lines are secure can be very useful.

Use the chart below to list those activities that are very important to your continuing recovery. If there are specific people or things you need to avoid, list them. Then look back at your list regularly and check those items that you are continuing to follow to stay anchored in your recovery.

<b>Mooring Line Behaviors</b>	Date (✓)				
1.					
2.					
3.					
4.					
5.					
<b>I Am Avoiding</b>	Date (✓)				
1.					
2.					
3.					
4.					
5.					

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## Alcohol Arguments

*Have you been able to stop using alcohol completely?* For people addicted to cocaine, methamphetamine, opiates, and prescription drugs, alcohol use is often not seen as a problem. At about six weeks into the recovery process, many people return to alcohol use. Has your addicted brain played with the idea? These are some of the most common arguments against stopping the use of alcohol:

***“I came here to stop using drugs, not to stop drinking.”***

Drug treatment includes stopping alcohol as well as other drug use. It is part of recovery from addiction.

***“I’ve drunk and not used, so it doesn’t make any difference.”***

Drinking over time greatly increases the risk of relapse and readdiction. A single drink does not necessarily cause relapse any more than a single cigarette causes lung cancer. However, with continued drinking, the risks of relapse are greatly increased.

***“Drinking actually helps. When I have cravings, a drink calms me down and the craving goes away.”***

Alcohol interferes with the chemical healing in the brain. Continued alcohol use eventually intensifies cravings, even if one drink seems to reduce cravings.

***“I’m not an alcoholic, so why do I need to stop drinking?”***

If you’re not addicted to alcohol, you should have no problem stopping alcohol use. If you can’t stop, maybe alcohol is more of a problem than you realize.

***“I’m never going to use drugs again, but I’m not sure I’ll never drink again.”***

Make a commitment to total abstinence and choose a period of time that feels comfortable to you. Give yourself the chance to make a decision about alcohol with a drug-free brain. If you reject alcohol abstinence because “forever” scares you, then you’re justifying drinking now and risking becoming readdicted to drugs.

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Homework: Journal Pages 50-51

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ALCOHOL ARGUMENTS | *continued from other side*

Answer the following questions:

1. Has your addicted brain presented you with other justifications for drinking alcohol?  
(If yes, what are they?)

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2. How are you planning to deal with alcohol issues in the future?

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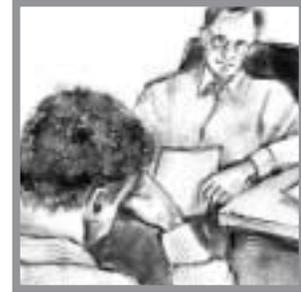
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## Truthfulness

### During Addiction

Not being truthful is part of addiction. It may be very hard to meet the demands of daily living (in relationships, in families, in jobs, and so on) and use drugs and alcohol regularly. As the addiction progresses, so do the activities that are necessary to obtain, use, and recover from the drug or alcohol use. It becomes more and more difficult to keep everything going smoothly, and addicted people often find themselves doing and saying whatever is necessary to avoid problems. Truthfulness is not always a consideration.

In what ways were you less than truthful during your addiction?

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### During Recovery

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

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

Trying to be in recovery without being truthful will make you feel crazy. It will make everything you are doing seem like a waste of time.

Has truthfulness been difficult for you in recovery? Explain.

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TRUTHFULNESS | *continued from other side*

Being partly honest is not being truthful. Do you ever

- Decide to let someone believe a partial truth?
- Tell people what they want to hear?
- Tell people what you wish were true?
- Tell less than the whole truth?



Attending groups, attending meetings, going to a hospital, or going to a therapist are all a waste of time and money without truthfulness. Recovery from addiction is impossible without truthfulness.

**Planning and Budgeting**

Make a list of all of the bills you pay each month:

Housing: Mortgage/Rent: \_\_\_\_\_

    Upgrades: \_\_\_\_\_

Transportation: Gas \_\_\_\_\_

    Maintenance \_\_\_\_\_

Utilities: \_\_\_\_\_

Groceries: \_\_\_\_\_

Insurance: vehicle(s) \_\_\_\_\_

    Renters/Homeowner's \_\_\_\_\_

    Other \_\_\_\_\_

Social Expenses: \_\_\_\_\_

Medical: \_\_\_\_\_

Court-Ordered Payments: \_\_\_\_\_

Other: Clothing \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Total Monthly Expenses: \_\_\_\_\_

**Monthly Income/Assets:**

After taxes/deductions:

Job #1: \_\_\_\_\_

Job #2: \_\_\_\_\_

Job #3: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Total Income: \_\_\_\_\_

Total Expenses: \_\_\_\_\_

Available Funds: \_\_\_\_\_

\*\*\*Available Funds are to be used for emergency savings, future savings for anticipated expenses (like a new car, college fund for a child, etc.) \*\*\*



## Questions for *Alcohol: The Substance, the Addiction, the Solution*

### *Focus Questions*

1. The current definition of alcoholism begins, "Alcoholism is a primary chronic \_\_\_\_\_."
2. Currently there are \_\_\_\_\_ Americans in recovery from alcoholism.
3. Research is pointing to a \_\_\_\_\_ as a cause of alcoholism.
4. Alcoholism is characterized by a \_\_\_\_\_ over drinking.
5. Alcohol causes an outpouring of a neurotransmitter in the brain known as \_\_\_\_\_.

### *Process Questions*

6. What are some of the long-term effects of alcoholism?

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7. What relapse justifications have you used when discussing your drinking?

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8. How has drinking affected your relationships?

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QUESTIONS FOR *ALCOHOL* | *continued from other side*

9. In what way can spirituality help a person recovering from alcoholism?

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10. How have your family members sought support for themselves?

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## GOALS FOR A HEALTHY DIET

- Maintain a healthy weight
- Eat a variety of foods. Portion size counts- too much of a good thing isn't always good for you.
- Choose a diet low in fat, saturated fat, and cholesterol. Limit fat to 25-30% calories (for an 1800 calorie/day diet, this is 60 grams of fat per day). Limit fried foods which can contain more fat.
- Include 30 – 38 grams of fiber each day. Choose whole grains, dried beans and peas, fruits and vegetables. Check labels to help you find high(er) fiber cereals, breads, and other foods.  
**CAREFUL!** Start slowly to reduce gastric distress and don't forget to drink extra water to help the fiber do its job.
- Limit sugar and use sweets in moderation, even if you don't have a weight problem; they provide empty calories.
- Use salt sparingly (not more than 2300 mg/day). Sodium is present in many prepared food and the body needs less of this mineral than most people eat.
- Limit caffeine (found in coffee, tea, soda and medicines such as Goody's Headache powders).
- Choose a diet with plenty of fruits and vegetables since the goal for most people is 2 cups of fruit and 2 ½ cups vegetables each day.
- Try to have tomato sauce at least twice a week (prostate cancer prevention goal).
- Don't forget to drink water. Other beverages can count towards the goal of 8-10 glasses per day, but water is best.
- Eat fish 2-3 times per week for their healthy Omega-3 fatty acids. (Don't forget that you won't be helping your heart if it's fried).
- Take vitamins and mineral supplements as prescribed. Most people get adequate nutrients from food so don't take supplements greatly in excess of the RDS (see label). It is possible to get too much of a good thing (such as the fat soluble vitamins A, E, D, and K, which are stored by the body).

Questions? Please call Nutrition Services at WJB Dorn VAMC (803) 776-4000, extension 6812  
Homework: Journal pages 70-71



## HOW TO INCREASE FIBER IN YOUR DIET

1. Increase fiber gradually. Too much, too fast can cause gas, cramps, and diarrhea. Gradually increase fiber intake to 25 – 30 grams a day.
2. Get fiber from a variety of sources. Try different fruits, vegetables, legumes and grains
3. Drink lots of water. Fiber absorbs large amounts of water and could therefore cause constipation. Drink 6 – 8 (8-oz) cups of water per day.
4. Include fiber in every meal. Breakfast offers an especially good opportunity for including bran and whole-grain cereals or breads, along with fresh fruits, into your diet.
5. Substitute Low-fiber foods with high fiber foods. Use whole grain breads and flour instead of more refined varieties and use high fiber bran cereals instead of low fiber breakfast foods.

## WHAT FOODS CONTAIN FIBER

<u>Beans</u>	½ cup of cooked kidney, navy, pinto, or lima beans provides around four to seven grams of fiber.
<u>Bran</u>	It is found in whole-wheat products and is very high in fiber.
<u>Fruits</u>	Eaten with skins intact, provides an excellent source of fiber, try including fruits as snacks between meals.
<u>Vegetables</u>	All vegetables provide some dietary fiber
<u>Whole Grains</u>	Choose whole-grain cereals, breads, pastas, and crackers when possible. Brown rice or wild rice will add fiber and variety to the diet.

## What Should I Eat?

### Foods to Choose More Often and Less Often

Eating a diet with the right amount of calories and that is low in total fat, saturated fat, and cholesterol is a balancing act. One way to assure a varied, healthy diet is to wisely choose foods every day as indicated on this chart.

Foods	Choose More Often	Choose Less Often
<p><b>Meat, Poultry, Fish and Shellfish</b></p> 	<p>Lean cuts of meat with fat trimmed, poultry without skin, fish and shellfish; lean luncheon meat (e.g., turkey)</p>	<p>Fatty cuts of meat; bacon and sausage; organ meats, fried chicken, fried fish and shellfish; high-fat luncheon meat (e.g. salami)</p>
<p><b>Eggs and Dairy Products</b></p> 	<p>Egg whites; egg substitutes; skim or 1% milk; low-fat or nonfat cheeses; low-fat or nonfat yogurt</p>	<p>Egg yolks; whole milk or 2% milk; whole milk products (example: cheese, yogurt)</p>
<p><b>Fats and Oils</b></p> 	<p>Margarine products (made from unsaturated oils, including reduced fat or non-fat varieties), reduced fat or non-fat salad dressings (including mayonnaise); liquid cooking oils; seeds and nuts</p>	<p>Tropical oils; butter; lard; bacon fat; shortening; full-fat salad dressings; coconut</p>
<p><b>Breads, Cereals, Pasta, Rice, Dry Peas, Beans and Soy Products</b></p> 	<p>Whole grain bread, cereal, pasta, and rice; dry peas; beans; baked goods made with unsaturated oil or margarine</p>	<p>Egg breads; granola-type cereals; pasta, rice, dry peas or beans made with cream butter or cheese sauce</p>
<p><b>Vegetables</b></p> 	<p>Fresh, frozen, or canned prepared plain or with lemon juice, broth or small amounts of unsaturated oils or margarines</p>	<p>Vegetables prepared with cheese or cream sauce.</p>

<p style="text-align: center;"><b>Fruits</b></p> 	<p>Fresh, frozen, canned or dried fruit; fruit juice</p>	<p>Fried fruit or fruit served with butter or cream sauce.</p>
<p style="text-align: center;"><b>Sweets and Snacks</b></p> <p>Keep in mind that while many of these products are low in fat, they still contain calories.</p> 	<p>Candy such as gumdrops; low-fat or fat-free frozen desserts (yogurt, sherbet, fruit ices, ice cream), low-fat cookies/cakes; flavored gelatins; pretzels; baked snack chips; air-popped popcorn</p>	<p>Candy and baked goods made with butter, cream or tropical oils; high-fat ice cream and frozen desserts; doughnuts; regular snack chips.</p>

**Information From:**

Open the Door to a Healthy Heart  
5775-G Peachtree-Dunwoody Rd., Suite 500  
Atlanta, GA 30402, (404) 252-3663  
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Acute Hospital Services  
Nutrition Services  
Wm. Jennings Bryan Dorn VA Medical Center  
Columbia, SC  
(803) 776-4000, ext 6812.

# How to Read a Food Label

Reading the label will help you make smart food choices and get the most nutrition out of calories in order to reach your goals!

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 260 Calories from Fat 120	
% Daily Value	
<b>Total Fat 13g</b>	20%
Saturated Fat 5g	25%
<i>Trans Fat</i> 0g	
<b>Cholesterol 30mg</b>	10%
<b>Sodium 660mg</b>	28%
<b>Total Carbohydrate 31g</b>	10%
Dietary Fiber 1g	4%
Sugars 5g	
<b>Protein 5g</b>	
Vitamin A 4%	Vitamin C 2%
Calcium 15%	Iron 4%
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs: Calories: 2000 2500	
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrates	300g 375g
Dietary Fiber	25g 25g
Calories per gram: Fat 9 · Carbohydrate 4 · Protein 4	

## Serving Size

We are used to saying “portion” or “helping” when we talk about how much we eat. “Serving size” is a more official or standard amount used for food labels. The nutrition facts given on a food label are based on the serving size.

## Servings Per Container

Be sure to look at the number of servings in the package. Small packages may appear to be one serving. Often, they contain more. Snack food items are a good example. If you eat the whole package, then you must multiply the nutrition values by the number of servings in the package.

## Nutrition Numbers

Compare the number for Calories from Fat to Total Calories. You want your total fat calories to be no more than 1/3 of your total calories for the day.

If the number of the grams (g) of Saturated Fat is close to the number given for Total Fat, that food or beverage may not be the best choice. Look for choices low in *Trans Fat*.

Look for choices that have at least 1 gram of fiber. Aim for 20-35 grams of fiber per day.

Compare the number of grams (g) of Sugars to the number given for Total Carbohydrate. Unless this food has natural sugar, like that in fruit or milk, these sugars are added sugars. You want to limit added sugars.

## Percent Daily Values (DV)

The Percent Daily Value gives a marker for the recommended nutrition needs based on a 2,000 Calorie diet. Your daily values may be higher or lower depending on your calorie/nutrient needs. Tip - 5% DV or less is low, 20% or more is high. You will not find a % DV for *Trans fat*, Sugars, or Protein.

- Limit these nutrients
- Get enough of these nutrients



# Food Label Quiz

Please circle the correct or best response.

1. A **low fat** serving of food has?
  - a. 10 grams of fat or less
  - b. 5 grams of fat or less
  - c. 3 grams of fat or less
  - d. no saturated fat
  
2. The nutrition facts given on a food label are based on the serving size.
  - a. True
  - b. False
  
3. Fat has more calories per gram than either carbohydrates or protein.  
Hint: Check out the bottom of the Nutrition Facts Label.
  - a. True
  - b. False
  
4. The percent Daily Value (%DV) is based on a 2,000 Calorie diet.
  - a. True
  - b. False
  
5. The Nutrition Facts Label states whether a food is a healthy choice or not.
  - a. True
  - b. False



## Answer Sheet

1. c. 3 grams of fat or less

Knowing this can help you to make heart healthy choices and reduce fat in your diet.

2. a. True

We are used to saying “portion” or “helping” when we talk about how much we eat. “Serving size” is a more official or standard amount used for food labels. The nutrition facts given on a food label are based on the serving size.

3. a. True

Fat has 9 Calories per gram, while carbohydrates and protein have 4 Calories per gram each. As you eat more fat, Calories can add up quickly.

4. a. True

Keep in mind that the percent Daily Values (%DV) are based on a 2,000 Calorie diet. You may need fewer Calories per day or more Calories per day.

5. b. False

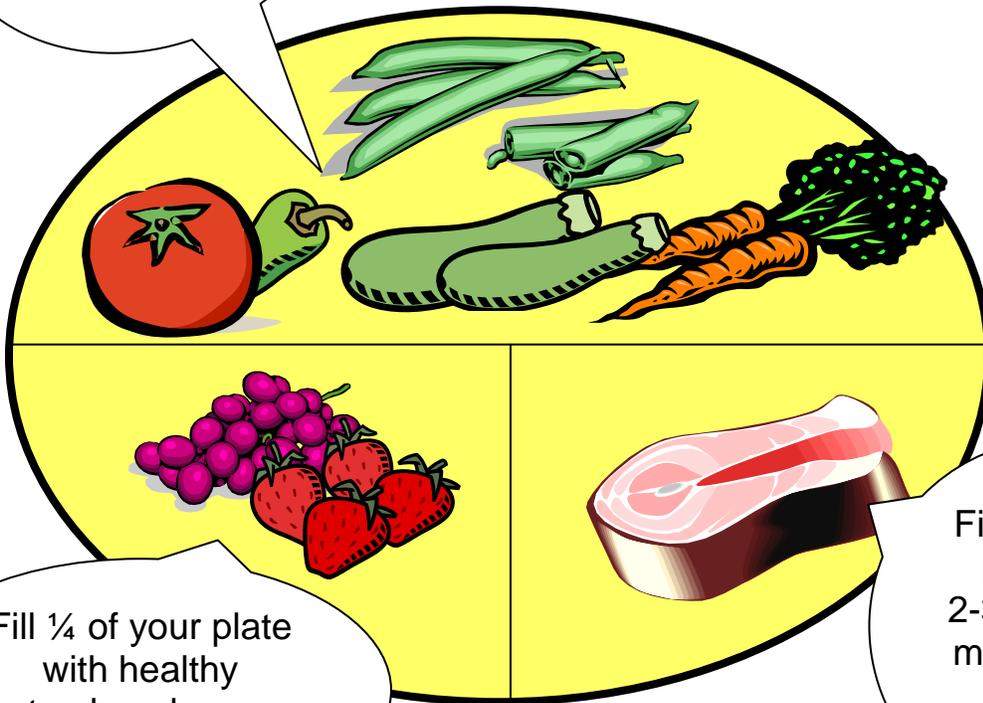
The Nutrition Facts Label does not clearly say that a food is a healthy choice. It is not that easy or simple. Everyone must read the label to decide if a food meets his or her own individual needs for a healthy diet. It is a tool or guide for nutrition information.



# Healthy Plate

Fill  $\frac{1}{2}$  or more of your plate with vegetables.

Drink low or no-calorie beverages.



Fill  $\frac{1}{4}$  of your plate with healthy starches, beans or fruit.

Fill  $\frac{1}{4}$  of your plate with 2-3 oz of lean meat, poultry or fish.

## Why build a healthy plate?

- Vegetables, fruits, whole grains and beans are low in calories, and full of fiber, vitamins and minerals. Filling  $\frac{3}{4}$  of your plate with these foods may reduce your risk of cancer and heart disease and help you to lose weight.
- Choose lean meats and skinless poultry since they are low in saturated fat and calories. Limit portions of meat to 2-3 oz, or the size of a deck of cards, to meet your protein needs.

**MOVE!**





## **Twelve Step Programs (or Other Spiritual Groups)**

### **What is AA?**

Alcoholics Anonymous (AA) is a worldwide organization that has been in existence since 1935. AA holds free, open meetings throughout the day and evening, seven days per week, to help people who want to stop being controlled by compulsive disorders.

### **Are these meetings like treatment?**

No. They are groups of recovering people helping each other stay sober.

### **Does a person need to enroll or make an appointment?**

No, just show up. Times and places of meetings may be available in your treatment program or by calling AA directly.

### **What are CA and NA?**

CA stands for Cocaine Anonymous, and NA for Narcotics Anonymous. There are also Gamblers Anonymous, Pills Anonymous, Marijuana Anonymous, Crystal Meth Anonymous, Overeaters Anonymous, Emotions Anonymous, and more. The groups are similar, although the specific focus may differ.

Spin-off support groups that use the Twelve Steps include Al-Anon, Adult Children of Alcoholics (ACA), Codependents Anonymous (CODA), and Adult Children of Dysfunctional Families. Often people go to more than one type of group. Most people “shop around” for the type of group and the specific meetings they find most comfortable, relevant, and useful.

### **What are the Twelve Steps?**

The basis of the self-help groups are the Twelve Steps. These are beliefs and activities designed to provide a program for sobriety. There is a strong spiritual aspect to both the Steps and AA.

### **What if a person is not particularly religious?**

One can benefit from AA without being religious or without working the Twelve Steps, and many people in AA fall into the nonreligious category. These people think of the Higher Power in the Steps as a bigger frame of reference or a bigger source of knowledge, and not necessarily as “God.”

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Homework: Journal Page 5 and Journal page 25

TWELVE STEP PROGRAMS (OR OTHER SPIRITUAL GROUPS) | *continued from other side***What does AA offer?**

AA offers the following benefits:

- 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 AA, CA, or NA meetings while you are in treatment. Ask other patients for help in choosing the best meeting for you, and sample several different meetings. Try to be open to what you can get out of AA; it may offer social, emotional, or spiritual support, or it may merely offer something to do.



## Twelve Step Introduction

### What Is the Twelve Step Program?

In the 1930s, Alcoholics Anonymous (AA) was founded by two men who were unable to deal with their own alcoholism through psychiatry or medicine. They found there were a number of specific principles that helped people overcome their addictions, and they formed Alcoholics Anonymous to introduce addicted people to these principles of self-help. The AA concepts have been adapted for stimulant and other drug addictions, and even to compulsive behaviors such as gambling, overeating, and compulsive sexual behaviors.



What people addicted to drugs and alcohol have found is that fellow addicted people can provide enormous support and help to one another. For this reason, these groups are called *fellowships*, where participants show concern and support for one another through mutual sharing and understanding.

### *Do I need to attend Twelve Step meetings?*

If outpatient treatment is going to work for you, it is essential to establish a network of support for your recovery. Attending treatment sessions without going to Twelve Step meetings may produce a temporary effect, but without involvement in self-help programs, it is unlikely that you will develop a truly successful recovery. Matrix patients should attend at least three Twelve Step meetings per week during their treatment. Many successfully sober people go to ninety meetings in ninety days. The more one participates in treatment and Twelve Step meetings, the greater the chance for recovery.

### *Can I go to CA, AA, MA, CMA, or NA?*

Yes. Although each type of meeting focuses somewhat on a different substance (CA focuses on cocaine, AA on alcohol, MA on marijuana, CMA on methamphetamine, and NA on narcotics), the basic principles are the same. Many people with cocaine problems prefer AA for a variety of reasons. The important thing is to feel comfortable and get as much out of the meeting as possible.

### *Are all meetings the same?*

No. There are different types of Twelve Step meetings: (1) *Speaker meetings* feature a recovering person telling his or her personal story of drug and alcohol use and recovery. (2) *Topic meetings* have discussions on a specific topic such as fellowship, honesty, acceptance, or patience. Everyone is given a chance to talk, but no one is forced to do so. (3) *Step/Tradition meetings* are special meetings where the Twelve Steps and Twelve

TWELVE STEP INTRODUCTION | *continued*

Traditions (another component of Twelve Step programs) are discussed. (4) *Big Book meetings* focus on reading a chapter from the Big Book, *Alcoholics Anonymous*, which is often a story about someone's personal experience or a recovery-related topic.

*Who can join?*

Nobody really "joins" CA, AA, or NA. They are not organizations that have dues, leaders, and membership lists. People who have a desire to stop using drugs simply go to meetings.

*Are Twelve Step programs religious?*

No. None of the Twelve Step programs are religious, but spiritual growth is considered a part of recovery. However, the spiritual choices participants make are very personal and individual. Each person decides what *Higher Power* means to him or her. There are atheists as well as religious people in the programs.

*How do I find a meeting?*

You can call directory information, ask for AA, CA, or NA, and speak to someone who can tell you when and where meetings are scheduled. Directories are also available that list meetings by cities, addresses, and meeting times as well as give information about each meeting (who the speaker will be, whether there is a Step study, and whether it is a nonsmoking meeting, a men's or women's meeting, or a gay meeting, for example). Another way to find a good meeting is to ask someone who goes to Twelve Step meetings.

**What Are Sponsors?**

The first few weeks and months of recovery can be frustrating. Many things may happen that are confusing and frightening. During this difficult period, there will be many times when recovering people need to talk about problems and fears. A sponsor can help guide the newcomer through this process.



TWELVE STEP INTRODUCTION | *continued**What do sponsors do?*

1. Sponsors help the newcomer by answering questions and explaining the Twelve Step recovery process.
2. Sponsors agree to be available to talk and listen to their “sponsees’” difficulties and frustrations, and to share their own insights and solutions.
3. Sponsors make recommendations and suggestions for problems that their sponsees are having. These recommendations come from their personal experiences with long-term sobriety.
4. Sponsors are people with whom addiction-related secrets and guilty feelings can be easily shared. They agree to keep these secrets confidential and to protect the newcomer’s anonymity.
5. Sponsors warn their sponsees when they get off the path of recovery. Sponsors are often the first people to know when their sponsees experience a slip or relapse. Thus, sponsors often push their sponsees to attend more meetings or get help for problems.
6. Sponsors often give their sponsees guidance in working through the Twelve Steps of AA, CA, NA, and other groups.

*How do I choose a sponsor?*

Selecting a sponsor is easy. The newcomer simply asks someone to be his or her sponsor. Most people will select a sponsor who seems to be living a healthy and responsible life and who seems to have something they want.

Some general guidelines for selecting a sponsor include the following:

1. A sponsor should have several years of sobriety from all mood-altering drugs.
  2. A sponsor should have a healthy lifestyle and not be struggling with major problems or addiction.
  3. A sponsor should be an active and regular participant in Twelve Step meetings. Also, a sponsor should be someone who actively “works” the Twelve Steps.
  4. A sponsor should be someone to whom you can relate. You may not always agree with your sponsor, but you need to be able to respect your sponsor.
  5. You should choose a sponsor whom you are not likely to become sexually or romantically interested in.
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## TWELVE STEP INTRODUCTION

### **Alternatives to Twelve Step Programs**

There are alternatives to Twelve Step groups that are not based on the concept of a Higher Power. These various groups offer similar options for sobriety and rational recovery. Although these alternatives have different philosophies, they generally offer a self-help approach that focuses on personal responsibility, personal empowerment, and strength through a sober social network.

#### *Questions for Discussion*

1. Have you ever been to a Twelve Step meeting? If so, what was your experience?
2. Do you plan to attend any Twelve Step meetings? If so, where? When?
3. How might you make use of Twelve Step meetings to stop using?

• • •



## THE TWELVE SUGGESTED STEPS OF ALCOHOLICS ANONYMOUS

*Three important things to know about the Twelve Steps of Alcoholics Anonymous;*

1. *The Steps are numbered for a reason. They are supposed to be worked in a specific order. Do not go and try making amends for 10, 15, 25 years of using behavior after being clean and sober 2 weeks.*
2. *Do not work through the Steps alone. It's always a good idea to work the Steps with a sponsor, spiritual advisor, someone who has experience in recovery and is also clean and sober. Someone whom you trust who has also worked the Steps him/herself.*
3. *You cannot work the Twelve Steps effectively while using substances.*

- #1. "We admitted we were powerless over alcohol-that our lives had become unmanageable".  
A) What does it mean to you to be powerless?  
B) What experiences have you had which have convinced you your life is unmanageable?
- #2. "Came to believe that a power greater than ourselves could restore us to sanity".  
A) What does it mean to you to believe in a Power greater than yourself?  
B) Do you believe it is necessary?  
C) How do you define insanity? Does it apply to you?
- #3 "Made a decision to turn our will and our lives over to the care of God *as we understood him*".  
A) "Made a decision. Making a decision does not mean any action was taken".  
B) How do you understand God? Or not.  
C) Third step prayer P.63 Alcoholics Anonymous
- #4 "Made a searching and fearless moral inventory of ourselves".  
A) What is a searching and fearless moral inventory?  
B) How do you do this?
- #5 "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs".  
A) In order to gain humility you must humble yourself by sharing your worst with another.  
B) Sponsor, trusted friend, Pastor, Priest, Spiritual Advisor, etc.
- #6 "Were entirely ready to have God remove all these defects of character".  
A) How do you define a defect of character? What does it mean to you to have character defects, shortfalls, imperfections etc.  
B) It could be the situations which cause you to use  
C) Does not mean they will be removed, just means you are ready to learn to live without them.

Homework: Journal Pages 20-27.

## THE TWELVE SUGGESTED STEPS OF ALCOHOLICS ANONYMOUS

- #7** "Humbly asked Him to remove our shortcomings".  
A) How would you do this?
- #8** "Made a list of all persons we had harmed, and became willing to make amends to them all".  
A) Where does this list of person come from?  
B) Became willing. Does not mean went right out and started making amends. Always a good idea to check with your sponsor, spiritual advisor, trusted friend etc first.
- #9** "Made direct amends to such people wherever possible, except when to do so would injure them or others".  
A) What does it mean to make amends? Not just an apology. I'm sorry just doesn't work anymore. If possible, locate and speak to the individual directly, in person. Can be very uncomfortable. Not easy. Always touch base with your sponsor before making any amends.  
B) Amends are not an apology. An amend means changing behavior. No longer doing what you have done in the past.  
C) You do not have the right to cause any additional pain to another person. Must be hard on you and easy on others.
- #10** "Continued to take personal inventory and when we were wrong promptly admitted it".  
A) You know when what you have said or done was wrong, offensive or inappropriate. Your gut will tell you. When you do, take immediate action.  
B) At night, before you go to sleep, carefully reflect on your day. Take an inventory of what you did well and where you need to improve. If you need to make an amends to someone the next day, as soon as you can, take care of business.
- #11** "Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for the knowledge of His will for us and the power to carry that out".  
A) What is prayer?  
B) What is meditation?  
C) Only praying for the knowledge of His will for us.
- #12** "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs".  
A) What is a spiritual awakening? How do you know when you have had one?  
B) What does it mean to carry the message to alcoholics?  
C) How do you practice these principles in all your affairs?

## *12-Step Guide*

- Steps 1-3 generally Chapter 5 Pg. 58-60 "How It Works" culminating with;
  - "(A) That we were alcoholic..."
  - "(B) That probably no human power..."
  - "(B) That God could and would..."
- Step 3 specifically is discussed from page 60 "Being Convinced..." culminating with the Step 3 Prayer on page 63
- Step 4 Pg. 63 "Next we launched..." ending on Pg. 71
- Step 5 Pg. 72 Chapter 6 "Into Action" to Pg. 75
- Step 6 & 7 Pg. 76. "If we can answer..." culminating with the Step 7 Prayer "When ready we said something like this..."
- Step 8 & 9 Pg. 76-84 "Now we need more action..." ending with the 9<sup>th</sup> Step Promises Pg. 84.
- Step 10 Pg. 84 "This thought brings us to Step Ten..." bottom of page 85.
- Step 11 Pg. 85 bottom. "Step eleven suggests prayer and meditation..." ending on Pg. 88
- Step 12 Chapter 7 "Working With Others" Pg. 89-103

Stress Awareness

Good Nutrition

Sleep Right

Financial Responsibility

Time Management

8 Healthy Habits

# Eight habits for serenity and success

You have been working hard to develop the skills and tools you need to make positive life change. You have been taking into account what you need to

maintain a healthy lifestyle in the months and years ahead.

The following are eight healthy habits for success. They provide keys to personal satisfaction.

In the same way that bad habits pull a person in a self-destructive direction, the establishment and consistent practice of good habits can move a person toward personal success.

Give yourself a grade (A through F) for each of the eight habits and describe a way you can practice each of them.

Healthy Habit

#1

## The habit of meditation/relaxation

You may have the feeling that life races all around you. You may not feel you have time to “kick back” and relax or meditate.

It is important that you select a time and a place that is all yours. It may be in a wooded park, a chapel or a quiet room. You may wish to read about various meditation techniques

and choose those that work best for you. The habit of bringing your body and mind to rest on a regular basis will give you a sense of peace and personal strength.

This is what I can do today to practice this habit.

 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Grade

Stress Awareness

Good Nutrition

Sleep Right

Financial Responsibility

Time Management

8 Healthy Habits

Healthy Habit

#2

## The habit of acceptance

You may be in the habit of fighting many battles that are out of your personal control. They may involve personal limitations, resentments toward

family members and others, financial circumstances or work status. Your frustration, resentment or anger may keep you from making the most out of the opportunities and

challenges that are within your power to control. Developing the habit of acceptance can dramatically change the way you see yourself and the world around you.

This is what I can do today to practice this habit.




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My Grade

Healthy Habit

#3

## The habit of sharing secrets

During the time you abused alcohol or other drugs you accumulated many secrets. Some of these may have been directly about your

use of substances, however additional secrets may have been developed to hide other behaviors. It is difficult to practice rigorous honesty and keep secrets at the same time. You will reduce your

level of stress and improve your capacity for personal relationships by sharing any of your leftover secrets with the appropriate people and eliminate the creation of secrets in the future.

This is what I can do today to practice this habit.




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My Grade

Stress Awareness

Good Nutrition

Sleep Right

Financial Responsibility

Time Management

8 Healthy Habits

Healthy Habit

#4

## The habit of assertive living

The habit of living in an assertive manner will develop self-esteem and personal satisfaction and success. Assertiveness

means taking responsibility for identifying and meeting your own needs. It requires you to communicate with others in an open, clear and emotionally honest manner. Assertive living

keeps you from feeling as if you are a victim. It encourages you to be proactive in your behavior.

This is what I can do today to practice this habit.



My Grade

Healthy Habit

#5

## The habit of confronting fears

Fears that are not confronted immediately continue to grow and fester. Often the anxiety and stress caused by holding

on to the fear are far greater than the fear of the original circumstance. Developing a habit of courageously confronting your fears will allow you to be proactive

and to resolve the issues that are responsible for your fear. Hiding out and accumulating one fear on top of another will only lead to greater anxiety and feelings of powerlessness.

This is what I can do today to practice this habit.



My Grade

Stress Awareness

Good Nutrition

Sleep Right

Financial Responsibility

Time Management

8 Healthy Habits

Healthy Habit #6

## The habit of asking for help

Often the solution to a problem may be found outside of yourself. You may wish to tap the wisdom or experience

of someone around you to solve a personal dilemma. The help may come from face-to-face contact with an individual, through reading a book or magazine, watching

an instructive film or attending a course or workshop. Do not feel the need to work out important issues in isolation. Use the wisdom of the people and resources around you.

This is what I can do today to practice this habit.



Healthy Habit #7

## The habit of accepting responsibility

Substance addicted people often get in the negative habit of blaming others for their problems. Once abstinence is achieved, this old habit may

linger. Working on accepting the responsibility for your own behavior may feel self-defeating at first. Yet, it will become one of the foundations for your growing sense of personal

freedom and self-esteem. In addition, those around you will gain greater respect and confidence in you as you take ownership for the consequences of your former behavior.

This is what I can do today to practice this habit.



Stress Awareness

Good Nutrition

Sleep Right

Financial Responsibility

Time Management

8 Healthy Habits

Healthy Habit

#8

## The habit of regular exercise

One way to view your body is to consider it the vehicle to drive you through life. In addition to providing healthy nutrition for your body, you should develop a habit of regular exercise.

This does not need to be a heart pounding, sweat-soaked, pain-inducing experience. In fact, it is best to follow the slogan, "Easy does it," but do it. Brisk walking, bicycle riding, swimming or jogging all offer an opportunity to exercise

the large muscles of your legs and hips. This will help you burn calories more efficiently. By keeping your body lean and giving your heart healthy exercise, you will begin to feel more energized.

This is what I can do today to practice this habit.

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Grade

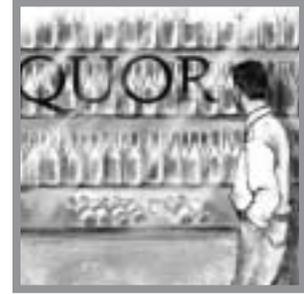
## Repetition, repetition, repetition

One definition for habit is a "behavior pattern acquired by frequent repetition." As you review these eight healthy habits, remember that wishing them to happen will not make them

so. In order to acquire healthy habits, you will need to practice. Repetition is the key. Any lasting, positive life change requires work and persistence.

Describe your level of motivation to make these eight habits a part of your daily life.

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Alcohol: The Legal Drug

It is often difficult for patients to stop drinking when they enter treatment. Some of the reasons for this include the following:

1. Triggers for alcohol use are everywhere. It is sometimes hard to do anything social without facing people who are drinking.

**Do you have friends who get together without drinking? If so, write their names here.**

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2. Many people use alcohol in response to internal triggers. Depression and anxiety seem to go away when people have a drink. It's difficult for them to realize that sometimes the alcohol causes the depression.

**Does feeling a certain way make you want to have a drink? Explain.**

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3. If a person is addicted to an illicit drug and uses alcohol less often, alcohol may not be viewed as a problem. The problem isn't recognized until the person tries to stop drinking.

**Have you been able to stop drinking since you entered treatment? Explain.**

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4. Alcohol affects the rational, thinking part of the brain. It is hard to think reasonably about a drug that makes thinking clearly more difficult.

**Have you ever been sober at a party and watched people drink and "get stupid"? If so, describe the experience.**

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ALCOHOL: THE LEGAL DRUG | *continued*

5. Because alcohol dulls the rational brain, it promotes less controlled activity in the lower brain. This results in alcohol helping people become more sexual, less self-conscious, and more social. When you are used to using alcohol to increase sexual pleasure and help you socialize, these activities feel uncomfortable without it.

**Do you depend on alcohol for sexual or social reasons? Explain.**

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6. 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?**

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**How do you celebrate now?**

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7. In many families and social groups, drinking is a sign of strength, of being “with it,” or of being sophisticated. Our culture encourages drinking.

**Do you feel less “with it” when you are not drinking? Explain.**

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ALCOHOL: THE LEGAL DRUG

8. The habit of drinking gets to be part of certain activities. It seems difficult, at first, to eat certain foods, go to sporting events, or relax without a beer or other drink.

**What activities seem to go with drinking for you?**

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*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.*



**Triggers for alcohol use are everywhere. It is sometimes hard to do anything social without facing people who are drinking.**



## Repairing Relationships

During the course of a substance abuse problem, it is not unusual for people to get hurt. Because the actively addicted person often cannot take care of himself or herself, he or she certainly cannot take care of others.

In recovery, it is often helpful to think about whom you have hurt during your substance abuse and whether you need to do anything or say anything to repair the relationships that are most important to you. In the Twelve Step programs, this process is called “making amends.”

1. What are some of the past behaviors you might want to make amends for?

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2. Are there things you neglected to do or say that need amending?

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3. How are you planning to go about making the amends?

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

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Homework: Journal page 32 and Pages 44-45.

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REPAIRING RELATIONSHIPS | *continued from other side*

These repair actions do not have to be complicated. Some acknowledgment on your part of the hurt caused by the abuse of drugs and alcohol will probably go a long way to reduce conflict in your relationships. Not everyone will be ready to forgive, but an important part of this process is beginning to forgive yourself. Another part of the relationship repairing has to do with your forgiving others for things that happened as part of the substance abuse process.

5. Whom do you need to forgive?

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6. What resentments do you need to let go of?

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## Boredom

*Often, people who stop using drugs and alcohol say life feels boring.*

Some of the reasons for this feeling might be these:

1. A structured, routine life feels different from an addict lifestyle.
2. Brain chemical changes during recovery can make people feel flat (or bored).
3. Drug and alcohol users often have huge emotional swings (high to low and back to high). Normal emotions can feel flat by comparison.

People with longer sobriety rarely complain of continual boredom, so these feelings do change. Meanwhile, there are some ways to help reduce this feeling.

1. Review your recreational activity list. Have you started doing things that you enjoyed before using drugs and alcohol? Have you begun new activities that interest you?
2. Can you plan something to look forward to? How long has it been since you've taken a vacation?
3. Talk about this feeling with a mate or close friend. Does he or she feel bored, too? Does he or she have any interesting suggestions?
4. Try going back to scheduling. Forcing yourself to write out daily activities helps you see where you can schedule in more interesting experiences.
5. Do something risky that will further your personal growth. Sometimes boredom results from not challenging yourself enough in your daily living.

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*Which of the above might work for you? It is important to try new ways of fighting the bored feeling. Untreated, it can be a trigger and move you toward relapse.*

Homework: Journal pages 76-77

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## Questions for *Medical Aspects of Chemical Dependency: The Neurobiology of Addiction*

### *Focus Questions*

1. The National Institute on Drug Abuse has called drug addiction a \_\_\_\_\_ disease.
2. All drugs of abuse act on a part of the brain called the VTA, which is part of what we call the \_\_\_\_\_ pathway.
3. The most commonly used sedative is \_\_\_\_\_ .
4. \_\_\_\_\_ withdrawal can be more dangerous and life threatening than withdrawal from any other drug.
5. Psychedelics work by stimulating certain \_\_\_\_\_ receptors.

### *Process Questions*

6. What was the most interesting thing you learned about brain chemistry and addiction from this video?

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7. Have you ever experienced withdrawal symptoms? If so, please describe them.

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QUESTIONS FOR *MEDICAL ASPECTS OF CHEMICAL DEPENDENCY* | *continued from other side*

8. Neurotransmitters send chemical messages between the brain's neurons. This is how neurons "talk" to each other. When you used, what was your drug of choice "saying" to your brain?

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9. What was your drug of choice: an opioid, sedative, stimulant, psychedelic, or cannabinoid? Describe how your drug of choice may have affected your brain and body.

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10. Craving is in part a physical, neurobiological response. Your brain wants what it is used to getting. In light of this, how can you better handle cravings?

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## Pharmacological Issues – Lecture #2

Topic: Medications used to treat mental disorders commonly seen in our program participants

- a. **Depression:** Onset of action, Duration of treatment (first episode, second episode, subsequent episodes), Directions for starting/stopping, Side Effects
- b. **Antipsychotics** (typical versus atypical): Purpose, selection process, issues (metabolic syndrome)
- c. **Antianxiety,** discuss non-addictive vs addictive
- d. **Mood Stabilizers:**
- e. **Sleep Medications:** Trazodone and Mirtazepine
- f. Questions on any medication questions – generated by participants.

## Note Sheet – Pharmacological Issues, Lecture #2

1. Medication to prevent drinking (Antabuse):
2. Treating Depression
3. Psychosis (seeing/hearing things that aren't real)
4. Anxiety Medications:
5. Sleep Problems

Spirituality – Week B

Homework Assignment: Journal pages 41-43.

## Cocaine and Crack

### Back from the Abyss

1. Addiction is a disease. What are its symptoms? \_\_\_\_\_

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2. How do cocaine and crack alter our brain chemistry? \_\_\_\_\_

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3. What are the physical and psychological problems that arise from cocaine and crack use?

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4. What did experiments on laboratory animals teach us about the addictive properties of cocaine?

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5. What are some of the more common triggers that can lead to cravings for cocaine or crack?

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6. What can we do if we find we are thinking about using? \_\_\_\_\_

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7. What sort of big changes must we make in our lives to stay off cocaine and crack?

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Homework: Journal page 11

## **HEALTHY SLEEP PRACTICES- WEEK B**

Circadian rhythms help maintain sleep habits and patterns for humans. During sleep, there are a series of brain wave patterns that influence how a person sleeps. Drugs and alcohol can impact every natural process in the body, including sleep. Sometimes sleep challenges become more significant during recovery, when the drugs are removed from the body.

### **COURSE OBJECTIVES**

Increase understanding of the relationship between better sleep and health

Recognize substance use, stress and other barriers to healthy sleep

Identify strategies to enhance sleep



Homework: Journal Page 73.

## MYTHS ABOUT SLEEP

- I can have alcohol or wine with my sleep aid – it will help me get to sleep faster.
- Insomnia is not a serious medical condition and has no consequences.
- Exercising before bed will make me tired, and help me sleep.
- Sleep is not important. I can just get by on a few hours.
- Health problems such as obesity, diabetes and depression are not related to the amount and quality of a person's sleep.
- If you wake up in the middle of the night, it is best to lie in bed, count sheep or toss and turn until you fall asleep again.
- During sleep, your brain rests.

## WHAT IS SLEEP?

Sleep is a heightened anabolic state, accentuating the growth and rejuvenation of the immune, nervous, skeletal and muscular systems.

Sleep enhances the way we look, feel and perform on a daily basis. It helps us thrive by contributing to a healthy immune system, and can balance appetites by helping to regulate levels of certain hormones (those dealing with feeling hungry/full).

# SLEEP STAGES

N1 (Non-REM) : Light sleep

This is a stage between sleep and wakefulness. The muscles are active, and the eyes roll slowly, opening and closing moderately.

N2: Onset of deeper sleep

This is a stage between sleep and wakefulness. The muscles are active, and the eyes roll slowly, opening and closing moderately.

(breathing/heart rate changes, body temperature changes)

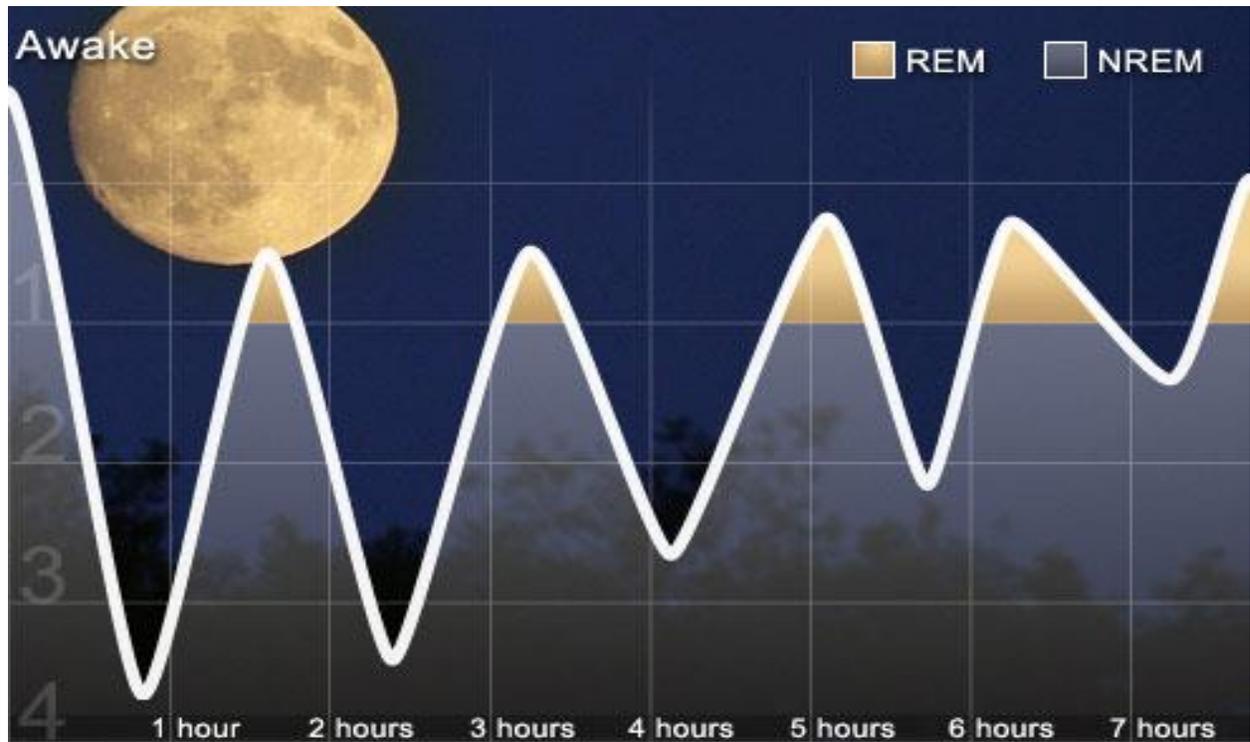
N3/N4 (Non-REM 3 & 4): Deep/restorative sleep

This stage is called slow-wave sleep (SWS). SWS is initiated in the preoptic area and consists of delta activity, high amplitude brain waves.

RAPID - EYE MOVEMENT (Dream Sleep)

The sleeper now enters rapid eye movement (REM) where most muscles are paralyzed. REM sleep is turned on by acetylcholine secretion and is inhibited by neurons that secrete serotonin.

## CHARTING SLEEP



During the night, your sleep follows a predictable pattern, moving back and forth between deep restorative sleep (deep sleep) and more alert stages and dreaming (REM sleep). Together, the stages of REM and non-REM sleep form a complete sleep cycle. Each cycle typically lasts about 90 minutes and repeats four to six times over the course of a night.

# HOW MUCH SLEEP IS ENOUGH?

HOPFHGHU

\*\*Wikipedia.org/National Ins. Of Health

<b>Age and condition</b>	<b>Sleep Needs</b>
Newborns (0–2 months)	12 to 18 hours
Infants (3–11 months)	14 to 15 hours
Toddlers (1–3 years)	12 to 14 hours
Preschoolers (3–5 years)	11 to 13 hours
School-age children (5–10 years)	10 to 11 hours
Adolescents (10–17 years)	8.5 to 9.25 hours
Adults, including elderly	7 to 9 hours

# SLEEP THIEVES

## Substances Ingested

-impact of caffeine, alcohol, over the counter medications and prescription medication

## Environment (Conditioning)

-impact of noise, lighting, bath vs. shower, clutter

## Emotional, Mental, Physical

-impact of stress, worrying, reviewing 'to do' lists, rehashing negative vents

## Daily Activities/Wakeful Behavior

-taking naps during the day, working on computer

*Various factors can influence the balance between alertness and sleep promoting factors. Sleep 'thieves' include environmental factors like noise, substances we ingest, and inner emotional, mental or physical tension.*

*'quiet your mind & get to sleep'*  
By Carney & Manber

# STRATEGIES

## Manage Wakeful Activities

- Identify behaviors that contradict sleep (wakeful behaviors)
- Identify thoughts that create stress and begin challenging those thoughts
- Do not stay in bed when struggling to fall asleep

## Mental Wind-down

- Plan to address worries by taking 1-2 hours before bedtime to develop a list of ‘concerns’ and ‘solutions’
- Relaxation/PMR (progressive muscle relaxation)
- Listen to relaxing sounds (CDs)

# WAKEFUL ACTIVITIES

## Listen to Music:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Talk or text on the phone:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Smoke cigarettes:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Eat:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Worry:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Watch television:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Plan your day:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Use the computer:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Do some work:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Pay bills:

Never

Every Night

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

*quiet your mind & get to sleep*  
By Carney, PhD and Manber, PhD

**BEHAVIOR PLAN FOR BETTER SLEEP**

<b>Goals for the week _____</b>						
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						
<b>Sunday</b>						

## *Psychological and Emotional Effects of Alcohol and Drugs*

**General Facts:** At least 50% of the general population that uses substances (either drugs, alcohol, or both) have a psychological /psychiatric illness. Fifty percent of veterans with a psychiatric illness will use substances to self medicate. Seventy five percent of veterans with combat PTSD use alcohol and/or drugs to self medicate their symptoms. Ninety percent of veterans with a traumatic brain injury and combat PTSD self medicate with drugs and alcohol.

The following includes the most commonly seen psychiatric illnesses in the veteran population. The symptoms of these illnesses are included. Should you have any of these symptoms and you are not receiving mental health care, please discuss with your social worker. To help you in your recovery, it is important to treat all issues, physical, psychological, and substance use.

### **Depression:**

- Increase or decrease in sleep
- Increase or decrease in appetite
- Fatigue
- Feelings of hopelessness, guilt, and decreased self esteem (worthlessness)
- Psychomotor changes (psychomotor means movement stemming from emotions)
- Depressed or sad mood
- Anhedonia (decreased pleasure in activities that you used to enjoy)
- Difficulty remembering and concentrating
- Thoughts that life is not worth living or that you might be better off dead, or thoughts/attempts to harm yourself or take your life (suicide)
- 

**Bipolar Disorder:** Two ends of the emotional spectrum (depression and mania). Mania includes:

- Decreased need for sleep
- Increased/rapid (pressured) speech
- Increase in productive activity
- Increase in impulsive activity (spending sprees, sexual activity, dangerous behavior)
- Persistently elevated or irritable mood
- Inflated self esteem or grandiosity
- Racing thoughts

**Anxiety Disorders:** Anxiety means "worry" which is low level fear of something that "might" happen. Anxious people often will "make a mountain out of a mole hill" by catastrophizing or inflating the seriousness or the probability that some event will happen. The anxiety is then out of proportion to the chance that the "dreaded event" will happen. There are many different types of anxiety disorders- generalized (worry about everything), panic (worry accompanied with a sense of loss of control , feeling of impending doom, and physical symptoms), specific phobias (worry about or fear of a specific thing-such as fear of heights, insects, etc), performance anxiety (worry that you will be harshly criticized for a public performance such as giving a talk, or singing), social phobia (worry about how you are perceived in a social situation).

## *Psychological and Emotional Effects of Alcohol and Drugs*

### *Symptoms of anxiety include:*

- Insomnia
- Aches and pains (muscle, joint, intestinal, stomach, headaches, etc)
- Panic symptoms (sweating, tremor, rapid heart beat, dry mouth, nausea, diarrhea)
- 

**Schizophrenia:** Schizophrenia means "split mind", a mind that is "split off" from reality. It is diagnosed using two sets of symptoms: positive symptoms (symptoms that are added) and negative symptoms (functions that are taken away as a result of the illness).

- **Positive Symptoms:**
  - Disorganized thinking (thinking that is not logical or goal directed)
  - Hallucinations (sensory experiences that are not real- hearing voices, seeing visions, feeling things crawling on you)
  - Delusions (thoughts that are not based on fact)
- **Negative Symptoms:**
  - Anhedonia (decreased pleasure in activities that you used to enjoy)
  - Aloggia (little spontaneous speech)
  - Avolition (lack of desire and motivation to do things)
  - Affective Flattening (no facial expression)

**Post Traumatic Stress Disorder:** Trauma that happens to you or that you witness that makes you fear for your life or the life of others, or causes you to experience great horror

### *Re-experiencing the trauma through:*

- Nightmares (bad dreams of the trauma)
- Flashbacks (experiencing the trauma for a brief few minutes while awake)
- Intrusive thoughts (thought of the trauma that interfere with other activities)

### *Avoiding reminders of the trauma to include:*

- People
- Places
- Events
- Conversations
- Activities

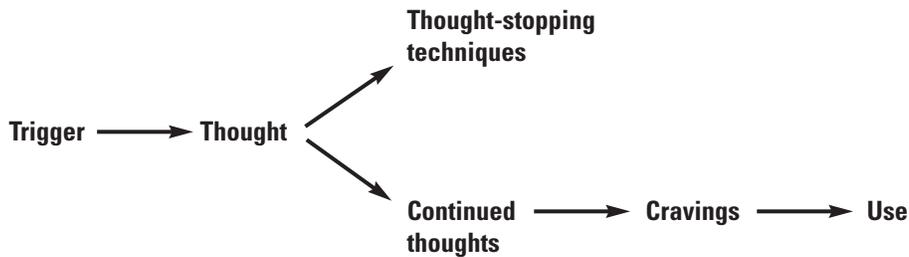
**Autonomic Arousal** (the autonomic nervous system is the part of the brain that controls automatic functions such as heart rate and breathing):

- Hypervigilance (scanning the environment for possible dangers)
- Exaggerated startle (jumping or "hitting the deck" when you hear a loud noise)
- Emotional numbing (not feeling any emotional response at times when you should)
- Insomnia
- Anger/ irritability
- Difficulty concentrating

## Thought-Stopping Techniques

### A New Sequence

To get recovery started, it is necessary to change the trigger-use sequence. Thought stopping provides a tool for breaking the process. The process looks like this:



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*You make a choice. It is not automatic.*

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### Thought-Stopping Techniques

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



**Visualization:** Picture a switch or a lever in your mind. Imagine yourself actually moving it from *on* to *off* to stop the drug or alcohol thoughts. Have another picture ready to think about in place of those thoughts. You may have to change what you are doing to make this switch.



**Snapping:** Wear a rubber band loosely on your wrist. Each time you become aware of drug or alcohol thoughts, snap the band and say “no!” to the thoughts as you make yourself think about another subject. Have a subject ready that is meaningful and interesting to you.



**Relaxation:** Feelings of hollowness, heaviness, and cramping in the stomach are cravings. These can often be relieved by breathing in deeply (filling your lungs with air) and breathing out slowly. Do this three times. You should be able to feel the tightness leaving your body. Repeat this whenever the feeling returns.



**Call someone:** Talking to another person provides an outlet for your feelings and allows you to hear your own thinking process. Have phone numbers of supportive, available people with you always so you can find someone to listen at any time.

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*Allowing the thoughts to develop into cravings is making a choice to remain addicted.*

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*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.



1. What does the above saying mean to you?

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2. What do you know you cannot change?

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3. What have you changed already?

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## Relapse Justification I

*Once a person decides not to use drugs and alcohol anymore, how does he or she end up doing it again? Does it happen completely by accident, or is there some way of avoiding the relapse?*

Relapse justification is a process that happens in people's minds. If a decision has been made to stop using and drinking, but the addiction still has strength, the game gets tricky. The addicted part of the brain invents excuses that move the addicted person close enough to relapse situations that accidents can and do happen. You may remember times when you were planning to stay drug or alcohol free, and such a situation happened before you used again.

Use the questions below to help you identify justifications your addicted brain might use. You can then interrupt the relapse process.

### Accidents or Other People's Influence

Does your addicted brain ever try to convince you that you have no choice or that an unexpected situation caught you off guard? Have you ever said one of the following statements to yourself?

- It was offered to me. What could I do?
- An old friend called, and we decided to get together.
- I was cleaning my house and found drugs I'd forgotten about.
- 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? How would using drugs or alcohol improve the situation?

- 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.
- I just lost my job. Why not use?
- Other \_\_\_\_\_

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Homework: Journal Pages 74-75

RELAPSE JUSTIFICATION I | *continued from other side*

**Specific Purposes**

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

- I'm gaining weight and need stimulants to control how much I eat.
- I'm out of energy. I'll function better if I'm using.
- 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? Is it really?

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

What might you do when your addicted brain asks these questions?

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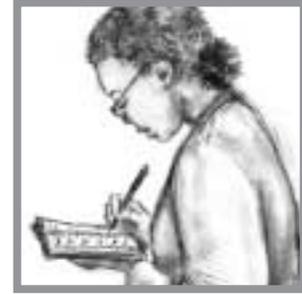
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## Scheduling: Is It Important?

Scheduling is a difficult and tedious thing to begin doing if you're not used to it. It is, however, an important part of the recovery process. People addicted to drugs or alcohol do not schedule their time. People who schedule their time are not actively using, addicted individuals.

### 1. Why is it necessary?

If you begin your recovery in a hospital, you have the structure of the program and the building to help you stop using. As an outpatient, you have to build that structure around yourself as you continue functioning in the world. Your schedule is your structure.

### 2. Do I need to write it down?

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

### 3. What if I am not an organized person?

Learn to be. Buy a schedule book and work with your therapist. It is vital to solving your substance abuse problem. Remember, your rational brain plans the schedule. If you follow the schedule, you won't use. Your addicted brain generates out-of-control behavior. If you go off the schedule, your addicted brain may be taking you back to drinking or using drugs.

### 4. Who decides what I schedule?

You do! You may consider suggestions made by your therapist or family members, but the final decision is yours. Just be sure you *do* what you wrote down. Changes should be limited as much as possible.

### 5. Can I schedule in blocks of time instead of in hours?

Yes. Some people who have difficulty scheduling hour-by-hour find it easier to begin by scheduling blocks of time. Instead of deciding what you are going to be doing each hour, simply determine what you will do in the morning, in the midday, in the afternoon, and in the evening. (There are Block Scheduling Cards provided for you in the appendix.) Gradually you may be able to move to scheduling your activities within those blocks of time more specifically.

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Homework: Journal Pages 76-77

SCHEDULING: IS IT IMPORTANT? | *continued from other side*



With practice, most people can schedule a twenty-four-hour period and follow it. If you can, you are on your way to gaining control of your life. If you cannot, talk with your counselor about how to increase the structure of your treatment program.

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## Daily/Hourly Schedule

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

Notes:

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Reminders:

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## Daily/Hourly Schedule

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

Notes:

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Reminders:

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## Daily/Hourly Schedule

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Reminders:

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Reminders:

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## Calendars and Stickers

It is useful to both you and your therapist to know where you are in the recovery process at all times. Marking a calendar as you go along helps in several ways:

1. It's a reminder of where you are in the stages of recovery. (The way you are feeling might be related to changes in body chemistry.)
2. There is often a feeling of pride that results from seeing the number of days sober.
3. Recovery can seem very long unless you can measure your progress in short units of time.

Use the Clean and Sober stickers your therapist gives you to record every alcohol- and drug-free day you achieve. Handout 4 contains calendar pages for the time you are in treatment. You may decide to continue this exercise following the program.



If you regularly record your days sober with stickers, this simple procedure will help you and your therapist see your progress more easily.

NAME <u>David</u>		MONTH <u>March</u>				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Clean and Sober	2 Clean and Sober	3 Clean and Sober	4 Used Alcohol
5 Clean and Sober	6 Clean and Sober	7 Clean and Sober	8 Clean and Sober	9 Clean and Sober	10 Clean and Sober	11 Clean and Sober
12 Clean and Sober	13 Clean and Sober	14 Clean and Sober	15 Clean and Sober	16 Clean and Sober	17 Clean and Sober	18 Clean and Sober
19 Clean and Sober	20 Clean and Sober	21 Clean and Sober	22 Clean and Sober	23 Clean and Sober	24 Clean and Sober	25 Clean and Sober
26 Clean and Sober	27 Clean and Sober	28 Clean and Sober	29 Clean and Sober	30 Clean and Sober	31 Clean and Sober	

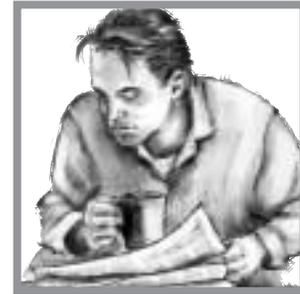












## Questions for *Cross-Addiction: The Back Door to Relapse*

### *Focus Questions*

1. \_\_\_\_\_ means that a person hooked on one addictive drug is hooked on them all.
2. Repeated use of drugs and alcohol alters the pathway between the \_\_\_\_\_ and the memory region.
3. Every alcoholic, every addict is by definition \_\_\_\_\_.
4. Any mood-altering substances or behaviors can touch off \_\_\_\_\_.
5. Recovery only works effectively when \_\_\_\_\_ is practiced.

### *Process Questions*

6. What are neurotransmitters?

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7. In your own words, describe what cross-addiction is.

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8. What activities have helped you stay clean and sober?

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Homework: Journal Page 62

QUESTIONS FOR *CROSS-ADDICTION* | *continued from other side*

9. What are triggers?

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10. How are other recovering alcoholics and addicts essential to recovery?

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## STEPS FOR SAFE FOOD HANDLING AND PREPARATION

Play it safe with foods. Don't bring a bug to your picnic. Prepare, handle, and store food properly to keep you and your family safe.

- Always wash your hands thoroughly before and after food preparation
- Don't eat raw clams, oysters, or raw eggs
- Always cook meat, poultry, or fish thoroughly
- Don't eat uncooked meat (such as steak tartar) or raw fish (sashimi)
- Avoid putting cooked food on the same food surfaces as raw animal foods were stored or prepared (don't carry chicken out to the grill on a plate and then bring the cooked chicken back to the table on the same plate without washing it first.
- Wash fruits and raw vegetables before eating (they may have bacteria on the surface)
- All cooked food should be refrigerated within two hours of cooking to avoid growth of harmful bacteria
- Don't keep uncooked animal foods in the refrigerator more than 2 days and/or cooked (leftover) animal foods for more than 5 days.
- Toss out any suspicious leftovers. A good general rule is “**when in doubt, throw it out**”
- Check the Health Department's sanitation rating when trying a new restaurant; the grade will help you identify those using safe food handling practices.
- Following these steps can greatly reduce the risk of food poisoning and the discomfort accompanying it.

**Information from the National Health video: Substance abuse and Nutrition**

## THE DIRTY DOZEN

Bugs	Major Symptoms	Some Foods that have Caused Outbreaks	How Soon It Typically Strikes	How Soon it Typically Ends
Campylobacter (bacteria)	diarrhea (can be bloody), fever, abdominal pain, nausea, headache, muscle pain	undercooked poultry, unpasteurized (raw) milk, contaminated water	2 to 5 days	2 to 10 days
Ciguatera (toxin)	within 2 to 6 hours: abdominal pain, diarrhea, general pain and weakness, nausea, temperature reversal (hot things feel cold and cold things feel hot), tingling, vomiting within 2 to 5 days: slow heartbeat, low blood pressure	large reef fish like barracuda, grouper, red snapper, and amberjack	2 hours to 5 days	days to months
Clostridium botulinum (bacteria)	vomiting, diarrhea, blurred vision, double vision, difficulty swallowing, muscle weakness that spreads from the upper to the lower body	home-canned foods, improperly canned commercial foods, herb-infused oils, potatoes baked in aluminum foil, bottled garlic	12 to 72 hours	days to months (get treatment immediately)
Cyclospora (parasite)	fatigue, frequent protracted bouts of diarrhea	imported berries, contaminated water, lettuce	1 to 14 days	weeks to months
E. coli O157:H7 (bacteria)	severe diarrhea that is often bloody, abdominal pain, vomiting (usually accompanied by little or no fever)	undercooked beef, unpasteurized (raw) milk or juice, raw produce, salami, contaminated water	1 to 8 days	5 to 10 days (get treatment immediately, especially for a child or elderly person)
Hepatitis A (virus)	diarrhea, dark urine, jaundice (yellow "whites" of the eyes), flu-like symptoms	shellfish, raw produce, foods that are not reheated after coming into contact with an infected food handler	15 to 50 days	2 weeks to 3 months
Listeria (bacteria)	fever, muscle aches, nausea, diarrhea (pregnant women may have mild flu-like symptoms; can lead to premature delivery or still-birth)	fresh soft cheeses, unpasteurized milk, ready-to-eat foods touched by infected food handlers, salads, sandwiches	9 to 48 hours for GI symptoms, 2 to 6 weeks for infections in the blood, brain, or uterus	days to months (get treatment immediately)
Norwalk virus	nausea, vomiting, large-volume watery diarrhea	poorly cooked shellfish, ready-to-eat foods touched by infected food handlers, salads, sandwiches	12 to 48 hours	12 to 60 hours
Salmonella (bacteria)	diarrhea, fever, abdominal cramps, vomiting	eggs, poultry, unpasteurized (raw) milk or juice, cheese, raw produce	1 to 3 days	4 to 7 days
Scombrotxin (toxin)	flushing; rash; burning sensation in skin, mouth, and throat, dizziness, hives, tingling	fresh tuna, bluefish, mackerel, marlin, mahi mahi	1 minute to 3 hours	3 to 6 hours
Vibrio parahaemolyticus (bacteria)	watery diarrhea, abdominal cramps, nausea, vomiting	undercooked or raw seafood	2 to 48 hours	2 to 5 days
Vibrio vulnificus (bacteria)	vomiting, diarrhea, abdominal pain, bacteria in the blood, wounds that become infected	undercooked or raw shellfish (especially oysters), other contaminated seafood	1 to 7 days	2 to 8 days (get treatment immediately)

Source: Adapted from Diagnosis and Management of Foodborne Illnesses, A Primer for Physicians and Other Health Care Professionals ([www.cdc.gov/mmwr/preview/mmwrhtml/rr5002a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5002a1.htm)), by the American Medical Association, American Nurses Association, Centers for Disease Control and Prevention, Food and Drug Administration, and the U.S. Department of Agriculture



# Eating Well on a Budget

**Healthy eating does not have to be expensive. Here are some tips for keeping your calories and budget in balance:**

- Plan your weekly menu in advance. Make a grocery list and stick to it.

- Checkout the weekly ads for the supermarkets with the best sales.



- Clip coupons. Choose only ones that you will use and are a real cost-saver.

- Try not to shop when you are hungry.

- Compare store and generic brands for the best buy.



- Take advantage of sales. Cook in bulk and freeze or use leftovers for future meals.

- Stretch costly meals (like meat dishes) by adding lots of vegetables.

- Read food labels to get the best nutrition and the most value for your money.

- Choose fresh fruit and vegetables that are in season. Visit your local farmers market for produce.

- Fruit and vegetables are canned or frozen at the peak of freshness. Choose fruit that is frozen, unsweetened or canned in its own juice.

- Beans, peas, eggs, canned tuna (packed in water) and peanut butter are good sources of protein and good buys.

- Grow your own vegetables, fruit or herbs.





## Taking Care of Business and Managing Money

Maintaining a full-blown addiction takes lots of time and energy. There may be very little time or thought given to normal responsibilities during an addictive period. The lifestyle of an addicted person is usually one that is obviously irresponsible.

### Taking Care of Business

When recovery begins, forgotten and neglected responsibilities come flooding back. It is sometimes overwhelming to think about all the things that need to be done. It is also frustrating and time consuming to catch up on so many responsibilities.

Determine where you stand with regard to taking care of your business by thinking about the following questions:

1. Do you have outstanding traffic tickets?
2. Have you filed all your tax returns to date?
3. Are there unpaid bills you need to make arrangements to pay?
4. What repair and maintenance needs of your house or apartment are necessary?
5. Does your car need to be serviced or repaired?
6. Do you have adequate insurance—health, home, car, and life insurance?
7. Do you have a checking account or some way to manage your finances?
8. Are you handling daily living chores (such as grocery shopping, laundry, and cleaning)?

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

1. The first item of business I need to take care of is

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Homework: Journal Pages 74-75

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TAKING CARE OF BUSINESS AND MANAGING MONEY | *continued*

2. I will start by

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3. The second item of business I need to take care of is

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4. I will start by

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**Managing Money**

Being in control of your finances is being in control of your life.

5. When people with addictions are actively using, their out-of-control lifestyle is often reflected in monetary ways. Check any of the following that have been true for you.

\_\_\_\_\_ Any money over \_\_\_\_\_ is a trigger to buy drugs or alcohol.

\_\_\_\_\_ I have used money secretly to buy drugs or alcohol.

\_\_\_\_\_ I have to deal with large outstanding debts.

\_\_\_\_\_ I have been negligent in paying taxes.

\_\_\_\_\_ I owe money on traffic warrants.

\_\_\_\_\_ I gamble with my money.

\_\_\_\_\_ I spend compulsively when I feel bad.

\_\_\_\_\_ I frequently argue about money with family members.

\_\_\_\_\_ I have stolen money.

TAKING CARE OF BUSINESS AND MANAGING MONEY

Often, when patients first enter treatment, they choose to give control of their money to someone they trust. Having another person handle your money will not work unless it is done at your request. In making the decision, you are controlling your own finances and asking the trusted person to act as your banker.

When you and your therapist decide you can safely handle money again, you can begin working toward gaining 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 in a way similar to scheduling your time.
- Arrange spending agreements with anyone who shares your finances.
- Use bank accounts to help you manage your money.
- Live within your means.
- Eventually, have a savings plan.

6. List any other financial goals you have.

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## **SUD Support (12-Step) Week B**

Homework Assignment: Journal pages 28-35.