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- The Complete Depression Treatment and Homework Planner
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For Matthew Raymond Hernandez—budding artist, dreamer, beloved grandson—you
did more living in nine years than some do in decades, and you’ll always live in our hearts.
Love, Grandpa Jim

—JRF

To my family, who supports me so that I am able to do the work I love.

—BSL
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Accountability is an important dimension of the practice of psychotherapy. Treatment programs, public agencies, clinics, and practitioners must justify and document their treatment plans to outside review entities in order to be reimbursed for services. The books and software in the PracticePlanners® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

The PracticePlanners® series includes a wide array of treatment planning books including not only the original Complete Adult Psychotherapy Treatment Planner, Child Psychotherapy Treatment Planner, and Adolescent Psychotherapy Treatment Planner, all now in their fifth editions, but also Treatment Planners targeted to specialty areas of practice, including:

- Addictions
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- Family therapy
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• Speech-language pathology
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• Women’s issues

In addition, three branches of companion books can be used in conjunction with the Treatment Planners, or on their own:

• **Progress Notes Planners** provide a menu of progress statements that elaborate on the client’s symptom presentation and the provider’s therapeutic intervention. Each Progress Notes Planner statement is directly integrated with the behavioral definitions and therapeutic interventions from its companion Treatment Planner.

• **Homework Planners** include homework assignments designed around each presenting problem (such as anxiety, depression, chemical dependence, anger management, eating disorders, or panic disorder), which is the focus of a chapter in its corresponding Treatment Planner.

• **Client Education Handout Planners** provide brochures and handouts to help educate and inform clients on presenting problems and mental health issues, as well as life skills techniques. The handouts are included on CD-ROMs for easy printing from your computer and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues. The topics covered by these handouts correspond to the presenting problems in the Treatment Planners.

Adjunctive books, such as *The Psychotherapy Documentation Primer* and *The Clinical Documentation Sourcebook*, contain forms and resources to aid the clinician in mental health practice management.

The goal of our series is to provide practitioners with the resources they need in order to provide high-quality care in the era of accountability. To put it simply: We seek to help you spend more time on patients and less time on paperwork.

ARTHUR E. JONGSMA, JR.
Grand Rapids, Michigan
PREFACE

The long-awaited and recently published fifth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* is the first major change in the *DSM* since *DSM-IV* was published in 1994 and slightly amended with the text revision to the *DSM-IV (DSM-IV-TR)* in 2000. The *DSM-5* includes changes in the diagnostic criteria and organization of disorders in several categories related to substance dependence and/or abuse.

This edition of the *Addiction Homework Planner*, in turn, reflects both the changes in the *DSM* and the continued emphasis on consumer-centered, assessment-driven, evidence-based treatment in the field of psychotherapy. We have continued to emphasize the importance of client motivation and shaped the content of this planner to help people in treatment move ahead in their readiness to work for positive change. Each exercise was designed to address motivation, with some educational content to increase knowledge and awareness of addiction and to include a skills component.

We are retaining the previous edition’s use of an Appendix A listing additional assignments for each problem area, essentially the counterpart to the lists of additional problems in the exercise overviews. Rather than listing exercises based on American Society of Addiction Medicine (ASAM) criteria, we have made Appendix B a bibliography listing books for assignment to clients as bibliotherapy, for reference by clinicians, or both; each book’s entry lists the problem areas for which it will be useful. We have again updated and retained most of the exercises and problem areas from the fourth edition, and further condensed nearly all of the lengthier exercises to make them no longer than two pages. We have also replaced several homework assignments to bring this book’s content into closer alignment with the *Addiction Treatment Planner* and to address nine new or modified problem areas in response to new developments in the field and the *DSM-5*, to increase the 88 assignments in the fourth edition to a new total of 100 exercises in 46 problem areas.

At the same time, there is more demand for treatment strategies and interventions to be evidence-based, and we have sought to reflect this trend. We believe that clinicians need to include evidence-based therapeutic homework in treatment more each year for several reasons. Already-tight funding and other resources for treatment keep diminishing, while demand keeps growing. This is particularly true in the arena of substance abuse and the problems that come with it, as new synthetic drugs have made a dramatic impact, even in the short time since the fourth edition was published.

As always, homework between sessions helps clients keep their therapy in the forefront of their awareness and makes it easier to bring it into their daily lives at home, work, school, and social settings, so that they meet the inevitable questions and
challenges and bring them back to therapy quickly and solve these issues in a supported and collaborative way.

**USING THIS BOOK**

This revision is a companion to the fifth edition of the *Addiction Treatment Planner*. You can use the enclosed CD-ROM to install the assignments on your computer as Microsoft Word documents and print them as they are designed or customize them by rewording items, adding a logo or other art, or however else you choose. For further instructions, please see “About the CD-ROM.”

As always, if you have suggestions, want to tell us which features you find especially useful, or would like to suggest topics to cover in future volumes, please contact us via this publisher. We are always eager for feedback we can use to make this a better resource with each edition. There is no work more important than helping people. Thank you for serving the people with whom you work, and through them, your communities and the world.
ADDRESSING ACA TRAITS IN RECOVERY

GOALS OF THE EXERCISE
1. Implement a plan for recovery from addiction that reduces the impact of adult-child-of-an-alcoholic (ACA) traits on sobriety.
2. Decrease dependence on relationships while beginning to meet one’s own needs.
3. Reduce the frequency of behaviors that are exclusively designed to please others.
4. Choose partners and friends who are responsible, respectful, and reliable.
5. Overcome fears of abandonment, loss, and neglect.
6. Understand the feelings that resulted from being raised in an addictive environment and reduce feelings of alienation by seeing similarities to others raised in non-addictive homes.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Borderline Traits
- Dependent Traits
- Partner Relationship Conflicts
- Sexual Promiscuity

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Addressing ACA Traits in Recovery” activity is for clients with patterns of codependent relationships, enmeshment, boundary issues, and burnout in love, friendship, and workplace relationships. It teaches clients about addictive relationship dynamics, then heightens motivation by focusing on the threat this poses to recovery, ending by directing clients to further exploration of issues of codependency. Follow-up may include discussing the issue with the therapist, group, and sponsor; support group referrals; bibliotherapy; and videotherapy (e.g., Rent Two Films and Let's Talk in the Morning by John W. Hesley and Jan G. Hesley, also published by Wiley).
ADDRESSING ACA TRAITS IN RECOVERY

Adult children of alcoholics, or ACAs, are adults who grew up in families where one or both parents chronically abused alcohol and/or other drugs, suffered from other mental illness, or had other problems that made them unable to meet their children’s needs. When those children become adults, they may have feelings and behavior patterns that resemble those of their parents, especially in relationships. This can happen whether or not they abuse alcohol or other drugs—ACAs often become “addicted” to unhealthy patterns and people in their love, friendship, and work relationships. They are drawn to situations that feel in some ways like their childhood family life, and to people who treat them in ways similar to the ways their parents treated them and others. ACAs often fall into the trap of trying to please, “fix,” or “save” others, and their own lives are left in turmoil. Their motives are caring, but their efforts to please or rescue others seldom work. The results cause these ACAs great emotional pain and may put them in dangerous situations or lead to a work-related cycle of starting new jobs with great hope and energy but ending up burning out on those jobs or careers. No one can really control anyone else; other people’s troubles are mostly caused by patterns only they can change, so trying to change them leads to one painful disappointment after another. As part of your recovery, this activity will help you learn to recognize and change these patterns, which are also often called codependency.

1. There are reasons we’re drawn to relationships in which we try harder to solve other people’s problems than they do. If we are ACAs, these patterns often echo those we experienced in our families as children. It’s as if we’re trying to replay the same story and get it to have a happy ending. Have any of the feelings listed here drawn you into painful relationships or situations in love, friendship, and/or workplace situations?
   ____ You felt sure that if you tried hard enough, you could win approval.
   ____ You felt needed.
   ____ It was intense and exciting from the start.
   ____ You felt intensely and magnetically drawn to the other person.
   ____ They made you feel strong, smart, and capable.
   ____ The sex was incredible.
   ____ You identified with the hardships they’d suffered.
   ____ You felt that you could help them and change their lives.
EXERCISE 1.A

2. Here are signs of this kind of relationship. Please check off any you've experienced:
   ■ Manipulation and mind games take up a lot of time and energy.
   ■ You're held responsible (by others or yourself) for things you can't control.
   ■ You see that you keep getting into high-risk or no-win situations, but you can't help finding those are the only ones that attract you—safe people and jobs bore you.
   ■ You're often worried that the relationship will fall apart, feeling you can keep the peace if you just say and do only the right things.
   ■ You keep your partner away from your other friends and family because they don't get along, or you don't think they would.
   ■ You spend a lot of time and energy solving other people's problems, over and over, often with little or no appreciation or recognition.
   ■ You try hard to impress your partner and keep secrets; you fear that your partner would reject you if they knew about parts of your life or past.
   ■ You get in heated arguments that don't make sense to either of you.
   ■ The relationship became very intense very fast when you first got together.
   ■ One or both of you feel a lot of jealousy and insecurity.
   ■ The relationship is never boring, but it's usually stressful.
   ■ You go back and forth between feeling abandoned and feeling smothered.

3. How does this relate to getting and staying clean and sober? Well, common sense tells us there's a strong connection between stress and relapse, and research confirms that link. Looking at the items you checked for question 2, think about how stressful those relationships were or are. How could these stresses lead you to relapse, and how do you feel about that risk?

4. Most people who get into addictive relationships don't just do so once. What unhealthy patterns do you see in the people you find attractive?
EXERCISE 1.A

5. Consider participating in 12-step recovery programs specifically for ACAs. Identify three reasons this could be beneficial to you. 


Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Implement a plan for recovery from addiction that reduces the impact of adult-child-of-an-alcoholic (ACA) traits on sobriety.
2. Reduce the frequency of behaviors that are exclusively designed to please others.
3. Eliminate behaviors that are dangerous to self or others.
5. Choose partners and friends who are responsible, respectful, and reliable.
6. Understand the feelings that resulted from being raised in an addictive environment and reduce feelings of inferiority and/or alienation from others who were raised in nonaddictive homes.
7. Obtain emotional support for recovery from family members.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Borderline Traits
- Childhood Trauma
- Family Conflicts
- Parent-Child Relational Problem
- Partner Relational Conflicts

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Understanding Family History” activity may be used effectively with clients who are experiencing shame, confusion, or anxiety as a result of seeing themselves repeat negative behaviors seen in childhood caretakers. It may be useful in couples therapy, because many ACA individuals form relationships with partners with similar backgrounds. For clients struggling with acceptance and forgiveness of their parents or of themselves, this activity may help in understanding the roles of addiction and powerlessness in distorting values and behaviors. It may also be useful for clients who have parenting issues in recovery to understand the roots of their children’s behaviors.
UNDERSTANDING FAMILY HISTORY

It’s important to understand the role of family history in addictions—not to blame those who raised us, but for our own recovery and our families’ futures. This exercise looks at how family history affects us.

1. As a child, what did you learn about drinking, drug use, or other addictions in your family? ____________________________________________________________________________

2. What problems, if any, did your family have because of these behaviors (e.g., violence, divorce, financial problems, dangerous or illegal activities, or other worries)? ____________________________________________________________________________

3. Please describe the typical atmosphere in your family when someone was drinking, using drugs, or engaging in other addictive patterns, and its effects on you then and now. ____________________________________________________________________________

4. Below are some common patterns in families struggling with addictions, related to the unspoken rule “Don’t talk, don’t trust, don’t feel” that develops as other family members try to avoid confrontations or disappointment caused by the inability of addicted adults to be nurturing and dependable, or to cope with the emotional pain that is the result of that inability. For each pattern, give an example from your childhood and an example of how you can make healthy changes now.
   a. Dishonesty/denial
      (1) Childhood example: ____________________________________________________________________________

      (2) Working for healthy change: __________________________________________________________________

   b. Breaking promises
      (1) Childhood example: ____________________________________________________________________________
EXERCISE 1.B

(2) Working for healthy change:

________________________________________________________________________

c. Isolating/withdrawing
(1) Childhood example: ______________________________________________________

________________________________________________________________________

(2) Working for healthy change:

________________________________________________________________________

d. Emotional/physical/sexual abuse and neglect
(1) Childhood example: ______________________________________________________

________________________________________________________________________

(2) Working for healthy change:

________________________________________________________________________

e. Influencing others to act in self-destructive ways
(1) Childhood example: ______________________________________________________

________________________________________________________________________

(2) Working for healthy change:

________________________________________________________________________

f. Confused roles and responsibilities (e.g., children taking caring of adults, people blaming others for their own actions, etc.)
(1) Childhood example: ______________________________________________________

________________________________________________________________________

(2) Working for healthy change:

________________________________________________________________________

5. No family is completely dysfunctional, and nearly all of us remember our parents or other adults who raised us doing some good things we want to do for our children in turn. What good relationship patterns from your childhood do you want to continue and pass on? ________________________________________________________________

________________________________________________________________________

6. Consider the strengths you obtained from growing up in your house with your family. How can you use these strengths to facilitate your own recovery efforts? ________________________________________________________________

________________________________________________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
IS MY ANGER DUE TO FEELING THREATENED?

GOALS OF THE EXERCISE
1. Develop a program of recovery that is free from substance abuse and violent behavior.
2. Terminate all behaviors that are dangerous to self or others.
3. Decrease the frequency of occurrence of angry thoughts, feelings, and behaviors.
4. Verbalize core conflicts that lead to dangerous/lethal behaviors.
5. Recognize the first signs of anger and use behavioral techniques to control it.
6. Think positively and realistically in anger-producing situations.
7. Learn that anger is a secondary emotion responding to fear or anxiety in response to a perceived threat.
8. Learn to self-monitor and shift into an introspective and cognitive problem-solving mode rather than an emotional reactive mode when anger is triggered.
9. Shift from a self-image as a helpless or passive victim of angry impulses to one of mastery and taking responsibility for responses to feelings.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Conduct Disorder/Delinquency
- Dangerousness/Lethality
- Oppositional Defiant Behavior
- Posttraumatic Stress Disorder (PTSD)

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Is My Anger Due to Feeling Threatened?” activity is suited for clients who are capable of introspection and who desire to change their reactive patterns of anger. It may be useful when clients describe perceptions of being unable to control their anger, have patterns of impulsive anger disproportionate to the triggering events or situations, or express regrets over their actions when angry. Follow-up can include keeping a journal documenting angry impulses and the client’s use of this process to manage their reactions. Teaching relaxation strategies, mindfulness strategies, and self-soothing strategies would be beneficial in conjunction with the client working on recognizing and managing their anger.
A wise person once said that every problem starts as a solution to another problem. Once we see this, it's easier to let go of the anger and find another solution for the original problem that works better. What kind of problem makes anger look like a solution? When is anger useful? It's good for energizing and preparing us to fight. It's the “fight” part of the fight-or-flight instinct that is any creature's response to perceived (whether real or not) danger. When we feel angry, chances are that we feel threatened. This instinct developed in prehistoric people over thousands of generations and is shared by many self-aware animal species as well. Nearly all of the threats they faced were physical (e.g., wild animals or hostile strangers), and in those situations anger served them well. Some dangers are still physical, but more often we face threats we can't fight physically. There are threats to our self-images and our beliefs about the world, which can feel just as dangerous as threats to our safety or health. In this exercise, you'll think about a situation that has triggered your anger and identify both the threat that the anger wants to fight and another solution that will work better.

1. First, it's important to recognize anger as soon as it starts to develop. To do this, you need to watch for the early warning signs of anger, both physical and mental.
   a. Here are some common physical effects of anger. Please check any you experience when you are starting to get angry:
      - Muscle tension or shaking
      - Rapid heartbeat
      - Rapid, shallow breathing
      - “Butterflies in the stomach”
      - Reddening of the face
      - Agitation and restlessness
   b. Our thinking changes with anger, often in these ways. Again, check any you experience:
      - Impulsiveness and impatience
      - All-or-nothing thinking
      - Inability to see others' perspectives
      - Feelings of power and certainty
      - Taking things personally
      - A sense of having been wronged
EXERCISE 2.A

2. Now think of a situation that has been an anger trigger for you over and over or that has led to serious consequences because of your angry actions. Briefly describe the situation and the consequences. 

3. Study the situation, and identify the threat that triggered your anger. Were you at risk of not getting something you wanted, or of losing something you already had and valued? Were you responding to “programmed” ways to react when situations feel similar? The item under threat could be physical well-being, a relationship, a career or life goal, your self-image, or even your values and beliefs about the way the world works. Explain how this situation threatens you. 

4. Think of a solution that will give you better results and cause fewer problems than acting in anger. Describe the solution and how you’d put it into action. 

5. After you’ve thought about triggers and solutions, what are your thoughts and feelings about the situation? Do you feel more in control? 

6. There are some situations in modern life where expressing anger is still appropriate, but not with physical violence. Please think of a way you can constructively express anger to be assertive and not submit to mistreatment, but do so without violence. 

7. When you feel your anger building, pause, take a breath and ask yourself, “Where’s the threat, and what else can I do about it?” This way, you can take control of your feelings and actions. This is difficult at first, but if you keep doing it, the pause and the question become automatic, just as the flash into rage was automatic. When you pause automatically and think this way, you control your anger, rather than it controlling you. At first, reminders help; think of someone you trust to help you with this. Explain what you’re doing, and ask them to watch
EXERCISE 2.A

your mood and if you start looking angry, remind you to pause and find the threat. Who is that person, and when will you talk with them about this? ____________

________________________________________________________________________

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
IS MY ANGER DUE TO UNMET EXPECTATIONS?

GOALS OF THE EXERCISE
1. Develop a program of recovery free from substance abuse and dangerous/lethal behaviors.
2. Terminate all behaviors that are dangerous to self or others.
3. Decrease the frequency of occurrence of angry thoughts, feelings, and behaviors.
4. Verbalize the core conflicts that lead to dangerous/lethal behaviors.
5. Recognize the first signs of anger and use behavioral techniques to control it.
6. Think positively and realistically in anger-producing situations.
7. Learn and use stress-management skills to reduce stress and the irritability that accompanies it.
8. Learn to self-monitor and shift to a thinking and problem-solving mode rather than a reactive mode when anger is triggered.
9. Increase self-esteem and sense of purpose for living, and learn how to help others in recovery.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Antisocial Behavior
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Borderline Traits
- Dangerousness/Lethality
- Family Conflicts
- Oppositional Defiant Behavior
- Parent-Child Relational Problem
- Partner Relational Conflicts
SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Is My Anger Due to Unmet Expectations?” activity is suited for clients who are capable of introspection and who desire to change their reactive patterns of anger. It may be useful when clients report feeling unable to control their anger, have patterns of impulsive anger disproportionate to triggering events or situations, or express regrets over their actions when angry. Follow-up can include keeping a journal documenting angry impulses and use of this process to identify trigger expectations and manage reactions.
IS MY ANGER DUE TO UNMET EXPECTATIONS?

People in treatment and recovery programs often say that anger always boils down to fear: That they'll lose something they want to keep, or that they won't get something they want. These aren't usually life-and-death matters, but they often react as if they were.

When we look at this closely, we usually see that when possible losses or disappointments have triggered rage, we expected something different and are shocked and disappointed by what actually happened. Sometimes our expectations are based on what we feel is right and fair, what some call the “shoulda-woulda-couldas” (e.g., that the person in the next lane should let us merge instead of speeding up to crowd us out, or that people should be honest and considerate). Also, sometimes we just want something badly and convince ourselves that it should happen the way we want it to.

But our expectations are often unrealistic. That’s why many old-timers in Alcoholics Anonymous and other recovery programs define an expectation as “a premeditated resentment.” They mean that when we form expectations, we often set ourselves up for disappointment and the anger that follows.

Do you want to avoid getting angry unnecessarily? Anger interferes with our judgment, making us more likely to act impulsively and do things that damage relationships, undermine recovery, and weaken our immune systems. This exercise will help you avoid unrealistic expectations, to feel calm more of the time and angry less often.

1. Please think back to the most recent time you got angry over an unrealistic expectation, a “shoulda-woulda-coulda” experience. Describe what happened. 

2. Was the event that triggered your anger something you felt should not have happened the way it did? If so, what was your expectation, and why did you have that expectation? 

3. We often expect things that aren’t likely (e.g., expecting someone who is usually late to be on time). If experience told you that what you expected was unlikely, what would have been a more reasonable expectation?
4. Our expectations are often just mistakes in our thinking. If we learn not to make those mistakes, accepting what does happen is easier. Remember, accepting something doesn’t mean we like it or believe it’s right; it means admitting things are the way they are, and deciding to act on reality rather than our fantasies. If you run into the same situation again but expect what experience tells you is likely to happen, rather than what you hope for or feel should happen, how will you react differently?

5. Here are some mistaken expectations we often get angry over. Please give your own examples:
   a. Expecting people to behave differently than the way they usually act (e.g., expecting love, warmth, and consideration from a person who is normally cold, selfish, and sarcastic)
      Example: ____________________________________________
   b. Taking things personally or expecting to be the center of someone else’s world
      Example: ____________________________________________
   c. Perfectionism: Expecting ourselves or others to do things perfectly the first time, rather than accepting that we all make mistakes
      Example: ____________________________________________
   d. Overoptimism (e.g., expecting everything to go the way we want, though it seldom does)
      Example: ____________________________________________

6. Other emotions that arise when we form unrealistic expectations are self-pity, discouragement, and anxiety. How have these been triggers for your past addictive behaviors? ____________________________________________

7. These emotions are setups for relapse. Recovery depends on managing them; it helps not to set ourselves up to get angry. The fewer expectations we have, especially unrealistic ones, the easier it is to stay in recovery. Please describe a
EXERCISE 2.B

plan to monitor your thoughts and emotions, avoid unrealistic expectations or correct them when they arise, and regain your serenity.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
SECTION 3: ANTISOCIAL BEHAVIOR

Therapist’s Overview

BENEFITS OF HELPING OTHERS

GOALS OF THE EXERCISE
1. Learn the importance of helping others in recovery.
2. Understand the importance and the benefits of a program of recovery that demands rigorous honesty.
3. Identify the benefits to relationships and self-esteem in taking responsibility for one’s own behavior.
4. Develop a program of recovery that is free of addiction and the negative influences of antisocial behavior.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Conduct Disorder/Delinquency
- Impulsivity
- Legal Problems
- Narcissistic Traits
- Oppositional Defiant Behavior

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Benefits of Helping Others” activity is for clients with patterns of antisocial behaviors. It teaches clients about the benefits they could get from cultivating patterns of generous and dependable behavior. It also teaches clients some ways they can both get guidance from people in recovery with whom they identify and begin to test the waters by trying small positive behavioral changes and monitoring the results. Follow-up may include discussing the issue with the therapist, group, and sponsor, using role-playing activities to rehearse actions the client is considering, and reviewing the outcomes of any behavioral changes the client tries.
When you hear the words “Getting out of myself,” you may wonder why you should be interested in doing so. How will being more generous and considerate toward others be beneficial to you? One place you can look for answers is to other people who’ve been in situations like yours and found that being more kind made their lives better. On the most basic level, the way people live their lives in addiction is risky to their personal health, their legal situations, their relationships, how they feel about themselves, and sometimes their overall survival. People die because of their addictions, whether through accidents, violence, overdose, or their bodies just breaking down a lot sooner than they otherwise would have. Even when the stakes aren’t that high, you may find that you like the way your life goes better when you live it in a less self-centered way. Other people may treat you better, you’ll get in less trouble, and you might even like yourself better. There are a couple of easy ways to find out: Talk to other people who’ve been where you are and are doing better, and start trying it out in small ways and see what happens. This activity will give you some ideas on how to do that.

1. What benefits could you see to helping others in both service work and/or in a community support group program, like AA or NA?

2. You may have attended meetings and may have a sponsor by now. If not, seek out someone you see in recovery who has been at it awhile and whom you can relate to. Ask them or the group about the benefits of helping others in both service work and/or within the program. Write what you learn below:

3. What do you hear others saying about the benefit of working a program of rigorous honesty, accountability for your own behavior, and accepting and using the emotional and spiritual support of others and a Higher Power?
4. What doubts, reservations, skepticism, or fear do you have about this concept of “getting out of yourself” and helping others?

5. The things we say to ourselves, about ourselves or others and situations (self-talk) have a significant impact on how we feel and act. What self-talk statements do you hear yourself making that keep you from trusting others, being generous, helping others, and taking responsibility for your actions? List five of them.

6. What positive thoughts challenge those you listed in question 5?

7. Below is a sampling of some small steps you can take toward increasing the benefits of positive relationships and having healthy self-esteem and self-worth:
   a. Be honest about ways you’ve hurt, used, disregarded, and manipulated other people.
   b. Keep small commitments and promises to build reliability and trust.
   c. Challenge self-talk that is negative, skeptical, critical, or blaming.
   d. Find a sponsor to begin the practice of establishing a stable and accountable relationship within a program of rigorous honesty.
   e. Avoid therapy-interfering behaviors (i.e., being late for treatment, failing/canceling appointments, not completing assigned tasks, acting guarded in sessions).
   f. Take responsibility for your actions versus blaming others.
   g. Find ways to help others without expectation for praise or reward.

   Please try each of these behaviors in the next two weeks and make notes below about the results so you can talk about them with your therapist, group, home group, or sponsor.

8. How would the trust of others benefit you, your recovery, and your relationships?
9. What 12-step work from your community support group meetings (i.e., AA, NA, ACA, CA, GA) would also challenge you to do this work? _______________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
TAKING INVENTORY OF DESTRUCTIVE BEHAVIORS

GOALS OF THE EXERCISE

1. Decrease antisocial behaviors and increase motivation to practice more respectful thoughts and behavior toward others.
2. Learn how antisocial behavior and addiction is self-defeating.
3. Develop a program of recovery that is free from addiction and the negative influences of antisocial behavior.
4. Develop a greater willingness to try behaving in more respectful and considerate ways toward others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Conduct Disorder/Delinquency
- Impulsivity
- Legal Problems
- Oppositional Defiant Behavior

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Taking Inventory of Destructive Behaviors” activity is for clients with patterns of impulsively destructive, dishonest, or malicious behavior that affects other people. It is framed in terms of self-interest, because this is often an effective way to initiate the development of motivation for change in clients who are not invested in the feelings or well-being of others. Follow-up should be ongoing and include discussing the issue with their therapist, group, and sponsor.
TAKING INVENTORY OF DESTRUCTIVE BEHAVIORS

1. Which of the following behaviors have you engaged in?
   ____ Rule or law breaking and/or disregard for rules, often related to alcohol/other drugs
   ____ Blaming others for your problems and actions
   ____ Being dishonest
   ____ Having to tell more lies to cover up previously told lies
   ____ Manipulating and intimidating others with aggressive behavior
   ____ Having a lack of regard for others’ feelings (lack of empathy)
   ____ Thrill-seeking without regard for safety of self and/or others
   ____ Self-centeredness and always pushing to get your way
   ____ Seeking power over others
   ____ Having a sense of entitlement
   ____ Intentionally violating the rights of others
   ____ Impulsive decision making without thinking about consequences for others

2. How do these behaviors impact your relationships with others? If you cannot come up with an answer, ask someone close to you for feedback and write it below.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. List three ways these behaviors are self-defeating and backfire on you.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. How are these behaviors related to your addiction or substance use? ____________

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
5. Which of the following negative consequences have you experienced due to these behaviors?

_____ Loss of or lack of respect from others
_____ Few or no intimate relationships—many broken relationships
_____ No sense of achievement or accomplishment
_____ Increased isolation or feelings of alienation
_____ Frequent legal difficulties
_____ Others (please list in space provided): __________________________

6. Select one of the items from question 1 and think about a specific situation related to it. Analyze the chain of events by identifying the decisions you made before your action, the outcome of it, how others responded, how you felt about yourself and the negative consequences that followed.

____________________________________________________________________
____________________________________________________________________

7. The refusal to acknowledge and take responsibility for these behaviors leads to making the same mistakes over and over again, getting more of what you've already gotten. Revisit question 6. What alternative thoughts/behaviors would interrupt the chain or result in a more favorable outcome for you? ______________

____________________________________________________________________
____________________________________________________________________

8. Describe the benefits that would come from practicing alternative thoughts and behaviors like those you listed in question 7 on a more consistent basis. __________

____________________________________________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
 GOALS OF THE EXERCISE
1. Maintain a program of recovery free of addiction and excessive anxiety.
2. Understand the relationship between anxiety and addictive behaviors.
3. Increase insight and awareness related to feelings and processes associated with anxiety.
4. Decrease anxious thoughts, overall stress, and muscle tension, and increase positive self-talk.
5. Strengthen belief in the capacity to self-manage anxiety without returning to addictive behavior.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
• Childhood Trauma
• Chronic Pain
• Eating Disorders and Obesity
• Posttraumatic Stress Disorder (PTSD)
• Relapse Proneness
• Sleep Disturbance
• Social Anxiety

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Anxiety Triggers and Warning Signs” activity is for clients who experience anxiety but feel helpless to change it. Educating clients about anxiety and normalizing healthy levels of it is important in treating anxiety. This activity helps explain to clients that we all need anxiety for certain things, because it can be adaptive and motivating. There is a point when the benefits of anxiety tip toward more detrimental effects. This is the result of thinking things are more threatening, serious, or worse than they really are, avoiding things that make us uncomfortable, or misreading physical cues. First the exercise asks the client to identify how he or they experience anxiety physically, behaviorally, cognitively, and emotionally. Second, it asks the client to develop a hierarchy of least to most anxiety-producing experiences. Finally, it asks the client to develop a plan for coping with anxiety. Follow-up can consist of teaching relaxation, imagery, mindfulness, and biofeedback techniques to deal with all levels of anxiety.
Everyone experiences anxiety, ranging from mild worry to intense fear. Some people are very aware of their anxiety; others aren’t conscious of it until it’s overwhelming; and others are overly aware of their anxiety, which often results in increasing it. Some experience anxiety mainly over specific situations, whereas others have more general feelings of anxiety. We’re nervous when we do things for the first time: going on dates, speaking to groups, or starting new jobs. For some, anxiety is short-lived and does not interfere in their lives other than causing mild discomfort. For others, anxiety causes panic, stops them from enjoying many activities, and interferes with daily living. Anxiety is related to addiction in two ways: We often feel anxiety when we practice new non-addictive behaviors, and we try to reduce anxiety with addictive behaviors.

This exercise will help you learn about your anxiety so that you can develop strategies to cope with it and avoid returning to addictive behaviors to lessen it.

Anxiety has three components that interact with one another: (1) physical sensations, such as heart-pounding, sweating, and dizziness; (2) thoughts, such as expecting something terrible to happen; and (3) behavioral responses, such as leaving situations or avoiding places.

1. How have you coped in the past to reduce anxiety or avoid anxiety-producing situations?

2. In what ways has your anxiety been linked to your addiction?

3. What do you think about when you’re anxious? Imagine your anxiety has a mind of its own. What would it say to cause your anxiety level to rise? Our anxious thoughts often exaggerate dangers and overlook our coping abilities and resources. Keep a log for one week of anxiety-producing situations and the accompanying thoughts and beliefs you have when you feel anxious.
4. When we feel anxious, the emotional and physical parts of our brains override the thinking parts. The result is that often we’ll do anything that quickly relieves our discomfort. The problem is that this quick fix becomes a habit. Here’s a solution to use in your journal:
Following the example provided, list a physical symptom in the left-hand column, the thought connected with it in the center, and a reasonable and positive response in the column on the right.

<table>
<thead>
<tr>
<th>Physical Sensation</th>
<th>Anxious Thought</th>
<th>Positive Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel warm.</td>
<td>I’m going to pass out.</td>
<td>I’ll sit, relax, cool down.</td>
</tr>
</tbody>
</table>

5. Another way to get to know your anxiety is to create an intensity scale ranging from very low to extremely high levels of anxiety. Please identify at least one situation or experience for each level and the physical sensations that are associated with each.

<table>
<thead>
<tr>
<th>Level of Anxiety</th>
<th>Situation/Experience</th>
<th>Physical Sensations</th>
<th>Related Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very High</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. In looking back over the information you’ve collected about your anxiety, what word or phrase would you use to describe or name it? __________________________

7. We can decrease our anxiety and fears by mastery. This is a kind of trial-and-error experimentation that occurs as we gradually expose ourselves to things that make us anxious and cope with them by dealing with our physical sensations, challenging our anxious thoughts, and tolerating the anxiety. The secondary result is that our confidence goes up. Additionally, we all feel some fear when we do anything new. That’s what can actually help you get better. You learn that you can approach a situation with nervousness, but those feelings don’t hurt you, and you can get a desired outcome. With your therapist or group, please make a plan to work against (your word or phrase) _____________ and describe your plan here.
EXERCISE 4.A

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
COPING WITH STRESS

GOALS OF THE EXERCISE
1. Maintain a program of recovery free from addiction and excessive anxiety.
2. End the use of addictive behavior as a way of escaping anxiety and practice constructive coping behaviors.
3. Decrease anxious thoughts and increase positive self-enhancing self-talk.
4. Learn to relax and think accurately and logically about events.
5. Identify effective stress-management methods that are already working.
6. Incorporate stress management as part of a lifestyle change and identify areas in which to begin modifying stress responses.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Childhood Trauma
- Chronic Pain
- Gambling
- Medical Issues
- Nicotine Use/Dependence
- Relapse Proneness
- Social Anxiety

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Coping With Stress” activity examines the client’s existing stressors and habitual responses with the aim of increasing insight and helping them reduce stress and improve coping skills. It includes an imagination exercise aimed at motivating the client to work for improvement and bolstering their confidence in doing so. Follow-up can include homework assignments to practice new stress-management methods; seeking feedback from family, friends, and others on perceived changes in the client’s degree of tension; and reporting back on outcomes. Skills training in progressive muscle relaxation, guided imagery, mindfulness, problem solving, and improved communication can improve the success of managing stress.
COPING WITH STRESS

Relapses in recovery from addictions are often triggered by stressful situations, because we have used addictive behaviors as our main tools for handling stress. To stay sober, we must find healthier ways to cope with stressors. This exercise will guide you in learning about your stress management style, your sources of stress, and how you can handle it more effectively.

1. Please list three situations that most commonly trigger great stress for you:

2. How has an addictive lifestyle, including relationships in addiction and use of alcohol/other drugs and possibly other addictive behaviors, created stress in your life?

3. How can you tell when you are experiencing stress in your life? Please list your reactions to stress, both physical and emotional.

4. What ways have you handled stress? Include both positive and negative strategies.

5. We are often able to bypass stressful situations but don’t, and many times we neglect to utilize strategies we know would work. List the main causes of stress in your life that you can control and ways you will increase the likelihood that you will act in a way to reduce your stress.

6. At other times, a situation may be unavoidable, but we increase the stress we experience because of the ways we think about that situation (e.g., predicting...
terrible outcomes to ourselves and worrying about things we can’t change). List
causes of stress you cannot control in the first column and ways you can change
your thinking about them in the second column.

Example: Family mistrust of sobriety effort  Example: I will continue to work hard

7. Please describe a stressful situation, big or small, that you handled well and how
you did it. How can you use this in continuing to tackle other stressful situations?
Example: Overloaded at work—talked with supervisor and asked him/her
to prioritize tasks—continue to practice advocating for myself.

8. You can further reduce stress by avoiding overdoing things. This will allow you to
more effectively handle the stress that is unavoidable. Please list at least one thing
you can do each day to create more balance in each area listed here.

a. Relationships with family or friends: ________________________________

b. Leisure time/activities: ________________________________

c. Work/school: ________________________________

d. Community involvement: ________________________________

e. Spiritual activities: ________________________________

f. Proper nutrition and exercise: ________________________________

h. Emotions: ________________________________
9. Picture yourself handling a stressful situation using more effective methods than you would have used when you were practicing an addictive lifestyle. While you picture this future for yourself, pay attention to how it makes you feel. Talk about this with other members of the treatment group or in your next treatment session. How would this improve the results you get and your quality of life? ______________

________________________________________________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
DEVELOPING A RECOVERY PROGRAM

GOALS OF THE EXERCISE
1. Develop the coping skills necessary to improve Attention-Deficit/Hyperactivity Disorder (ADHD) and eliminate addiction.
2. Understand the relationship between ADHD symptoms and addiction.
3. Identify specific ADHD behaviors that cause the most difficulty in sobriety.
4. List the negative consequences related to continuing a using lifestyle.
5. Develop positive social skills to help maintain lasting, sober peer friendships.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Conduct Disorder/Delinquency
- Peer Group Negativity
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Developing a Recovery Program” exercise is intended to address the needs of adolescents who are attempting to establish sobriety from addiction. It includes looking at the connection between ADHD symptoms and addictive behaviors, improving refusal skills, increasing social skills without the reliance on substances, identifying the importance of other activities, and identifying the benefits of having a sober group of support people. Follow-up could include working with parents to learn the same skills the adolescent is learning so they can reward and provide useful feedback along the way. This exercise can be used with clients who do not have ADHD, but who lack skills in refusing offers, seeing the need to change behaviors, and making positive connections with sober peers or identifying alternate activities.
DEVELOPING A RECOVERY PROGRAM

Beginning and maintaining sobriety and ultimately implementing a consistent recovery plan is an ongoing process, not an event. All of it is challenging at times, but it can be additionally difficult when managing impulsivity; trying to not rely on substances to socialize or cope with problems; waxing and waning desire to stay connected to peers who are using; having a lack of connection with sober peers; and finding other activities that are appealing. This exercise will walk you through some of the key ingredients in developing an initial recovery plan that is unique to you.

1. What symptoms of your ADHD challenge your attempts at sobriety, and what are you doing about each of them to give yourself the best chance to begin and maintain abstinence?

2. Sometimes people use substances to assist them in managing their symptoms of ADHD (or other issues). In what ways have you done this, and what has been the outcome?

3. Sometimes we establish our peer groups based on shared use of substances and other times we have an existing group of friends who all started to use together and stayed together. Breaking these ties can be difficult. What excuses have you made to yourself to stay connected to friends who continue to use?

4. What have been the difficulties in refusing offers to continue to use?

5. What excuses have you used that have worked and not worked to get people to stop offering substances to you?
6. Brainstorm with your group, your parents, or your therapist about other alternative strategies for refusing offers in ways that feel comfortable for you and write them here. 

7. Fighting urges to use, no longer relying on substances to meet and connect with other people, and not using when we feel alone or stressed are all strategies necessary to maintain sobriety and have the best chance of appropriately meeting our personal goals and finding happiness. What are the challenges for you in each of these areas, and in what areas are you having some success?

8. Most people who have found success in recovery have learned that they need other people who support them in that effort. In what ways can your support network (e.g., parents, guardians, teachers, recovering friends) support your efforts at sobriety (e.g., give rewards, provide encouragement, attend a 12-step meeting for parents)?

9. People who understand substance use and the challenges of choosing sobriety and its benefits are important people to get connected to. We often learn they have other issues they are working on as well (i.e., ADHD, mood issues). What are five ways getting connected to a group of people like this could help you with other issues of your own?

10. Nonusing activities and interests are an important part of any sobriety/recovery plan. First, there’s just the matter of filling in the time you used to spend using. Second, you need to find new things that give you a sense of pleasure and satisfaction. Name five ways of making social connections that are not based on alcohol or other drug use (e.g., join a club or the gym, new hobbies or something you’ve always wanted to try, service/volunteer):

11. New activities can be used to target specific triggers to use. Name three of your triggers and a new activity you can engage in to overcome each trigger you
EXERCISE 5.A

identified (e.g., you use to counter boredom, so you could engage in rigorous exercise).

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Maintain a program of recovery free from addiction and the negative effects of Attention-Deficit/Hyperactivity Disorder (ADHD).
2. Demonstrate sustained attention and concentration for consistently longer periods.
3. Understand the negative influence of ADHD on substance use.
4. Develop positive self-talk when faced with problems caused by ADHD or addiction.
5. Learn positive ways to resolve or manage interpersonal differences.
6. Demonstrate healthy communication that is honest, open, and self-disclosing.
7. Reduce the frequency of behaviors that are designed exclusively to please others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Impulsivity
- Occupational Problems
- Parent-Child Relational Problem
- Partner Relational Conflicts

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Staying Attentive and Other Negotiation Skills” activity is intended for clients who would benefit from learning negotiation skills to improve their relationships with others. This activity can be incorporated into role-playing in individual sessions or in groups. It can be applied to past problems with intimate, work, or peer relationships or to problems the client is currently experiencing. Follow-up could include assignments to practice the skills learned and report back to the therapist and treatment group on the outcomes. With adolescents, you could involve parents or teachers to help monitor and gently remind and reward with positive feedback when positive strategies are utilized.
STAYING ATTENTIVE AND OTHER NEGOTIATING SKILLS

Attention problems can cause difficulties in many situations, including relationships. Other people may not understand and may be hurt or offended by your having difficulty staying focused and being easily distracted. Either issue, drifting attention or distraction, makes initiating and sustaining relationships difficult. Many people use addictive behaviors to cope with relationship problems caused by these symptoms.

This exercise will teach you a step-by-step approach to negotiating differences with others, and give you some tips on negotiating social situations and relationships.

1. Think of a recent conflict you've had with someone. How did you know that you and the other person were having difficulty or a difference of opinion? Skill 1 in negotiating is deciding whether you and the other person are having difficulty with each other or if one of you is feeling uncomfortable or unhappy for an unrelated reason.

2. Skill 2 in negotiation is telling the other person what you think about the problem without criticizing. Did you share your thoughts about what you thought about the problem? Were you able to do this without criticizing? How did you express yourself?

3. Skill 3 in negotiation is asking the other person what they think about the problem. This can help you improve communication and avoid jumping to conclusions or making incorrect assumptions. Were you able to ask the other person how they saw the situation? If so, how did you ask, and if not, how did you form your impression of the other person's point of view?

4. Skill 4 is listening openly and actively to the other person's perceptions and feelings. If you were able to do this, please describe what you did here. If not, what happened and what got in the way?
5. Skill 5 is thinking about why other people might feel the way they do. This does not mean judging their thoughts as right or wrong, but rather seeing the situation from their point of view. How successful were you in doing this? Describe why you think this person had the thoughts and feelings they had.

6. Skill 6 is finding a compromise. What was the outcome of your conflict? What compromises would you be able to suggest today for the same conflict?

7. Please do some self-evaluation—not to judge yourself, but to learn whatever lessons you can. In reviewing your conflict situation, what did you learn about your negotiation style? What would you like to do differently? What would the other person in the conflict say about your negotiation style?

8. You’ve just worked on how you can manage conflict differently in current and future relationships. Beginning and maintaining relationships takes work and follow-through. Below are a few ideas about what you can do to succeed at this:
   a. Plan regular activities with others around shared interests—avoid frequent requests for last minute get-togethers.
   b. Learn to listen and pay attention and respond specifically to what is being said.
   c. Pay attention to small courtesies—remember birthdays, call or email to say “hi,” and thank people for favors.
   d. Get organized—keep phone lists, use a calendar to log dates and commitments.
   e. What others can you think of?
9. Ask someone close to you for feedback about how well you pay attention and follow through in your relationship with them. Write this feedback below and describe how you’ll address any issues this person points out.

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
FROM RECKLESSNESS TO CALCULATED RISKS

GOALS OF THE EXERCISE
1. Maintain a program of recovery from addiction and reduce the negative effects of Attention-Deficit/Hyperactivity Disorder (ADHD) on learning, social interaction, and self-esteem.
2. Decrease impulsivity by learning how to stop, think, and plan before acting.
3. Learn the benefits of taking calculated risks rather than acting impulsively.
4. Gain insight into patterns and consequences of reckless behavior and decision making.
5. Learn a method of decision making that leads to more positive outcomes.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Bipolar Disorder
- Conduct Disorder/Delinquency
- Impulsivity
- Oppositional Defiant Behavior
- Self-Harm
- Sexual Promiscuity

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “From Reckless to Calculated Risks” activity is for clients with a history of impulsivity. The exercise asks the client to review past impulsive decisions and consequences and then guides them through a technique that encourages more calculated and thought-out responses. Follow-up can include having a client describe a series of self-instructions in situations in which they have acted out impulsively. Repetition of this process reinforces the internal problem-solving dialogue necessary for taking calculated risks. If the client is unable to generate personal examples, use scenarios and direct them to develop self-instructions for the person in the scenarios.
FROM RECKLESSNESS TO CALCULATED RISKS

We all take at least some risks in everything we do, but the risks we take in a given situation can be reckless—not thinking through the consequences—or calculated. Taking calculated risks involves three steps. First, it means avoiding acting too quickly on impulses. Next, it involves thinking a situation through to its possible outcomes. Finally, it calls for making concrete plans before acting. Addictive behavior and ADHD share traits related to recklessness: wanting instant gratification, acting impulsively, and not thinking actions through to their potential consequences.

If we take calculated risks versus reckless risks, we have the best chance of getting the outcomes we want and avoiding preventable problems. In this exercise you'll review your risk-taking patterns and consider changes to give you more control over your life.

1. List some reckless behaviors you have engaged in, the situations in which you did so, and the consequences.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Situation</th>
<th>Consequence(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

2. For one of the behaviors you listed in question 1, choose a situation with which you continue to struggle. Complete the following formula to learn how to take more calculated risks.

   a. The situation is:

   b. What outcome do you want to achieve?

   c. What are some things you can tell yourself in this situation to avoid impulsive responses, such as “slow down,” “don’t take it personally,” or “relax and think for a minute”?
d. Write out concrete instructions to yourself in the format below.
   • What is the problem?

   • What has it been my pattern to do?

   • What are my options—what other things can I do?

   • What do I want to have happen?

   • The approach that will give me the best chance of the result I want and will minimize difficulty will be . . .

   • What can I say to myself to help me cope?

   • To avoid this problem in the future, I need to focus on . . .

e. What benefits can you identify that would come from handling situations and emotions this way?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
GETTING ORGANIZED

GOALS OF THE EXERCISE
1. Maintain a program of recovery free from addiction and the negative effects of Attention-Deficit/Hyperactivity Disorder (ADHD).
2. Demonstrate sustained attention and concentration for consistently longer periods.
3. Understand the negative influence of ADHD on substance use.
4. Structure a recovery program that is sufficient to maintain abstinence and reduce the negative effects of ADHD on learning and self-esteem.
5. Develop positive self-talk when faced with problems caused by ADHD or addiction.
6. Identify coping strategies that have worked to sustain attention in the past.
7. Develop new skills to cope with inattention and difficulties with concentration.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Living Environment Deficiency
- Psychosis
- Self-Care Deficit as a Primary Problem
- Self-Care Deficit as a Secondary Problem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Getting Organized” activity is for clients who are struggling with inattention, distractibility, or difficulty completing tasks. It can be used with other clients who generally need assistance getting organized. Follow-up can include having the client keep a journal or log of distractions or instances of inattention and then self-monitor improvement through use of newly learned skills. It is important to reinforce small successes to create and sustain therapeutic momentum and build further successes. With adolescents, ask the clients’ parents, teachers, coaches, etc. to help them organize the pieces relevant to areas in which they struggle and provide positive feedback and rewards for small and larger successes.
GETTING ORGANIZED

Managing daily life is a key part of recovery. Addictive lifestyles interfere with being organized, and people who live with Attention-Deficit/Hyperactivity Disorder (ADHD) often struggle with the same things. You may have used substances to cope with symptoms of ADHD, often resulting in more problems and, then even more use of substances. There are many reasons we forget to do things or don’t complete tasks. We may get distracted, get tired, lose interest, jump from task to task, procrastinate, or lack confidence. Completing any task involves four steps: (1) deciding what you need to do, (2) spotting cues to catch your focus slipping if it does, (3) using techniques to stay calm and focused, and (4) checking progress and rewarding yourself. This exercise will help you identify barriers to getting organized and finishing tasks, and provide coping strategies for you to practice.

1. For the next week, please monitor the following items and write what you learn here.
   a. What tasks do you have trouble completing? ____________________________
   b. Specifically, when do the breakdowns occur (time of day, after a certain length of time, etc.)? ____________________________
   c. Specifically, what gets in the way of being organized or completing things (i.e., not enough time, boredom, distractions)? ____________________________
   d. What tasks can you usually complete, whether or not they’re difficult? ________
   e. What has helped you so far in getting organized or completing what you set out to do (e.g., frequent reminders, no distractions, notes to yourself)? ________

2. Please choose a task you have difficulty completing. It’s helpful to pick one that you do often and will have many chances to practice (e.g., laundry, shopping, homework). Write it here. ____________________________

Start writing about every time you complete this task and how you succeed. If you have a method that works for this task, you can use it for others.
3. Here are four suggested strategies.

a. **Chunking:** Break an activity into short time segments (e.g., 15-minute intervals) or small steps (e.g., (1) get to the bank, (2) get quarters, (3) sort clothes, versus (1) do laundry today). This makes it easier to stay on task. How can you do this with your activity?

b. **Visual cues:** Use concrete, visible reminders of deadlines. You can do this by writing lists, using a calendar, or using a scheduling app on your phone to set daily goals. Don’t overcommit: That increases stress and fatigue, which make ADHD symptoms worse and could prevent you from finishing what you started. Please describe how you can use this strategy for your activity.

c. **Set yourself up for success:** Start with tasks you know you can complete. Doing those tasks first will increase your motivation to follow through on harder ones. Or you may want to work on tougher tasks first while you’re focused and fresh, whichever works best for you. How can you use this strategy for your activity?

d. **Build structure:** Develop a written daily and weekly routine and stick to it. Having a routine, including daily tasks, meals, sleep/wake times, medications, meetings, and time for relaxation and fun, will help you manage time and improve your chances of accomplishing the things you need to do. When our lives get busy and there are more demands on our time, adding new things to our existing schedules helps us stay organized so we don’t neglect these necessary daily tasks. How can you use this strategy?

4. Set a date to begin trying out each of these strategy suggestions. Evaluate your success, struggles, and lessons learned after two weeks of practice. Record the results here:

   Strategy A (chunking):

   Strategy B (visual cues):

   Strategy C (set yourself up for success):

   Strategy D (build structure):

5. How will you reward yourself for success?

Be sure to bring this handout to your next session with your therapist, and be prepared to discuss your thoughts and feelings about this exercise.
SELF-Soothing: Calm Down, Slow Down

Goals of the Exercise

1. Maintain a program of recovery from addiction and reduce the negative effects of Attention-Deficit/Hyperactivity Disorder (ADHD) on learning, social interaction, and self-esteem.
2. Develop the skills necessary to bring ADHD symptoms under control so that normal learning can take place.
3. Learn and demonstrate safe stress-reduction techniques as alternatives to addictive or risky behaviors, including substance abuse, gambling, overspending, and sexual acting out.
4. Reduce the impact of medical and other problems on recovery and relapse potential.
5. Reduce feelings of alienation by learning about similarities to others.

Additional Problems for Which This Exercise May Be Useful

- Anger
- Anxiety
- Borderline Traits
- Chronic Pain
- Eating Disorders and Obesity
- Grief/Loss Unresolved
- Medical Issues
- Posttraumatic Stress Disorder (PTSD)
- Social Anxiety
- Suicidal Ideation

Suggestions for Processing This Exercise with the Client

The “Self-Soothing: Calm Down, Slow Down” activity is useful to help clients learn to recognize signs that their agitation is escalating and improve their skill at calming themselves. This exercise can be used as a check-in and review at the initiation and/or conclusion of every individual or group therapy session. This activity can be used with clients who do not have ADHD but need improved coping strategies for distress tolerance, anger, frustration, or acting out impulsively.
SELF-SOOTHING: CALM DOWN, SLOW DOWN

For people coping with issues of attention and/or impulsive decision making, learning to calm themselves can help them avoid negative outcomes in many situations. It can improve learning, relationships, and self-esteem. It can replace self-destructive behaviors they may have used to cope with anxiety, restlessness, boredom, irritability, frustration, and negative reaction from others, as well as reducing impulsivity, distractibility, and other problems related to ADHD. There are many healthy ways to calm down. You may already have some that work—if so, keep using them! This exercise will give you more tactics you can practice and use in your day-to-day activities.

1. Briefly describe any healthy tactics you have found useful in calming yourself when you’re agitated (continue to use these as you learn additional methods).

2. List some activities or practices you have engaged in to calm yourself, to cope with boredom or when you found yourself agitated/frustrated/irritable that were self-destructive.

3. Below is a list of calming-down strategies. Choose three from the list and practice each for five minutes at different times, at least three times each day for a week. Keep a record of how calm you feel before and after. Use the following rating scale: 1. very calm; 2. calm; 3. no change; 4. less calm than when you started; 5. much more upset than when you started. Practice them at different times of the day and note whether they work better at some times than at others.
   a. Concentrate on breathing slowly and deeply.
   b. Relax in a quiet place.
   c. Use an external cue for focus (e.g., wrap yourself in a blanket, hold a recovery token, gaze at a candle flame, play or listen to soft music).
   d. Develop a calming mantra or message to repeat over and over again to yourself.
   e. Imagine a peaceful scene full of relaxing details.
   f. Take a walk.
EXERCISE 6.C

Remember that repetition is the key—the more you practice any of these techniques, the better they will work. Sometimes other people can help us calm down, but we need to have skills in doing this for ourselves in case those people aren’t available.

4. What worked best for you? For items that were not useful, briefly describe what you believe kept them from working for you.

5. Ask some people you trust what they do to calm themselves. Practice their methods yourself and write the results here.

6. Write the specific steps you will incorporate into a self-soothing ritual. Which tactics will you use first, second, third … and so on?

7. What body cues will indicate to you that you are calm and can stop the self-soothing ritual for the time being?

8. What physical signs will tell you that you are getting agitated and need to calm yourself again?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
EARLY WARNING SIGNS OF MANIA/HYPOMANIA

GOALS OF THE EXERCISE
1. Maintain a program of recovery that is free of manic/hypomaniac behavior and addiction.
2. Understand the importance of early detection and intervention in manic/hypomaniac episodes.
3. Identify early warning signs of mania/hypomania, create plans to self-monitor for these early warning signs, and plan who to ask for help and how to ask if they occur.
4. Establish and maintain compliance with prescribed regimen of mood stabilizer(s), antidepressant(s), and any other psychotropic medications.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
• Dangerousness/Lethality
• Impulsivity
• Relapse Proneness

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Early Warning Signs of Mania/Hypomania” activity is useful for clients diagnosed with bipolar disorder, or for those at risk for these disorders (e.g., clients diagnosed with depression, ADHD, or ADD) who may be having manic/hypomaniac symptoms. It is crucial to watch for these signs in patients starting antidepressant medications! These medications may trigger previously latent mania, which can lead to behaviors that endanger the client or others. This exercise identifies warning signs related to (1) thinking and emotions, and (2) observable behaviors. It offers a checklist for both types of warning signs and helps the client create a plan for routine self-monitoring and an action plan for use if they experiences one or more early warning sign(s) for longer than one day. Follow-up can include referral to support groups and reviewing outcomes with the therapist and group. Couple or family work could also include identifying strategies to assist clients who do not see early warning signs themselves.
EARLY WARNING SIGNS OF MANIA/HYPOMANIA

Mania and hypomania can be hard to detect when they start, and they can feel so good that we don’t want to do anything about them. However, the time to get help is before they lead to actions with painful results. Another reason to catch a manic or hypomanic episode early: If it runs its course, it usually ends with a sudden plunge into dangerous depression and certainly puts people at risk of relapse. This exercise will help you spot the warning signs so you can get some help before your mania or hypomania leads you to grief. This problem can look different in different people, or in the same person at different times, so you probably won’t experience all of the early warning signs on this list. If you experience more than one for a day, call your therapist or physician and talk about what is going on. Ask family members or others with whom you live to do the same.

1. Some of the early warning signs of mania or hypomania are changes in our thoughts and emotions. Be alert for any of the following in your own thinking. You may notice them yourself, or someone close to you may point them out. Use this handout as a checklist.

   ____ Suddenly improved mood when nothing in your life is significantly better
   ____ Suddenly feeling more irritable and impatient than usual
   ____ A sudden burst of creative thinking, with lots of new ideas
   ____ Feeling more restless than usual
   ____ Your mind jumping from one subject to another more than usual
   ____ Becoming more easily distracted by things going on around you
   ____ Suddenly feeling more impulses to do things that feel good (using alcohol/other drugs, sex, spending, traveling, etc.)
   ____ A sudden and significant increase in self-confidence and self-esteem

2. Other early warning signs show up as changes in our behavior. These are the ones other people may be more likely to see and comment on:

   ____ Suddenly feeling more energetic and needing less sleep than usual
   ____ Increased sex drive and sexual activity
   ____ Talking more/faster, interrupting more, having a harder time than usual being quiet
   ____ Snapping at people or blurt out things you wouldn’t usually say
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EXERCISE 7.A

___ Unusual bursts of physical activity, such as walking, pacing, exercise, fidgeting
___ Decreased appetite and eating less
___ Increased impulsive behavior in areas like spending money
___ Suddenly working harder and becoming more productive at work, school, or hobbies

3. Please describe your plan for monitoring the early warning signs listed above.

________________________________________________________________________

________________________________________________________________________

4. Please describe your plan of action if you see two or more of these things happening for longer than a day.

________________________________________________________________________

________________________________________________________________________

5. What ways could the people closest to you be involved in this plan? As mentioned, sometimes others see early signs before we see them ourselves.

________________________________________________________________________

________________________________________________________________________

6. List five ways that increased mood stability, decreased impulsivity, less risk of relapse, and avoidance of negative consequences that can accompany a manic episode would be beneficial to you. Early detection and action will assist in stabilizing quicker and minimizing negative consequences.

________________________________________________________________________

________________________________________________________________________

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
MANIA, ADDICTION, AND RECOVERY

GOALS OF THE EXERCISE
1. Maintain a program of recovery that is free of bipolar behavior and addiction.
2. Understand the relationship between bipolar states and addiction.
3. Understand the biopsychosocial aspects of bipolar states and addiction and accept the need for continued treatment, including medication.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Grief/Loss Unresolved
- Impulsivity
- Posttraumatic Stress Disorder (PTSD)
- Psychosis
- Substance Use Disorders
- Suicidal Ideation
- Treatment Resistance
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Mania, Addiction, and Recovery” activity is meant for clients with co-occurring disorders suffering from depression, dysthymia, bipolar disorder, cyclothymic disorder, and addiction. It guides clients to awareness of the role of self-medication for emotional distress in their addictions and to exploration of healthier alternatives. Follow-up could include bibliotherapy related to the client’s mood disorder(s), homework assignments to engage in healthy alternative activities identified through this exercise and then report back to the therapist and/or a treatment group on the results, and assignment to a treatment support group for a mood disorder.
What is the connection between substance use addictions and emotional issues? Many people suffer from both addictive problems and mood disorders such as depression or bipolar disorder and are unable to overcome either problem alone. Others find that when they are faced with painful losses or other stressful events, they feel they can’t cope without blocking their pain with alcohol, another drug, or some addictive behavior. This exercise will help you identify and plan for these issues.

1. People who abuse alcohol or other drugs are more likely to suffer from depression or other mood disorders, because they can become depressed or manic as a result of their drinking or drug use. Please describe any ways you feel substance use has caused problems with your moods.

2. Sometimes the connection between addiction and moods works in the other direction: The mood problems come first, and when people do things to try to improve their mood or escape their emotional pain, they end up getting hooked, either on a chemical or on a behavior such as gambling or high-risk sex. Please describe how your mood problems may have led you to behave addictively or impulsively.

3. What are the potential consequences that would come (have come) from untreated bipolar symptoms?

4. What have been the challenges to accepting your diagnosis of bipolar disorder?
5. Many people find that some of the methods they use to overcome chemical dependence and other addictions, such as participating in recovery programs, learning new coping skills, and finding replacement activities, also help them with mood problems. What recovery tools might help you deal with bipolar, depression, or other mood problems?

6. On the other hand, some techniques used with mood disorders may not seem to fit into recovery from substance abuse, such as the use of prescribed mood-altering medications.
   a. If you are under a doctor’s instructions to take medications for a mood disorder, have you talked about your substance abuse issues with the doctor who prescribed the medications? If you have, what did the doctor tell you about this?
   b. If you haven’t, what keeps you from sharing this information, and what is the potential risk to your recovery efforts of your keeping this secret?

7. If you are taking prescribed mood-altering medications, what might happen to you and your recovery from addiction to substances if you stopped taking those medications?

8. What are the three things you value the most that would be compromised if you didn’t treat your problems in a way that sustains stability and absence of substance use or other impulsive/high-risk behavior?

9. Others often recognize we are heading for trouble before we do. We may feel too good and too productive to want to make changes or believe we need to. Please name three people who can help alert you to behaviors that would indicate your mood is becoming problematic and you may be heading toward relapse. Identify one way each person can assist you.

10. Please describe the tools you will use to cope with the combined problems of substance abuse and mood disorders.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
FORMING STABLE RELATIONSHIPS

GOALS OF THE EXERCISE
1. Develop a recovery program that reduces the impact of borderline behavior traits on abstinence.
2. Understand connections between addictive thinking patterns and unhealthy relationships.
3. Learn strategies to form stable and healthy relationships that promote recovery.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Dependent Traits
- Partner Relational Conflicts
- Sexual Promiscuity
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Forming Stable Relationships” activity is for clients whose recovery is compromised by dysfunctional relationships. It guides clients in exploring similarities between addictions and the dynamics of unhealthy relationships, then studying the qualities of healthy relationships. The exercise concludes by offering actions to help clients form healthier relationships and prompting them to identify the steps to take during the following month. The exercise is suited for individual or group use, in session, or as homework.
FORMING STABLE RELATIONSHIPS

Healthy relationships promote healthy living. Troubled relationships often trigger relapses; good ones support recovery in the face of other stressors. Forming solid relationships is a useful life skill. Do you keep finding yourself in painful relationships, knowing something’s wrong but not how to get it right?

1. Unhappy relationships can be like addictions to drugs or such behaviors as gambling, overwork, or overspending. Here are some traits of negative relationships. Please give a personal example of each if you've experienced it in your relationship history:
   a. Rapid high-intensity involvement: As with drugs, we seek instant gratification from intense experiences.
   Example: _______________________________________________________________________
   b. Dishonesty, distrust, manipulation, and controlling behavior: We try to control the moods, thoughts, and behaviors of others; we blame them for our own moods, thoughts, and behaviors. We hide things or avoid certain topics. We “mind-read,” assume, and hint instead of being open and direct.
   Example: _______________________________________________________________________
   c. Desire for total union and social/emotional isolation: We fear losing our partners, or feel incomplete when apart. This leads to clinging and smothering. We tend not to have other close relationships. We may resent what friends and family say about these relationships.
   Example: _______________________________________________________________________
   d. Desire to “fix” the other: We see ourselves as rescuers, drawn to people with many problems. It distracts us from our problems and lets us feel generous, superior, and needed.
   Example: _______________________________________________________________________

2. Some of the traits of stable and positive relationships are listed below.
   a. Gradual, step-by-step development: It’s wise to be cautious and not get too vulnerable, physically or emotionally, until you know it’s safe.
   b. Honesty, trust, respect, and acceptance: These partners don’t try to control each other. They can ask for what they want instead of hinting or manipulating.
c. *Separateness, independence, and a full social life:* Healthy partners accept that they’re separate people. They’re together by choice, not because of need.

d. *Expectation that each will solve his or her own problems:* No rescuing! Each is supportive without taking on the other’s responsibilities.

3. Here are some ways to begin the development of healthier relationships. How can you act on each one? These apply to both friendships and intimate relationships.

a. *Work on yourself first:* We attract, and are attracted to, people who are as healthy and stable as we are. To attract healthy people, you have to be healthy yourself.

   What I can do: __________________________________________

b. *Be yourself:* To find a partner who accepts you as you are, you must let others see the real you. If you put on an act, no one has a chance to know and accept you.

   What I can do: __________________________________________

c. *Be picky:* You have the right to be treated well—don’t settle for less, or give less in return. Never get involved with someone out of pity or a sense of obligation.

   What I can do: __________________________________________

d. *Don’t try to change people:* People don’t change unless they choose to. You can’t have a relationship with someone’s potential, only with the person who exists now.

   What I can do: __________________________________________

e. *Take your time:* Go step by step. Be cautious and check the other person out as you go. Increase your vulnerability and involvement slowly as you see that each step is safe.

   What I can do: __________________________________________

f. *Get feedback:* Seek out someone you see has good relationship skills and whose wisdom you trust, and get their reactions to what’s going on in your relationship.

   What I can do: __________________________________________

g. *Listen to your gut:* Think about past relationship choices that went badly; think back to your inner voice or gut feelings at the time. Pay attention to any uneasy feelings.

   What I can do: __________________________________________
4. Identify three challenges for you in beginning this work and three ways it will positively benefit you and your recovery.

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
SEEING THAT WE’RE ALL JUST HUMAN

GOALS OF THE EXERCISE
1. Develop a program of recovery from addiction that reduces the impact of borderline trait thinking patterns on abstinence.
2. Replace all-or-nothing thinking, unmanaged anger, and fear of abandonment with nondistorted perceptions about relationships.
3. Learn that fear, anxiety, and self-doubt are normal and universal human emotions.
4. Increase identification with both strengths and weaknesses of other people.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Dependent Traits
- Narcissistic Traits
- Partner Relational Conflicts
- Self-Harm
- Social Anxiety
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Seeing That We’re All Just Human” activity is aimed at clients whose exaggerated perceptions of differences between themselves and others, devaluing themselves and idealizing others, or vice versa interfere with empathy, relationships, and a healthy self-image. It addresses either/or, good/bad thinking and judgment of self and others by guiding the client to see both others and themselves as a mixture of strengths and weaknesses, and to identify ways in which relationships offer complementary strengths and mutual learning. This exercise is suitable for individual or group use, in session, or as homework. Follow-up can include keeping a journal on this topic and reporting to the therapist and group on insights and outcomes.
SEEING THAT WE’RE ALL JUST HUMAN

Many people working on recovery feel they’re uniquely flawed, with weaknesses and problems no one else can understand. But they may also feel they’re special in ways that others aren’t: smarter, stronger, more sensitive, more talented. Either way, these beliefs interfere with recovery and get in the way of forming healthy friendships that will help healing and growing.

1. If you sometimes feel that you are too different from others for them to accept and understand you, or for you to be comfortable becoming close to them, what do you feel are the differences between you and other people?

2. In Alcoholics Anonymous and other 12-step programs, you may hear cautions against “comparing your insides with other people’s outsides.” What does this phrase mean to you?

3. The way most people use that phrase means thinking, “I must be crazy, sick, or weak, because other people appear to have it all together, to be calm and confident, while I feel confused, anxious, scared, or overwhelmed.” If you’ve felt this way, please give an example:

4. Those feelings—confusion, anxiety, fear, and feeling overwhelmed—are normal emotions that every sane person feels at times. Describe a situation in which you felt so confused, anxious, or fearful of being abandoned or overwhelmed that you coped with substances, self-injury, or engaged in some other self-destructive behavior or pushed others away.

5. Think about a person you respect and admire. Imagine that at a time in their lives they may have felt similar feelings to what you’ve felt. Do you respect this person less because they were confused, fearful, or overwhelmed in that situation? What would be the benefits to you in feeling similarly about yourself to the way you feel about the person you admire, and differently than you’ve typically felt or thought about yourself?
EXERCISE 8.B

6. What strengths or personal qualities do you value most highly? Please list the five qualities that are most important to you: ________________________________

7. For the five qualities you listed, please give an example of a time you’ve shown each in something you’ve done: ________________________________

8. List five people you see every day (friends, family, coworkers, or people in recovery or treatment). For each one, list one way in which you feel you could teach them something—an area where you have a strength or quality from which they could benefit. ________________________________

9. Identify five thoughts that accompany feeling confused, anxious, or fearful in relationships with others. ________________________________

10. Who could assist you in beginning to focus more on your strengths and how you are more similar than different from others in those areas? List the ways each person could assist you in this effort. ________________________________

11. What could you do each day to focus more on your strengths and address uncomfortable feelings without self-destructive behaviors? ________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE
1. Learn how childhood trauma can result in interpersonal problems and addiction.
2. Reduce fear, anger, and depression, and increase self-esteem and confidence.
3. Overcome denial, minimization, and intellectualization of the effects of childhood trauma.
4. Reduce anxiety by reframing childhood perceptions of childhood situations using adult insights.
5. Overcome feelings of emotional isolation by providing a corrective experience.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Grief/Loss Unresolved
- Parent-Child Relational Problem
- Posttraumatic Stress Disorder (PTSD)
- Self-Harm

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Corresponding With My Childhood Self” activity is for clients who are stuck in modes of reaction formed in response to childhood trauma (e.g., denial, minimization, or intellectualization used to block painful feelings). It may be useful after incidents in which clients respond inappropriately to situations in ways related to childhood trauma. Follow-up may include other therapeutic techniques for addressing unresolved trauma and/or learning and using healthy coping mechanisms.
CORRESPONDING WITH MY CHILDHOOD SELF

If you sometimes feel like a child pretending to be an adult, with a grown-up body but a child’s feelings and reactions, it’s important to know that most people feel this way at times.

If memories of hurtful things that happened in your childhood sometimes feel as fresh and painful as if they had just happened, you need to know that this is a common experience too. People who were traumatized as children often feel “stuck,” unable to get over long-ago events. Many have relied on substances to cope, prolonging the healing process.

This exercise will help you get “unstuck” by understanding and resolving painful experiences that may still haunt you, and help you use adult strengths to heal the pain of the child within you.

1. Think of a childhood experience that still bothers you, one you’d like to put to rest. If no one event stands out to you, you can think about a period of time, perhaps a difficult year.

2. Try to find a picture of yourself at the time of this event or period, or one taken within a year or so before or after. If you don’t have a photo, you can still do the exercise, but the picture will help you focus.

3. Set aside at least an hour for this exercise, without distractions, in a place where you have privacy and feel safe. You’ll need some paper, a pen or pencil, and the picture you chose.

4. Draw a line down the center of a page to make two columns. Over the column on the left, write the first name your friends call you now. Over the right-hand column, write the name you went by as a child. If it’s the same name, add your ages now and then for both columns.

5. Focus on the photo. Think about what is going on in this child’s world at the time of your life that you’re remembering. What are they thinking and feeling? In the left-hand column, write the first thing you would say to this child if you had the chance to talk with them. Stop after a sentence or two.
6. Now switch your pen or pencil to your opposite or weak hand—your left hand if you’re right-handed or vice versa. Look at the photo: Recall what it felt like to be that child. Imagine having the adult you are now talking with you then, saying the things you wrote in the first column. As that child, what would your answer be? With your weak hand, write a reply in the right-hand column.

7. Switch back to the left-hand column and your strong hand; write your adult’s answer to what your child just said. Keep writing back and forth with your strong hand for your adult self and your weak hand for your child self. Don’t worry about what words or feelings come out. Just write whatever comes to mind. This may feel awkward; that’s normal too. Being a child often feels awkward, so using your opposite hand helps to get in touch with how it felt and may still feel at times.

8. Stop after half an hour. You may want to plan a time to continue the conversation. Now read through both columns and think about what you wrote. What would it have been like as a child to have an adult with whom you could talk this way? When you were writing for your child, how did it feel to have someone paying attention?

9. What issues, needs, wishes, or desires that went unmet and are still unresolved could you meet for yourself now?

10. Identify how other trusted adults could assist you. Think about therapy, community support group meetings, spiritual mentorship, or family and friends. How could people support you in taking care of those needs, wishes, and desires?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
SETTING AND MAINTAINING BOUNDARIES

GOALS OF THE EXERCISE

1. Learn how childhood trauma may have resulted in interpersonal problems and addictive behavior patterns.
2. Resolve past childhood/family issues leading to less fear, anger, and depression and greater self-esteem and confidence.
3. Gain an understanding of personal power to set boundaries for oneself and the right to protect oneself emotionally and physically.
4. Learn to find balance and flexibility regarding roles or boundaries in relationships.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Dangerousness/Lethality
- Dependent Traits
- Family Conflicts
- Parent-Child Relational Problem
- Partner Relational Conflicts
- Peer Group Negativity
- Sexual Promiscuity
- Social Anxiety

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Setting and Maintaining Boundaries” activity should be preceded by a discussion to ensure the client understands the concept of boundaries in relationships and to probe what they consider healthy, keeping cultural considerations in mind when examining norms and mores with the client. When a client has a clear, functional goal, this exercise is useful in conducting a relationship inventory and identifying areas for growth. Follow-up can include planning strategies for difficult situations described in work on this activity and sharing those plans with the therapist, treatment group, and program sponsor.
EXERCISE 9.B

SETTING AND MAINTAINING BOUNDARIES

When we have healthy personal boundaries, we can accept positive people and actions in our lives but protect ourselves from those that are harmful. In trying to protect ourselves, we may have learned not to trust anyone or allowed anyone to get close emotionally. On the other hand, in our search for love and acceptance we may have made ourselves too vulnerable and let others hurt us too easily. Healthy boundaries let us choose whom to trust, how far to trust them, and what actions to accept from them. We also learn to respect the boundaries of others in what we do or say to them.

1. List some people with whom you have difficulty setting or maintaining healthy boundaries, along with situations where you have trouble with them and what the results have been.

<table>
<thead>
<tr>
<th>Person</th>
<th>Situation</th>
<th>What Happens</th>
<th>How You Are Affected</th>
</tr>
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<tbody>
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</tr>
</tbody>
</table>

2. If there are people, situations, or actions about which you are able to set and maintain healthy boundaries, please list them here.

<table>
<thead>
<tr>
<th>Person</th>
<th>Situation</th>
<th>Action or Behavior</th>
</tr>
</thead>
<tbody>
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3. Why do you think you are able to set and maintain boundaries with the people, situations, or actions on the second list, but not with those on the first list? _____

4. How can you use the same methods that work with the second list for the people, situations, or actions on the first list, or use other methods to get the same healthy results? _____


5. List five ways substance use has impacted your ability to set and maintain boundaries for yourself and/or respect the boundaries of others (i.e., think of intimate relationships, family relationships, your relationship with your children, your friends, coworkers). ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________

6. What changes would you like to make in your boundaries to help you live a healthier life? ________________________________
   ________________________________
   ________________________________
   ________________________________

7. What do you need to do to make these changes (e.g., increased confidence, more assertiveness, etc.)? Be as specific as you can. ________________________________
   ________________________________
   ________________________________
   ________________________________

8. What will you do if others resist accepting your boundaries? ________________________________
   ________________________________
   ________________________________
   ________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Practice a program of recovery, including 12-step program participation and appropriate use of pain management skills.
2. If a pain management regimen includes continued use of potentially addictive medications, ensure the prescribing physician is aware of the client’s history of addiction and has experience working with patients in recovery.
3. If a pain management regimen includes potentially addictive medications, ensure the client takes precautions against abuse, including keeping their 12-step sponsor informed of medication use and taking medications only, and exactly, as prescribed.
4. Develop healthy options to cope with chronic pain.
5. Reduce daily suffering from pain and substance abuse.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Medical Issues
- Relapse Proneness
- Substance-Induced Disorders
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Coping With Addiction and Chronic Pain” activity is designed, as the title indicates, for clients who suffer from both addictions and severe and/or persistent pain. It addresses the perceived dilemma many clients face of reconciling participation in 12-step recovery programs with the need to use prescribed medications that have a high potential for addiction, as well as noting other sources of emotional and practical support. Follow-up can include referral to appropriate medical professionals and to one or more of the chronic pain support groups cited in the exercise. It is helpful for the psychotherapist to coordinate work on this issue with any other healthcare providers from whom the client is receiving services, after ensuring that you and the other providers have each received the client’s consent to share treatment information.
People with both addictions and severe or chronic pain face a dilemma: Doctors tend to treat pain using medications that carry the risk of addiction. Pain often led these patients to use addictive drugs in the first place. On the other hand, doctors may be reluctant to prescribe these meds for fear of patients getting addicted. How do you find relief from both addiction and pain? This activity will help you find solutions.

1. How does chronic pain impact your daily life? Please describe the relationship between your addiction and pain management:

2. Do your medical providers have specialized knowledge in pain management and addictions? If not, can the doctor or other professional with whom you’re working give you a referral to a pain management specialist? As part of this exercise, please check on this and let your therapist know. Also, have you talked with them about your addiction history? If not, what keeps you from sharing that information?

3. Research has found that even drugs that are normally addictive don’t lead to physical addiction if a patient takes no more than needed, for no longer than needed, to control severe pain. If you and your doctor plan to manage your pain this way, what is your plan to avoid taking more than you need and to stop taking these medications (say, by switching to something safer and not so strong) as soon as appropriate, to avoid getting hooked?

4. Another discovery that is changing how pain medications are used shows that if medication is taken before pain gets severe, it takes less to keep the patient comfortable. Talk to your doctor about this approach and write your plan and how you feel about it in the space provided.

5. Many alcoholics and other addicts find that when they use narcotics or equivalent drugs, even if they don’t abuse those drugs, their judgment and inhibitions are affected and they relapse into drinking or using other drugs. How will you avoid falling into this trap?
6. Medical professionals have a central part to play in pain treatment, but other people also have key roles to play in helping you manage this situation (e.g., your sponsor if you're in a recovery program, family, and friends). How can they help you avoid falling into addictive thinking and behaviors when you're using potentially habit-forming drugs to manage your pain?

7. If you are participating in a 12-step program, do you know your program’s philosophy about the use of prescribed medications? AA’s position is that if your doctor knows your history and is experienced in working with people with addictions, and you're taking the medications as prescribed, then you're doing what you need to do to stay sober. Other programs have similar views. If you have questions, check the official literature.

8. In addition to 12-step or other recovery programs focusing on addictions, you may find help from support groups for chronic pain sufferers. These include local organizations, which you may find via local media (many newspapers publish lists of support groups of all kinds). You may also want to investigate the following online groups (Please keep in mind that as time passes, these sites may disappear and others appear; to get current info, we recommend using any Internet search engine):
   a. American Chronic Pain Association: www.theacpa.org
   c. National Chronic Pain Outreach Association, Inc.: www.chronicpain.org

9. Have you had any contact with any of these groups, either local or online? If so, please identify the groups and briefly write about your experiences with them. If not, please explore the websites listed and talk with your therapist about what you learn.

10. At times people feel discouraged by having two chronic conditions and can have negative and pessimistic thoughts about their lives (e.g., “my life is limited,” “what’s the point in trying?” etc.). These thoughts are not constructive and can lead to relapse and/or depression, hopelessness, and most seriously, suicidal thinking. What ways will you challenge these thoughts and beliefs, and what pleasurable activities will you engage in to live your most meaningful life?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
MANAGING PAIN WITHOUT ADDICTIVE DRUGS

GOALS OF THE EXERCISE
1. Practice a recovery program, including both 12-step program participation and learning necessary pain management skills.
2. Regulate pain without addictive medications or substances of abuse.
3. Develop healthy options to cope with chronic pain.
4. Reduce daily suffering from pain and substance abuse.
5. Achieve improved quality of life with relief from pain and build renewed contentment and joy in performing activities of life.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Medical Issues
- Posttraumatic Stress Disorder (PTSD)
- Self-Harm
- Substance Intoxication/Withdrawal
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Managing Pain Without Addictive Drugs” activity is intended for clients who are suffering from severe and/or chronic pain but who cannot use potentially addictive pain medications. The exercise offers several alternative approaches to managing pain and restoring quality of life without running the risk of relapse, which may accompany either use of traditional pain medications or trying to “gut it out” and cope with pain through willpower, risking relapse. Follow-up may include assignments to investigate local service providers or support groups, as well as investigation of online resources, including the support groups identified in the handout.
MANAGING PAIN WITHOUT ADDICTIVE DRUGS

If you suffer from severe or chronic pain and need to manage it without addictive pain medications, this exercise will help you find ways to do so.

1. How does the chronic pain you experience affect your daily life? 

2. What have you shared about your addiction with the professionals who treat your chronic pain? If you have not shared, what are the benefits of doing so, and how will you do this? 

3. What methods of pain management other than medications have you tried, and how have they worked? 

4. There are many nonaddictive ways of managing pain. Please talk with your doctor and your therapist about each of the ones listed below, and find out what opportunities exist in your community for you to try. Briefly write about what you find in the space at the end of this exercise.
   a. *Over-the-counter (OTC) pain medications.* These are mild pain-relieving drugs with no mind-altering effects. If you use these medications, be careful not to exceed safe dosages.
   b. *Other non-mind-altering medications.* This category includes drugs such as glucosamine chondroitin and MSM, which help the body rebuild damaged tissues.
   c. *Topical (external) medications.* These ointments relieve pain from musculoskeletal problems such as arthritis and joint injuries. They include pain-relieving ingredients, and some also have ingredients that reduce swelling and soreness. Some contain steroid compounds. Talk to your doctor about using these drugs.
   d. *Diet modifications.* Sometimes pain is caused by unhealthy elements or deficiencies in a person’s diet. Other problems may be caused by food allergies. You may choose to work with a registered dietician or nutritionist.
e. **Acupuncture.** Acupuncture has been proven to give fast and effective relief of pain in many cases. If you use acupuncture, be sure you’re working with a qualified professional.

f. **Therapeutic massage.** This is another technique that, provided by trained professionals, can give quick and lasting relief for many cases of chronic musculoskeletal pain.

g. **Hypnosis.** This treatment is very effective for many people, but as with other types of treatment, be sure to work with a professional with the appropriate training, credentials, and experience.

h. **Meditation.** Many pain sufferers find that meditation using mindfulness or guided imagery can help them detach from their pain. Soothing music can increase the effectiveness of meditation.

i. **Moderate cardiovascular exercise.** Before starting an exercise program, talk with your doctor to ensure that it’s safe, and ask how to get the most benefit from your workouts.

j. **Stretching and progressive muscle relaxation.** The key here is to avoid pushing the stretch itself too far, causing pain or injury. As with exercise, get your doctor’s guidance first.

k. **Laughter.** Hearty laughter boosts levels of the same neurotransmitters as cardiovascular exercise, relieving pain and emotional distress. Laughter also strengthens your immune system.

l. **Pet therapy.** Spending time with an affectionate animal also provides some relief from physical and emotional distress. Hospitals often include pet therapy in treatment.

m. **Spiritual and/or religious activity.** Prayer and the company of others who share our beliefs can reduce the isolation that often comes with pain and help make sense of an experience that seems senseless. The emphasis on forming a relationship with a Higher Power of one’s own understanding makes this a good fit for using a 12-step program.

n. **Participation in pain management support groups.** You may get useful advice and support from groups for chronic pain sufferers, which you can find through newspapers or magazines or at local hospitals. You can find several pain management groups online. To get current information, use an Internet search engine.

5. Please use this space to briefly describe your plan for coping with your chronic pain using nonaddictive methods.
6. What additional considerations will you need to address chronic pain as a relapse trigger? 

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Comply with rules and expectations in the home, school, and community consistently.
2. Eliminate all illegal and antisocial behavior.
3. Terminate acts of violence or cruelty toward people or animals and stop destruction of property.
4. Demonstrate marked improvement in impulse control.
5. Express anger in a controlled, respectful manner on a consistent basis.
6. Resolve the core conflicts that contribute to the emergence of conduct problems.
7. Demonstrate empathy, concern, and sensitivity for the thoughts, feelings, and needs of others on a regular basis.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Anger
- Antisocial Behavior
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Dangerousness/Lethality
- Impulsivity
- Legal Problems
- Oppositional Defiant Behavior
- Self-Harm

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “How Do You Do That?” activity is designed for the client who has a pattern of aggression or indifference toward social norms and the rights and well-being of others. It can also be used with clients who have problems with impulse control and recklessness, resulting in legal, financial, occupational, and/or family/marital problems. Follow-up can consist of presenting the client’s completed exercise in individual, family, or group therapy.
HOW DO YOU DO THAT?

We've all done things with consequences we regretted. We can't stop having negative emotions and impulses—they're part of being human—but we can avoid sabotaging our own brains by abusing alcohol or other drugs. That's a choice we have to make in advance; when we find ourselves in tough situations, by then it's too late to decide it's a bad time to be impaired by substances. And we can change our thinking, which might be harder than giving up drinking and drugging.

People who need their bodies fit for challenging events have to prepare in advance by working out and eating right. We need a kind of mental fitness to resist letting our emotions and impulses choose our actions for us. This activity will help you start the kind of mental “exercise and diet” plan that it takes.

1. You may know people who have a hard time staying out of trouble. Think of two people with this pattern. Try to see any patterns that exist in their actions that get them in legal, financial, relationship, or other trouble, including relapses into substance abuse or other addictive patterns. What do those actions of theirs have in common? ____________________________________________________________________________

2. Now think of a couple of people who never seem to get in those kinds of jams. If you can see how they avoid the problems the people you wrote about in item 1 often face, what are they doing differently? ____________________________________________________________________________

3. Your answer may have been something like, “They just don’t do ___,” which leads into another question: “How do they not do ___?” At first it may seem they just use willpower, but that’s not enough. Many people who want to stay out of trouble, but don’t, have achieved things in other parts of their lives that they could never have done without tremendous willpower. So what else is different between the actions of people who get in trouble and those who don’t? ____________________________________________________________________________

4. One way to change behaviors that bring you unwanted consequences is to think about how what you do affects other people, and how they’ll feel about you and treat you as a result. You can ask one or two people you trust to help out by watching you, signaling you if you’re starting to do something that will cause
EXERCISE 11.A

trouble, and giving you some recognition when you show more thoughtfulness of others. That applies here, but we want to give you another tool called mental rehearsal.

Mental rehearsal means that before you take an action, you stop for a moment and picture yourself doing it, then picture what would happen as a result. For example, you might feel like telling your boss that he or she is an idiot; then you would picture the result, which would probably be you getting fired. What questions or problems do you think you’d have about this?

5. The most common problem people see is that it's very hard to stop and think when we're upset. That’s true and it’s a valid problem, but there’s a solution. Comparing mental fitness to physical fitness again, stopping and thinking when emotions run high, or controlling strong impulses, is like bench-pressing your own weight. No athlete can do that on his or her first day in the gym. How do they get that strong?

6. You probably answered item 5 by saying that they practice, and they start with lighter weights and work their way up. It’s the same with mental strength. How could you start with something easier and work your way up?

7. Here’s a way that works for many people. To start with easier things, think about the results of choices that don't bring up strong feelings for you—little things that don't matter much. Try it with parts of your daily routine, like what to eat for breakfast or what movie to go see. The key is thinking about choices instead of acting without considering what will happen next. As for the practice part, try to stop at least 10 times a day before you choose an action and think about the results. Keep a little notebook handy, and write these choices down as you make them. It may feel silly, but this builds the habit of pre-thinking. As you keep doing this with more and bigger decisions, it will become more automatic, until you’re the one other people ask, “How do you do that?” Does this seem like something you can do? What do you think about this idea, and what small decisions will you start with?

Be sure to bring this handout and your notebook entries to your therapy sessions, and be prepared to discuss any questions, thoughts, and feelings you may have had in completing it.
GOALS OF THIS EXERCISE

1. Comply consistently with rules and expectations in the home, school, and community.
2. Eliminate all illegal and antisocial behavior.
3. Terminate acts of violence or cruelty toward people or animals and stop destruction of property.
4. Demonstrate marked improvement in impulse control.
5. Express anger in a controlled, respectful manner on a consistent basis.
6. Resolve the core conflicts that contribute to the emergence of conduct problems.
7. Demonstrate empathy, concern, and sensitivity for the thoughts, feelings, and needs of others on a regular basis.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

• Anger
• Antisocial Behavior
• Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
• Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
• Dangerousness/Lethality
• Impulsivity
• Legal Problems
• Narcissistic Traits
• Oppositional Defiant Behavior
• Self-Harm

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Trading Places” activity is designed for clients who have a pattern of aggression or indifference toward social norms and the rights and well-being of others. It can also be used with clients who have problems with impulse control and recklessness that impact others in their lives, resulting in legal, financial, occupational, and/or family/marital problems. Before giving this homework assignment, the clinician should discuss it with the client and carry out the cognitive/role-playing practice described in item 10.
Follow-up can consist of having the client describe, in individual, family, or group therapy, examples of their use of the technique outside of the therapeutic setting and the results. Assignment of the activity “How Do You Do That?” in this manual is also a useful follow-up.
TRADING PLACES

We've all been hurt or offended by things other people did: cutting us off in traffic, making harsh remarks, taking or destroying our possessions, breaking promises. We can list many hurtful and offensive things people have done to us. There's another way to look at this, however.

A member of a recovery program met with his sponsor. The sponsor saw that he was upset and asked why; the person said he was angry about something a friend had done to him. The sponsor replied, “I don't think he did that to you. Probably, no one's ever done anything to you.” The sponsee began to argue, but the sponsor went on, “Have you ever been so focused on doing something or getting something you wanted or felt you needed very much that you ran roughshod over someone else while you were trying to get what you wanted? Was your motive to hurt them?”

The sponsee answered, “No, I just wasn’t thinking about that.”

The sponsor concluded, “We're all that way. Most of the time, people aren't doing what they do to us, they're doing it for themselves, and we happen to be in the way. Even some people’s hostile, abusive actions are more about making themselves feel stronger, smarter, etc., than hurting us. They'd do the same things to anyone who happened to be in their path. There are two things to learn here. First is to not take others’ actions personally. Second is to build a habit of asking ourselves how our actions will affect others and whether we'd want to be affected that way.”

This activity will help you explore whether it benefits you to practice thinking this way and building the habit of putting yourself in the place of others whom your actions will affect.

1. Please name a time when someone did something that hurt you, and write why you believe they did it. ____________________________________________

2. Now describe a time when you did something that hurt someone, and explain why you did what you did. ____________________________________________

3. As a result in both situations, what did the person who was hurt think of the one who hurt them? ____________________________________________
4. In the situation you thought of for question 2, would you have acted differently if you’d thought first about how your actions would affect someone else? If so, what would you have done instead?

5. If you had taken the different action you described, how would it change the way someone else thinks about you?

6. Please briefly describe how you would like to have others see you—what qualities and strengths would you like to have others see in you?

7. Would taking the action you described in question 4 change the way you see yourself and feel about yourself? If so, how?

8. Please list a few pros and cons of following your impulses without worrying about how others feel or are affected, then do the same for thinking about these things before deciding what to do:

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<thead>
<tr>
<th>Acting without worry about effect on others</th>
<th>Thinking about effect on others before acting</th>
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9. If these pros and cons make it seem that thinking of others might improve your quality of life, how do you think you can develop that habit?

10. Here’s a method that works for a lot of people, called trading places. It’s a good idea to practice first in a session with your therapist.

    To begin, describe a time when you hurt someone with an action you took to get what you wanted, not intending to hurt that person. Once you’ve described it, mentally trade places with that person—tell how you think they were affected and how they felt. Next, think about how you’d feel in their place. Finally, get feedback from your therapist about how he or she thinks someone might feel if you did to them what you described.

    Now think of what else you might have done if you’d thought about your action’s impact on someone else and put yourself in their place, and describe that. Now describe how you’d feel and be affected if someone in your life took the action you thought of this time, and get another person’s thoughts about how they believe a person would feel as a result of that action.
To continue, talk with one or two friends or relatives you trust, explain that you’re trying to build the habit of thinking of others before you act, and ask them to keep an eye on you and let you know how they see your actions changing. You could think of an inconspicuous signal for them to give you if they see you starting to slip up and act without thinking how you’re affecting others. They should also let you know what positive changes they see and congratulate you for the work you’re doing. You’ll probably also see results in more people liking and respecting you in general.

Be sure to bring this handout to your next therapy session, and be prepared to discuss questions, thoughts, and feelings you may have had in completing it.
GOALS OF THE EXERCISE
1. Maintain a program of recovery that is free of addiction and violent behavior.
2. Decrease the frequency of occurrence of angry thoughts, feelings, and behaviors.
3. Think positively in anger-producing situations.
4. Learn and implement stress-management skills to reduce stress and irritability.
5. Learn to self-monitor and shift to a thinking and problem-solving mode rather than a reactive mode when anger is triggered.
6. Shift from viewing anger as something beyond control to a view of anger, particularly rage, as a chosen way of coping that can be changed.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
• Anger
• Antisocial Behavior
• Conduct Disorder/Delinquency
• Oppositional Defiant Behavior

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Anger as a Drug” activity may be especially useful with angry clients who have also engaged in non-substance-abusing addictive behaviors. It is suggested for use with clients who have some insight into their own feelings or who are willing to be introspective. Follow-up can include coping skills training in communication, relaxation, conflict resolution, and problem solving to provide alternative behaviors. Self-monitoring of angry thoughts, feelings, and behaviors should be ongoing. An additional benefit would be obtained in teaching clients about identifying, challenging, and replacing thoughts and learning how anger is a relapse concern if it is not managed better.
ANGER AS A DRUG

Does it seem strange to call anger a drug? We usually think of drugs as chemicals, like alcohol, cannabis, cocaine, and heroin. We talk about being addicted to a drug if we keep using it when the consequences are more negative than positive, but we find it hard to quit. People also behave addictively with activities like gambling, sex, eating, spending, and work, and with some emotions. Addictive activities and emotions can cause as much trouble as any substance.

What do these things have in common? They can change the way we feel, quickly, on demand. Physically and emotionally, we can use them to block pain or to feel great. We can become addicted to anything that makes us feel good quickly and easily.

Anger can feel good. If we’re anxious or depressed, we may feel weak, uneasy, and ashamed. When we get angry, we feel strong and sure of ourselves. Anger also makes us feel more alert, awake, and energetic. So we may use anger to cope with uncomfortable feelings. Fear, anxiety, or shame can trigger anger so fast we may not realize the first feeling was there.

Like other drugs, anger has negative consequences. It leads to destructive actions. In this exercise, you’ll look at your anger to see if you’ve used it as a drug and to find better ways to handle painful feelings.

1. List 10 negative consequences that have resulted from your anger.

2. When you’ve been very angry, in a rage, have you felt weak or strong? Uneasy or sure of yourself? How does anger feel to you?

3. In what ways have you used anger to avoid or escape negative feelings like hurt, shame, and depression?
4. In what ways have you justified your angry reactions? Give examples of justifications you’ve made to yourself and to others. __________________________________________________________________________

5. Think about a recent time you got very angry. Start at the “eruption” and work backward. Trace it backward to the triggering event or feeling. What were you thinking and feeling before you recognized feeling rage? Did your feelings change over time? Can you recognize if you attempted to say to yourself or do anything to calm down? __________________________________________________________________________

6. Another characteristic of many drugs is a rebound effect when they wear off. You may have found that when the anger wore off, painful emotions returned. What rebound effects have followed your anger? __________________________________________________________________________

7. The next time painful emotions start to trigger your rage, what early signs will you look for, and how can you redirect that reaction to something else that gives you better results? __________________________________________________________________________

8. If other people can help, what can they do? List two people who can help, and describe when and how you’ll ask them to help you. __________________________________________________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE
1. Develop a program of recovery free of addictive patterns and dangerous/lethal behaviors.
2. Terminate all acts that are dangerous to self and/or others.
3. Increase insight into the core motivations that lead to dangerous/lethal behaviors.
4. Recognize benefits of respect and detriments of fear from others.
5. Increase self-esteem and self-respect.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anger
- Antisocial Behavior
- Impulsivity
- Oppositional Defiant Behavior
- Partner Relational Conflicts
- Posttraumatic Stress Disorder (PTSD)

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Managing Risk” activity is designed for the client who has exhibited dangerous behavior that appears to have the aim or effect of intimidating others as a frequent or primary way of relating to those others. It asks clients to look at their own dangerous behavior and inquire about their desire to relate to others in ways that are more beneficial. Follow-up can include processing the exercise with the therapist or group, guided experimentation with behavioral changes suggested by the content of the exercise, and the assignments titled “Anger as a Drug” and “Is My Anger Due to Feeling Threatened?”
MANAGING RISK

Addictive behaviors often include risking serious trouble or danger without regard for whether it hurts ourselves or others. The challenge is that in sobriety we may continue to take significant risks, interact with people in ways that lead them to fear us (e.g., being quick to anger, unpredictable, and threatening, engaging in violent outbursts when angry, etc.), or use others' fear to get our way. The other side is that when people fear us, they don't respect us. Wanting the respect of others, especially those important to us, is healthy. Feeling respected is important for self-esteem, and healthy esteem is important for sustained recovery. This exercise will help you look at ways addictive behaviors and dangerous behaviors have impacted your life and begin to look at alternatives.

1. List five dangerous behaviors associated with your substance abuse. 

2. What are the negative consequences of engaging in behaviors that are dangerous to yourself and others?

3. How have others responded to your dangerous behaviors?

4. One way engaging in dangerous behavior impacts us negatively is that people fear us rather than respect us, and then we feel discouraged and isolated. Describe your experience of this reaction.

5. Let's analyze what it means to fear other people. This differs from respect. Describe personal examples of the qualities described.
   a. When people fear someone, they feel tense and unsafe around them; they are cautious and don't relax around that person, and they may try to avoid being around them. Give a personal example:

   b. When a person is feared, others don't trust them to treat them appropriately or feel that they respect or care about them. Example:
c. If we fear a person, we may try to keep our children or others away from that person. Example:

6. If you would rather be respected than feared, resulting in better relationships and feeling better about yourself, you must consistently practice behaviors that earn respect and not fear. Please think of a way you can do each of these behaviors in your daily life.
   a. Being honest and dependable. How I can do this daily: _______________________
   b. Being kind, generous, and considerate. How I can do this daily: ___________
   c. Thinking about other people's feelings and dignity and treating them with care. How I can do this daily: _______________________
   d. Controlling my words and actions even when I'm angry. How I can do this daily: _______________________

7. You may find yourself around dangerous people and think you need to be feared to be safe; you may have grown up with relationships that were based on fear. Some points to consider:
   a. People who are feared are lonely. Your loved ones, friends, and others will be more willing to maintain close and supportive relationships if they respect you rather than fear you.
   b. If your loved ones need help with a problem, they're much more likely to let you know if they trust you and aren't afraid of you.
   c. Your children will probably follow your example in how they deal with people. They will have much happier lives if you teach them to be the kind of people others respect.

8. What initial steps can you commit to in terminating behaviors dangerous toward yourself or others? _______________________

Don’t be discouraged if you slip back into old patterns under stress. Make amends to anyone you’ve hurt, learn what lessons you can, and keep working on it. If you’re active in a 12-step program, use the steps on this, because they work.

Be sure to bring this handout with you to your next individual and/or group session and be prepared to discuss your thoughts, feelings, and questions about the exercise.
GOALS OF THE EXERCISE

1. Demonstrate increased interdependence and self-confidence through autonomous decision making, honest expression of feelings and ideas, and reduced fear of rejection.
2. Demonstrate healthy communication that is honest, open, and self-disclosing.
3. Identify and get help from supportive others at home, work, and in other settings.
4. Reduce feelings of alienation by learning about similarities to others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Chronic Pain
- Grief/Loss Unresolved
- Living Environment Deficiency
- Medical Issues
- Peer Group Negativity
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Self-Care Deficit as a Primary Problem
- Self-Care Deficit as a Secondary Problem
- Social Anxiety
- Substance Use Disorders
- Suicidal Ideation
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Building My Support Network” activity is intended for clients who are socially and emotionally isolated, or who have formed unhealthy dependent relationships with other people. It works by guiding the client to see interdependence as normal and desirable and to reflect on the positive effects for both helper and “helpee.” The exercise goes on to lead the client to make concrete plans to break out of isolation and seek help and support from a network of others in a healthy way.
When people are actively abusing alcohol, other drugs, or engaging in other addictive behaviors, they often isolate themselves. Reversing that trait is an important part of recovery. Most people who succeed in achieving long-term abstinence do so with the help of others, not alone.

1. When people enter a treatment program or therapy for addiction, they may have great difficulty asking anyone for information or help. If this is true for you, why do you think this is difficult?

2. If you meet others who are new to a task in which you have knowledge and experience, how do you respond if they ask you for help or advice?

3. Do you see others in treatment or recovery getting help and support from other people in recovery, and do you think less of them when they admit they don't know something or ask someone for help? Why or why not?

4. What are some areas where you could use information, support, and feedback? Please list three areas that are difficult for you.

5. Who knows a lot about those areas? List some people who you think might be helpful to you by name in each of the following categories.

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<thead>
<tr>
<th>Names</th>
<th>Categories</th>
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<tbody>
<tr>
<td></td>
<td>Family members</td>
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<td>Friends</td>
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<td></td>
<td>Coworkers</td>
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<td></td>
<td>Support group members</td>
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</table>
6. Think about how you might ask each of these people for help and support in your recovery. You will probably want to communicate these things:
   a. What you are trying to accomplish to stay clean and sober and change your life.
   b. What goals you have set. These can be things like staying sober for a year, working the 12 steps, finding six new activities to replace drinking and using, and so on.
   c. What problems you are having difficulty with right now.
   d. How you feel these people can help you achieve your goals and solve your problems (don’t ask them to do it for you, unless it’s a special problem and that’s their job).
   e. Why you chose them to ask for help.

7. When you have identified people who will help you work on your recovery, the next step is to establish a routine with each of them, because most of us are so busy that we fail to get around to things unless they are scheduled. For example, you might meet with a therapist at a set time each week; have family dinners on certain nights; call a friend at about the same time each weekend; go to a particular meeting daily or weekly; or have lunch with a sponsor regularly. For each person you named earlier, when will you meet or talk with them?

<table>
<thead>
<tr>
<th>Name</th>
<th>When/Where/How I Will Connect With Each Person</th>
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8. It can also be an important part of your recovery work to help others yourself, in whatever way you can. For example, you might volunteer a few hours a week to do some sort of service work as a volunteer. If you belong to a 12-step group, you can volunteer for chores such as making coffee, setting up furniture, cleaning up after meetings, and so on. What service work will you include in your recovery program, and when and where will you do it?
<table>
<thead>
<tr>
<th>Service Task</th>
<th>For Whom</th>
<th>Time</th>
<th>Place</th>
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Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
HOW INTERDEPENDENT AM I?

GOALS OF THE EXERCISE
1. Demonstrate increased independence and self-confidence through autonomous decision-making, honest expression of feelings and ideas, and reduced fear of rejection.
2. Gain an understanding of what is a healthy and realistic degree of independence.
3. Analyze the client’s own real areas of independence, potential independence, and need to depend on others to get their needs met.
4. Decrease the client’s dependence on relationships while they begin to meet their own needs, build confidence, and practice assertiveness.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Living Environment Deficiency
- Self-Care Deficit as a Primary Problem
- Self-Care Deficit as a Secondary Problem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “How Interdependent Am I?” activity is for clients with boundary issues and a pattern of being overly dependent on others. It guides clients in examining what an appropriate degree of independence looks like, and then in making an inventory of things that they do independently, things that could be done interdependently with others, and things for which they must go on depending on others. It concludes by guiding the client in the creation of a plan to increase autonomy. Follow-up can include keeping a journal and sharing outcomes with the therapist and treatment group.
EXERCISE 13.B

HOW INTERDEPENDENT AM I?

What do the terms independence and interdependence mean to you, and how interdependent should you be? American culture tends to teach us unrealistic and unhealthy things about this subject. Men may have been taught that they should be able to handle any problem without help or emotional support—in other words, to be 100% independent all of the time. Women may have been taught that it is not feminine to be strong and they should always depend on others to take care of them—100% other-dependent all of the time. Neither attitude makes sense. Human beings are interdependent; we all need to be somewhat able to solve our own problems but also able to get help when we need it because we can't do some things alone, like overcoming an addiction. This exercise will help you figure out your own balance between independence, interdependence, and relying on others.

1. Do you feel you are: ___ too dependent on others ___ too independent ___ about right?

2. List the first five things you can think of that you routinely do for yourself without anyone's help (e.g., paying bills, transportation, cooking, keeping appointments).

3. Next, list five significant things you consistently do with the help of others, but playing an equal role yourself.

4. Now, list five significant things you mostly or completely depend on others to do for you.

5. Of the items you listed for questions 3 and 4, which do you feel you will always need others to help you with or do for you?
6. If you didn’t list anything for question 2 or for question 3, what do you think is the root of this lack of independence and interdependence (e.g., a major disability; a belief that you can’t do anything, or must do everything, on your own; lack of knowledge or resources?)

7. What things from questions 3 and 4 do you think you could and should do by yourself, for yourself?

8. What things from question 4 do you think you could and should do in teamwork with others?

9. On the items from question 6, what would it take for you to start doing these things for yourself, rather than in cooperation with others or depending completely on them to do them for you?

10. For the items you listed for question 7, what would it take for you to start doing these things interdependently with others rather than depending on them completely?

11. Briefly describe a plan to start doing, on your own, one item on your list from question 6.

12. Briefly describe a plan to start doing, interdependently with others, one item from question 7.
EXERCISE 13.B

13. After answering these questions and making the plan for question 7, has your answer to question 1 changed? If so, how?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Extinguish overeating, purging, use of laxatives, and/or excessive exercise or other compensatory behaviors.
2. Learn and demonstrate constructive strategies to cope with dysphoric moods.
3. Use support from others and decrease interpersonal isolation.
4. Determine what people and services will be involved in the treatment process.
5. Take greater responsibility for practicing positive health-related behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Borderline Traits
- Medical Issues
- Self-Care Deficit as a Primary Problem
- Self-Care Deficit as a Secondary Problem
- Self-Harm
- Sexual Abuse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Creating a Preliminary Eating and Health Plan” activity is suited for clients who could benefit from making changes to their current eating patterns or health maintenance behaviors. It can also be used with people whose eating-disordered behaviors are no longer providing the anesthetic effect or relief they once did and who are looking for ways to normalize their eating. It may be useful to have the client create a time frame for completing the assignment’s tasks (e.g., physicals, nutritionist/dietician consults) to allow them to have more awareness of control over important aspects of recovery. Depending on their financial situation and available resources, the client may need more assistance in accessing community-based resources.
ExERCISE 14.A

CREATING A PRELIMINARY EATING AND HEALTH PLAN

Recovery from eating disorders spells self-control, freedom from obsession with food and weight, and gaining the energy and ability to deal with people and situations without the distractions of weight, anxiety, and self-hate blocking the way. Successful recovery includes giving up eating-disordered and compensatory behavior, addressing other problems (e.g., mood disorders, addictive and/or compulsive behaviors, other psychiatric illnesses, trauma, suicidal or self-injurious behaviors), using positive coping techniques (e.g., good nutrition, exercise, support, management of relapse triggers, anxiety/stress management), knowing what triggers eating-disordered behavior, correcting distorted thinking, and planning to deal with relapses.

This exercise will help you identify key issues in planning for recovery and creating an initial plan that is both comprehensive and concrete. As you work in recovery, you will be able to use the same format to address new issues that come up in middle and later recovery stages.

1. People seek help for disordered eating for a variety of reasons (e.g., shame, disruption to their lives, the urgings of others, illness, etc.). What are the reasons you are seeking help for this issue now? ____________________________________________________________________

2. What are the specific behaviors you're looking to change? ____________________________________________________________________

3. What emotions do you feel before, during, or after these behaviors (e.g., guilt, fear, anger, shame, depression, anxiety)? ____________________________________________________________________

4. What thoughts support or help maintain your disordered eating patterns (e.g., “I’m too fat,” “I need to be thinner,” etc.)? ____________________________________________________________________

5. What situations or events trigger or cue you to engage in disordered eating (e.g., stress, conflict, social situations, holidays)? ____________________________________________________________________
6. What medical issues do you need to address, either due to past eating patterns or to decrease your risk of returning to using eating or avoidance of eating to cope? If you don’t know, when would you be willing to get a physical to check for problems?

7. What are the other related issues you’ll need to address (e.g., alcohol/other drug abuse, depression, anxiety, suicidal thoughts/behavior) as part of your recovery?

8. Which people can you rely on for support? These can include doctors, family, friends, counselors, spiritual advisors, etc. What will you have to challenge within yourself to ask?

9. What support groups are available in your community? List three potential benefits for using community support groups.

10. Please place your answers for questions 2 through 5 in the column labeled “Disordered Responses.” Next, in the column labeled “Recovery Responses,” list alternatives. Work to include more than one response for each behavior. Many people need assistance with the recovery boxes. If you do, ask for that help.

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<tr>
<th>Behaviors</th>
<th>Disordered Responses</th>
<th>Recovery Responses</th>
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<td>Emotions</td>
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<td>(Question 3)</td>
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<td>Thoughts</td>
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<td>(Question 4)</td>
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<td>Triggers</td>
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Finally, please remember that recovery involves continually learning more ways to manage triggers and lapses. Keep thinking of options for dealing with feelings of being overwhelmed, uncomfortable, or stressed by relationships and/or social situations involving food, drink, and challenges to body image. You wrote down some ideas under
“Triggers” (Question 5) in the table. Keep adding to the list. Here are some strategies you may find useful:

- Attend events that you want to attend, not those that you feel you should attend.
- Use affirmations (e.g., *I see myself handling this situation positively*), and visualize yourself carrying them out in specific ways.
- Set aside quiet time during stressful periods (e.g., weddings, holidays).
- Plan and practice verbal responses to comments about your weight or eating.
- Know your lapse and relapse triggers and continually refine how to manage them.
- Distract yourself with an alternate activity and/or remove yourself from the triggering situation.
- Practice delaying the time you respond to an urge to binge or purge. The longer you delay the urge, the greater the likelihood that the urge will pass. Do something productive while you are delaying (rather than sitting and watching the clock or focusing on your urge, discomfort).
- Rehearse comfortable ways to change the subject or exit an uncomfortable situation.
- Practice meditation, relaxation daily (not just in times of stress or anxiety).
- Others: _______________________________________________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
EATING PATTERNS SELF-ASSESSMENT

GOALS OF THE EXERCISE
1. Increase awareness of disordered eating patterns and motivation to begin a recovery program.
2. Identify the relationship between eating-disordered behavior and addictive behavior.
3. Develop nutritious eating habits and healthy, realistic attitudes about body image and weight that prevent a relapse of the eating disorder.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Borderline Traits
- Medical Issues
- Self-Care Deficit as a Primary Problem
- Self-Care Deficit as a Secondary Problem
- Self-Harm

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Eating Patterns Self-Assessment” activity is suited for clients with unhealthy eating patterns who nevertheless express frustration with others' view that their eating is problematic, who say everything is “under control,” or who know their behavior is problematic but feel intense shame and guilt and may deny problems in an effort to maintain secrecy. Getting someone with an eating disorder into treatment can be difficult. They often believe they need their eating-disordered behaviors either to cope with emotional distress or to maintain a sense of personal control in their lives. This exercise is appropriate at the outset of assessment or treatment to paint a concrete picture of what is problematic regarding eating patterns, thought processes, relationships with food, and coping styles and mechanisms. It can be used as a baseline to revisit later in treatment to assess progress. It is not an all-inclusive list of symptoms or behavioral characteristics, but rather a sampling of many observed in eating-disordered patients. It is not designed as a substitute or replacement for a thorough bio-psychosocial assessment.
EATING PATTERNS SELF-ASSESSMENT

People living addictive lifestyles often have neglected their health in many ways. For others, the relationships they have had with food (e.g., how and what they have eaten, how and why they have focused on their weight) has affected their health for the worse. Eating disorders such as bulimia, anorexia, and binge eating are not simply about food and weight. Like other addictive behaviors, people use eating and the pursuit of perfect body shape as ways to handle stress, anxiety, and other difficult emotions. Like other addictive behaviors, it becomes compulsive, and this may lead to unusual eating rituals or rules that eventually take over their lives.

Also, as with other addictive behaviors, people trying to overcome eating disorders must learn healthy ways to get their needs met, cope with difficult feelings, and develop new relationships in order to succeed. Additionally, people with eating disorders sometimes use substances and develop difficulties with alcohol/other drugs as well. If not substance problems, then other problems may need to be resolved, including trauma and mood issues.

As with anything, knowing that a problem exists and what the problem is comes before taking action to solve it. We need to know exactly what we’re working against and toward. This exercise will help you start the process of creating a recovery plan.

1. Following is a list of behaviors associated with eating disorders. Please put a check next to those that are part of your experience. Completing this exercise may be difficult, particularly listing items that you may not have shared with anyone else. Remember that recovery is the goal, and any fear or shame you may feel about sharing this information is just part of the problem you are working to overcome.

   • Dieting, restricting, fasting, or skipping meals
   • Binge eating (episodes of rapidly eating large amounts of food coupled with fear that you will not be able to stop eating during each episode)
   • Purging (use of self-induced vomiting, laxatives, diet pills, diuretics, and/or compulsive overexercice to lose weight, maintain weight, or compensate for perceived overeating)
   • Obsessively counting calories and/or fat grams
   • Rituals related to food, such as cutting or arranging food in a particular way on the plate or refusal to eat certain items
   • Eating in secret, hoarding food, or discomfort when eating around others
   • Fear of inability to stop overeating
**EXERCISE 14.B**

- Constant preoccupation with food, appearance, weight, body shape, and/or body size
- Wearing layered or loose-fitting clothing to hide your body
- Chemical abuse or dependence
- Excessive activity, insomnia, and/or restlessness
- Fatigue
- Obsessing about “good” and “bad” food groups
- Isolation
- Suicidal feelings or suicide attempts
- Poor impulse control
- Self-injurious behavior
- Intense fear of becoming fat
- Perfectionism or overachieving behaviors
- Guilt after eating
- Irregular or absent menstruation or other medical complications
- Avoiding eating when hungry/restricting food intake
- Low frustration tolerance and/or irritability
- Difficulty handling stress/anxiety
- Problems with intimacy
- Difficulty identifying and expressing feelings
- Difficulty asking for help
- People-pleasing behaviors

2. Please review this list and the items you’ve checked. What thoughts come to mind when you look at those items as fitting your experience? In assessing yourself with this information, what conclusions would you draw?

3. How have the items that you’ve marked led to negative consequences for you (e.g., medically, others’ comments, negative feelings about yourself)?

4. In addition to eating and body image issues, what other co-occurring issues will need to be addressed (e.g., alcohol, other drugs, mood problems, trauma, etc.)?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
CREATING POSITIVE FAMILY RITUALS

GOALS OF THE EXERCISE
1. Learn and demonstrate healthy communication and conflict management skills, leading to greater harmony within the family and cessation of addictive behavior.
2. Forgive family members’ past actions and begin a life of harmony with each family member.
3. Learn and use positive coping tactics and enjoyable/pleasurable activities with family members.
4. Reframe family conflict as an ordinary problem that has a solution.
5. Increase the number of positive interactions within the family.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Childhood Trauma
- Conduct Disorder/Delinquency
- Oppositional Defiant Behavior
- Parent-Child Relational Problem
- Partner Relational Conflicts
- Relapse Proneness
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Creating Positive Family Rituals” activity is designed for clients who experience frequent negative interactions with family members or remain isolated/distant from their families and who want to have closer and more positive interactions. Processing of this assignment may include identifying ways that addictive behaviors have contributed to conflicts or emotional distance. It may be useful to have the client facilitate a family meeting to complete this assignment and practice other important recovery skills (e.g., negotiation, problem solving, communication, stress management, and accountability for behavior). Note: while a key goal is inducing the client to take responsibility for his or her part in conflict with other family members, the clinician must keep in mind that cessation of conflict is not completely under the client’s control, and that the family system may resist the client’s efforts to change its dynamics.
Many people in recovery have missed important events in their families’ lives due to their addictive behaviors or the negative consequences of addictive lifestyles. When families are enmeshed (interfering with each other’s lives too much, not allowing family members to solve their own problems when that would be best) or disconnected (not interested, involved, dependable, or present enough for each other), then conflict and misunderstanding occur more often, and resolution of either is difficult.

When family members get busy, they sometimes forget how important they are to each other, so family time needs to be scheduled like other important events (e.g., sports practices, support group meetings, and medical appointments). The benefits of scheduling family events are continuity, predictability, meaningfulness, mutual support without being overcontrolling, and more closeness and warmth.

The purpose of this exercise is to focus on healthy ways for family members to enjoy being together, to increase stability, to communicate better, and to solve problems together. The more positive interactions that a family has, the more supported its members feel. For you, the person in recovery, this helps you stay clean and sober. In this exercise, the word *ritual* doesn’t necessarily mean a formal or rigid event; it means an activity that you engage in on a regular, scheduled basis.

1. Review all family members’ schedules for mandatory commitments. Identify possible days and times when everyone is available. Write them here.  

2. Together, make a list of activities that you could share. If you pick activities that everyone likes to do, it will probably be easier to get the whole family to participate. Write them here.  

3. Decide whether you will develop a ritual for the whole family (e.g., eating dinner together, going to church together) and/or different rituals for you and the children alone, to give your significant other a break and give each child more of your attention during that time, and for you and your significant other alone (e.g., a date night.) Write your thoughts here.
4. Make a final decision about what each ritual will be, schedule when you will start the ritual, who will be involved, and how often.
   Activity: ________________________________
   Start Date: ________________________________
   Participants: ________________________________
   Frequency: ________________________________

   Remember: Make this activity a priority and commit to it. If you don’t, other family members will follow your example and will not take it seriously. Also, if you have never done this, your family will need time to adjust. You may want to start with a monthly or weekly ritual, and make it as much fun as you can. As positive experiences increase, your family will become more enthusiastic.

5. How will you and the other members of your family handle arguments, complaints, criticism, or no-shows at the beginning of this ritual? ________________________________

6. What length of time will you practice your ritual and then check its success? (For a weekly ritual, you may want to give it more than a month before you evaluate. For less frequent family activities, you will need to allow more time.) ________________________________

7. At evaluation time, what adjustments, if any, need to be made? ________________________________

Be sure to bring this handout with you to your next session with your therapist, and be prepared to discuss your thoughts and feelings about this exercise.
IDENTIFYING CONFLICT THEMES

GOALS OF THIS EXERCISE

1. Learn and demonstrate healthy communication and conflict management skills, leading to increased harmony within the family and cessation of addictive behavior.
2. Implement healthy coping behaviors to deal with conflicts within the family.
3. Take responsibility for one’s own part in conflict initiation and resolution.
4. Learn to identify conflict as healthy or unhealthy, and make decisions about how to resolve it.
5. Learn about conflict triggers to avoid unhealthy conflicts when possible.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

• Adult-Child-of-an-Alcoholic (ACA) Traits
• Anger
• Childhood Trauma
• Dangerousness/Lethality
• Occupational Problems
• Oppositional Defiant Behavior
• Parent-Child Relational Problem
• Partner Relational Conflicts
• Posttraumatic Stress Disorder (PTSD)

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Identifying Conflict Themes” activity is used to help the client assess patterns in conflicts (e.g., topics of conflict, times conflicts are likely to happen, and with whom). It guides the client in looking at initiation or maintenance of a conflict as something in which they have an active part, assisting them in taking active steps to resolve conflict in healthy ways. This exercise can be used in groups to role-play conflict situations the client has difficulty handling in positive ways. This can be a useful activity for family therapy sessions, gathering data of how any individual family member perceives conflict and hearing others’ perspectives to help identify solutions. If parents/guardians are not available when working with adolescents, assign the adolescent the task of interviewing family members and reporting the results.
IDENTIFYING CONFLICT THEMES

Conflict in families is inevitable. Resolving conflict in negative ways (e.g., ignoring, being physically or emotionally abusive, refusing to admit wrongs, blaming others, leaving) creates more problems and further isolates each person involved from the other(s). On the other hand, resolving conflict in positive ways helps family relationships grow stronger and more supportive. One thing positive conflict management requires us to do is to ask ourselves what responsibility we have in initiating, maintaining, and resolving any conflict, so we can change those actions and improve the situation. This exercise asks you to start keeping a conflict journal to gather information about what conflict looks like in your family. Follow this format, and record the conflict in your home for two weeks.

- Date and time
- Intensity of the conflict (1 = very low to 10 = very high)
- Situation: where and what was going on
- Who was present?
- What was my behavior during the conflict?
- What did I want to have happen?
- What was the outcome?

Review your conflict journal after two weeks and reflect on the following questions.

1. What did you notice about the conflicts in your family? Look for themes or patterns.

2. What times of the day were conflicts or arguments most likely to occur (e.g., upon waking, bedtime, after work/school)?

3. List any conflict situations that came up more than once.

4. What role(s) do you play in conflicts (e.g., instigator, victim, peacemaker, rescuer, etc.)?
5. For any conflict with a positive outcome, what was different (e.g., intensity lower, got my way, everyone got to express themselves, no name calling, a compromise, etc.) from those conflicts that did not have a positive outcome?

6. Do you tend to see arguments as right/wrong, win/lose? How do you think this affects conflict?

7. What difficulties did you notice as patterns in resolving conflicts?

8. What do you feel needs to change to reduce negative conflict in your family?

9. Do you tend to get into conflicts with some members of your family more often than others? If so, why do you think this is?

10. Discuss with a counselor or trusted support person helpful ways they or others they know deal with conflict in their families and get positive results. Write about the main points you learn.

11. Write down one thing you can begin to work on in the next week to approach conflict in your family differently.

Be sure to bring this handout with you to your next therapy session, and be prepared to talk about your thoughts and feelings about this exercise.
CONSEQUENCES AND BENEFITS

GOALS OF THE EXERCISE

1. Assist the client to accept the fact that compulsive behavior is a problem and to actively participate in a recovery program.
2. Lead the client to compare their stated values with the actions and experiences of an addictive lifestyle.
3. Challenge the client to establish their own measure for consequences that would convince them addictive behaviors have become an unacceptable problem.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Antisocial Behavior
- Nicotine Use/Dependence
- Relapse Proneness
- Sexual Promiscuity
- Substance Use Disorders
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Consequences and Benefits” activity is designed for clients who minimize the impact of addictive behavior. It challenges the client to decide what hitting bottom would mean to them and to consider what negative consequences they are willing to go through rather than quit. Follow-up can consist of discussing answers with the therapist or group, self-monitoring for ongoing negative consequences of addictive behaviors and discussion of their significance, and the activity titled “What Does Addiction Mean to Me?”
CONSEQUENCES AND BENEFITS

This assignment will help you clarify your beliefs about any effects of behaviors that are so unacceptable that you want to avoid those effects at any cost, even if that means permanently giving up those behaviors. Many people consider changing their behavior(s) when their behavior is in conflict with their personal goals/values and/or the negative consequences begin to outweigh the benefits. Sometimes, they find that despite disliking the behavior and wanting to change, they are unable to stop. This can apply to the effects of any behavior, including substance use, compulsive gambling, overspending, or high-risk sexual behavior.

1. You may have heard someone say that for an alcoholic or addict to give up an addictive behavior, he/she has to hit bottom. To some, hitting bottom means losing everything or going to prison. It may not for you. It can mean we can’t let some experience happen, or happen again, no matter what. Think about these questions:
   a. Have you seen someone else experience a consequence of addictive behaviors that you could not tolerate in your own life, and if so, what was it? __________
   b. Have you ever promised yourself that you would give up a certain behavior if a certain thing happened because of it? If you have, what was the experience you told yourself you couldn’t tolerate? ________________

2. What consequences have you experienced because of your compulsive behavior? Please check any you’ve experienced. Circle any you’ve experienced more than once; write the number of times after the item.
   ☐ Spent more time or money than you meant to on the compulsive behavior
   ☐ Spent money on the behavior that you needed for something else
   ☐ Given up another activity you liked because it interfered with the behavior
   ☐ Embarrassed or hurt your family
   ☐ Been asked to quit by loved ones
   ☐ Hidden it from family/friends
   ☐ Hoarded food/pornography/other things related to the behavior
   ☐ Been unfaithful to your partner because of it
   ☐ Terminated a relationship/divorced because of it
   ☐ Lost time from work to engage in the behavior or to cope with the aftermath
   ☐ Lost a job because of it
   ☐ Sold or traded important possessions to get money for it
EXERCISE 16.A

☐ Committed a crime while practicing the compulsive behavior
☐ Traded sex or committed a crime to get money for the compulsive behavior
☐ Been arrested, in jail, or in prison because of the compulsive behavior
☐ Considered/attempted suicide while practicing a compulsive behavior/due to its consequences
☐ Accidentally or intentionally harmed or killed someone while practicing the compulsive behavior
☐ Used substances in conjunction with the behavior

3. Now look back at question 2. Have you experienced any consequences you once said would be unacceptable (question 1b)? If so, which ones? If you have others, please list them also. ________________________________________________

4. If a close friend or family member told you about experiencing the events you listed in question 2 and 3, and asked your advice, would you be worried about this person—would you feel that it would be best for them to quit completely? What advice would you give them? ________________________________________________

5. Which consequences in question 2 and 3 that you’ve experienced once would mean your behavior was out of control if they happened again? ___________________________

6. Which events from question 3 that you’ve never experienced would tell you that you’d hit bottom and needed to quit permanently? ___________________________

7. Make an argument (whether you agree or not, and maybe including things you’ve heard from others) listing 10 benefits that would come from being abstinent from gambling. ________________________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
UNDERSTANDING NONCHEMICAL ADDICTIONS

GOALS OF THE EXERCISE
1. Accept powerlessness over gambling and participate in a recovery program for compulsive behavior other than substance use.
2. Acquire the necessary skills to maintain long-term abstinence from compulsive behavior.
3. Gain an understanding of compulsive behaviors not involving use of alcohol or other drugs.
4. Reduce the risk of relapse by applying techniques that work for substance use disorders to other addictive behaviors.
5. Avoid switching from substance-using addictions to nonchemical behaviors that do not involve alcohol or other drugs but may be equally disruptive to daily life and relationships.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Relapse Proneness
- Substance Use Disorders
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Understanding Nonchemical Addictions” activity is designed for clients whose primary addiction is nonchemical (e.g., gambling, high-risk sex, workaholism, spending, etc.). It is also meant for recovering addicts and alcoholics who are at risk for switching addictions. Follow-up may include participation in appropriate 12-step programs, keeping a journal to self-monitor for signs of nonchemical addictive behavior and/or switching, and reporting back on insights and progress. Additionally, relapse prevention planning and recovery planning have the same components.
UNDERSTANDING NONCHEMICAL ADDICTIONS

Some people suffer from addictions that don’t involve alcohol or any other mind-altering drug. They can be just as addicted, just as out of control, as any alcoholic or addict, and they can lose most of the same things (e.g., jobs, self-respect, money, relationships, their freedom, and their lives). Newly recovering alcoholics and addicts are at high risk for becoming addicted to other behaviors. The goal of this assignment is to increase your awareness of this danger and suggest some tools you can use to avoid or overcome it.

1. What is the connection between substance addiction and nonchemical addictions? Nonchemical addictions are also called compulsive behaviors. People do these things for the same reasons they use alcohol or other drugs—to quickly make them feel better, to help them cope with a situation or solve a problem, or to impress others and gain social status. For some, these behaviors, like addiction to alcohol or other drugs, take on a life of their own. Describe the reasons you involved yourself in your nonchemical addiction in the first place.

2. What are the consequences that you’ve experienced related to your nonchemical addiction?

3. If you have a co-occurring substance addiction, describe how the two seem related and connected.

4. Some of the same methods that people use to overcome chemical addiction (e.g., participating in support groups, learning new coping skills, and finding replacement methods and activities for things they can’t safely do anymore) can also help them deal with compulsive behaviors outside the realm of drinking and drugging. After all, as those who are involved with Alcoholics Anonymous or another 12-step program soon learn, the idea is “to practice these principles in all our affairs.”
What substance abuse recovery tools might help you deal with your own nonchemical problems, and how would they help? Identify an example for each of the following tools:

a. Sources of support you’ll use to cope with any addictive problem not involving alcohol or other drugs that you might have now or in the future

b. Coping skills to handle triggers without returning to substance use or compulsive behavior (e.g., stress management, relaxation training, anger management, financial management, conflict resolution, problem solving)

c. Understanding cues, cravings, triggers, high-risk situations, feelings, events, people

d. Replacement activities for socializing and pleasure

e. Skills for handling relationship issues

f. Addressing interactions with former “using” friends without being lured or pressured into old behaviors

g. If you are participating in a 12-step recovery program, are you aware of the policies such programs, and the groups you attend, have developed about addressing other issues in meetings? Some groups are more open and accepting of a variety of topics than others. What do you believe your group’s policy is about this?

h. If your group discourages you from talking about problems that are threatening your recovery but deemed “other issues,” what other groups can you attend where you can feel accepted bringing up those problems?

i. Other tools:

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
SECTION 17: GRIEF/LOSS UNRESOLVED

Therapist’s Overview

AM I HAVING DIFFICULTY LETTING GO?

GOALS OF THE EXERCISE

1. Maintain a program of recovery free from addiction and unresolved grief.
2. Move toward resolution of feelings of anger, sadness, guilt, and/or abandonment surrounding a loss and make plans for the future.
3. Accept a loss and increase social contact with others.
4. Develop and demonstrate coping skills by renewing old relationships and forming new ones.
5. Identify any areas in which the client will need additional assistance in achieving resolution.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Borderline Traits
- Childhood Trauma
- Dependent Traits
- Posttraumatic Stress Disorder (PTSD)
- Suicidal Ideation
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Am I Having Difficulty Letting Go?” activity is designed for clients having trouble understanding their issues of unresolved grief or loss. It also can be useful with clients who are very aware that they have grief issues to resolve but don’t know how to begin. The exercise can be tailored to address losses other than bereavement. It is important to examine the client’s views about death, dying, and loss in general, as these are influenced by spiritual belief systems and other cultural factors. Follow-up can include processing the exercise with the therapist/group, designing and conducting a mourning and letting-go ritual, and the “Moving on After Loss,” “What Would They Want for Me?,” and “Finding a Higher Power That Makes Sense” exercises. **Note: You must intervene immediately and effectively if a client reports suicidal ideation, intent, or behavior.**
AM I HAVING DIFFICULTY LETTING GO?

Grief and sorrow can be related to the death of a loved one, the end of a relationship, losing a job, a major illness, a big financial loss, or any other serious setback or loss, whether expected or unexpected. For people coping with addictions, these losses might be related to their addictive behaviors, or unrelated. Sometimes losses occur well into a person’s recovery, and inability to cope with loss can increase the risk of relapse into addiction to deal with painful emotions. Also, losses that occurred while actively engaged in addictive behaviors may not be resolved and may act as relapse triggers in early, late, or middle recovery if healing does not occur. Healthy resolution of grief begins with seeing whether we have unresolved losses. This exercise will guide you in reflecting on whether unresolved grief is a recovery issue for you, what your unresolved losses might be, and how to cope with them.

1. Here are some signs that may mean you’re dealing with unresolved loss. These are common reactions, which many people experience. Please check any that apply for you:

- Inability to stop talking about the loss
- Feeling anger and resentment
- Avoiding talking or thinking about certain subjects that remind you of the loss
- Mentally replaying, over and over, what you believe you should have done differently
- Inability to accept that the loss occurred
- Withdrawing from others or isolating
- Becoming overwhelmed and disorganized
- Having trouble sleeping or eating
- Feeling apathetic or numb
- Having difficulty concentrating
- Feeling guilty about the loss
- Feeling as if you’re “falling apart”
- Feeling a lack of control in other areas of your life
- Feeling betrayed by other people
- Having suicidal thoughts (*If you are thinking about killing or hurting yourself, share this with your therapist immediately and ask for help to stay safe. These thoughts will pass if you do whatever it takes to avoid acting on them.*)
- Feeling hopeless that the situation, or your feelings, will ever change
EXERCISE 17.A

☐ Feeling or believing that if you express an emotion about the loss, it will take over (e.g., feeling that if you start crying you won’t be able to stop, or if you express anger you’ll lose control)
☐ Feeling dissatisfied with everything or everyone
☐ Feeling a lack of purpose
☐ Having a sense of failure or worthlessness
☐ Anger at God, loss of faith, or questioning one’s spiritual belief system
☐ Other: ____________________________

2. What loss or losses do you believe are related to the signs you checked in question 1?

3. What methods of coping with these losses have you attempted? How did they help and how did they not help? ________________________________

4. What has been the most difficult aspect of thinking about letting go (e.g., do you feel you would be abandoning or betraying someone you lost if you let yourself heal and move ahead with life)? ________________________________

5. Please list any fears or questions you may have about letting go. ________________________________

6. Many people entering recovery are skeptical about religion or spirituality and uncomfortable with the references in 12-step programs to a Higher Power, the prayers said at the beginnings and endings of meetings, and hearing other group members talk about their relationships with the Higher Power of their understanding. However, coping with pain and loss is one of the most important roles of spirituality in recovery. Can you find a Higher Power that makes sense for you, and if so, how could you seek the help of that Higher Power in coping with a loss? Please talk about this with a sponsor or other friends in recovery and write here about your thoughts after those conversations. ________________________________

Be sure to bring this exercise back to your next session with your therapist, and be prepared to discuss your thoughts and feelings about the exercise.
GOALS OF THIS EXERCISE

1. Normalize the experience and process of grief.
2. Learn that grief can be addressed and resolved in several ways.
3. Move toward resolution of feelings of anger, sadness, guilt, and/or abandonment surrounding a loss and make plans for the future.
4. Accept a loss and obtain increased social support from others.
5. Develop and demonstrate coping skills by renewing old relationships and forming new ones.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Childhood Trauma
- Posttraumatic Stress Disorder (PTSD)
- Spiritual Confusion
- Suicidal Ideation
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Moving on After Loss” activity is suited for clients who are experiencing loss or losses. It offers suggestions for action to resolve grief and loss. Grief over a particular loss can be new or old. This activity asks the client to take an active role in determining how they will continue living their life and regain as much quality of life as possible despite the loss. It can be helpful to process family and cultural issues and identify barriers and resources specific to the client’s situation.

This exercise may be useful for skill training in individual and/or group settings; that is, the therapist would teach a skill in session, then have the client or group practice the new skill as homework for a set length of time and report the outcomes at a future session. Follow-up can include processing this exercise with the therapist/group and assigning the “Am I Having Trouble Letting Go?,” “What Would They Want for Me?,” and “Finding a Higher Power That Makes Sense” exercises. **Note: You must intervene immediately and effectively if a client reports suicidal ideation, intent, or behavior.** Prior to assigning or working on this assignment, it would be useful to teach and practice mindfulness meditation or other self-soothing strategies.
EXERCISE 17.B

MOVING ON AFTER LOSS

Many feelings and thoughts may be attached to loss. Grief is a normal and natural reaction to losing someone or something important. Depending on how meaningful a loss is, the feelings related to it may vary from mild to very intense, and may be easy or difficult to resolve. Unresolved grief can keep us from being fully present in our day-to-day lives. Part of recovery is learning to manage our feelings, both pleasant and painful, with positive skills and without addictive behaviors. Until we resolve any loss, it can remain a trigger for relapse. It is important to remember that recovery is about action, and just waiting for time to pass will not heal what’s unresolved.

Furthermore, to recover from loss, we must expect to recover. It does not mean to push ourselves and try to force instant resolution, either; this can be just as dangerous. Therapeutic and recovery-focused action over time resolves grief and loss. This exercise gives you suggestions for resolving grief, and it will give you alternatives to leaving a loss unresolved and avoiding dealing with it or staying stuck in grief. It will guide you through steps that others have found useful, so that you can generate your own personal plan for moving on with your life.

EXERCISES FOR GRIEF AND LOSS

Caution: If you start to feel overwhelmed during this assignment, stop and take care of yourself. Calm your body and emotions, write in a journal about what is causing you difficulty and what is too painful to tackle alone, then work with your therapist on moving past those parts of this process.

1. Write about the messages or lessons you’ve learned from the person who has died or left, or another part of your life that you’ve lost. Reflect on these gifts that you’ll always have with you.

2. Give your pain a voice by recording or listing all the ways you feel the pain. This activity helps express and release some of your pain.

3. Write a letter to the person or other part of your life you are grieving, telling how you feel about the loss and the ways in which it has affected your life. Include any questions you have about this loss. Next, write a letter back to yourself from the person or part of your life you are grieving, answering your questions. You may want to do this exercise in two parts with the help of your therapist.
4. Practice a relaxation strategy to calm stress, sadness, anxiety, and pain. Do this for a few minutes until you feel calm. Then picture yourself making whatever positive changes you want to make in your life. Think of who will be in your life, where you will be, and what you will be doing on a daily basis.

5. Spend time with understanding and supportive people. Find and join a bereavement support group and/or work with your sponsor. Reconnect with old, positive acquaintances.

6. Write positive, nurturing memories about your loved one or your previous experience. Grieving doesn’t mean forgetting the good stuff.

7. Add a pet or a plant to your environment so you can take care of and nourish life.

8. Lean on spiritual beliefs or philosophies that give you comfort. In particular, finding a relationship with a Higher Power of your understanding in a 12-step program can be a great help, even for people who have never been religious or have had bad experiences with faith groups.

9. Write about positive ways you coped with past losses that you can try applying this time.

**MY “MOVING ON” PLAN**

1. Using these suggestions or others you have gathered on your own, please make a simple plan for how you will cope and live with the losses you have experienced:

   ______________________________________

2. What suggestions would you make to others who are either beginning to grieve a loss or are avoiding dealing with a loss? ______________________________________

3. What was the hardest part in completing this activity? ___________________________

   ______________________________________

4. What questions do you still have? What barriers? ________________________________

   ______________________________________
5. Sometimes we think we can’t do anything to resolve a loss or that we’ll never feel better because a loss is too great. Please record any thoughts like this here, then talk about them with your therapist, a spiritual advisor, and/or a friend who has experienced a loss and now seems to be feeling better. _______________________

6. Do you see ways a relationship with a Higher Power can help you live with the loss you’re facing? How? ________________________________

______________________________

Be sure to bring this exercise with you to your next therapy appointment. This may be an exercise that you work on and then rework more than once as you address each loss. Please write about and then discuss with your therapist any problems you encounter and your general feelings about this activity.
Therapist’s Overview

WHAT WOULD THEY WANT FOR ME?

GOALS OF THIS EXERCISE

1. Challenge beliefs about grief, loyalty, and/or abandonment of lost loved ones that prevent resolution of bereavement.
2. Learn that grief can be addressed and resolved in several ways.
3. Move toward resolution of feelings of anger, sadness, guilt, and/or abandonment related to loss and plan for the future.
4. Accept a loss and increase social contacts with others.
5. Demonstrate a commitment to moving ahead in life with renewed positive activities and relationships.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Posttraumatic Stress Disorder (PTSD)
- Self-Harm
- Spiritual Confusion
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “What Would They Want for Me?” activity is suited for clients experiencing loss or losses, primarily losses of people or pets. It asks the client to shift their perspective to that of the person or pet being mourned. Starting from the premise that the lost loved one loved the client and wanted them to be happy, it challenges the view that loyalty to that lost loved one means refusing to resolve grief and move ahead with life. This exercise may be useful for skill training in individual and/or group settings; in group, it may be therapeutic to allow other members to offer their thoughts about what the lost loved one might say. Follow-up can include processing this exercise with the therapist or group and the “Am I Having Trouble Letting Go?” and “Moving On After Loss” exercises. Note: You must intervene immediately and effectively if a client reports suicidal ideation, intent, or behavior.
WHAT WOULD THEY WANT FOR ME?

For many people, part of the pain of grief is the experience that feelings of connection, loyalty, and attachment to lost loved ones are just as strong as when they were alive, but it is impossible to see them again, to talk to them, to hug them, and to share activities with them. It’s normal in such times to feel regret or guilt over missed opportunities for shared times or over occasions when we may have let them down, though we are only human and that’s a normal part of every relationship. Under these conditions, we may find that if we catch ourselves having fun and not feeling grief, we feel guilty and disloyal to the loved ones we’ve lost. The idea of letting go and moving on with life may feel wrong, as if it would mean we were abandoning them or they weren’t significant in our lives.

The reality is that whatever the situation may have been, when we grieve, it is for our own loss, and once we’ve allowed those feelings to run their course at whatever pace is natural for us, the healthiest thing we can do—and the best way to honor the ones we’ve lost—is to live the best life we can. If the ones we’ve lost loved us in return, they would want us to be happy, not to spend the rest of our lives in sadness and regrets.

This exercise will guide you in thinking through these ideas and exploring any conflict you may be feeling about resolving your grief and moving on with your life.

1. First, think about the best times you had with your lost loved one(s). Think about how you felt while sharing those times with them and about the feelings you believe they experienced. Please pick one of those times to symbolize what was good about the relationship and briefly describe it here, including the way you and the loved one(s) you are grieving were feeling during that time: ____________________________

2. Was your enjoyment increased by your seeing that they were happy then too? _____ Do you think they felt the same about you, happier because of seeing your enjoyment? ____________________________

3. If the situation were reversed, you were gone from their lives, and they were mourning the loss of being able to see you and spend time with you, would you want their sadness to go on and on, or would you rather that they regained their happiness and returned to enjoying their lives? If there was a way for you to leave
a message for the people who love you to hear when you’re gone, what would you want to say to them about this? Please briefly write what you’d want to tell them.

4. Now let’s return to the actual situation you are experiencing. Please imagine your lost loved one(s) being asked the same question you just answered. What do you think they would want to say to you? Write two brief messages. The first will be from you to whomever you’ve lost, telling them what you loved most about having them in your life and how you feel about losing them. Please take a few minutes and write that message here.

5. For the second message, please imagine them answering the one you just wrote, telling you in turn what they valued most about their relationship with you, and what they would want for you in your life from now on. Again, please take a few minutes and write the second message here.

6. Finally, please think about the kinds of activities that would bring you happy memories of the loved one(s) you’ve lost. List some activities here that make you smile because they bring up good memories of times you shared.

7. If there are meaningful anniversaries connected with this loss (e.g., a birthday, a wedding anniversary, a holiday like Mother’s Day or Father’s Day, or any other day that stands out in your memory) how could you engage in one or more of the activities you just listed as a way to celebrate your appreciation for having had them in your life? Please list three ideas here.

Be sure to bring this exercise with you to your next therapy appointment. This may be an exercise that you rework more than once as you address different losses. Please write about and discuss with your therapist any problems you encounter and your general feelings about this activity.
GOALS OF THE EXERCISE

1. Maintain a program of recovery free from impulsive behavior and addiction.
2. Reduce the frequency of impulsive behavior and increase the frequency of behavior that is carefully thought out.
3. Gain confidence in ability to handle or prevent crises without addictive coping behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Bipolar Disorder
- Borderline Traits
- Medical Issues
- Relapse Proneness
- Self-Harm
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Handling Crisis Without Impulsivity” activity is a relapse prevention tool for clients who feel that they might be unable to cope with some crisis without returning to addiction. It guides the client in anticipating crises that might occur and planning healthy responses for each. Follow-up can include sharing crisis management plans with the therapist, a treatment group, and sponsor; keeping a journal and reporting on preparations made; and keeping a journal and reporting back about crises that do occur and how the client copes with them. This assignment is useful in conjunction with the activities titled “Relapse Prevention Planning” and “Personal Recovery Planning” in this manual.
Dealing with unexpected, uncomfortable, and stressful events is a normal part of life; these things will occur throughout the recovery process and the rest of our lives. Some crises are preventable, and all crises can be managed without addictive behaviors. For many people dealing with substance abuse issues or other addictive patterns, their addictions have been a key tool in coping with crises. In recovery, a crisis can tempt them to return to their old patterns. Crises can make us feel overwhelmed by intolerable stress, and mood swings and intense emotions are often part of early recovery, making any stressful situation more likely to feel like a crisis. This exercise will help you think ahead today to prevent and/or cope with crisis so that you have a completed quick-reference action plan.

1. A crisis is often not a total surprise. Sometimes it builds over time, and there are signs that things are beginning to get overwhelming. What physical, emotional, and behavioral signs have you noticed in yourself in past situations that could tell you when a crisis was building?

2. Please list three events that would be particularly distressing and overwhelming for you. Think about situations that make you want to immediately escape them, numb your feelings, avoid facing what was happening, or punish yourself or anyone else. Identify how you plan to cope with them if they happen.

<table>
<thead>
<tr>
<th>Event</th>
<th>Plan</th>
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<tbody>
<tr>
<td></td>
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</table>

3. Situations that are easily manageable if we face them early often become crises because we procrastinate and neglect doing things we know we need to do sooner
or later, such as paying bills. Are there situations and feelings you avoid dealing with or other ways you set yourself up for crises? If so, what are they?

4. What steps can you take today to prevent crises from building up in your life?

5. Think of someone you know who handles crises well. How does that person do it? What methods and resources do they use? Can you use some of the same?

6. How can you slow things down? Sometimes time and distance give us needed perspective—they let logic and knowledge of potential consequences from the behavior kick in—and can deescalate a developing crisis. Here’s a partial list of what others do. Identify those you could use from the list and add others not included:

   - Talk to someone
   - Take a time-out
   - Take a walk/exercise
   - Pray
   - Call my sponsor
   - Relax by breathing

7. If you run into an unexpected and/or distressing life event that’s a crisis for you, what steps will you take to cope? Include people you’ll contact and what help you can get from them, places you may go, and resources, skills, or information you’ll use.

   a. Who I can contact and what help I need from them:
   b. Places to go:
   c. Resources available to me:
   d. Personal skills/strengths I can rely on:
   e. Information to use and remember:
   f. Self talk I can use to avoid escalating

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
LEARNING TO THINK THINGS THROUGH

GOALS OF THIS EXERCISE
1. Maintain a program of recovery free from impulsive behavior and addiction.
2. Learn to stop, think, and plan before acting.
3. Learn self-observation skills to identify patterns of impulsive behavior.
4. Decrease antisocial behaviors and increase prosocial behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anger
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Borderline Traits
- Conduct Disorder/Delinquency
- Dangerousness/Lethality
- Oppositional Defiant Behavior
- Self-Harm
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Learning to Think Things Through” activity is designed for clients who would benefit from observing their own behavior, assessing it, and developing and implementing new behavioral approaches. It may be useful to work through a few of the exercises together in session and have the client practice alternative coping methods outside of the session and record the results. You may or may not want to give the example provided until the client has worked through one successfully on their own.

If a client gets stuck, you may show video clips of people acting impulsively (e.g., from TV programs or popular films) and walk through the steps with them regarding the characters in the clips. The outcome of impulsive behavior is often positive in the short-term, but the long-term consequences are negative. The goal is to get the client to improve their insight regarding achieving desired outcomes with fewer negative results. This is a useful adjunct to relapse-prevention work in discussing and managing actual cravings, urges, and desires to engage in addictive behaviors.
LEARNING TO THINK THINGS THROUGH

Impulsivity means having difficulty resisting urges or delaying behavior. Some people think of it as being impatient or not thinking things through. Acting impulsively can cause social, legal, academic, relationship, work-related, and other types of problems. It can lead to physical fights, addictive behavior, and alienation from others. Acting and reacting less impulsively is a skill that can be learned and used to avoid these painful consequences and to get the outcomes you desire.

Acting less impulsively involves two components: (1) It requires being able to observe your own thoughts, emotions, and behavior, and (2) it involves developing self-management habits and skills. This exercise will help you work through the steps of self-observation and find ways to get what you want without the painful consequences that often accompany acting without thinking first.

1. Choose a situation in which you acted impulsively. You may want to pick an event related to addiction, because this is often connected with acting impulsively. Describe the event as follows:
   a. What happened first?
   
   b. Then what?
   
   c. What next?
   
   d. Next, and so on, to its conclusion?
   
   Sometimes it can be helpful to work backwards from the conclusion. Either way, this task is designed to get you to slow things down and think more about each step along the way.
2. Now assess your motivation for your behavior by asking yourself, “What did I want
to have happen? What was the purpose of this behavior?”

3. Third, analyze the consequences by asking yourself, “What were the outcomes or
results of this behavior?” and “Were they what I wanted to happen?”

4. Fourth, assess alternatives. Ask yourself, “What else could I have done to get what
I wanted?” List as many other options as you can think of.

5. Last, pick one alternative and identify five actions you will take to practice this
alternative.

Be sure to bring this worksheet back to your next therapy session, and be prepared
to discuss any questions you may have and to talk over your thoughts and feelings
about this activity.
GOALS OF THE EXERCISE

1. Maintain a program of recovery free from addiction and proactively address any legal conflicts resulting from past addictive behaviors.
2. Accept responsibility for legal problems without blaming others.
3. Learn to cope with the uncertainty that is associated with legal problems.
4. Identify nonaddictive coping strategies to deal with any outcome of legal problems.
5. Create a plan to cope with each possible legal outcome.
6. Decrease antisocial behaviors and increase prosocial behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Antisocial Behavior
- Conduct Disorder/Delinquency
- Living Environment Deficiency
- Oppositional Defiant Behavior
- Self-Care Deficit as a Secondary Problem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Handling Tough Situations in a Healthy Way” activity is designed for the client who is having difficulty coping with current legal issues (pending or resolved) or legal issues that have been left unresolved. It can be used as an adjunct to basic problem-solving strategies or to a cost/benefit analysis.
HANDLING TOUGH SITUATIONS
IN A HEALTHY WAY

A big part of recovery from addictions, and a healthy coping skill, is taking responsibility for our past and current behaviors. If you’re working a 12-step program, this is also part of that step work. Handling legal problems without resorting to old negative coping patterns is vital to recovery. Sometimes the outcomes of legal issues are not in our hands, and we must learn to cope with the possibility of serious consequences (e.g., prison time) without addictive behaviors. Other times the consequences of legal situations are known (e.g., fines, child support/alimony, loss of a driver’s license).

Whether the outcome is known or unknown, it’s normal to feel anxiety, depression, confusion, guilt, shame, anger, and fear. Still, we can handle pending, current, or settled legal situations in healthy ways by using new skills. The goal of this exercise is to help you look at the legal issues you face, explore your feelings about them, identify techniques to cope with those legal issues, and begin planning to maintain your recovery no matter what happens.

1. List the legal charges you have pending, your known current legal issues, and the legal issues that have not been resolved.

2. What are the possible consequences for the items you listed in question 1 (e.g., jail/prison, criminal record, stigma, court-ordered treatment, fines, community service, probation/parole)?

3. What are your worries and fears about your pending legal issues or the legal issues you have not resolved?
4. With whom could you consult to get more information and insight regarding what you are facing (e.g., probation, attorney, police, court official, etc.)?  

5. For each legal issue that you have pending or unresolved, what would be the best and worst possible outcome? Considering all of these potential outcomes, what is a strategy to deal with each issue?

<table>
<thead>
<tr>
<th>Legal Issue</th>
<th>Best Outcome</th>
<th>Worst Outcome</th>
<th>Strategy</th>
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</table>

6. How can you begin to assume responsibility for your legal problems? Name one action you can take for each legal problem.  

7. How does failing to address these unresolved legal issues put you at risk for relapse?  

8. Write a beginning plan for how you will cope with possible painful consequences of future legal problems without relapsing.  

9. How would you benefit from living without the stress of legal problems?  

10. If you’ve been court-ordered to participate in treatment or to attend recovery meetings, how can you make the most out of this experience?
11. Talk with people who have had legal problems and resolved them without returning to addictive behaviors. Ask them how they were able to do it and list three things they did that could work for you in dealing with your current legal issues.

Be sure to bring this handout to your next therapy session, and be prepared to discuss questions, thoughts, and feelings you may have had in completing it.
WHAT’S ADDICTION GOT TO DO WITH MY PROBLEMS?

GOALS OF THE EXERCISE

1. Maintain a program of recovery free from addiction and proactively address any legal conflicts resulting from past addictive behaviors.
2. Accept responsibility for legal problems without blaming others.
3. Identify the connections between legal problems experienced and addictive behaviors.
4. Identify thought patterns that created legal difficulties.
5. Understand the need to maintain abstinence from addiction and to remain free of negative consequences that include legal problems.
6. Decrease antisocial behaviors and increase prosocial behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Antisocial Behavior
- Conduct Disorder/Delinquency
- Living Environment Deficiency
- Occupational Problems
- Substance Use Disorders
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “What’s Addiction Got to Do With My Problems?” activity helps clients focus on the connections between addictive behavior and legal or other problems. It is useful, when clients assess the outcomes of their actions, to point out ripple effects (e.g., going to jail is a primary consequence, which in turn interferes with holding a job, which makes it harder to earn income needed for bills). This exercise is useful as a group activity, with the group giving feedback and input. Follow-up may include “Analyzing Acting-Out Behavior” and “Relapse Prevention Planning” exercises contained in this manual.
WHAT’S ADDICTION GOT TO DO WITH MY PROBLEMS?

Addiction’s consequences often include legal trouble. It’s important to remember that legal problems (e.g., jail/prison, fines, probation) in turn cause problems in other areas, including work, finances, and relationships. It is also important to remember that taking responsibility for decisions that led to illegal acts, and the acts themselves, is necessary for recovery. Neither is easy. Sometimes we want to blame people, circumstances, or our addictions rather than being accountable. We may not want to admit that our illegal actions were related to our addictive behaviors. If we don’t want to keep having legal problems, though, we have to do things differently. Until we accept responsibility, we can’t take control and change the outcomes by choosing different actions.

This exercise will help you look at your legal problems, the consequences you’ve experienced, the patterns that have led to your breaking the law or not accepting responsibility, and strategies to avoid legal difficulties in recovery.

1. In the left-hand column, list your past and current legal issues. On the right, list how the illegal behavior was related to addictive behavior. Keep in mind that the relationship may be direct (e.g., got high and stole a car or stole money from work to gamble) or indirect (e.g., stole money to pay bills, which went unpaid due to gambling).

<table>
<thead>
<tr>
<th>Legal Problems</th>
<th>Relationship to Addiction</th>
</tr>
</thead>
<tbody>
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</table>

2. What consequences have you experienced as a result of legal difficulties? List the types of unpleasant results you’ve suffered due to the legal problem(s) listed in question 1.

<table>
<thead>
<tr>
<th>Consequences</th>
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</table>
3. Have you tried to deny your actions or to blame something or someone else for your current or past legal problems? If so, how?

________________________________________________________________________

________________________________________________________________________

4. What thoughts helped you support or justify engaging in illegal activities? ______

________________________________________________________________________

________________________________________________________________________

5. How would continued addictive behavior complicate your current legal difficulties or any legal difficulties that are still unresolved? ______________________________

________________________________________________________________________

________________________________________________________________________

6. Following is a sample list of prosocial behaviors. Please list specific ways you can practice each in recovery. For example, for honesty, be more specific than “tell the truth”—describe how you will be honest in a situation where you have been dishonest in the past.

**Prosocial Behaviors**

<table>
<thead>
<tr>
<th>What I Will Do</th>
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</thead>
<tbody>
<tr>
<td><strong>Honesty</strong></td>
</tr>
<tr>
<td><strong>Helping others</strong></td>
</tr>
<tr>
<td><strong>Reliability</strong></td>
</tr>
<tr>
<td><strong>Consistency</strong></td>
</tr>
<tr>
<td><strong>Dependability</strong></td>
</tr>
<tr>
<td><strong>Acting responsibly</strong></td>
</tr>
<tr>
<td><strong>Respecting rules even if I disagree with them</strong></td>
</tr>
</tbody>
</table>

7. What do you foresee as the biggest obstacle in preventing future legal problems?

________________________________________________________________________

________________________________________________________________________

8. List at least five strategies for meeting your social, emotional, and financial needs in recovery without criminal activity or addictive behavior. ______________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
9. List five ways prosocial behavior will help you maintain abstinence from all addictive behavior.

Be sure to bring this activity with you to your next therapy session, and be prepared to talk about any questions, thoughts, and feelings about the exercise.
GOALS OF THE EXERCISE

1. Maintain a program of recovery free from addiction and the negative impact of a deficient living environment.
2. Understand the negative impact of the current environment on recovery from addiction.
3. Identify connections between living environment deficiencies and addictive lifestyles.
4. Improve social, occupational, financial, and living situations sufficiently to increase the probability of successful recovery from addiction.
5. Prioritize needs for correcting environmental deficiencies and set goals to improve each.
6. Develop a peer group that is supportive of recovery.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Bipolar Disorder
- Medical Issues
- Peer Group Negativity
- Self-Care Deficit as a Primary Problem
- Self-Care Deficit as a Secondary Problem
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Assessing My Environment” activity encourages clients in early recovery to become more aware of their living environments and how those environments support or undermine their recovery, assess what they may need to change to reduce their risk of relapse, plan strategies for those changes, and get feedback. This exercise can be used as an individual or group activity. Follow-up with these clients could include sharing feedback received from program sponsors or others, tracking and reporting on progress made on plans, and other assignments such as “Personal Recovery Planning” and “Relapse Prevention Planning” contained in this manual.
ASSESSING MY ENVIRONMENT

Addictive behaviors and lifestyles may directly cause deficiencies in a person’s living environment. These can include limited support from others for recovery efforts, the presence of triggers for relapse, social isolation, abuse or violence, financial problems, and/or inadequate food and shelter. Sometimes people are working their recovery programs in environments that undermine recovery. They work very hard to succeed with these factors holding them back, when improving their living environments would make recovery less risky and difficult. A big step for many is asking for help before external stressors trigger a relapse. In this exercise you’ll assess how your current environment may sabotage your recovery or cause other problems for you, decide what you want to work on first, and then develop a plan to work on each unmet need.

1. What, if any, are the problems in your living environment in the following areas?
   - Family life: ____________________________
   - Social: ____________________________
   - Occupational: ____________________________
   - Financial: ____________________________
   - Spiritual: ____________________________
   - Recovery support: ____________________________
   - Necessities of daily life (food, shelter, clothing, etc.): ____________________________

2. List five ways your current living environment hinders your recovery efforts.
   - ____________________________
   - ____________________________
   - ____________________________
   - ____________________________
   - ____________________________
EXERCISE 20.A

3. In what ways do your peers and family increase your risk of relapse (e.g., are they actively using, angry with you for past behaviors, unsupportive of your recovery)?

4. What other problems do you experience in your current living environment (e.g., violence, emotional abuse, etc.)?

5. Pick the three most important deficiencies in your environment to work on first:

6. What have you tried so far to improve these deficiencies?

7. What five actions can you take to improve things in the areas you listed in question 5 as your most important deficiencies? The actions don’t have to be dramatic—think of small steps. If you cannot think of five on your own, consult with your sponsor or someone in recovery or treatment you trust for other alternatives.

8. List three ways a recovery group could be/will continue to be beneficial in improving your living environment or supporting you as you make these changes.

Be sure to bring this handout with you to your next therapy session, and be prepared to discuss your thoughts and feelings about the exercise with your therapist.
WHAT WOULD MY IDEAL LIFE LOOK LIKE?

GOALS OF THE EXERCISE
1. Maintain a program of recovery free from addiction and the negative impact of a deficient living environment.
2. Understand the negative impact of the current environment on recovery from addiction.
3. Develop a peer group that is supportive of recovery.
4. Clarify and prioritize life values and goals.
5. Increase awareness of the effects of addictive behavior on achieving values and goals.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Relapse Proneness
- Substance Use Disorders
- Suicidal Ideation
- Treatment Resistance
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “What Would My Ideal Life Look Like?” activity is written for clients who are having difficulty establishing concrete goals for a life in recovery. Its approach is to guide the client in establishing what their ideal would be in each of several life domains, then determining the difference between the current situation and that ideal and what action is necessary to achieve the ideal. The exercise then leads the client in thinking about whether addictive behaviors will help or hinder them in achieving these ideals and challenges rationalizations, working to increase cognitive dissonance and break down denial and minimization.

Follow-up could include establishing plans and timelines for some of the actions defined in this exercise and keeping a journal and sharing outcomes of those plans with the therapist and treatment group. As this exercise is also recommended for clients experiencing suicidal ideation, it is vital to ask directly about urges or intent to harm self or others at each therapeutic contact and take whatever therapeutic action is needed to keep the client or others safe.
If you are working on establishing or maintaining recovery from an addiction, this activity will help you find the benefits of sobriety that mean the most to you personally. Whether sobriety or another goal is your greatest concern, it will help you set goals and focus on what changes in your life would make you happiest.

1. Do you have a clear vision of your ideal life? Please summarize that life in each area:
   a. Where would you live?
   b. What would your relationship/family situation be?
   c. What would your work be?
   d. What would your proudest achievements be?
   e. What would your hobbies and leisure activities be?
   f. How would other people think of you?

2. What would it take to get from where you are today to where you want to be?
   a. Where would you live?
      | Situation Now | Ideal Situation | What Change Is Needed? |
      |--------------|----------------|-----------------------|
   b. What would your relationship/family situation be?
      | Situation Now | Ideal Situation | What Change Is Needed? |
   c. What would your work be?
      | Situation Now | Ideal Situation | What Change Is Needed? |
   d. What would your proudest achievements be?
      | Situation Now | Ideal Situation | What Change Is Needed? |
3. Let’s look at how addictive behaviors affect your chances to make those changes (if you are working on issues other than addiction, you can substitute any other self-sabotaging behavior for “Addictive Behavior” and a more productive alternative for “Sobriety”):

<table>
<thead>
<tr>
<th>Addictive Behavior</th>
<th>Addictive Behavior</th>
<th>No Difference</th>
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</thead>
<tbody>
<tr>
<td>Will Help</td>
<td>Will Interfere</td>
<td>Either Way</td>
</tr>
</tbody>
</table>

a. Where you would live: ______________________ ______________________ ______________________
b. Relationship/family: ______________________ ______________________ ______________________
c. Work: ______________________ ______________________ ______________________
d. Hobbies/leisure: ______________________ ______________________ ______________________
e. What others think: ______________________ ______________________ ______________________

TOTAL: ______________________ ______________________ ______________________

4. This time, let’s look at the effects of being clean and sober.

<table>
<thead>
<tr>
<th>Sobriety</th>
<th>Sobriety</th>
<th>No Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will Help</td>
<td>Will Interfere</td>
<td>Either Way</td>
</tr>
</tbody>
</table>

a. Where you would live: ______________________ ______________________ ______________________
b. Relationship/family: ______________________ ______________________ ______________________
c. Work: ______________________ ______________________ ______________________
d. Hobbies/leisure: ______________________ ______________________ ______________________
e. What others think: ______________________ ______________________ ______________________

TOTAL: ______________________ ______________________ ______________________
5. Some final questions:
   a. If drinking, using, or other addictions sabotage your chances to achieve your dreams but you keep practicing the addictive behaviors anyway, what message do you draw from this? ____________________________

   b. If someone you knew put an addictive behavior ahead of their dreams and ideals, what would you think it meant about their relationship with that behavior? ____________________________

   c. If this is happening in your life, do the people who know you think you have a problem? If they think you have a problem but you feel you don’t, how do you explain this? ____________________________

   Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Understand the relationship between medical issues and addiction.
2. Reduce the impact of medical problems on recovery and relapse potential.
3. Reduce the risk of relapse by using therapeutic strategies to cope with both addictive problems and other medical illnesses or injuries.
4. Participate proactively as an informed patient in the medical management of physical health problems.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Chronic Pain
- Relapse Proneness
- Self-Care Deficit as a Primary Problem
- Substance-Induced Disorders
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Coping With Addiction and Other Medical Problems” activity is designed for clients with serious medical problems apart from their addictive issues. It addresses issues of the possible causal role of addictive behaviors in having suffered injuries or illnesses and coping strategies to achieve the best practicable quality of life for these clients. Follow-up could include referral to additional support groups that are focused on the specific medical problems that clients are experiencing. Another suggestion is bibliotherapy involving books such as *Kitchen Table Wisdom* by Rachel Naomi Remen, M.D., which addresses the interaction between spirituality and coping with physical trauma from the author’s perspective as a therapist, physician, and a patient with a serious and chronic medical problem.
COPING WITH ADDICTION AND OTHER MEDICAL PROBLEMS

Some people suffer from both substance abuse problems and other medical problems that may be very serious, even life-threatening. If you are working to recover from both an addiction and another serious or painful medical problem, this assignment will help you use the same tools for both tasks where possible and guide you in coping with some special challenges in this situation.

1. What’s the connection between addiction and other medical problems? Sometimes, none: It’s just coincidence or bad luck that the same person has a problem with addiction and is also badly hurt or sick. However, people who engage in addictive behaviors are more likely to get hurt or sick. Sometimes people’s injuries or illnesses are directly caused by their drinking, drug use, or other high-risk behavior. This is not pointed out to blame anyone, but merely to acknowledge the role of cause and effect. This is empowering, because it means that changing behaviors can lead to better outcomes. Please describe any ways your addictive behavior caused or contributed to your becoming injured or ill.

2. Sometimes the connection between addiction and medical issues works in the other direction. The medical problems come first, and people use substances for the pain or other symptoms, then they end up with addictions as well as the injuries or illnesses they started with. When people use drugs (street drugs or prescription medications) to try to cope with their medical symptoms, they may get addicted to those drugs. Please describe how your medical problems may have led you to addictive behaviors in the search for relief.

3. Each issue alone, untreated, poses serious risks to health and living a life in recovery. For the best outcome of all health issues and recovery from addiction, the most effective strategy is to treat all these issues at the same time. Describe any reasons you might have focused on one, the other, or neither at this time.
4. Many people find that some of the same methods they use to overcome substance use problems can also help them to deal with injuries or diseases that burden them with chronic pain and/or sharply limit their physical capabilities. These methods can be things like participating in support groups, learning new coping skills, and finding replacement methods and activities for things they can’t do anymore. What substance abuse recovery tools might help you deal with your own medical problems, and how would they help?

5. Some treatment approaches used for medical problems may not seem to fit into recovery from substance abuse, such as the use of narcotics for pain management. If your doctor has told you to take medications for your sickness or injury, have you talked with him or her about your substance abuse issues? If you have, what is the plan for avoiding problems with addiction? If not, what keeps you from sharing this information, and what results might keeping this secret have for your recovery from both issues?

6. What might happen to you and your recovery if you stopped taking those medications, or didn’t take them as prescribed?

7. Have you also talked about this with people who are working with you on your addictive issues? If so, what did these people tell you?

If you are participating in a 12-step recovery program, are you aware of the policies your program has developed about the use of prescribed medications? Actually, AA’s official position is that if your doctor knows your history with addiction, is experienced working with people with addictions, and has prescribed medication with that knowledge, and you are taking it exactly as prescribed, then you are doing what you need to do to stay sober. Other 12-step programs have similar policies. If you have questions, check the official literature.

8. Do you know others in a 12-step program who take powerful prescribed medications? How do they avoid the trap of substance abuse?
9. Please use this space to describe the tools, methods, and resources you will use to cope with the combined challenges of an addiction and a serious injury or illness. If you haven’t thought this far ahead yet, what questions and concerns do you have about this issue? 

   

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
PHYSICAL AND EMOTIONAL SELF-CARE

GOALS OF THE EXERCISE
1. Understand the connections among medical issues, self-care, and addiction.
2. Reduce the impact of medical problems on recovery and relapse potential.
3. Understand and participate proactively as an informed patient in the medical management of physical health problems.
4. Achieve and maintain the highest practicable level of function by maintaining recovery from addiction and effective management of medical problems.
5. Examine daily use of time and identify both healthy practices and areas for improvement.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Borderline Traits
- Chronic Pain
- Eating Disorders and Obesity
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Self-Care Deficit as a Primary Problem
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Physical and Emotional Self-Care” activity is for clients with chronic or acute medical challenges who neglect this area and are at greater risk of relapse as a result. It focuses the client’s attention on self-care and guides them in assessment of needs, habits, and resources, then in creating a structured self-care plan. Follow-up activities can include keeping a self-care log using the format in this exercise (clinicians may need to print additional pages for clients to use), reporting back to the therapist or group on progress, surveying role models on self-care practices, and the “Personal Recovery Planning” activity.
PHYSICAL AND EMOTIONAL SELF-CARE

There's a link between taking poor care of oneself and relapse. When we abuse substances or practice other addictive patterns, we often neglect our needs, both physical (safety, nutrition, sleep, exercise) and emotional (competence, sense of value, acceptance, emotional support from healthy relationships, sense of control). This exercise will help you see what you're doing now to take care of yourself and where you can improve.

1. What things are you doing today to take care of yourself physically? ___________

2. Physical self-care tracking chart (please keep a record for the next 7 days):

<table>
<thead>
<tr>
<th>Date</th>
<th>What I Planned to Do</th>
<th>What I Did</th>
<th>What Helped</th>
<th>What Got in the Way</th>
<th>How I Can Overcome in Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex.</td>
<td>Take a walk</td>
<td>No exercise</td>
<td></td>
<td>Procrastinated</td>
<td>Do first thing in a.m.</td>
</tr>
<tr>
<td>Ex.</td>
<td>Eat balanced meal</td>
<td>Ate breakfast</td>
<td>Planned meal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. What insight did you gain from completing your tracking chart? ___________
4. Please answer these questions about your emotional self-care.
   a. What emotional needs do you have which are not being met today?

   b. What emotional needs did you try to meet with addictive behaviors in the past?

   c. What methods or resources now help you provide for your emotional needs?

   d. What additional methods or resources do you need for emotional self-care, and where and how can you learn these methods or get these resources?

5. List five benefits that consistently addressing your physical and emotional health will have for you and your recovery.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
BEING GENUINELY UNSELFISH

GOALS OF THE EXERCISE
1. Develop a realistic sense of self without narcissistic grandiosity, exaggeration, or excessive sense of entitlement.
2. Understand the relationship between narcissistic traits and addiction.
3. Develop empathy for other people, particularly victims of the client’s narcissism.
4. Identify a healthy role model and examine that person’s life for unselfish behavior.
5. Identify and plan ways to become less selfish in daily life.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
• Antisocial Behavior
• Conduct Disorder/Delinquency
• Oppositional Defiant Behavior
• Partner Relational Conflicts
• Peer Group Negativity

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Becoming Genuinely Unselfish” activity targets self-centeredness, one of the core traits of both narcissism and addiction. It does so by examining the benefits of becoming unselfish in terms of enhanced self-esteem and improved relationships, guiding the client in identifying a role model and examining the ways that person models unselfish actions, and planning specific strategies to implement unselfish behavior in daily life. Follow-up could include videotherapy using films such as Amélie or others recommended in the book Rent Two Films and Let’s Talk in the Morning by John W. Hesley and Jan G. Hesley, published by Wiley, as well as keeping a journal on the outcomes of actions planned in this exercise.
BEING GENUINELY UNSELFISH

What’s the point of being unselfish? In a way, it seems like a contradiction to ask, “If I’m unselfish, what’s in it for me?” However, it can be answered. For many reasons, being truly generous and unselfish helps people break addictive patterns and stay sober. So the answer to, “What’s in it for me?” may be “My health, my relationships, my job, my freedom, my sobriety, and ultimately my life.” This exercise will help you to decide whether this is worthwhile for you and why, and if you decide you want to become a less selfish person, to find some ways to work on it.

1. Why do you think it might help you live a happier life to become more unselfish?

Some answers might include: increased self-respect, better relationships with other people, less frustration and envy, and a better connection with your spiritual values. Do any of these make sense to you and sound like things you want?

2. Name a person whom you trust, admire, would go to for help with a problem, and want to be like: _______. Now give some examples of ways this person is unselfish.

Which of the same things could you do?

3. The word genuinely in the title of this activity means that the unselfishness has to be real, not for show to impress people or manipulate them. The best way to do this is to practice doing at least one generous thing a day and not letting anyone else know about it. What generous things could you do each day without anyone else knowing, including the people you do them for?
EXERCISE 22.A

4. How do you think your thoughts and feelings about yourself would change through your practicing generosity? ___________________________________________________________
   ___________________________________________________________

5. Do you think this would make a difference in your ability to live the life you want to live? If so, how? ________________________________________________________________
   ________________________________________________________________

6. Name three ways unselfishness would support your ongoing sobriety/recovery from addictive behaviors. ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

7. Use this space to describe your plan to become more unselfish in your daily life.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
GETTING OUT OF MYSELF

GOALS OF THE EXERCISE
1. Develop a realistic sense of self, without narcissistic grandiosity, exaggeration, or excessive sense of entitlement.
2. Understand the relationship between narcissistic traits and addiction.
3. Develop empathy for other people, particularly victims of the client’s narcissism.
4. Identify past experiences of helping others and their positive effects.
5. List skills and abilities the client has that could be helpful to others.
6. Identify organizations or groups the client could help.
7. Create and carry out a plan to assist a group or organization of the client’s choice.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Antisocial Behavior
- Conduct Disorder/Delinquency
- Oppositional Defiant Behavior
- Relapse Proneness
- Suicidal Ideation
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Getting Out of Myself” activity is based on the 12-step principle of service work. One tenet of Alcoholics Anonymous and other 12-step programs is that when nothing else works to help a person stay sober, helping another alcoholic/addict succeeds. This exercise presents this concept to the client, then guides the client in identifying benefits of past experiences of helping others. It guides the client in identifying special skills or abilities they have to offer and groups they might assist, then in creating a plan to engage in some form of formal or informal helping activity to reduce isolation, increase self-esteem, and get the client’s emotional focus balanced between their own issues and those of others. This exercise is suitable for individual or group use, in session, or as homework. Follow-up can include keeping a journal about ongoing experiences with helping activities and discussing outcomes of these activities.
GETTING OUT OF MYSELF

Human connections have a healing power that helps us with many problems. Whether we are struggling with addictive patterns, depression, anxiety, grief, or physical illness, emotional isolation is often one of the sources of our problems and makes our suffering worse. Connecting emotionally with others on a meaningful level, doing things that get our focus off our problems and pain, can help both us and those others. It strengthens relationships and reduces our feelings of isolation, boosts our self-esteem, gives us the benefit of others’ insights and experience, and lets us experience their interest in and regard for us. This exercise will guide you in connecting with other people in ways that will enhance your recovery.

1. Think back to a time when you got involved with helping others in some way: raising money for a good cause, helping friends move, helping a child do homework, helping an elderly person with day-to-day tasks. What prompted you to get involved? What did you do and how did you feel about it before and afterward? _____

2. Are you involved with any helping activities now, including service work in a 12-step program?

If so, what are you doing, what led you to get involved with this activity, and how does it contribute to your life today? _____

3. Use this space to list any special talents or training you have to offer (e.g., building or repairing things, teaching a skill, being multilingual, being artistic, being a good listener). _____

4. What organizations or groups of people could you volunteer to help out? If you don’t know of any, how could you find them? _____
5. When during your typical day and week would you have some time to help others out?


6. Use this space to make a plan to contact a group that could use your help, find something you can do to help them, and make a schedule for this activity.


Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about this exercise. After you’ve been acting on your plan and helping out in the way you’ve chosen for two weeks, talk with your therapist about how it’s affecting your recovery.
ASSESSING READINESS AND PREPARING TO QUIT

GOALS OF THE EXERCISE
1. Accept chemical dependence on tobacco and begin to actively participate in a recovery program.
2. Establish and maintain total abstinence from nicotine products while increasing knowledge of the addiction and the process of recovery.
3. Develop personal reasons for working on a recovery plan for tobacco use disorders.
4. Withdraw from tobacco, stabilize physically and emotionally, and then establish a supportive recovery plan.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Relapse Proneness
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Assessing Readiness and Preparing to Quit” activity is designed to help the client plan for successful cessation of tobacco use. It is designed to be the client’s creation. This exercise works well for individual therapy but can also be useful for groups. The larger tasks outlined in the exercise include assessing readiness and preparing to quit while assessing previous attempts at stopping. Psychoeducation about the risks of continuing use of tobacco products while also attempting to recover from other mental health or addiction issues will be vital to remove this as a relapse trigger itself. Follow-up could include “Addressing Relapse Triggers,” “Relapse Prevention Planning,” “Personal Recovery Planning,” and “Use of Affirmations for Change” exercises contained in this manual.
ASSESSING READINESS AND PREPARING TO QUIT

No one starts using tobacco products because they want to get addicted. Some people don’t think about it at all. Most people who use tobacco products become addicted very quickly, and many deny that they are addicted. Although everyone’s experience is unique, common physical factors (i.e., physical pleasure and cravings, biological processes), as well as social (i.e., what your peers see as normal) and psychological factors, (i.e., relaxation, pleasure) play important roles in maintaining the addiction. Giving up tobacco products requires taking a realistic look at this addiction and why it is so hard to quit. You can gain useful information from attempts you may have already made to quit (what worked, what didn’t?).

This exercise (and the two following in this manual titled “Addressing Tobacco Relapse Triggers” and “Use of Affirmations for Change”) will help you to plan the three basic components of a successful smoking/chewing cessation plan: (1) increasing your motivation, (2) finding and using supports, and (3) learning and using alternative coping skills.

PREPARATION/GETTING READY

1. What signs of addiction do you see in your use of tobacco products (e.g., increased use, multiple failed attempts to quit, tolerance, withdrawal, continued or resumed use despite negative consequences)?

2. What denial-oriented statements have you used to rationalize continuing to use (e.g., “My life is too stressful now,” “I’m not mentally prepared to quit,” “I’ll probably fail if I try to quit now”)?

3. List five ways tobacco use has negatively impacted your and/or others’ lives.
EXERCISE 23.A

4. What are the top three reasons you want to give up tobacco use, as of today? 

5. List ten things that will result from establishing and maintaining total abstinence from tobacco products. 

6. What family, social, and emotional challenges will you face in your recovery plan? 

7. Part of a successful recovery plan is identifying your doubts and fears about quitting, to prevent setting yourself up for defeat even before you start. What are your doubts and fears about quitting? 

8. If you’ve quit before, what worked for you, and what led to your return to using tobacco? 

9. Please set a start date to begin carrying out your plan. 

10. How and when will you tell your family, friends, and coworkers about your plan? 

Be sure to bring this handout with you to your future therapy sessions, and be prepared to discuss your thoughts and feelings about this exercise as you begin your recovery plan.
ADDRESSING RELAPSE TRIGGERS

GOALS OF THIS EXERCISE
1. Establish and maintain total abstinence from tobacco products while increasing knowledge of the addiction and the process of recovery.
2. Accept chemical dependence on tobacco and begin to actively participate in a recovery program.
3. Identify known triggers or cues for tobacco use relapse and develop strategies to maintain abstinence from tobacco.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Relapse Proneness
- Substance Use Disorders
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Addressing Relapse Triggers” activity is designed to help the client plan for successful cessation of tobacco use. It is designed to be the client’s creation. This exercise works well for individual therapy but can also be useful for groups. It is important to address the connection between tobacco addiction and other addictions and the significance of working on recovery from all addictions (including tobacco) and treatment of other mental health disorders concurrently.
Establishing and maintaining total abstinence from tobacco products is similar to establishing abstinence and recovery from other addictions. Some of the same strategies you’re using to address other addictive behavior or mental health issues will work with tobacco use recovery. This exercise is designed with the basic components of a successful tobacco use cessation plan in mind—specifically, planning for relapse, prevention, finding and using available supports, and learning/using alternative coping skills to replace the addiction(s).

1. Here is a partial list of common relapse triggers. Which of these triggers will you have to watch out for?
   - Negative emotions
   - Social pressures
   - Stress
   - Interpersonal conflict
   - Positive emotions
   - Boredom
   - Testing personal control
   - Anxiety
   - Self-defeating thoughts
   - Weakening motivation
   - Justifications for continued use
   - Particular situations
   - Times of the day
   - Specific events
   - Paired association with other activities (i.e., morning coffee, driving, etc.)
   - Strong cravings
   - Other addictions
   - List others specific to you that are not included above:

2. Of these triggers, which can you avoid? _______________________________________

3. What is your specific plan to cope with each of the triggers you identified that you can’t avoid?

4. Which of the following methods or sources of support will you use to deal with triggers and cues to smoke, chew, or snort tobacco products, and how will you use them?
EXERCISE 23.B

a. Self-help groups
b. Acupuncture
c. Medications
d. Hypnosis
e. Biofeedback
e. Publications and reading materials
f. Smoking cessation clinics and programs
g. Online support
h. Other:

5. Name five ways your family, friends, and coworkers can support you in your abstinence from tobacco products.

6. How will you handle cravings and other withdrawal symptoms? (Remember, they are temporary and will pass. The longer you abstain, the more your withdrawal symptoms will lessen in both frequency and intensity, the faster they will pass, and the better you will be at managing them.)

7. What other addictive behaviors need to be managed to keep your tobacco sobriety in check (e.g., eating disorders, alcohol use, gambling, etc.)? How do they work together to increase your relapse risk?

8. What rewards will you give yourself for abstinence, and when?

Be sure to bring this handout with you to your future therapy sessions, and be prepared to discuss your thoughts and feelings about this exercise as you begin your recovery plan.
USE OF AFFIRMATIONS FOR CHANGE

GOALS OF THE EXERCISE

1. Learn how self-talk influences self-image, moods, and behavior.
2. Substitute positive self-talk for negative self-talk to improve self-perception and ability to cope with difficult situations.
3. Learn to use subject-specific affirmations to change behaviors and achieve or maintain abstinence from addictive patterns.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Chronic Pain
- Gambling
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Substance Intoxication/Withdrawal
- Substance Use Disorders
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH CLIENT

The “Use of Affirmations for Change” is an evidence-based activity, relying on two cognitive principles: (1) When people are presented with information repeatedly, they are likely to accept it as true, altering their cognitions more each time they’re exposed to it; and (2) when people find their actions in conflict with their beliefs or values, it causes cognitive dissonance, which is usually resolved by modifying the behavior rather than the belief system, especially if the belief system continues to receive reinforcement. In this activity, this process is used to shift the client’s cognition and behavior.

This exercise empowers the client, guiding them through a first use of a structured stress-management meditation, with the client choosing the goal and designing their own affirmation. Follow-up can include keeping a journal and reporting back to the therapist and treatment group, after three to four weeks, about changes experienced as a result of consistent daily use of affirmations.
USE OF AFFIRMATIONS FOR CHANGE

All of us have negative beliefs about ourselves because of painful experiences or things others have said to us. When we talk to ourselves, silently or aloud, what we say is often critical and negative. This negative self-talk molds our thoughts, feelings, and actions, and overcoming it takes work. However, when we do this work, we learn to think of ourselves in ways that are more balanced and realistic, that support our recovery efforts and feelings of self-worth, and that help us stop self-destructive behaviors. This exercise will help you identify the harmful messages you give yourself and increase your ability to replace them with more realistic and positive self-statements.

1. We all talk to ourselves as we go through the day, either aloud or silently in our thoughts. Over the next week, pay attention to the things you say to yourself, about yourself, and your actions. Also, notice when anyone else gives you messages about yourself (e.g., your boss, coworkers, family members, or friends). When you find yourself saying negative things in your self-talk, or when others are negative or critical to you, note here what negative messages you repeat to yourself or hear from others most often. Then rewrite them to express your desired situation and self-view in reasonable but positive terms, and imagine what it would be like to hear these positive messages instead of the negative ones.

<table>
<thead>
<tr>
<th>Negative Self-Statements</th>
<th>Positive Self-Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex.: I can’t stay sober.</td>
<td>I like being clean and sober.</td>
</tr>
<tr>
<td>Ex.: I’m weak and this is too hard.</td>
<td>I am learning new skills and getting better.</td>
</tr>
</tbody>
</table>

2. Think about a situation in your life that bothers you. List the negative self-statements that accompany this situation, then describe your feelings when you think about these negative statements. Create positive self-statements to replace those negative messages.

Situation: 

NICOTINE USE/DEPENDENCE  167
### Exercise 23.C

**Positive Replacement**

<table>
<thead>
<tr>
<th>Negative Statement</th>
<th>Feelings</th>
<th>Positive Replacement Statement</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

3. Does this situation seem more manageable to you after doing this? If so, what’s different?

4. Here’s a specific way to use positive self-statements to solve a problem or make a change in your life, such as quitting smoking. This is based on two scientific principles. The first is that if we hear something over and over, we start to believe it: Why do you think negative messages have so much power? If this wasn’t true, advertisers wouldn’t spend their money to make sure we hear their messages again and again. The second principle is that when there is a mismatch between our actions and what we believe, it makes us uncomfortable, and we tend to change our actions to match our beliefs. This activity is designed to change your beliefs about a situation in your life so your actions will change to match the new beliefs. Name a problem or change you’d like to make here.

5. Now think about the way you want things to be in this situation, and describe it in one short sentence. Use the present tense, and use only positive terms: Talk about what will be going on, not what won’t be. For our example of quitting smoking, the sentence could be something like “I love living smoke free and breathing fresh air.” Write your sentence here.

6. Now create a mental picture to go with that sentence, which is called an affirmation. For our example, you might picture yourself strolling along a beach taking deep breaths of clean salty air, or walking in a pine forest in the mountains smelling the breeze through the trees. Close your eyes, picturing this mental scene as clearly as you can for 10 or 15 seconds, and repeat your affirmation in a quiet voice. What is this like for you? What feelings and thoughts come up?
7. Now write your affirmation on small cards or pieces of paper and put them where you will see them several times a day, in places like your bathroom mirror, your wallet or purse, your car’s dashboard, your desk, your refrigerator, and so on. For one month, make it part of your routine to stop what you’re doing 10 times a day for 30 seconds to close your eyes, visualize your mental picture, and repeat your affirmation to yourself. You may even want to write it out before or after you do this. This will only take five minutes out of your day and you can do it almost anywhere, so it won’t be hard to do. Don’t try to use more than two affirmations in the same month, or they won’t work very well.

8. Answer this question after a month of testing your affirmation: What changes do you see in your behavior from the time you started using this affirmation until now?

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
INTERRUPTING COMPULSIVE THOUGHTS AND URGES*

GOALS OF THE EXERCISE
1. Develop and implement a daily ritual that interrupts the current pattern of compulsions.
2. Reduce time involved with or interference from obsessions and compulsions.
3. Function daily at a consistent level with minimal interference from obsessions and compulsions.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anxiety
- Bipolar Disorder
- Borderline Traits
- Eating Disorders and Obesity
- Gambling
- Impulsivity
- Nicotine Use/Dependence
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Self-Harm
- Sexual Promiscuity
- Substance Use Disorders
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
“Interrupting Compulsive Thoughts and Urges” teaches clients to disrupt rumination and compulsive behavior by doing jobs or tasks they dislike when these thoughts arise. The exercise has three parts: First, the client lists three to five unpleasant tasks to perform when compulsive thoughts emerge. The list should include things they can do

in varied settings (e.g., home, school, or workplace). Part Two asks the client to commit to trying this solution for two weeks. The final phase asks the client to assess changes resulting from the activity and consult with the therapist about possible modification(s). Follow-up can include reporting back to the therapist and/or group on outcomes and planning use of the technique for other behavior patterns the client wants to change.
INTERRUPTING COMPULSIVE THOUGHTS AND URGES

This intervention aims to reduce the frequency and intensity of compulsive thoughts and behaviors by having you perform a job or task you don’t like when the thoughts come up. This method may seem unusual, because most of us prefer not to do things we dislike. The idea is that by committing to perform these unpleasant tasks when compulsive cycles start, you’ll be able to reduce the frequency of the compulsive thoughts or behaviors, which are also things you’d rather not be doing.

The assignment contains three parts. The first asks you to list unpleasant tasks you can perform in places where your compulsions arise, especially at home and work or school. Part Two is a commitment to try this approach for two weeks, then check how well it has worked. Part Three is talking with your therapist about any improvements you can think of in using this activity in your life.

CHOOSING SELF-INTERVENTION JOBS/TASKS

1. Think of three to five unpleasant jobs or tasks you can perform when compulsions emerge. The tasks should not be time-consuming, but they should be unpleasant enough to disrupt your obsessions/compulsions. Examples: weeding for 10 minutes, scrubbing a toilet, or making small talk for a short time with an annoying person. You’re asked to create a list of three to five unpleasant tasks because you can’t always use the same task in different settings (e.g., you probably can’t clean the bathroom at work unless it’s part of your job). Some days will be better than others; you may have an increase in your compulsions on some days, but keep at it.

What are three to five unpleasant tasks that you can perform to interrupt your obsessions/compulsions?

A. 
B. 
C. 
D. 
E. 

2. After reviewing the list, what job(s) or task(s) do you feel would be most effective at home?
3. At school or work? ____________________________________________
4. In a public setting? ___________________________________________

EFFECTIVENESS ASSESSMENT

Please answer these questions after two weeks of performing the unpleasant job(s) or task(s):

1. When you began experiencing compulsive thoughts, how often did you use the tasks?
   ___ 0–20%  ___ 20–40%  ___ 40–60%  ___ 60–80%  ___ 80–100%

2. If you didn't perform the jobs or tasks consistently (less than 60%), what interfered? ____________________________________________

3. Overall, how successful was this technique in interrupting or managing your compulsions?

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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Totally</td>
<td>No</td>
<td>Highly</td>
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<tr>
<td>Unsuccessful</td>
<td>Change</td>
<td>Successful</td>
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4. Which jobs or tasks were most helpful interrupting your compulsions? __________

5. Which ones, if any, were not effective in interrupting your compulsions? __________

6. If anything interfered with your use of this method and caused an increase in your symptoms, what happened? ____________________________________________

MODIFICATIONS OF THE INTERVENTION

1. After evaluating your progress, what changes would you make with this method?

   ____________________________________________
2. What other unpleasant jobs or tasks can you use to interrupt compulsive thoughts and actions?  

Please be sure to bring this handout back after you've done the two weeks of testing this method and talk over the results with your therapist and/or your therapy group.
**REDDING COMPULSIVE BEHAVIORS**

**GOALS OF THE EXERCISE**

1. Identify compulsive behaviors and their irrational basis.
2. Develop and implement realistic self-talk techniques to reduce the frequency of compulsive behaviors.
3. Develop and implement a daily ritual that interrupts the current pattern of compulsions.
4. Develop a greater sense of control over compulsive behavior rituals and reduce their frequency.

**ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL**

- Anxiety
- Bipolar Disorder
- Borderline Traits
- Eating Disorders and Obesity
- Gambling
- Impulsivity
- Nicotine Use/Dependence
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Self-Harm
- Sexual Promiscuity
- Substance Use Disorders
- Unipolar Depression

**SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT**

The “Reducing Compulsive Behaviors” activity is for clients suffering from obsessive-compulsive disorder (OCD) who enter treatment believing that they have no control over their behavior patterns or thoughts. The exercise is designed to increase their

---

sense of control and reduce the frequency of compulsive behaviors. You may want to review the main elements of this homework assignment with the client before it is given, helping them to understand positive self-talk and behavioral interruption principles. Review the client’s success and make any adjustments in the technique as needed. Follow-up can include talking in individual or group therapy about ways to use this method in other areas of the client’s life.
Compulsive behaviors are repetitive, intentional actions a person takes in response to obsessive thoughts or according to eccentric rules. They are done to relieve or prevent anxiety or discomfort, often about some dreaded possible event or situation. These ritualized actions either involve going to unnecessary extremes, such as relocking a door several times before leaving home, or aren’t connected in a realistic way with what they are meant to relieve or prevent. This activity will help you examine your compulsive behavior rituals and provide you with techniques to increase your control over these behaviors and reduce the strength and frequency of the thoughts that drive them.

1. Please list compulsive actions you engage in on a frequent basis:

2. Rate the degree of control you believe you have over these compulsive behaviors:

   |   |   |   |   |   |
   | 1 | 2 | 3 | 4 | 5 |
   | No Control | Total Control |

3. How do you believe these behaviors help (e.g., relaxing, less anxiety, stops my thinking about it)?

4. Rate how rational you believe your compulsive actions are (Do they make sense?):

   |   |   |   |   |   |
   | 1 | 2 | 3 | 4 | 5 |
   | Irrational and Unreasonable | Totally Rational and Reasonable |

5. To what degree, if any, have you used alcohol/other drugs to reduce obsessions and/or compulsive behaviors?

6. Positive realistic self-talk works well to counteract compulsive urges. Read the following self-talk messages, then write any additional messages you believe could be helpful for you.
   a. This behavior is not reasonable and I will not do it.
   b. I can resist this urge, and it will go away eventually.
c. Anxious feelings will return after I perform this action, so I’m not going to do it.
d. I’m going to think of a pleasant, calm scene until this urge passes.
e. I’m going to focus my attention on another task so that the urge passes.

7. Select two of these messages you think would work best for you: ______    ______

8. It also works to create and use rituals to interrupt compulsive patterns. The ritual is a substitute for a compulsive action, one that’s more under your control. List some things you can use as substitute rituals when compulsive urges come up (e.g., clean house, take a walk, call a friend).

9. For one week, use positive self-talk and substitute rituals when you feel compulsive urges and rate how they work for you:

Day 1:

1 2 3 4 5
No Very Successful
Success

Day 2:

1 2 3 4 5
No Very Successful
Success

Day 3:

1 2 3 4 5
No Very Successful
Success

Day 4:

1 2 3 4 5
No Very Successful
Success
Day 5:

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<th>3</th>
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<tbody>
<tr>
<td>No</td>
<td>Success</td>
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Day 6:

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<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>No</td>
<td>Very Success</td>
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Day 7:

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<th>5</th>
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<tbody>
<tr>
<td>No</td>
<td>Very Success</td>
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10. Using these techniques, please rate the degree of control you believe you have over your compulsive behaviors now:

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<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>Total Control</td>
<td></td>
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11. What work, if any, needs to be done to address your use of substances as they relate to your obsessions or compulsions?


Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise as well as any treatment issues related to addressing OCD and substance use.
INTEREST AND SKILL SELF-ASSESSMENT

GOALS OF THE EXERCISE
1. Assess personal interests and abilities and identify ways to apply existing personal skills in work situations.
2. Understand the relationship between the stress of occupational problems and addiction.
3. Plan ways to bring more meaning and fulfillment to work life.
4. Identify relapse risk factors in work situations and plan strategies to cope with them.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Dependent Traits
- Spiritual Confusion
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Interest and Skill Self-Assessment” activity is designed to help clients gain clarity about their interests and priorities and identify things they do well. It provides encouragement to explore new ways to apply interests and skills in occupational pursuits. It guides the client through an interest self-assessment, a skill self-assessment, a recovery assessment, and a plan for implementing changes to their existing work situation or choosing what they may pursue in the future. It may be helpful for clients to visualize what their work lives would look like if they were truly fulfilling their lives’ purposes.

If the new insights lead clients to decide to change their existing jobs or careers, it might be useful to have them work with career counselors. Follow-up could include bibliotherapy with the books *Do What You Are: Discover the Perfect Career for You Through the Secrets of Personality Type* by Paul Tieger and Barbara Barron-Tieger and/or *What Color Is Your Parachute? A Practical Manual for Job Hunters and Career Changers* by Richard Bolles.
INTEREST AND SKILL SELF-ASSESSMENT

If you’re unsatisfied with your current job, if your work environment puts your recovery at risk, or if you have lost your job, it may help to analyze your interests and what you do well before you decide what to do about your future employment. When you do something you enjoy and are good at, it improves the quality of your life. It’s also vital to choose work that supports your recovery, or at least doesn’t interfere with it. This exercise will guide you in determining your own interests and skills.

INTEREST SELF-ASSESSMENT

1. What parts of your current or most recent job are interesting and what parts do you like most? What do you dislike? ____________________________________________

2. What work would you choose if you could do what you truly enjoyed? (For the purpose of this exercise, eliminate money, family, other responsibilities as factors.) ____________________________________________

3. Of the items listed below, circle those that give your life the greatest meaning:
   - Satisfaction with family life
   - Friendship/connection with others
   - Good health
   - Spiritual awareness
   - Helping others
   - Recognition
   - Material success
   - Educational achievement
   - Creative outlet/expression
   - Personal growth/awareness
   - Career advancement
   - Integrity
   - Sense of accomplishment
   - Other(s): ____________________________________________

SKILL SELF-ASSESSMENT

4. What are your strongest skills or abilities? ____________________________________________

   ____________________________________________
5. Do you use them in your current job? If so, how? ___________________________

6. If not, what work or employment would let you put those skills or qualities to good use? ___________________________

7. What is the most important thing for you in choosing a profession and enjoying it (e.g., interest or skill, items in question 3)? ___________________________

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**RECOVERY ASSESSMENT**

8. How do your current work environment, coworkers, work schedule, etc. support your recovery? ___________________________

9. How does your current work environment put your recovery in jeopardy (e.g., addictive actions encouraged, stressful work conditions, schedule prevents meeting and treatment attendance)? ___________________________

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**PUTTING-IT-ALL-TOGETHER PLAN**

10. In reviewing your answers to the above questions, what parts of your current work situation are acceptable, and what things would you like to change?

   ___________________________________________________________

11. What are you willing to do to work toward making these changes in:
   a. The next month? _______________________________________
   
   b. The next year? _______________________________________

   ___________________________________________________________
12. What skills/resources may you have to develop/hone to increase your success in your current work environment (i.e., assertiveness, time management, realistic expectations of work performance/advancement opportunities, time needed for recovery obligations, etc.)?

Be sure to bring this handout to your future therapy sessions to discuss your questions, thoughts, and feelings with your therapist or group as you continue this activity.
WORKPLACE PROBLEMS AND SOLUTIONS

GOALS OF THIS EXERCISE
1. Maintain a program of recovery from addictive behaviors and cope constructively with workplace stressors that might be triggers for relapse.
2. Understand the relationship between the stress of occupational problems and addiction.
3. Identify connections between occupational problems and addictive behaviors.
4. Identify behavioral changes that would help resolve occupational problems.
5. Identify self-defeating thoughts and feelings associated with current and past work problems.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anger
- Antisocial Behavior
- Borderline Traits
- Impulsivity
- Legal Problems
- Living Environment Deficiency
- Narcissistic Traits

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Workplace Problems and Solutions” activity is suited for clients who have consistently had behavioral problems at work. For those unable to see the connection between addictive behavior and work problems, this exercise will increase insight. For the client who can recognize a relationship between addiction and work problems but needs help identifying relapse risk factors, it will increase awareness and help with solutions. The activity helps clients identify feelings, thoughts, and behaviors that may be barriers to employment and helps them generate possible solutions. Awareness and personal responsibility for behavior are two critical aspects of recovery. Addressing workplace problems and their relationship to addictive behaviors requires dealing with the associated denial, minimization, or blaming. For clients who are not currently employed, it can be used to assess past difficulties so that future employment is geared toward success.
WORKPLACE PROBLEMS AND SOLUTIONS

Occupational problems can take many forms: problems with authority, conflict with coworkers, stressful work environments, addictive behavior being enabled or encouraged, difficult adjustment to retirement/layoff, underemployment/unemployment due to performance or attendance problems, and so on. Cause-and-effect between addictions and problems at work can run both ways. Addictive behavior may cause work problems, and stressful work environments may contribute to addiction and relapse. This exercise will help you see connections between difficulties you’ve had with work and with addictive behavior, and create solutions.

1. List the last four jobs you’ve held and the problems you’ve had in each job:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. Please list any common problems you have had in more than one work environment in the left-hand column. In the right-hand column, identify the connections to addictive behaviors or ways these problems are recovery issues. Below are some examples.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Relationship to Addiction/Recovery</th>
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<tr>
<td>Fired for insubordination</td>
<td>Conflicts with authority figures</td>
</tr>
<tr>
<td>Lack of meaning to life after leaving job</td>
<td>Used addictive patterns to cope</td>
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__________________________________________________________________________
__________________________________________________________________________

3. If you are currently working, does your work environment place you at risk of relapse, and if so, how (e.g., coworker’s addictions, job dissatisfaction, long work hours)?

__________________________________________________________________________

4. What is your plan to address each of the risks you identified in question 3?

__________________________________________________________________________
EXERCISE 25.B

5. What discouraging thoughts or self-talk have you had, or do you have now, about your work situation (e.g., “I can’t do this job,” “I’ll fail like the other times,” “No one will hire me”)?

6. For each negative thought you identified in question 5, write a more realistic, positive replacement thought (e.g., “I’m as capable as the other people doing this job, if they can do it so can I,” “I’ve learned from past mistakes and am better prepared”).

7. What behavior changes do you need to make to solve or avoid problems you’ve had at work in the past? It may help to ask others you trust to make suggestions.

8. What will you do this week to address one of the problems you listed for question 3?

9. What will you do during the next month to address this problem?

10. After completing questions 7, 8, and 9 and carrying out the actions you said you would take, record your evaluation of how you did.

Please bring this handout with you to future therapy sessions and talk over any questions or ideas you have, and be prepared to talk about this assignment with your therapist or your group.
ANALYZING ACTING-OUT BEHAVIOR

GOALS OF THE EXERCISE
1. Decrease the frequency of occurrence of angry thoughts, feelings, and behaviors.
2. Gain insight into patterns of self-defeating impulsivity.
3. Learn to recognize patterns leading to impulsive self-sabotage and stop them before they lead to serious consequences.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anger
- Antisocial Behavior
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Dangerousness/Lethality
- Impulsivity
- Peer Group Negativity
- Sexual Promiscuity

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Analyzing Acting-Out Behavior” activity is written primarily for clients with patterns of impulsively engaging in oppositional, antisocial, and/or self-defeating behavior with little thought of the consequences. It works to heighten motivation for change by focusing the client on emotional discomfort at not understanding their own behavior, then offers a guided analysis of the client’s mental and emotional state just before the behavior, the trigger, and the acting-out process. It further prompts the client to engage in self-monitoring in future acting-out situations. Finally, it asks the client to list strategies to stop impulsive acting-out upon realizing that “I’m doing it again.” This is intended to break the cycle of unthinking acting out by triggering awareness of consequences and the fact that the behavior is self-defeating, and diverting the client to an alternative strategy they have chosen.

This exercise is useful for individual or group homework and discussion. Follow-up can include involving significant others. In the case of adults, getting feedback from family or partners, and in the case of adolescents, involving parents, teachers, coaches, ministers, etc. Have the client get feedback from them and share it with the therapist or group.
Do you ever find, when someone asks you why you did something that led to trouble, that the only honest answer you can give is, “I don't know”? If so, you know that response doesn't satisfy people. You may have asked yourself the same question before they did. Impulsive and self-destructive actions, ones we later regret, are part of addiction. So is blaming others for acting-out behavior rather than taking responsibility for it ourselves. It helps to get a better understanding of our own thoughts and feelings when we're doing those things, so we can cut the process short when it starts and increase our personal accountability for our behavior. This exercise will help you learn to do that.

1. Think about the last time you did something impulsive that got you into serious trouble or caused you to feel strong regrets later. Briefly describe that situation (including the triggering event(s) if known) and the resulting consequences.

2. Carefully study what was going on inside you at the time. What were you thinking just before you took the action that caused you problems?

3. What emotions were you feeling?

4. One of the best ways to analyze this kind of impulsive behavior is to carefully teach someone else how to do it. This may sound strange, but it often helps people gain greater understanding. Explain in detail how you act out impulsively. If you are unable to do this at this time, the next time you find yourself starting to act on a thought or feeling that's likely to result in problems, pay close attention to what you're thinking, feeling, and doing. If you forget to do this until after you've acted impulsively, write down the details as soon as you can, while they're fresh in your mind. Try to capture as clear a set of “instructions” as you can on how to do what you do when you act out. Write those instructions below.
5. If you realize that you’re starting to have the same kinds of thoughts and feelings that have led you to act self-destructively before, what can you do to stop the process before you get in trouble or end up doing something you later wish you hadn’t? List at least five strategies you will implement instead. ________________________

________________________________________________________

________________________________________________________

________________________________________________________

6. Identify five positives that will result in learning to reduce impulsive acting out behavior and taking more responsibility for your actions. ________________________

________________________________________________________

________________________________________________________

________________________________________________________

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
LEARNING TO ASK INSTEAD OF DEMAND

GOALS OF THE EXERCISE
1. Understand the effects on others of different forms of expression.
2. Decrease the frequency of angry or overbearing thoughts, feelings, and behaviors.
3. Practice asking for things instead of demanding them in one relationship and evaluate the results.
4. Create a plan to adopt a respectful style of communication.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Family Conflicts
- Narcissistic Traits
- Oppositional Defiant Behavior
- Partner Relational Conflicts

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Learning to Ask Instead of Demand” activity is designed for clients whose communication and relationship styles frequently present as disrespectful or inconsiderate. Its approach is to examine reasons why people may resist asking for what they want rather than demanding it, then shift to a pragmatic view with the aim of finding the communication style that will work best. It then asks the client to select a relationship on which to conduct a one-week experiment with a more respectful style and report on the outcome. Follow-up for this exercise could include ongoing discussion with the therapist or treatment group on the impacts of communication styles in other relationships. For adolescents, ask parents or teachers to monitor behavior and provide feedback.
LEARNING TO ASK INSTEAD OF DEMAND

Why should you work at learning to ask people for what you want instead of demanding it? One reason is that it works better. Think about your own reactions. How do you feel when someone asks you for something, compared to when they demand it? Most of us prefer to be asked.

1. List 10 negative consequences of speaking with others in a way that is demanding, aggressive, argumentative, blaming, and angry (think about relationships, your substance use and the ways you feel about yourself).

2. Identify 10 possible benefits in learning to communicate with others in a way that is more respectful, polite, and considerate.

3. One reason why many people try to tell others what to do, rather than requesting, is that they don’t feel right asking, especially if they feel others owe them respect. They may feel they would look weak or unsure of themselves if they asked others for things rather than telling them what to do. This may be due to family or cultural traditions or other reasons. When you picture yourself asking someone to do something rather than telling them, what feelings does that bring up for you?

4. Actually, some of the most powerful people in history have also been very polite to those around them. Great leaders like Abraham Lincoln have been known for being respectful to everyone they talked with. Many people believe that truly strong people are more likely to be gentle, because they don’t need to prove their strength by pushing people around. Think of a strong person who is polite and considerate to others. What is your general impression of that person?
EXERCISE 26.B

5. No matter how we feel about being respectful, to get cooperation in a relationship we need to put ourselves in the other person’s place. Think about situations where others order you around—parents or other family members, bosses, or teachers. Now imagine how you’d feel if they asked you politely rather than telling you what to do. What’s the difference, based on how that person approached you? __________

6. There is always more than one message in everything we say—one message in our words, and at least one message in the way we speak those words. When we ask others for things (e.g., simply saying “please” and “thank you,” saying “Would you . . .”), we’re also saying, *I respect your feelings and your dignity, you matter, and I care how you feel.* When we leave these things out and simply order people around, the unspoken message is, *Your feelings and dignity aren’t important, I don’t have to be polite to you, and I don’t care how you feel.* You may actually care very much about that other person’s feelings, but that is the message you may be sending without meaning to.

Let’s run the experiment. In a current relationship in which you’re used to simply telling the other person what to do, try switching the way you do things for a week, asking this person for what you want instead of demanding it? You might tell them you’re doing this experiment. You can explain that you’re practicing a new way of communication to show that they’re important to you, and that you’re going to try asking for things instead of demanding them. You may slip into the old way during the week. You can ask them to remind you, and they can do that by asking you to rephrase what you’ve said. How does it feel to imagine doing this?

7. In session with your therapist or in your group, practice/rehearse/role-play some examples of what this experiment would actually sound like and write examples in the space below.

8. After trying this experiment for one week, please describe the results here.
9. If you feel this experiment was worthwhile, please use this space to describe a plan to practice this more respectful approach to dealing with people in all of your relationships.

_____________________________________________________________________

_____________________________________________________________________

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
AM I TEACHING MY CHILD ADDICTIVE PATTERNS?

GOALS OF THE EXERCISE
1. Terminate addictive behavior and resolve parent–child relationship conflicts.
2. Understand the relationship between addictive behavior and parent–child conflicts.
3. Understand how parental behaviors contribute to multigenerational cycles of addiction.
4. Improve parenting skills by learning to role model healthy and nonaddictive behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Childhood Trauma
- Dependent Traits
- Family Conflicts
- Partner Relational Conflicts
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Am I Teaching My Child Addictive Patterns?” activity is intended for clients who are at risk of transmitting addictive behavior patterns to their children. It aims to increase motivation for recovery by helping clients see how these behaviors increase the risk of the next generation falling into similar patterns. It lists patterns of addictive thinking and behavior and asks clients to provide examples and then think of ways to model healthy alternatives.

This activity is suitable for use as an individual or group exercise, in session, or as homework. Follow-up can include tracking strategies for change identified in the exercise, as well as videotherapy with films such as Riding in Cars with Boys or others recommended in the book Rent Two Films and Let’s Talk in the Morning by John W. Hesley and Jan G. Hesley, also published by Wiley.
For nearly all parents, one of our greatest hopes is to give our children good childhoods. Many of us who grew up in troubled families promised ourselves we’d do better than our parents. One of the worst things about addictive patterns is that they tend to be passed on, generation after generation. Think about your family’s history. How far back do the patterns go? Those before you probably felt as you do, not wanting to pass the issues on to their children. Why did it happen despite their hopes? Wanting to do better isn’t enough. First, we can’t teach what we never learned. Second, the connections between addiction and these patterns of thinking, feeling, and behavior may not be obvious, so we may set our children up to repeat our problems without knowing we’re doing it. In this exercise we’ll look at attitudes and patterns that are built into addictive lifestyles, so you can work to break the generational cycle. Please take a look at these patterns, list ways you may have been role-modeling them for your children, and decide what you will do to change each one.

1. **Dishonesty.** Lying to ourselves and others, stealing, putting on a front, and playing mind games (e.g., denial, blaming, rationalizing, focusing on looking good over inner qualities).
   Ways I’ve modeled or taught dishonesty to my children: __________________________

   Ways I’ll model and teach honesty: __________________________

2. **Self-centeredness and using people.** Putting our wants above others’ well-being; manipulation, controlling, objectifying others; conning, bullying, etc.
   Ways I’ve modeled or taught self-centeredness and using people to my children:

   Ways I’ll model and teach consideration and respect for others: __________________________

3. **All-or-nothing thinking.** Seeing ourselves, others, and situations in extremes; perfectionism; feeling we are better or worse than everyone else; seeing normal problems as disasters.
   Ways I’ve modeled or taught all-or-nothing thinking to my children: __________________________
Ways I’ll model and teach realistic, shades-of-gray thinking: ____________________________

4. **Doing things to excess.** Going overboard with using, drinking, eating, spending, work, greed, or any activity, often leading to painful consequences.
   Ways I’ve modeled or taught going to excess to my children: ____________________________

   Ways I’ll model and teach moderation: ____________________________

5. **Impulsiveness.** Lack of self-control, not attending to consequences of our actions.
   Ways I’ve modeled or taught impulsiveness to my children: ____________________________

   Ways I’ll model and teach maturity and self-control: ____________________________

6. **Impatience and unrealistic expectations.** Expecting instant gratification; intolerance for frustration or delays; wishful thinking; perfectionism.
   Ways I’ve modeled or taught impatience to my children: ____________________________

   Ways I’ll model and teach patience: ____________________________

7. **Isolation from others.** Lack of trust, poor communication, loneliness, judging ourselves by different standards (usually harsher) than we apply to everyone else, refusal to ask for help.
   Ways I’ve modeled or taught isolation to my children: ____________________________

   Ways I’ll model and teach connection to others: ____________________________

8. **Shame.** Low self-esteem, feeling that we are defective/stupid/ugly/crazy/bad, feeling that if we fail at something or do bad things we’re bad people.
   Ways I’ve modeled or taught shame to my children: ____________________________

   Ways I’ll model and teach self-respect: ____________________________

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
WHAT DO I WANT FOR MY CHILDREN?

GOALS OF THE EXERCISE
1. Identify impacts of the client’s addictive behaviors on their children.
2. Compare client’s childhood experiences to those they are passing on to the next generation.
3. Decrease parent–child conflict and increase mutually supportive interaction.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Anger
- Borderline Traits
- Childhood Trauma
- Family Conflicts
- Impulsivity
- Partner Relational Conflicts
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “What Do I Want for My Children?” activity is aimed at clients whose children are adversely affected by the client’s addictive patterns. It aims to refresh and reinforce the client’s ideals as a parent and increase cognitive dissonance between those ideals and addictive behavior. Follow-up can include bibliotherapy with books such as My Daddy Was a Pistol and I’m a Son of a Gun by Lewis Grizzard and videotherapy using films such as When a Man Loves a Woman, The Great Santini, or others as recommended in the book Rent Two Films and Let’s Talk in the Morning by John W. Hesley and Jan G. Hesley, also published by Wiley.
WHAT DO I WANT FOR MY CHILDREN?

This assignment will help you strengthen your motivation for sobriety and recovery by focusing on how your actions affect your children’s lives, both positively and negatively.

1. Think back to your childhood. All of us looked at some of the things our parents (or whoever raised us) did and told ourselves, “I want to do the same thing with my children someday.” All of us also looked at some of their actions and promised ourselves, “I would never do that with my kids.” List the top five items you said to yourself in each category growing up:
   a. “I will do the same thing for my children someday.”
   b. “I will never do that to my kids.”

2. If you were strongly affected as a child by the addictive behavior of one or both of your parents, or of some other adult who played an important role in your life, please write briefly about what happened and how you felt about it then:

3. Please list any ways you intend to do better as a parent, present or future, than you have done up to now because of your drinking, drug use, or other addictive behavior:

4. Now list parental goals you have that drinking or using might interfere with:

5. If you see that your addictive behavior interferes with your ability to give your children the kind of childhood you want for them, but you keep drinking or using anyway, what does that say about your priorities? If you see here that you’re treating
alcohol, another drug, or another addictive pattern as more important to you than your children, what are your thoughts on this?  

6. If someone you knew put an addiction ahead of their ability to do their best as a parent, what would you want to say to them?  

7. If your children believe you have a problem and you believe you don’t, how will you explain this conflict between your values and your actions to them when they ask?  

8. In what ways has your addictive behavior(s) caused conflicts between you and your children?  

9. List five positive aspects and five negative aspects of your relationship with your children.  

10. What are the ways you would like your relationship to be different?  

11. What ways could a 12-step program of recovery help address these issues for you and for your children?
12. What next steps are you willing to take to work toward creating the childhood you imagined for your children, increase the positive aspects of your relationship and minimize/eliminate the negatives?

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
COMMUNICATION SKILLS

GOALS OF THE EXERCISE
1. Understand the relationship between addiction and partner relational conflicts.
2. Develop and maintain effective communication and sexual intimacy with a partner.
3. Identify ways the client succeeds and fails in communicating with important others.
4. Identify better ways to communicate and learn to use those skills.
5. Learn to teach and use effective communication strategies with others in the client’s life.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Anger
- Borderline Traits
- Family Conflicts
- Narcissistic Traits
- Occupational Problems
- Oppositional Defiant Behavior
- Parent-Child Relational Problem
- Social Anxiety

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Communication Skills” activity is intended for clients whose relationships are troubled due to poor communication skills, on the part of the clients themselves or others. This is critical to relapse prevention, as a common relapse trigger is relationship conflict, and the most common source of relationship problems is poor communication. Follow-up for this exercise could include guided practice in group, couples, or family therapy; keeping a journal about the outcomes of this assignment; and reporting back to the therapist and treatment group on outcomes.
COMMUNICATION SKILLS

Saying what we mean clearly, in a way that is respectful to ourselves and others, is a learned skill. So is hearing all of what others are telling us. Communication takes two skills: (1) expressing ourselves clearly and (2) listening actively. This exercise will help you communicate more effectively.

1. Please name the person with whom you have the most trouble communicating, and why you think this happens. Then do the same for the person with whom it’s easiest for you to communicate.

<table>
<thead>
<tr>
<th>Person with Whom It's Hard to Talk</th>
<th>Why It's Hard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with Whom It's Easy to Talk</td>
<td>Why It's Easy</td>
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2. Now we’ll look at communication styles and how they work. We each have a style we use most:

a. **Aggressive.** Expressing ourselves with little regard for others’ rights, thoughts, or feelings. Aggressive communication can be abusive and judgmental. It may include name-calling, yelling, sarcasm, ridicule, and hostile body language.

b. **Passive-aggressive.** Not expressing ourselves openly. Hinting; talking behind others’ backs; sarcasm; constant complaining; expecting others to know what we think, feel, or want without telling them; refusing to talk even when others can see we’re upset.

c. **Passive.** Not expressing ourselves in ways we fear might upset others, or possibly any way at all. Giving short, uninformative answers; agreeing with whatever others say.

d. **Assertive.** Expressing our thoughts, feelings, and wishes clearly without ignoring those of others; being able to say “no” in a way that respects both others and ourselves.

Which best describes your style? Please give an example of how you use this style.
3. Now we’ll look at specific elements of effective communication and how you can use them:

a. **No mind-reading.** Don’t talk about what you feel others think or feel or what their reasons are for things they do. Most people resent it when others do this to them—it often triggers arguments. Think of a time someone did this to you. Describe the situation, how you felt, and whether it helped the communication:

   

b. **No name-calling.** We get upset with others because of their words and actions. Calling people names isn’t referring to their actions, it’s labeling who and what they are—things they can’t change. Name-calling is one of the surest ways to turn a conversation into an argument. Think of a time when someone called you names. Describe the situation, how you felt, and whether it helped the communication:

   

c. **No interrupting or long speeches.** These two guidelines go together. If we cut others off or finish their sentences for them, the message is, “What you have to say isn’t important enough for any more of my time.” Also, we’re often wrong about what people were about to say when we finish their sentences. It works better to listen until they finish expressing their messages. Of course, for one person to let another talk uninterrupted, both must know they’ll have a chance to speak too. Think of a time someone went on and on or kept interrupting you. Describe the situation, how you felt, and whether it helped the communication:

   

d. **Be specific.** If we say “You always ___” or “You never __,” we aren’t describing a specific action—we’re labeling that person. We’re also mistaken. Even if they often or seldom do something, it’s unlikely that they always or never do it. If we tell others they always or never do things, they’ll immediately think of exceptions. They’ll probably feel hurt that we don’t recognize those exceptions. This leads to argument about the “always/never” part, not to a useful talk about actions we want others to change. Think of a time someone did this to you. Describe the situation, how you felt, and whether it helped the communication:
e. *One thing at a time.* We may have many problems to work out with someone, but if we bring them all up at once, then they will feel overwhelmed. It’s sometimes called “kitchen-sinking,” because it feels to the other person that we’re throwing everything at them including the kitchen sink. Think of a time someone “kitchen-sinked” you. Describe the situation, how you felt, and whether it helped the communication: ___________________________

f. *Claim your own feelings and actions.* A near-guaranteed way to pick a fight is to blame someone for your own feelings or actions by saying “You made me feel ________” or “You made me do ________.” Other people can’t *make* us do anything, unless they use physical force. They can’t make us feel or think a certain way. Do you want to be blamed for someone else’s actions and feelings? To solve a problem instead of starting a fight, it works better to say “When you did (action), (result) this happened, and I felt (emotion).” (See h. below.) Think of a time someone blamed you for their feelings or actions. Describe the situation, how you felt, and whether it helped the communication: ___________________________

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g. *Respond to both the spoken and unspoken parts of the message.* We need to both listen to other people’s words and respond to the emotions we sense in their facial expressions, body language, and tones of voice, after we check to be sure we understand them accurately. It helps when people see that we’re paying attention and trying to understand them. Think of a time someone acknowledged your feelings as well as your words. How did they let you know? How did you feel about it? ___________________________

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h. *Use a structured communication method.*

1. Agree to talk about the issue at a specific time in the near future and at a place that is practical for both people and as free of distractions as possible.

2. Agree on who will talk and who will listen first (you’ll trade places often).

3. The first person makes a short statement using the following format:

   **Event/Result/Emotion**

   “When (event) happened/you did (action), it caused (result), and I felt (emotion(s)).”
EXERCISE 28.A

Think of a time you were upset with someone. How would you have expressed your viewpoint in this format? 

4. The listener then checks for understanding by paraphrasing the message, expressing it in their own words: “If I understand what you’re telling me, it is (paraphrased message).” This is key, because the same words may mean different things to two people.

5. The first person agrees that the second person got the message right, restates any part that was left out or mixed up, or deletes anything that got added.

6. Trade places and repeat the process. After the first time, you can switch to telling one another “I would like you to ______.” The feedback works the same as before.

7. If you are not willing or able to do what the other person wants, tell them so in plain English: “I’m not willing to ______/I can’t ______ because ______.” If you can, offer a compromise. Think of a time someone wanted you to do something you were unable or unwilling to do. How could you have expressed this to the other person? 

8. Keep repeating this process until you both feel you clearly understand each other’s perceptions, feelings, wants, and what you are willing to do for each other.

4. These techniques can seem awkward, but they get easier with practice. To complete the exercise, talk with two important people in your life and practice skills a through h with them.

Be sure to bring this handout back to your next therapy session, and talk with your therapist about the results and any questions or problems you have about communication skills.
GOALS OF THE EXERCISE

1. Understand the relationship between addiction and partner relational conflicts.
2. Develop the skills necessary to maintain open, effective communication, sexual intimacy, and enjoyable time with a partner.
3. Terminate addiction and resolve the relationship conflicts that increase the risk of relapse.
4. Reframe both addiction and conflict as problems to be solved, having much in common with other problems already solved in the past.
5. Maintain a program of recovery, free of addiction and partner relational conflicts.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Dependent Traits
- Family Conflicts
- Parent-Child Relational Problem
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Relationship Assessment” activity guides clients in a systematic self-assessment to identify what issues exist in their primary relationship from their perspective and to imagine how their partner may feel. Follow-up can include keeping a journal and reporting back on successes and lessons learned. This exercise could be adapted for use in a couples session to gain actual feedback from the partner and to work on communication, problem solving, conflict resolution, and recovery issues together.
RELATIONSHIP ASSESSMENT

Taking a look at all of our relationships in recovery is important. Learning to identify our role in conflict in our relationships, as well as being able to see our partner’s perspective, is necessary to improve relationships. Our relationships may have been damaged by our addictive behavior, and the ways we related (or didn’t relate) in our relationships can result in stress and subsequently relapse if they are not changed. Building our primary relationships into supportive ones requires being able to evaluate what’s happened and find ways to begin to shape different interactions. This exercise will help you begin this process.

1. From your perspective, what are the nature and causes of conflicts in your relationship with your partner (i.e., communication, finances, children, dishonesty, negativity, sexual issues, etc.)?

2. What would you imagine your partner’s perspective would be?

3. How has addictive behavior contributed to conflicts? List three instances.

4. If your relationship existed prior to addictive behavior, were the conflicts the same or different? If different, in what ways?

5. How have you chosen addictive behavior as a reaction to conflicts?

6. What are the positive aspects of your relationship from your perspective?

7. What would you imagine your partner would say?
8. How would these positives be enhanced by abstinence/recovery?  

9. What behavior changes do you believe you need to make to improve the relationship?  

10. From your perspective, what changes do you believe your partner needs to make?  

11. Now that you’ve gathered the data about both negatives and positives, what are the benefits you see in working to resolve the issues you and your partner identified?  

12. What’s the preliminary plan in beginning to do this work?  

13. After completing the exercise yourself, consider going back and actually asking your partner about their perceptions. Record them on the same form next to your answers. Compare them to yours. What shared perceptions and differences do you notice?  

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
CREATING RECOVERY PEER SUPPORT

GOALS OF THE EXERCISE

1. Maintain a program of recovery free of addiction and negative influences from peers.
2. Learn the skills necessary to develop a new peer group that is addiction-free and supportive of working a program of recovery.
3. Become more aware of positive changes and progress in treatment by getting feedback from other people.
4. Increase emotional support from others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Conduct Disorder/Delinquency
- Dependent Traits
- Legal Problems
- Living Environment Deficiency
- Oppositional Defiant Behavior
- Relapse Proneness

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Creating Recovery Peer Support” activity is intended for clients who may not feel ready to cut ties with old peer groups. They may not believe that peer associations affect recovery negatively. Multiple efforts may be needed to work through the resistance, ambivalence, fear, and grief related to ending peer relationships, even if the client understands that their influence is negative. It may help to role-play ways to distance or end unhealthy relationships and initiate healthy new ones. It may also be useful to help the client educate their family and supportive friends about addiction and the recovery process. Helping clients reconcile the discrepancy between what they know they need to do and what they want and feel ready to do is necessary to make change happen in this area.
When we were actively engaging in our addictive behavior, we likely heard a lot of negative feedback about our peers. In the early phases of sobriety and recovery, we hear a lot about “people, places, and things” and the need to dissociate from “using peers.” Of course, this is easier said than done. In a first treatment attempt or early in our sobriety, it is common to believe that the only thing that needs to change is the negative behavior itself (i.e., stop using drugs, gambling, acting impulsively). It is also common to believe that we can continue to associate with the people we have used with and just not use ourselves. We believe we will be able to easily refuse or that our “friends” will understand our situation and not offer or pressure.

This theory has been tested by many, many addicts, most often with negative results. Continuing to believe it’s possible and putting yourself in that situation places you, like all addicts before you, at high risk of relapse and the negative consequences associated with it. The time tested way to succeed for addicts who get sober and sustain sobriety and recovery is developing relationships and a peer group that is supportive of recovery. There are many reasons why 12-step programs exist, and there are many reasons why these programs work. One is being helped by and subsequently helping others with whom you have a shared experience.

1. To increase the likelihood of staying in recovery, each of us needs to develop a new peer group that is free of addictive behaviors and supports working a program of recovery. How can you increase opportunities for fellowship with positive peers?

2. What are the benefits to you and your recovery if you do this?

3. What do you foresee as potential barriers?

4. What skills do you need in order to develop new friends?
EXERCISE 29.A

5. List five negative thoughts you tell yourself about a new group of peers that will argue against trying to work on this (i.e., “They won’t understand me like my old peers,” “They’ll all be boring”)?

6. What alternative positive thoughts will you use to challenge these thoughts to increase your chances of taking the initiative, putting in the time, and persisting in making new friends?

7. How will you address the loss of old peers, some of whom you may have known a long time or have felt very close to or have been through a lot with?

8. How can each member of your family become a positive support and help you in your recovery?

9. Write a brief plan to start identifying and making new social contacts.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise. Consider talking about this topic in a 12-step meeting to hear what others have to say about their experience with this situation.
Therapist’s Overview

WHAT DO I NEED AND HOW DO I GET IT?

GOALS OF THE EXERCISE

1. Maintain a program of recovery free of addiction and negative influences from peers.
2. Understand that continued association with a negative peer group increases the risk of relapse.
3. Develop a new peer group that supports working a recovery program.
4. Address fears related to giving up the former peer group.
5. Find healthier ways to meet needs that old peer relationships fulfilled.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Conduct Disorder/Delinquency
- Dependent Traits
- Legal Problems
- Living Environment Deficiency
- Oppositional Defiant Behavior
- Relapse Proneness

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “What Do I Need and How Do I Get It?” activity is for clients whose recovery efforts are undermined by peer interactions. It guides clients to assess this for themselves and draw conclusions based on data they collect. Clients may not feel ready to cut ties with old peer groups. They may not believe that peer associations affect recovery negatively. Multiple efforts may be needed to work through the resistance, ambivalence, fear, and grief related to ending peer relationships, even if the client understands that their influence is negative. It may help to role-play ways to distance or end unhealthy relationships and initiate healthy new ones. Helping clients reconcile the discrepancy between what they know they need to do, what they hear repeatedly from others in recovery or treatment, and what they want and feel ready and able to do is necessary to make change happen in this area. These may be relationships that have existed for a long time and that are as strong as family ties.
WHAT DO I NEED AND HOW DO I GET IT?

Some of the hardest challenges people face in early recovery are relationships with family members, significant others, and friends who continue to engage in addictive behavior or illegal activities, don’t understand or support recovery, mock or ignore treatment and recovery, and encourage addictive behaviors. As you get healthier physically, emotionally, and spiritually, you may find you have less and less in common with some of the people who were closest to you before you got into recovery. Each of us has the right and the responsibility to choose with whom we will associate. We deserve to have the people in our lives support our recovery and respect our decision to live free of addiction. We need to eliminate risks that lead back toward addictive lifestyles and behaviors, and this may include people with whom we’ve shared important parts of our lives. To maintain recovery, we need to increase our contact with positive people who support non-addictive lifestyles. This exercise will help you assess your peer group for risks, identify the benefits of being around people who support your recovery, and begin identifying what you are willing to do for yourself to create a more recovery-oriented support system.

1. Please list some situations when peers encouraged you to engage in addictive behavior or illegal activity.

2. We are responsible for our own choices, but the people we associate with can be a powerful influence. Does your current peer group support addictive behavior (e.g., do they encourage use, use around you, act unsupportive, or make fun of your recovery)? What influence do they have on you?

3. What are some things you’ve said, or heard others say, to deny that peers influence their thinking or behavior? What do you think about those statements?

4. Does continued involvement with your peer group increase your risk of relapse? If so, how do your peers undermine your success in treatment? List up to five ways.
5. What worries do you have about breaking off your connections with current peers and making new contacts?

6. What are the main advantages and disadvantages of changing your peer group from one that increases your risk of relapse to one that encourages a non-addictive lifestyle?

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<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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7. What needs has your addictive peer group fulfilled for you (e.g., fun, excitement, second family, sense of belonging, etc.)?

8. Imagine explaining to your peer group your need to distance or end your relationship for your own well-being. What would you want them to know?

9. If a friend told you that they needed to stop spending time with you for their own good, would you respect your friend's decision? If so, what are your thoughts about making the same decision for yourself?

10. Write a brief preliminary plan to start identifying and making new social contacts.

After completing this exercise, consider working on the exercise also contained in this manual titled “Creating Recovery Peer Support.” It will assist you more specifically in the considerations of creating a peer group supportive of recovery and meeting all the needs of your old group.

Be sure to bring this handout back to your next therapy session, and be prepared to talk over your thoughts and feelings about this topic with your therapist or with your group.
GOALS OF THE EXERCISE
1. Understand the connections between posttraumatic stress symptoms and addiction.
2. Learn coping skills to bring posttraumatic stress symptoms and addiction under control.
3. Promote healing and acceptance and reduce relapse risk by using coping strategies for both addictions and problems related to anxiety disorders.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Anger
- Anxiety
- Borderline Traits
- Childhood Trauma
- Grief/Loss Unresolved
- Self-Harm
- Sexual Abuse
- Suicidal Ideation
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Coping With Addiction and PTSD or Other Anxiety Disorders” activity is for clients who are suffering from unresolved trauma, panic attacks, and related disorders. It addresses self-medication and risky behaviors as factors in trauma, and offers healthier ways to cope with the combined challenge of trauma and addiction. Follow-up can include referral to support or therapy groups for PTSD or other anxiety disorders, assignments to try alternative coping strategies, and reporting back to the therapist and/or treatment group on outcomes.
COPING WITH ADDICTION AND PTSD OR OTHER ANXIETY DISORDERS

Many people suffer from both substance abuse problems and posttraumatic stress disorder (PTSD), panic attacks, or other related disorders. What are the connections between addiction and trauma-related disorders? People who abuse alcohol or other drugs are more likely than others to find themselves in risky situations and suffer trauma, and people with trauma-related disorders are at a higher risk to become addicted to alcohol or other drugs if they self-medicate to relieve their anxiety. If they encounter another traumatic experience in recovery, some don’t believe they can cope without alcohol or other drugs. This exercise will help you plan to overcome issues of this kind.

1. In some cases, people experience traumatic events as a result of their drinking, drug use, or other high-risk addictive behaviors. Please describe any ways you feel your addictive patterns have led to you suffering traumatic experiences: 

2. Sometimes the connection between addiction and anxiety works in the other direction: The traumatic experiences or other anxiety problems come first, and when people use chemicals (or intense experiences) to temporarily block the pain, they get hooked. Have painful experiences led you to drink, use, or otherwise act out addictively? If so, how?

3. List five ways managing your PTSD symptoms will be important for your sobriety from addictive or other self-destructive behaviors.

4. Many people find that methods they use to overcome addictions, such as participating in recovery programs, learning coping skills, and finding replacement activities for substance use, also help them deal with trauma-related disorders. What recovery tools might help you deal with PTSD, panic attacks, or related disorders?
5. On the other hand, some techniques that are often used with anxiety disorders may not seem to fit into recovery from substance abuse, such as the use of anti-anxiety drugs and other prescribed mood-altering medications. If your doctor instructs you to take potentially addictive medications for a trauma-related disorder, have you talked about your substance abuse issues with that doctor? If so, what did they tell you about this? If not, what keeps you from talking to your doctor about this recovery issue, and what effect might keeping this secret have on your treatment and your risk of relapse? 

6. If you are working a 12-step program, do you know your program’s policy about the use of prescribed mood-altering medications? Alcoholics Anonymous takes the position that if your doctor knows your history of addiction, is experienced in working with people with addictions, has prescribed your medication with that knowledge, and you are taking it exactly as prescribed, then you’re doing what you need to do to stay sober. Other programs have similar policies. If you have questions, check the official literature.

7. Do you know others in a 12-step program who take prescribed mood-altering medications? How do they avoid the trap of substance abuse? 

8. Please describe the tools you will use to cope with the combined problems of substance abuse and PTSD or other related disorders: 

Consider working through the exercises “Relapse Prevention Planning” and “Personal Recovery Planning” in this manual to assist you in both addressing the complexity of symptoms in healing from PTSD and incorporating your PTSD symptoms into the plan for recovery from alcohol, other drugs, and/or other addictive behaviors. Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
SAFE AND PEACFUL PLACE MEDITATION

GOALS OF THE EXERCISE
1. Learn coping skills useful for bringing PTSD symptoms and addiction under control.
2. Learn and practice a healthy method to achieve deep relaxation in many situations.
3. Improve ability to cope with stress in a healthy way.
4. Learn to achieve quick relief from posttraumatic stress symptoms.
5. Recognize the first signs of anger and use behavioral techniques to control it.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anxiety
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Borderline Traits
- Childhood Trauma
- Chronic Pain
- Grief/Loss Unresolved
- Medical Issues
- Obsessive-Compulsive Disorder (OCD)
- Self-Harm
- Sexual Abuse
- Sleep Disturbance
- Substance Intoxication/Withdrawal

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Safe and Peaceful Place Meditation” activity is useful for managing stress and anxiety, particularly if these are chronic. It is also useful for pain management and insomnia. This exercise guides the client in a personalized multisensory imagery exercise in which they create a mental construct of a safe and peaceful place and
practice temporarily withdrawing from engagement with stressors. With practice, this exercise can become a very effective method of achieving quick relaxation. This exercise can be used in individual or group therapy and as an opening routine for treatment groups. Follow-up can include practice at home and teaching the exercise to someone else.
SAFE AND PEACEFUL PLACE MEDITATION

Do you sometimes wish you could just get away from the situation you’re in, or from what you’re thinking and feeling? This is normal and healthy, but it may not be practical to leave a situation right away, and it’s hard to leave our thoughts and feelings behind even when we do go somewhere else.

This exercise will teach you how to get away even when you can’t go anywhere, without using substances to do so. It will guide you in creating a mental picture of a safe and peaceful place where you can temporarily relax, so that you can come back to your situation calm and refreshed. Practice is important. The more you practice, the better it will work for you. With enough repetition, this tool can be used to quickly achieve calm and inner peace even in the midst of great pain, anger, and anxiety.

For many people, it works best to do this with their eyes closed, so you may want to have someone you trust and feel safe with read this to you while you follow the instructions, or record it in your own voice to play back and listen.

1. **Image.** What is a place that makes you feel calm, peaceful, and safe to think about? Please think of the place that best fits this description for you and form a mental picture of this place. It may be a real place you’ve been—anything from a favorite beach to your grandparents’ kitchen, a place you’ve heard about and would like to go, or an imaginary place. Whatever is relaxing for you is right for you. Briefly describe this safe and peaceful place.

2. **Emotions and sensations.** Focus on this image or mental picture. Relax your muscles and breathe deeply and slowly, from your belly. What emotions do you feel? What pleasant physical sensations do you feel, and where are they located in your body?

3. **Enhancement.** Explore this imagery in more detail. Savor it with all of your senses and enjoy the idea of being in this safe and peaceful place. When you look around in this place in your mind’s eye, what do you see happening? What do you hear? Is it warm or cool? What does the air feel like against your face? Is there a distinctive aroma? Please describe whatever sensory details you can think of:
4. **Cue or keyword.** Please think of a word to represent this place. Keep this word in mind while you keep exploring the mental picture, the sights, the sounds, and all the sensations of peace and safety and pleasure of this place. Focus on whatever pleasant things come to each of your senses in turn, keeping this keyword in mind. Now let your mind dwell on those pleasant sensations and repeat the keyword to yourself over and over. Try blanking out the pleasant place you have been thinking of, then thinking of the keyword, and let the image come back to you quickly and vividly. Notice how your body is feeling more relaxed. Repeat this a few times.

5. **Coping with mild stress.** Test this as a way to relax and overcome negative feelings. Blank out your safe and peaceful place again. Now think of a minor annoyance, a situation or person that isn’t a big problem but gets on your nerves. What kinds of negative physical sensations are coming to you when you think of this annoyance? Where are they located in your body?

Now think of your keyword. Again, think of the safe and peaceful place in your mind’s eye that goes with the keyword. Think of the visual image, the scenery, the sounds, and the pleasant physical sensations. Focus on deep and deliberate breathing as you do this. As you think of this, how does your body feel? What is happening to the negative sensations you felt in your body?

6. **Practice.** For the next two weeks, practice this at least twice a day. Use it if you find yourself getting irritated or anxious. You can also use it when you are feeling physical pain or discomfort, or if you have trouble sleeping. As you practice, keep noticing anything about your mental image of the peaceful and safe place that makes it more vivid and more relaxing for you, and keep those details in mind for future times when you do this exercise. As an added help to learning to use it, try teaching it to someone else and see how it works for them.

Use this space to record anything you notice or learn about using this meditation exercise.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
COPING WITH ADDICTION AND SCHIZOPHRENIA SPECTRUM DISORDERS

GOALS OF THE EXERCISE
1. Gain an understanding of the interaction between addictions and psychosis.
2. Develop adaptive methods to cope with symptoms of psychosis and seek treatment when necessary while maintaining abstinence from substance abuse.
3. Stabilize cognitive functioning adequately to allow treatment in an outpatient setting.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Bipolar Disorder
- Self-Care Deficit as a Primary Problem
- Self-Care Deficit as a Secondary Problem
- Substance-Induced Disorders
- Substance Use Disorders
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Coping With Addiction and Schizophrenia Spectrum Disorders” activity is designed to help the client with symptoms of psychosis cope with the challenges of this dual diagnosis. Its approach is to examine issues of self-medication and the possible role of substance abuse in the development of thought disorders and to offer strategies for integrating recovery work on both problems. Follow-up may include referral to a Double Trouble 12-step group, to another dual-diagnosis recovery/support program, or to a support group specifically focused on thought disorders.

Another suggestion is to give homework assignments to use coping strategies identified through this exercise in a structured way and report back on the outcomes. It may be helpful to involve family members to increase treatment compliance, to send consistent messages to the client, and to help them create a “rescue plan” when symptoms of one or both disorders necessitate a higher level of care.
COPING WITH ADDICTION AND SCHIZOPHRENIA SPECTRUM DISORDERS

Some people suffer from both substance abuse problems and what are called psychoses or thought disorders, most often schizophrenia. If you are working to overcome both of these problems, the purpose of this assignment is to help you use the same tools for both tasks where possible, and to guide you in handling the special challenges of this type of mental health issue.

How are substance use and thought disorders connected? People who abuse alcohol or other drugs can suffer from thought disorders as a result, and people with thought disorders are at a higher risk to have problems with substance abuse because they are more likely to self-medicate in efforts to find relief from the symptoms of their mental illness.

1. In some cases, people find their thought disorder’s beginnings seem to be connected to their drug use. Please describe any ways you feel your substance use has led to your thinking becoming distorted.

2. Sometimes the connection between addiction and thought disorders works in the other direction: The hallucinations, false beliefs, or other symptoms of psychosis come first, and when people use drugs (street drugs, alcohol, psychoactive prescription medications other than those prescribed for them by a psychiatrist, or nicotine) to try to control or cope with these symptoms, they become dependent on those substances. Please describe how your thought disorder’s symptoms may have led you to drink or use other drugs in the search for relief from symptoms.

3. Many people find that some methods they use to overcome addictions, such as participating in recovery programs, learning new coping skills, following a recommended treatment plan, and finding replacement activities for substance use, also help them deal with thought disorders. What recovery tools might help you deal with your thought disorder symptoms?
4. On the other hand, some techniques that are used with thought disorders may not seem to fit into recovery from substance abuse, such as the use of antipsychotic drugs and other prescribed medications. If a doctor has instructed you to take medications for a thought disorder, have you talked with that doctor about your substance abuse issues? If so, what did they tell you about this? If not, what keeps you from talking to your doctor about this? 

5. What did your doctor tell you might happen if you stopped taking your medications or didn’t take them as prescribed? 

If you are working a 12-step program, do you know your program’s policy about the use of prescribed mind-altering medications? Alcoholics Anonymous takes the following position: If your doctor knows your history of addiction and is experienced in working with people with addictions, and you are taking the prescribed medications exactly as prescribed and not using any nonprescribed mind-altering substances, then you are doing what you need to do to stay sober. Other programs have similar policies. If you have questions, check the official literature.

6. How will consistently taking your prescribed medications improve your recovery efforts for both problems? 

7. What will be the challenges to this? 

8. Identify three people who support you in your recovery efforts from both of these problems. How can each help you stay sober and address necessary medical treatment for your thought disorder?
9. Please describe the tools you will use to cope with the combined problems of substance abuse and a thought disorder:

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
PLANNING A STABLE LIFE

GOALS OF THE EXERCISE
1. Identify early warning symptoms of decompensation to get help as quickly as possible.
2. Stabilize cognitive functioning adequately to allow treatment in an outpatient setting.
3. Develop adaptive methods to cope with symptoms without relapse into addiction and seek treatment when necessary.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Bipolar Disorder
- Impulsivity
- Posttraumatic Stress Disorder (PTSD)
- Substance-Induced Disorders
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Planning a Stable Life” activity is for the client who experiences psychotic symptoms as a result of mental illness, a co-occurring disorder, or chemical addiction, and who is working toward developing a comprehensive recovery plan. It is designed to be the client’s creation. The clinician must work from the client’s perspective. It may require that, of the various things the client suggests as components of the plan, the clinician will need to clarify with which components they can assist and support.

Recovery is both defined and carried out by the client. Essential elements include instilling hope, education, receiving support, personal responsibility, and learning to advocate for oneself.

It may be useful to have supportive family members attend a session so the client can share the plan with them and educate them regarding their roles in the plan. You can also include family members as active participants in the planning process. Family and others often have information that is useful and information of which the client may or may not be aware.
PLANNING A STABLE LIFE

The relationship between thought-disordered symptoms and addiction can vary. Thought-disordered symptoms may be a direct result of chemical use or abuse; the use of substances may make existing symptoms worse; or people may use chemicals to self-medicate already-present negative symptoms. In any case, most people want troublesome symptoms to go away, and they want to feel better and live independent lives. In addition to managing symptoms, you will need to find ways to cope with the feelings associated with symptoms of psychosis, such as a feeling of inadequacy, fear of dependence on others, and/or fear of being intruded upon. Recovery means working toward having more to life than coping with symptoms of the illness itself. This exercise will help you design a safety and recovery plan so that you can reach your goals and plan to avoid problems or cope with them if they arise.

With your therapist, caseworker, sponsor, or another trusted supportive person, write out your stability plan. When your plan is complete, keep one copy at home, one with you when you’re away from home, and give copies to your therapist or caseworker and to any family members or friends you are asking to help you follow your plan. Please make sure to include each of the following in your stability plan:

1. Your daily routine (what your day-to-day schedule will look like)
2. Your medications (what they are, the dosages, and when they are to be taken)
3. Your diet (what it will include and things to avoid or limit)
4. Your sleep plan (include a bedtime ritual describing how you will get ready for bed)
5. Activities for fun that don’t involve addictive behavior or substances
6. Supportive people (non-family members) and how to contact them
7. Supportive family members and how they can be helpful to you
8. Your personal goals (what you’d like to accomplish, both short and longer term)
9. Topics about which you and/or your family members and other supporters need more information
10. Barriers that could get in the way of maintaining stability (feelings related to taking medications, dealing with side effects of medications, fears, limited support, etc.), with simple strategies to avoid or overcome each barrier.

11. A list of thoughts, feelings, and behaviors that indicate your symptoms are getting worse, including critical symptoms that indicate a need to respond urgently.

12. For each warning sign you listed for question 11, please write instructions for yourself about what to do, including names and phone numbers of people you will contact. Also, please write instructions about what those supportive people you’ve identified in questions 6 and 7 can do to help you.

13. A list of techniques and resources that have worked before to help you stabilize your symptoms, your moods, or your urges to return to addictive behaviors.

14. A crisis intervention plan (This should be developed before a crisis takes place, when you are calm and able to plan and think clearly!): Include strategies that you already know work, who you’d like to be involved, what is not helpful, and other suggestions for the people who will help you when a crisis occurs.

Use the space below to outline your plan:

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Be sure to bring this handout to your next therapy session, and be prepared to ask for assistance when needed and talk over your thoughts and feelings about this exercise with your therapist.
SECTION 32: RELAPSE PRONENESS

Therapist’s Overview

EARLY WARNING SIGNS OF RELAPSE

GOALS OF THE EXERCISE
1. Develop coping skills to use when experiencing high-risk situations and/or cravings.
2. Increase awareness of personal early warning signs of relapse.
3. Learn that relapse is a process and how a person can prevent that process from continuing to its completion in their life.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Eating Disorders and Obesity
- Gambling
- Nicotine Use/Dependence
- Self-Harm
- Substance Use Disorders
- Suicidal Ideation
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Early Warning Signs of Relapse” activity is intended to help clients in early recovery learn about cognitive, emotional, and behavioral changes that are often seen in the early stages of relapse (before an actual return to active addiction) and plan strategies to counter these changes if and when they see them. This exercise is also useful to prepare for the “Relapse Prevention Planning” activity. Follow-up can include sharing the information gathered with a program sponsor and keeping a journal to track and record “red flag” symptoms. Combining this activity with “Taking a Daily Inventory” (also in this manual) provides additional information to prevent relapse.
EARLY WARNING SIGNS OF RELAPSE

In addition to external pressures to use, our attitudes, thoughts, and behaviors play a key role in relapse. Learning about early warning signs can help you avoid going back to drinking, using, or other addictive patterns. This exercise will help you identify your personal warning signs, stop the relapse process, and turn it around before you pick up a drink or drug or return to another addictive behavior.

When a person picks up a drink or drug, walks into a casino, or otherwise returns to an addiction, that’s the completion of the relapse process, not its beginning. Before that happens, there are many warning signs. Knowing the warning signs can help you interrupt the process and avoid relapse.

1. Relapse-related changes in thinking may include persuading yourself that some new method of controlled drinking, drug use, gambling, etc. will work; remembering the good times and overlooking the problems; thinking of addictive actions as a reward for success or a way to celebrate; or believing that one cannot succeed in recovery. Please list specific examples of how your thinking changed before your last relapse, or similar changes you’ve seen in others.

2. Emotions and attitudes also change as a person drifts toward relapse. Determination, optimism, teamwork, and motivation may be replaced by forms of negativity such as apathy, selfishness, and a feeling that being unable to drink, use, gamble, or so on is an undeserved punishment. Please list specific examples of how your attitudes changed before your last relapse, or similar changes you’ve seen in others.

3. Another area where there are clear differences between an actively addicted person’s lifestyle and that of a recovering person is in how they relate to others. Before returning to active addiction, our behavior slips back into patterns such as self-isolation, manipulation, dishonesty, secretiveness, and being demanding and resentful. Please list specific examples of how your ways of relating to other people changed before your last relapse, or similar changes you’ve seen in others.
4. You have probably also seen common behavior patterns in yourself and others who were abusing alcohol or other drugs or practicing other addictions, and seen very different patterns in recovering people. When a person is sliding back toward active use, their behaviors start looking more like they did before recovery. Some typical addictive behavior patterns include irregular eating and sleep habits, neglect of health, irresponsibility, recklessness, procrastination, impulsivity, and other patterns showing a loss of self-control and the growth of chaos in one’s life. Please list specific examples of how your behavior changed before your last relapse, or similar changes you’ve seen in others.

5. Together with the other changes described above, the feelings and moods of actively addicted people tend to be different from those they experience in recovery. Common addictive patterns of feelings and mood include irritability, anxiety, depression, hopelessness, indifference, self-pity, anger, and self-centeredness. Please list specific examples of how your feelings and moods changed before your last relapse, or similar changes you’ve seen in others.

6. Now think back, check with others if possible, and identify whatever warning signs from all the areas above that you or others saw in you before your last relapse. If you’ve never tried to quit before and have no experience of relapse, list the main patterns that were normal for you when you were drinking or using. Either way, please write these red flags down in the order in which they happened.

Once you’ve completed this exercise, you’ve gathered the information to be used to complete the exercise, “Relapse Prevention Planning” in this manual. Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
IDENTIFYING RELAPSE TRIGGERS AND CUES

GOALS OF THE EXERCISE
1. Increase awareness of personal situational triggers and cues to relapse.
2. Recognize high-risk situations involving increased risk of relapse.
3. Develop coping skills to use when experiencing high-risk situations and/or cravings.
4. Learn refusal skills to use when tempted to relapse into addictive behavior.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Eating Disorders and Obesity
- Gambling
- Nicotine Use/Dependence
- Posttraumatic Stress Disorder (PTSD)
- Sexual Promiscuity
- Substance Use Disorders
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Identifying Relapse Triggers and Cues” activity is designed to help the newly recovering client identify environmental and internal relapse triggers and plan strategies to cope with those triggers. Follow-up may include the “Relapse Prevention Planning” activity or “Personal Recovery Planning” in this manual, keeping a journal, and reporting back on outcomes of strategies identified.
IDENTIFYING RELAPSE TRIGGERS AND CUES

Relapse is common but preventable. To avoid it, we have to stay aware of things that can trigger us to behave addictively and be ready to react effectively to such triggers. This exercise will help you identify relapse triggers and make a plan to cope with them.

RISKY SITUATIONS

1. Relapse is often triggered by sights, sounds, and situations that have gone together with addictive behaviors in your past. Many of us find that unless we stay on guard, our thoughts automatically turn back to old behavior patterns when we are around people with whom we drank, used, gambled, etc. Please describe the people with whom you usually practiced addictive behaviors in the past. ______________

2. Addictive behaviors are often part of social activities. You may know people who expect you to continue to do the old things with them. They may not care about your recovery, and they may use persuasion, teasing, or argument to try to get you to relapse. Who are the people most likely to pressure you to relapse? ______________

3. Many recovering people find that family members, friends, or coworkers have enabled their addictions by helping them avoid the consequences, making it easier for them to keep doing the same things. Please briefly describe how anyone who enabled your addiction did so. __________________________________________________________________________

4. For each of the groups listed, describe how you will avoid relapse triggered by their actions.
   a. Drinking/using/gambling, etc. companions:

   b. People pressuring you to relapse:

   c. Enablers:
5. What social situations do you think will place you at greatest risk to relapse? ______

6. Many people also used addictions to cope with stress, and sometimes relationship issues can be extremely stressful. When you think about your future, how could relationship difficulties put you at risk for returning to addictive patterns? ______

7. For many of us, our addictions had also become a daily routine, something we did at certain times (e.g., just after work). In your daily routine, when are you most vulnerable to relapse? __________________________

8. Many people feel the urge to “test” their recovery in challenging situations (e.g., being with drinking friends and going to old hangouts). This is an unnecessary risk that often leads to relapse. Describe any ways in which you’ve tested your ability to stay in recovery. __________________________

9. To guard against stress-induced relapse, please think about current situations and future life events that you need to be ready to handle without escaping into addictions. What are they, and what’s your plan to handle these situations? What changes are you willing and able to make to handle the pressures and temptations you may face? __________________________

**INTERNAL TRIGGERS**

10. When you experience urges or cravings to act out addictively, how does your body feel? __________________________

11. When you experience urges to act out addictively, what emotions do you usually feel? __________________________

12. As mentioned earlier, we’ve often used addictions to cope with stress (i.e., to change feelings we dislike to ones that are more comfortable). What feelings will place you at greatest risk for relapse? __________________________
13. Following are some common feelings for which people have used chemicals to cope. It's important not only to be determined to avoid addictive behaviors, but also to know what you will do instead. If you don't have an alternative to replace substance abuse, your risk of relapse is high despite your willpower, logic, and good intentions. Next to each feeling, describe what you will do instead of acting out additively to cope with that feeling.

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<tr>
<th>Feeling</th>
<th>What You Will Do to Cope</th>
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<tr>
<td>a. Anger</td>
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<td>b. Anxiety</td>
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<td>c. Boredom</td>
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<td>d. Sadness</td>
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<td>e. Fatigue</td>
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<td>f. Fear</td>
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<td>g. Frustration</td>
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<td>h. Loneliness</td>
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<td>i. Indifference</td>
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<td>k. Shame</td>
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<td>l. Depression</td>
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<td>m. Other feelings</td>
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14. Failure to act on known triggers and cues will most often result in a lapse or relapse. What warning signs can you watch for (e.g., discontinuing meeting attendance, not managing interpersonal conflicts, resuming relationships with using friends, etc.)?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
RELAPSE PREVENTION PLANNING

GOALS OF THE EXERCISE
1. Practice a program of recovery that includes regular participation in recovery group meetings, working with a sponsor, and helping others in recovery.
2. Develop a relapse prevention plan of action using information gathered in previous exercises.
3. Develop coping skills to use when experiencing high-risk situations and/or cravings.
4. Take greater responsibility for recovery and increase chances of success through planning.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Eating Disorders and Obesity
- Gambling
- Nicotine Use/Dependence
- Peer Group Negativity
- Self-Harm
- Sexual Promiscuity
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Relapse Prevention Planning” activity is for clients beginning in recovery or experiencing stresses that raise the risk of relapse. It provides a structured framework drawing on earlier exercises to anticipate relapse triggers and cues, plan coping or avoidance strategies, spot early warning signs of relapse, and identify resources and strategies to use to maintain recovery. For best results, have the client complete “Identifying Relapse Triggers and Cues” and “Early Warning Signs of Relapse” before this activity.

Follow-up may include having the client present the plan to the therapist, treatment group, and sponsor and get feedback; keep a journal; and report on outcomes. “Relapse Prevention Planning” should be revisited frequently in those early months of sobriety to not only address known risks but also address those issues and situations that the client couldn’t reasonably predict and any lapses that do occur before they result in a significant return to use.
RELAPSE PREVENTION PLANNING

If you have identified your own personal relapse triggers and relapse warning signs, you have a good understanding of your relapse process and how to spot it early, before it leads you to an actual return to your addiction. Now it’s time to take this information and plan specific strategies to put it to use. The more work you do on this plan and the more specific you are, the more prepared you will be to deal with day-to-day living and unexpected stressful events without reliance on alcohol, other drugs, or addictive behavior patterns.

1. First, consider your thoughts and feelings about sobriety. Are you ready to take any action needed, to go to any lengths, and to live your life without using mind-altering chemicals or addictive behaviors to block painful feelings or seek pleasure? Describe your attitude about this and what will help you sustain this motivation.

2. What consequences are likely if you relapse?

3. Refer to the exercises on relapse triggers and warning signs or draw on whatever information you have about the process of relapse (particularly if you’ve relapsed before). List what you consider your five most important relapse triggers and warning signs and what you will do to cope with each of them.

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<thead>
<tr>
<th>Triggers/Warning Signs</th>
<th>Specific Plan to Avoid Drinking or Using</th>
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<td>Ex.: Feeling hopeless</td>
<td>Review progress, ask others what growth they see</td>
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Work with your therapist, your group, or others to rehearse how you’ll handle these situations.
4. Recovery is not a solo process, which is why people who try to quit without help from others usually relapse. Who will you contact for support and assistance?

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<tr>
<th>Name</th>
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5. *Emergency planning.* Your relapse prevention plan should include what you will do if you encounter a crisis—a stressful situation that triggers a strong urge to use or drink. If you encounter an unexpected event that puts you at risk, your plan of action will be: __________________________

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6. You should also have some general-purpose strategies ready for use if you encounter relapse triggers or warning signs you hadn’t specifically planned for. List three general-purpose strategies to stay clean and sober. __________________________

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7. Changing your routine is important in staying sober. How will you begin and end each day in a way that supports sobriety and recovery? __________________________

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8. Your plan should include support groups, such as Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, and so on. List meetings you will commit yourself to attend regularly.

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9. Do you foresee any obstacles/barriers to implementing this plan? If so, what are they?

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10. What will you do about these roadblocks to your recovery or any others you experience?

11. If your plan isn’t enough, and you relapse, what will you do to get back on track in your recovery as quickly as you can?

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your success and challenges in working your plan. It is helpful to note what other group members and recovery acquaintances have found helpful. You can modify and revise your plan as needed.
ASSESSING SELF-CARE DEFICITS

GOALS OF THE EXERCISE
1. Understand the relationship between addictions and problems with self-care.
2. Learn basic skills for maintaining a clean, sanitary living space.
3. Understand and verbalize the need for good hygiene and implement healthy personal hygiene practices.
4. Regularly shower or bathe, shave, brush teeth, care for hair, use deodorant, and wear clean clothing.
5. Improve self-care and learn about community resources available for assistance.
6. Experience increased social acceptance via improved appearance and/or self-care.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Bipolar Disorder
- Chronic Pain
- Living Environment Deficiency
- Psychosis
- Self-Care Deficit as a Secondary Problem
- Substance-Induced Disorders
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Assessing Self-Care Deficits” exercise is suited for use with clients, concerned family members, case workers, or guardians. It may be used to identify which self-care deficits are related to addiction and which are related to other mental health or developmental concerns. After identifying the most serious deficits and resolving them, follow-up may consist of using the information generated in this exercise as a basis for a discussion of secondary gains associated with not taking care of oneself and/or as part of a relapse/aftercare plan.
ASSESSING SELF-CARE DEFICITS

Self-care involves many things. Some of it involves taking care of our bodies (e.g., hygiene, grooming, seeking proper medical/dental care, taking medications as prescribed, eating a balanced diet), and some of it involves taking care of our environments (e.g., keeping our living environments sanitary and safe, responding to crisis situations appropriately). Addiction can seriously interfere with our motivation, self-discipline, desire, and available time to do these things. At times, we may have relied on others to do some of these things for us. Part of beginning the recovery process is to assess the areas of self-care we've neglected and the impact of that neglect so that we can begin to take better care of ourselves. As we take action, we feel better about ourselves, and ultimately our interactions with others improve. This exercise will help you begin this process. This may be an embarrassing topic to work through, but it's one many people have dealt with; we can't solve problems of which we aren't aware, and our recovery depends on it.

1. Please use this space to create an inventory of your functioning in these areas of self-care.
   a. Positive aspects of self-care (what you currently do to promote healthy self-care):

   b. Negative aspects of self-care (positive actions you avoid or neglect, or negative things you do that interfere with healthy self-care):

2. What are the personal, social, occupational, and relational impacts of not taking care of yourself?

3. What feedback have people given you about times you've neglected self-care?
4. Imagine for a moment the positive changes that can result when you give more attention to your appearance, hygiene, medical care, and a sanitary living environment. Please describe what this will look and feel like for you: 


5. It is useful to prioritize which self-care areas you will focus on first. What is the first thing you'll do differently? 


6. Please briefly outline a specific plan for daily self-care (i.e., doing the same things in the same order each day) and taking care of your self-care priorities (e.g., making an appointment for a full physical and dental checkup): 


7. What help do you need to begin to carry out your plan? What resources are available in your community to help you? 


8. Who can you ask for help? What do you need from each of them? 


9. What are the perceived barriers (i.e., time, motivation, money, significance to you, motivation, etc.)? 


10. As you work to incorporate these activities into your daily routine, it may be helpful to create a daily chart of what activities need to be accomplished each day and check them off as you go. Be as specific as possible and, to start off, include even small tasks like eating breakfast, taking a shower, brushing teeth, going to a meeting. Include times of the day as reminders if it’s an activity that is scheduled at a particular time (i.e., doctor’s appointment, taking a medicine). It will allow you to self-monitor your success as well as areas for continued growth. Follow the template below on a separate piece of paper.
**EXERCISE 33.A**

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<thead>
<tr>
<th>Day</th>
<th>Tasks to Complete</th>
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<td>Monday</td>
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Be sure to bring this handout to your next therapy session, and be prepared to talk about your thoughts, feelings, successes, and challenges related to the exercise.
Therapist's Overview

RELATING SELF-CARE DEFICITS TO MY ADDICTION

GOALS OF THE EXERCISE
1. Understand the relationship between addiction and self-care deficits.
2. Learn the benefit of addressing self-care and how it relates to recovery.
3. Learn basic skills for maintaining a clean, sanitary living space.
4. Understand and explain the need for good hygiene and practice healthy personal hygiene.
5. Regularly shower or bathe, shave, brush teeth, care for hair, use deodorant, and wear clean clothing.
6. Experience increased social acceptance because of improved appearance and/or functioning in the area of self-care.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Bipolar Disorder
- Psychosis
- Self-Care Deficit as a Secondary Problem
- Substance-Induced Disorders
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Relating Self-Care Deficits to My Addiction” exercise is designed as a follow-up exercise to the first exercise in this section, “Assessing Self-Care Deficits.” It can be assigned and processed as a motivational activity. For clients with severe deficits, it is important that they begin to make behavioral changes to their self-care habits and that measurable progress is noted before attempting to achieve further insight into its relationship to their addictive lifestyles. This exercise can also be used to facilitate discussions related to relapse prevention planning.
RELATING SELF-CARE DEFICITS TO MY ADDICTION

Primary self-care activities include behaviors related to hygiene, grooming, proper nutrition, interpersonal social and communication skills, keeping a safe/clean living environment, and responding to crises appropriately. Addictive lifestyles can interfere with functions like these in many ways. This exercise will help you learn more about how addiction has affected your own ability to take care of yourself, and improve your quality of life by correcting deficits.

1. If you have neglected your primary self-care activities, what role do you think your addictive behaviors have played in that neglect?

2. Secondary gains are benefits we obtain without their being obvious reasons for doing things. What secondary gains have you experienced when you neglected your self-care (e.g., getting others to do things for you, avoiding intimacy or uncomfortable situations)?

3. What negative consequences have come from continued neglect of primary self-care activities?

4. If you’ve done the exercise titled “Assessing Self-Care Deficits,” you’ve identified some areas in which you feel you need to make improvements in your self-care. Please refer to your responses from that exercise to help answer these questions:
   a. What benefit(s) will come, or have already come, from improving your self-care in these areas?
   b. How does paying attention to these self-care activities support your recovery?
c. What progress have you made so far in improving your self-care? What are your next three steps.

Be sure to bring this handout with you to your next therapy session, and be prepared to discuss your thoughts and feelings about the exercise.
FILLING IN SELF-CARE GAPS

GOALS OF THE EXERCISE
1. Demonstrate increased organization of, and attention to, daily routines resulting in personal responsibilities being fulfilled.
2. Increase proficiency in independent daily living skills and knowledge of available community resources.
3. Consistently use available addiction recovery and/or mental health community resources.
4. Prioritize independent activities of daily living (IADLs) upon which to focus efforts and improve functioning.
5. Take responsibility for own IADLs up to the level of the client’s potential and develop resources for obtaining help from others.
6. Plan and implement timely, appropriate, and safe responses to emergency situations.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Living Environment Deficiency
- Self-Care Deficit as a Primary Problem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Filling in Self-Care Gaps” exercise is for clients with secondary self-care skill deficits. As with the exercise “Assessing Self-Care Deficits,” this activity may be done with a client, family, caseworker, or guardian, depending on the client’s level of functioning. It may be necessary to consider literacy, educational level, cultural differences, family values, gender differences, environmental barriers, and other mental health issues when assessing deficits and working toward solutions. Role-playing can help clients practice skills individually or in a group. Follow-up can include discussion of perceived versus actual barriers and ways to work through each. Knowledge of available community resources will be necessary.
FILLING IN SELF-CARE GAPS

Sometimes in our daily lives we have to do things we aren’t good at or interested in. If we neglect our responsibilities, though, it creates stress and puts our stability and independence at risk. We can’t always rely on others to do these things for us. As a result of addiction, we may have managed our responsibilities poorly and/or created additional problems that have become as important as the original responsibilities; we have to include these daily tasks in our recovery plans too. This exercise will help you see what areas you need to address and how you can begin.

1. Following is a sample list of independent activities of daily living and examples of each:
   a. Financial responsibilities (e.g., opening accounts, balancing a checkbook, preparing and following a budget, paying bills, addressing debt, paying taxes)
   b. Medical responsibilities for self and/or children (e.g., scheduling and attending appointments, filling prescriptions)
   c. Educational/occupational responsibilities (e.g., being on time, interacting with coworkers, performing assigned tasks, using study skills, managing time)
   d. Legal responsibilities (e.g., keeping court dates, finding counsel, attending required appointments, informing work supervisors about these responsibilities and limitations)
   e. Using community resources (e.g., dealing with transportation, daycare, financial assistance, church/spiritual activities, planning for emergencies)
   f. Using treatment and recovery resources (e.g., recovery meetings, treatment resources)

2. Review this list. Please circle any areas in which you see deficits in your life.

3. For the deficits you circled, please decide what barriers keep you from succeeding in those responsibilities (e.g., lack of organization, attention issues, lack of motivation, dependence on other people, lack of knowledge, need for skills training, or anxiety issues).
4. Prioritize, from most important to least, the problem areas from question 2 that you need to address.

5. Who are the people you will need help from, and what do you need from each of them?

6. Create a weekly and a monthly calendar (including all days of the week) including treatment sessions, support group meetings, all medical appointments, meetings/times to call your sponsor, work hours, children’s appointments, when bills are due, when prescriptions need to be filled, payday, when you will grocery shop, and all other activities and deadlines you need to meet. Calendar templates are easily found on line for free, can be created from scratch or synced on a phone or handheld device.

7. Begin your plan on the day after you create it. You will continue to add items to your calendar. Make a habit of checking your schedule at the beginning and end of each day. Check in with your therapist, caseworker, or group members frequently about your progress and challenges. Remember, some of these skills take practice to master, but they do get easier over time, and each skill you learn makes it easier to learn more skills and tackle additional problems. After two weeks, write about how this plan is working.

8. What is the plan for responding to urgent situations, particularly if you neglect to address a commitment or obligation?

9. What benefits (i.e., to your recovery, your self-esteem) do you anticipate will result from increasing success at addressing self-care responsibilities?

Be sure to bring this handout with you to your future therapy sessions, and be prepared to discuss your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Develop a program of recovery and increase knowledge of community resources.
2. Demonstrate increased organization of and attention to daily routines, resulting in personal responsibilities being fulfilled.
3. Consistently use available addiction recovery and/or mental health community resources.
4. Identify relevant community resources and ways to access them for help with independent activities of daily living (IADLs).
5. Take responsibility for own IADLs up to the level of the client’s potential and develop resources for obtaining help from others.
6. Plan and implement timely, appropriate, and safe responses to emergency situations.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult
- Dependent Traits
- Peer Group Negativity
- Psychosis
- Self-Care Deficit as a Primary Problem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Working Toward Interdependence” exercise is designed to help clients who may not be accustomed to seeking help or know how to find and use healthy community resources. Follow-up may include making appropriate referrals and/or guiding the client in investigating resources in their community and practicing specific skills in gaining access to them.
Addictive lifestyles have a negative impact on personal independence. Continuing in an addictive lifestyle can interfere with effectively carrying out independent activities of daily living (e.g., banking, shopping, interacting with others, responding to crisis, organizational skills, using community resources) and can ultimately undermine an individual’s ability to live independently. This exercise asks you to take an inventory of your independent daily living skills and will help you make some decisions about areas on which you can begin to work.

1. What positive and negative experiences have you had with your day-to-day activities of independent living while you’ve been engaging in your addiction? 

2. What are three ways in which your addiction threatens your independence?

3. What problems have you had because you neglected or avoided daily living tasks or relied on others to do them for you while you were actively engaged in an addictive lifestyle?

4. What do you see as the benefits of personally taking responsibility for carrying out daily living tasks in healthy and adaptive ways?

5. If you’ve done the exercise “Filling in Self-Care Gaps,” you identified areas of your life where you believe there are deficits. Do you know what resources in your community could provide you with some help in these areas? With which are you familiar, how will they help you, and which ones do you need help locating?
6. Of the resources you know, do you use them consistently and when you need them? If not, what interferes (e.g., finances, transportation, day care)?

7. After identifying your deficits and some resources that could help you with them, think about what personal barriers reduce your desire or ability to follow through (e.g., communication skills, confidence, fear, motivation). Please list them here.

8. Who could help you in addressing these deficits? What do you need from each person you identified, and how will you ask for it?

9. Choose one of the barriers you’ve identified. With the help of your therapist, develop a step-by-step plan to begin to face and overcome that barrier. Briefly describe your plan here.

Especially in early recovery, the details of managing day-to-day living, personally healing, and resolving the difficulties created by your past addictive behavior can seem overwhelming. It is important to prioritize things, take challenges a step at a time, and ask for help when you need it.

10. What evidence will you see to know that you’re making improvements in independent daily living skills?

11. Others will know your plan is working and things are improving if they see what evidence?

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
SECTION 35: SELF-HARM

Therapist’s Overview

UNDERSTANDING SELF-HARM AND ADDICTION

GOALS OF THE EXERCISE

1. Learn to identify the emotional and psychological short-term rewards provided by self-harm.
2. Identify common patterns shared by self-harm and addiction.
3. Understand the ways that continued self-harm increases the risk of relapse into addiction.
4. Identify and list at least two nonharmful alternative strategies for meeting the same emotional needs that self-harm has fulfilled in the past.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Anxiety
- Borderline Traits
- Partner Relationship Conflicts
- Sexual Promiscuity
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Understanding Self-Harm and Addiction” activity is intended to help clients understand the reasons for self-harm, see the connections between self-harm and addiction and the ways self-injury can increase the risk of relapse, and find replacement activities to meet the same needs that they have used self-injury for in the past. Follow-up may include discussing the issue with the therapist and group, support group referrals, bibliotherapy, and videotherapy (e.g., watching films selected from Rent Two Films and Let’s Talk in the Morning by John W. Hesley and Jan G. Hesley, also published by Wiley).
Sometimes, people who become addicted to substances also find themselves addicted to other dangerous or self-destructive behavior patterns. One of these is self-harm. This can be confusing and frightening to both the people who are hurting themselves and those around them; in the short term, self-harm does meet valid psychological and emotional needs, but in the longer term the medical risks outweigh the benefits. It can also jeopardize a person's recovery by increasing the chances that they will relapse into abusing alcohol and/or other drugs. As part of your recovery, this activity will help you understand all of these aspects of self-harm and find safe and nonharmful ways to meet the same needs self-harm may have helped you meet in the past.

1. There are four core emotional needs that many people meet by hurting themselves, although there may be others. For any of these payoffs you’ve experienced by hurting yourself, please write a sentence about what you did and how it changed your feelings or thoughts in a way that felt good to you.

   **Feeling alive.** Self-harm can break through emotional numbing with a jolt of intensity. Your experience: ______________________________

   **Empowerment.** Self-harm can help people who feel powerless over what happens in their lives to feel that they do have control of what they do to their bodies. Your experience: ______________________________

   **Communication.** A wound can speak louder than words to tell the world, “This is how I feel.” Your experience: ______________________________

   **Bliss.** The body responds to injury by releasing endorphins, natural opioids, in the brain, which can produce a high like that of an opiate. Your experience: __________

2. Beyond the medical problems that self-injury can cause directly, self-harm increases the risk of relapse with alcohol and other drugs. Please check off any of these consequences of self-harm that you’ve experienced or that you believe would be a threat to your recovery if you did experience them:

   ____ Many people who hurt themselves to reach the goals listed above find that when the good feelings wear off, they’re left feeling shame and self-hate.
Many self-injurers feel a need to keep this part of their lives a secret. Secrets like this create distance and emotional barriers, isolating them from loved ones and friends.

When others do find out a person is hurting themselves, they often don’t understand and react with negative judgments, anger, or fear, and they may distance themselves.

Like any mood-altering drug or behavior, self-injury itself can become an addiction.

3. At this point it may seem you have to choose between the danger of self-harm and the misery of enduring the feelings you could temporarily block by hurting yourself. A third solution is to find replacements—other ways to get those payoffs without the negatives that come with self-injury. For each of the following, think of other activities that interest you and that you think might work for you:

Feeling alive: __________________________________________
Empowerment: __________________________________________
Communication: __________________________________________
Bliss: __________________________________________________

4. Finally, make a plan. What healthy ways to meet your needs will you try, and when? If there are times when and where you’re most vulnerable to self-injury, it might be good to try new ideas shortly before those times. Name one activity for each reward and write when you’ll try it:

Feeling alive: __________________________________________
Empowerment: __________________________________________
Communication: __________________________________________
Bliss: __________________________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
SELF-HARM RISK FACTORS, TRIGGERS, AND EARLY WARNING SIGNS

GOALS OF THE EXERCISE

1. Learn to identify the emotional and psychological conditions that create greater risk of using self-injury as a coping mechanism, in general and for the individual client.
2. Identify the specific kinds of situations that are self-harm triggers for the client so that they can learn to be vigilant and avoid those situations if possible or be prepared with healthy alternative coping techniques if the situations are unavoidable.
3. Discover personal early warning signs indicating the client is slipping into addictive patterns of thought, emotion, and behavior that have led to self-harm in the past.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Anxiety
- Borderline Traits
- Relapse Proneness
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Self-Harm Risk Factors, Triggers, and Early Warning Signs” activity is designed to help clients learn about and become vigilant for the patterns of internal risk factors that raise their risk of self-injury, to do the same with external/situational triggers, and to detect any slipping into a self-injury-prone state of mind as early as possible and take action to prevent the completion of that process. Follow-up may include discussing the issue with the therapist and group, support group referrals, and bibliotherapy.
SELF-HARM RISK FACTORS, TRIGGERS, AND EARLY WARNING SIGNS

If you've worked through the activity titled “Understanding Self-Harm and Addiction,” then you've looked at how self-injury can be an addiction, and at how people who intentionally hurt themselves are usually trying to achieve reasonable goals, but using a method that often creates more pain than it relieves. Do you find that you always feel equally tempted to reach for a chemical or behavioral fix—are you always in the same amount of emotional pain? If you're like most people, you see that some times, some situations, and some emotional conditions make you more vulnerable than others.

From that, it follows that we can anticipate when our internal thoughts and feelings put us at greater risk, what external situations are likely to push us toward self-harm, and what changes in our thoughts, emotions, and actions are signals that we're slipping.

This activity will help you identify those internal and external dangers and those early signs that you may be heading for trouble, so you can learn to catch and reverse the process as early as possible.

1. **Internal dangers:** Which mental and emotional states put us at greatest risk of self-harm? We can look at the payoffs it provides, then see when we're most likely to crave those payoffs. In the previous activity, we saw four common ways self-harm makes people feel better in the short term: feeling alive, empowerment, communication, and bliss. When do we want those most? When we feel the opposite. To see when this is going on for you, please answer these questions:
   a. When do you feel the most unalive (i.e., people have described this as feeling numb, mechanical, dead inside)? What thoughts and feelings are parts of that experience? ____________________________________________

   b. When do you feel the most powerless over what’s going on in your life, and what thoughts are going through your mind at those times? What does it feel like inside for you? ____________________________________________

   c. When do you feel the most invisible and unheard, as if others don’t understand you or what you want them to know about your life? What thoughts and feelings do you have at those times? ____________________________________________
d. When do you feel the most unblissful, whether that means you’re in pain, depressed, angry, or fearful? What are you likely to be thinking, and what emotions do you feel at those times?

2. External dangers: For you, what situations trigger the thoughts and emotions you just listed, where you feel the most unalive, powerless, unheard, and/or unhappy? Please list your top four situations, the people that contribute to those feelings, and thoughts you have in those situations.

3. Now what may be the most important part: learning to recognize the changes in our thoughts and emotions far enough in advance of the actual self-injury to change course and meet the need to change how we feel in a healthier way. As with chemical addiction, the return to destructive behavior is the completion of the relapse, not the beginning—relapse begins long before that point. If you can recall specific ways you saw your thinking, moods, and actions changing during that transition from recovery to self-injury, then you will know some things to watch for.

It can also help to talk with other people in recovery with whom you feel a sense of similarity and ask them about their early warning signs, then watch for those patterns in yourself as well. Write down any specific changes you’ve seen in yourself when you were headed for a relapse into self-harm, especially if you didn’t realize then what the changes meant.

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Identify and address feelings of guilt, of shame, and/or of not deserving healthy sexual, emotional, and spiritual relationships as a result of having experienced sexual abuse.
2. Work through issues resulting from sexual abuse by understanding what happened and learning how to manage the associated feelings.
3. Resolve issues of having been sexually abused and increase ability to attain healthy intimacy.
4. Achieve acceptance of having been sexually abused without feeling that this condones what the abuser(s) did or entails accepting further sexual, other physical, or emotional abuse.
5. Move away from seeing oneself as a victim and establish an identity as a survivor.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Childhood Trauma
- Eating Disorders and Obesity
- Family Conflicts
- Grief/Loss Unresolved
- Parent-Child Relational Problem
- Partner Relational Conflicts
- Posttraumatic Stress Disorder (PTSD)
- Self-Harm

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “It Wasn’t My Fault” activity is meant for clients suffering from sequelae of having been sexually abused. It addresses problems of distorted thinking about the nature of, and responsibility for, the abuse. Follow-up could include assignment of “Internal and External Resources for Safety” and “Corresponding With My Childhood Self”; videotherapy using films suggested in Rent Two Films and Let’s Talk in the Morning,
by John W. and Jan G. Hesley, also published by Wiley; bibliotherapy related to the process of recovery from sexual abuse; homework assignments to engage in healthy relationship-building activities and report back to the therapist and/or a treatment group on the results; and assignment to a treatment/support group for sexual abuse survivors. Preparation for this exercise should include making a safety plan for clients to use if they become emotionally overwhelmed while doing the exercise.
People who survive sexual abuse include all genders, economic classes, and ages from small children to seniors, all ethnicities and religions. Their abusers, likewise, may be any gender and come from all backgrounds. The abuse may be obviously violent or more subtle. It can be a one-time event or go on for years.

Despite all of these outward differences, all of these situations have four things in common. First, like other forms of abuse, sexual abuse is always wrong. Nothing anyone can do makes it all right for someone to violate anyone else's rights and attack them sexually, in other physical ways, emotionally, or psychologically. Second, it is always an act of aggression—there is always a power differential, with the abuser having more power than the abused, whether by armed or unarmed violence, threatened or carried out, or because of the perpetrator being in some position of authority. Third, it is never about whom the abused person is as a person—the person being abused is being used as an object for someone else's gratification, and it's about the abuser, not the abused. Fourth, sexual abuse is never the fault of the person who is abused. There is no way anyone can make someone else abuse them in any way, including sexually—if the abuser did not want to commit the offense, they wouldn't.

Survivors sometimes have trouble believing these things, because they may have been taught that what was done to them was somehow their own fault, or that the offenders couldn't control themselves, or that it wasn't wrong. None of these statements are true. Still, survivors may struggle for many years with feelings of guilt and shame connected with the idea that they were targeted because of something they did or didn't do, or the belief that having been abused makes them somehow less-than, not as deserving as other people of love, peace of mind, and a happy and fulfilling life. It doesn't help that many subcultures perpetuate these judgments. This exercise will help you identify and address these issues.

1. Have you blamed yourself for the sexual abuse you experienced? If so, what makes you believe it was your fault? Did you reach this belief on your own, or did someone else teach it to you? If so, who? ________________________________

2. Would you expect anyone else to feel guilty or ashamed because of something another person did against their will? ________ If not, why should a higher standard of responsibility apply to you than to anyone else? _____________________
3. As for self-worth: Do you believe that being abused by someone else can make someone deserve more abuse afterward, whether by themselves or others? ________ If you know other people who have suffered abuse of any kind, do you look down on them because someone else hurt them? ________ If not, again, what makes you believe you have to meet a different standard than anyone else? ________

4. Self-judgments live in the heart. Many people know intellectually that things other people did weren’t their fault but still feel responsible, guilty, ashamed, and less-than. You may easily see that others don’t deserve to feel that way but still struggle with the feelings yourself. If you were talking to another person who had the same experience as you, what would you tell that person about how you saw them?

5. What does your answer to the question above tell you about your own capacity for compassion, understanding, and empathy? In other words, about a key part of your own character. ________________

6. Here is an exercise that might be helpful when feelings of shame, guilt, or low self-worth related to being a survivor of sexual abuse come up. (Important: If you find yourself becoming overwhelmed with painful feelings, stop immediately, and contact your therapist or follow whatever safety plan you’ve worked out with them!) First, if you can, find a picture of yourself taken around the time your abuse happened. Find a comfortable place to sit where you’ll have privacy and won’t be interrupted or distracted. Sit with the picture, some paper, and a pen or pencil. Think back to what it was like when your abuse happened. Imagine that the present-day you could visit that earlier you to talk and offer some reassurance, clarity, and hope. What would you say to that younger you? Write it out on a separate paper.

7. Now imagine what it would have been like for you, then, to be visited by a supportive adult—your future self—and to have that future self say the things to you that you just wrote. How would that have made you feel, and what would you have wanted to say in response? ____________________________

Once you’ve answered those questions, sit, rest, and meditate about whatever came up for you. If it has changed any part of how you think and feel about yourself, journal about that change and be prepared to discuss this in your next individual or group therapy session.
INTERNAL AND EXTERNAL RESOURCES FOR SAFETY

GOALS OF THE EXERCISE
1. Work through issues resulting from sexual abuse by understanding what happened and learning to manage the associated feelings.
2. Resolve issues of having been sexually abused and increase ability to attain healthy intimacy.
3. Overcome learned helplessness and unrealistic feelings of being unable to avoid being victimized, and become more proactive and assertive in matters of personal safety.
4. Move away from seeing oneself as a victim and establish an identity as a survivor.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Childhood Trauma
- Eating Disorders and Obesity
- Family Conflicts
- Grief/Loss Unresolved
- Posttraumatic Stress Disorder (PTSD)

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Internal and External Resources for Safety” activity is meant for clients who experienced sexual abuse in settings in which they were powerless or overpowered (e.g., childhood, incarceration, coercion with violence, power differentials). It guides clients in reframing their current circumstances, seeing resources for maintaining safety that were unavailable before but can be used now, and taking concrete action to empower themselves and minimize the risk of further abuse. Follow-up could include assignment of “It Wasn’t My Fault” if not already completed; videotherapy using films suggested in
Rent Two Films and Let's Talk in the Morning, by John W. and Jan G. Hesley, also published by Wiley; bibliotherapy related to recovery from sexual abuse; homework assignments to investigate and follow up on resources available for ensuring safety, and report back to the therapist and/or a treatment group on the results; and assignment to a treatment/support group for sexual abuse survivors.
When people are sexually victimized, it is often in situations where they are powerless to protect themselves or stop what’s happening. Sexual predators seek out these situations, because they want to be sure they can overpower the people they’ve targeted, whether by force, fear, confusion, or authority. Because our most intense experiences leave the deepest impressions, survivors of these abuses tend to go on seeing themselves as being as helpless and vulnerable as they were when their perpetrators abused them. It’s like the way strong, healthy adults who were battered as children often go on seeing themselves as much smaller and weaker than they really are. We get stuck in those self-images even when they’re no longer accurate, and this can make us passive, fearful, and depressed. This activity will help you see whether you’re stuck with a self-image you’ve actually outgrown, discover your real capacity to take care of yourself, and increase the things you do to make yourself safe and secure.

1. Please describe how you feel about your strengths and your physical, mental, emotional, and other abilities to prevent others from abusing you now and in the future.

   __________________________________________

2. Now talk to a friend or family member you trust, who knows you well, and ask that person to describe how they see you in the same areas. Summarize what that friend or relative tells you here.

   __________________________________________

3. If you see yourself as smaller, weaker, or more helpless and vulnerable than someone else who knows you well, why do you think this is so?

   __________________________________________

4. Internal safety resources include mental and physical strengths, knowledge, and skills you can use to stay safe. These can include intelligence; situational alertness; being street-smart about how sexual predators operate; self-defense skills; and safe habits (e.g., looking inside cars before getting in). What internal safety resources do you have now that you didn’t when your abuse happened?

   __________________________________________
5. What internal safety resources are you lacking in that you want to have or improve upon?

An external resource for safety is anything in your environment that helps ensure your safety. These might include having your own safe place to live; safe people to live with; good locks on your doors; having a dog and/or a security system; friendships with trustworthy neighbors; not being financially dependent on anyone untrustworthy; having reliable transportation; a safe workplace; always carrying a cell phone. You may also choose to carry pepper spray or other self-protection tools, but this can be a tricky area (make sure that any self-protection devices you carry are legal, and that you have the training and willingness to use them effectively, or they may put you in more danger instead of less). What external safety resources do you have in your life now that you didn’t have when your abuse happened?

6. What external safety resources are you lacking in that you want to have or improve upon?

7. After reviewing these questions, do you feel differently about your strengths and your physical, mental, emotional, and other abilities to prevent others from abusing you? If so, how?

8. Please describe any goals you’re setting for adding to your current safety resources, both internal and external. Don’t forget to include a timeline.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
SECTION 37: SEXUAL PROMISCUITY

IS IT ROMANCE OR IS IT FEAR?

GOALS OF THE EXERCISE
1. Maintain a program of recovery that is free from addictive or high-risk behavior in relationships.
2. Identify and correct thoughts that trigger sexual promiscuity and learn to practice self-talk that promotes healthy sexual behavior and safe relationships.
3. Identify connections between childhood relationships with alcoholic, addicted, or otherwise dysfunctional parents and dysfunctional love relationships in adult life.
4. Achieve insight into the roots of dysfunctional relationships, both with alcoholic parents and adult partners, in feelings of responsibility for others' behavior.
5. Identify healthy non-romantic relationships to use as models for healthier love relationships.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Dependent Traits
- Impulsivity
- Partner Relational Conflicts
- Sexual Abuse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Is It Romance or Is It Fear?” activity is for clients who have patterns of unhealthy relationship dynamics echoing childhood relationships with dysfunctional parents. This exercise is useful when clients present with dissatisfaction about dysfunctional relationships or loneliness and a desire to establish new relationships.
IS IT ROMANCE OR IS IT FEAR?

Do you repeatedly find yourself in romantic and/or sexual relationships with partners who are abusive, dishonest, neglectful, or otherwise bad for you—relationships that always seem to end in heartbreak, humiliation, fear, or abandonment—or become sexually intimate with someone with whom you have no meaningful emotional or lasting connection? Similar to substance-abusing behaviors, have you sought sexual relationships to cope or escape from stress or been sexually involved with others impulsively and later had regrets? Do you find that even knowing you’d be safer and happier with someone who was honest, considerate, and dependable, it’s the “bad boys/bad girls” who excite you? This exercise will help you start addressing this painful pattern.

1. First, please reflect on the relationship or relationships that stand out in your mind as having been hardest to cope with. The experiences that hurt most can include feeling used, ashamed by your behavior, or experiencing verbal and emotional abuse, physical abuse, dishonesty, abandonment, infidelity, neglect and emotional unavailability, addictive behaviors, and other irresponsible and self-destructive behavior by our partners. For each person that came to mind, think about what was most hurtful about the relationship, the other person’s behavior, or what you most regretted.

2. If you thought about more than one relationship, do you see any trends or patterns? For example, some people repeatedly get into relationships with partners who are unfaithful. Others may be repeatedly drawn to alcoholics, batterers, or sex addicts. Please describe any patterns you see.

3. What insights do you have about what needs are satisfied by these relationships?

4. What are the consequences to your own recovery, your self-esteem, your satisfaction in relationships when you repeat this behavior or these relationships?
5. After being hurt or engaging in sexual behavior you later regretted, what kinds of thoughts did you have about yourself or your behavior? 

6. One of the most attractive qualities of dysfunctional partners is often the intensity and excitement we feel when we’re with them. Another relationship marked by similar intensity and excitement is that of an addict with their drug or other addictive behavior. What other parallels do you see between an addict’s relationship with an addiction and yours with your past partners? 

7. Are there ways you could get the feelings you desire out of relationships in ways that are less damaging to you? How would the statements you make to yourself sound different if you weren’t engaging in regretted behavior, feeling used, or emotionally devastated? 

8. Think about your experience growing up in your family of origin. In many families where a caregiver had problems with addictions or mental illness, children can be emotionally neglected or abused; witness dysfunctional interactions or violence; survive divorces, abandonment, emotional unavailability, and instability, among other things. Look at the patterns you listed for your painful adult relationships and describe those that also describe your childhood experience with caregivers. Are any patterns being repeated? 

9. Think about your closest nonsexual, nonromantic relationship today. This could be with a best friend or a family member. What qualities describe that person and your relationship with them (e.g., positive, dependable, sensitive, equal)? 

10. Please compare how it feels to be in that close nonromantic relationship with how it feels or felt to be with your partner in your most painful relationship or your caregivers, and then think about which relationship has been more emotionally rewarding and healthier for you. What are your thoughts about this comparison?
11. What would it be like to be in a romantic relationship with a person whose personality was similar to the person you thought about for question 8? 

12. If you would rather be in such a relationship—less intense but more nurturing—how can you seek out this type of partner, and how will it benefit you and your recovery?

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Maintain a program of recovery that is free of sexual promiscuity and addictive behavior.
2. Recognize and understand issues of shame and negative self-image.
3. Understand connections between negative self-image and addictive behaviors.
4. Build a more positive self-image as part of a recovery program.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Childhood Trauma
- Self-Harm

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Working Through Shame” activity is intended to guide clients in correcting distorted perceptions and expectations that generate shame. Its approach is to guide the client in evaluating their own behaviors more objectively than in the past and to apply the same standards to themself as to others. Follow-up could include sharing responses and outcomes of the affirmation-style portion of the exercise with the therapist and treatment group, as well as the exercise titled “Using Affirmations for Change” and bibliotherapy using the works of John Bradshaw, Janet Woititz, Claudia Black, and others who have written on this topic.
WORKING THROUGH SHAME

Shame is thinking that as a person, you are bad, inadequate, defective, unworthy, or less than other people. It results in feeling hopeless, helpless, and unable to change or succeed. Shame frequently accompanies addictive behavior. There’s a difference between guilt and shame. Guilt is feeling that an action is unacceptable, but shame is feeling that we ourselves are unacceptable. We can deal with guilt by correcting our actions, but shame is destructive, because we can’t change who we are. If left unresolved, this puts us at high risk of returning to drinking, using, or other addictive and self-destructive behaviors. Shame convinces us that we can’t get better and don’t deserve to feel better. This exercise will help you identify and correct shame in your beliefs about yourself.

1. In the first column, please list some mistakes you have made and things you have done wrong as a result of drinking, other drug use, or other addictive patterns. In the second column, list things you should have done but didn’t because your addiction(s) interfered.

<table>
<thead>
<tr>
<th>Mistakes and Regretted Actions</th>
<th>Things Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

2. What kinds of shaming things do you say to yourself about the things you listed? Describe any thoughts in which you call yourself bad, weak, stupid, lazy, evil, or other negative labels.

3. What positive messages and self-enhancing statements do you want to repeat to yourself about the things you listed in question 1, to replace these shaming messages (i.e., what might you say to a good friend who was in your situation)?

__________________________________________________________

__________________________________________________________

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__________________________________________________________

__________________________________________________________

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__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
4. Do you continue to repeat any of these mistakes or regretted actions? If so, what is your plan for interrupting this pattern and beginning to establish a program of recovery that is free from this self-destructive behavior? 

5. List three ways turning the problem of shame and past behaviors over to a Higher Power could be good for you.

6. Each night for the next two weeks, please write your answer to the following questions, and talk with your therapist about what you write and any changes you see in your beliefs about yourself.

“Of everything I did today, what do I feel the best about?”
“What kind of person acts that way?”

After completing this exercise, write about the experience and any changes you notice in your thinking and feeling.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
ASSESSING SLEEP PROBLEMS

GOALS OF THE EXERCISE
1. Restore a normal sleeping pattern.
2. Feel refreshed after sleeping.
3. Terminate fears of sleeping poorly.
4. Understand the effects of mood-altering chemicals and addictive lifestyle on sleep.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anxiety
- Chronic Pain
- Eating Disorders and Obesity
- Grief/Loss Unresolved
- Medical Issues
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Self-Care Deficit as a Primary Problem
- Social Anxiety
- Substance Intoxication/Withdrawal
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Assessing Sleep Problems” activity is designed to get clients to begin to pay attention to reasons for their poor sleep, link it to use of substances and other issues, and have them gather real-time-data to help identify possible solutions. Follow-up to this exercise should include the “Improving Sleep Hygiene” activity in this manual, which is designed to assist the client in learning tools to begin to solve this complex problem. If behavioral and cognitive interventions do not resolve this issue completely, the client should be referred to a physician and/or sleep specialist prior to trying any medications, prescribed or over-the-counter. Any physician or specialist should be aware of the client’s history/present addiction.
ASSESSING SLEEP PROBLEMS

Getting adequate and restful sleep is vital to recovery and overall health. Many people in early sobriety/recovery from addictive behaviors struggle with sleep. Troubles with sleep are complex, because there may be physical, cognitive, and emotional components as well as behaviors that result in sleep issues. This exercise is designed for you to gather some information about your sleep issues so you have the data to begin to plan steps to resolve the issue.

1. For two weeks, keep a sleep journal on the following things each night:
   - The actual amount of sleep you get each day
   - Any periods of insomnia and/or hypersomnia (sleeping too much)—when, how much
   - The times you go to bed and the times you wake each day
   - Level of fatigue you experience throughout the day
   - If you nap, when, where, and for how long
   - Where you sleep (if you start out in one place and move to another)
   - How much caffeine you use and when you use it
   - Use of alcohol/other drugs/any over-the-counter medications, supplements
   - What happens when you sleep (wake often, interrupted, have nightmares)
   - How long it takes you to fall asleep each night
   - Quality of the environment in which you’re attempting to sleep (i.e., quiet, dark, significant outside noise/distraction)
   - When you eat and last meal/snack of the day
   - How much you exercise each day and at what times
   - How much nicotine you use and when you use it
   - Medicines taken and times (talk to your doctor about any possible side effects that impact sleep in any ways)
   - How you wake yourself each morning
EXERCISE 38.A

2. What has been the relationship for you between your sleep and your substance use/addictive behaviors (i.e., used substances to assist with sleep, substance withdrawal prohibits sleep)?

__________________________________________________________________________

__________________________________________________________________________

3. What other issues impact sleep for you and how?

____ Anxiety, worry _________________________________________________________

____ Nightmares ____________________________________________________________

____ Other health issues (i.e., breathing, pain) _________________________________

____ Depression ____________________________________________________________

____ Chronic relapsing _______________________________________________________

____ Trauma response ________________________________________________________

____ Poor sleep habits _______________________________________________________ 

____ Variable work schedule ________________________________________________

____ Child-rearing __________________________________________________________ 

____ Transition issues/stress _________________________________________________

____ Sleepwalking __________________________________________________________

____ Other: ________________________________________________________________

4. Describe the relationship of your current sleep issues on depression, anxiety, and relapse proneness. ____________________________________________________________

__________________________________________________________________________

5. What ways have you attempted to correct your sleep issues? Comment on the results of each attempt. ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
Therapist’s Overview

IMPROVING SLEEP HYGIENE

GOALS OF THE EXERCISE
1. Terminate fears of sleeping poorly.
2. Feel refreshed after sleeping.
3. Restore normal sleeping pattern.
4. Understand the effects of mood-altering chemicals on sleep.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anxiety
- Chronic Pain
- Eating Disorders and Obesity
- Grief/Loss Unresolved
- Medical Issues
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Self-Care Deficit as a Primary Problem
- Social Anxiety
- Substance Intoxication/Withdrawal
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Improving Sleep Hygiene” activity is intended for clients who struggle with irregular sleep patterns that interfere with their quality of life and/or make it difficult to carry out day-to-day activities in any domain of their lives. It builds on the previous exercise in this manual titled “Assessing Sleep Patterns” to identify and change any chronic cognitive patterns related to sleep problems that then also interfere with sleep, creating a vicious cycle. Follow-up could include reviewing a sleep journal and brainstorming with the therapist or group about behavioral changes to improve sleep, then reporting back on the outcomes.
IMPROVING SLEEP HYGIENE

Once medical issues are ruled out as causing issues with sleep, some basic strategies can help people in getting to sleep and getting adequate and restful sleep. Some of these strategies are contrary to the way many of us live our lives during our active addiction. Correcting sleep issues takes time and patience, because we are changing behavioral and cognitive habits and/or waiting for our bodies to heal physically after use or abuse of alcohol/drugs or prescribed or OTC medications and making significant lifestyle changes.

1. When you find you are unable to sleep, what thoughts run through your mind (i.e., fears, worries of sleeplessness, self-defeating statements)?

2. What alternate thoughts could you use to replace those you listed that would keep your anxiety, anger, and frustration from escalating? You may consider brainstorming these in individual or group sessions.

3. What habits will you need to alter in order to set yourself up to be ready to go to bed and ultimately to sleep (e.g., caffeine intake, same time to bed, develop sleep ritual, etc.)?

4. There is a strong connection between sleep issues and relapse. While you resolve this issue, what will you do to take extra care in this area?

5. Review your sleep journal from the exercise titled “Assessing Sleep Problems” in this manual and create a sleep hygiene plan that addresses each of the difficulties you identified. Continue to journal so that you can continue to modify your plan to get the quality of sleep you need for sustained sobriety and recovery.

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
UNDERSTANDING THOUGHTS, WORRIES, AND FEARS

GOALS OF THE EXERCISE

1. Develop the social skills that are necessary to reduce excessive anxiety in social situations, and terminate reliance on addiction as a coping mechanism.
2. Maintain a program of recovery that is free from excessive social anxiety and addiction.
3. Decrease thoughts that trigger anxiety, and increase positive, self-enhancing self-talk.
4. Learn the relationship between anxiety and addiction.
5. Identify how social anxiety impacts willingness and ability to access and develop recovery support.
6. Form relationships that will enhance a recovery support system.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Anxiety
- Borderline Traits
- Dependent Traits
- Obsessive-Compulsive Disorder (OCD)
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Sexual Promiscuity

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Understanding Thoughts, Worries, and Fears” worksheet is for clients who experience social anxiety and addiction. This exercise is intended to increase the client’s awareness of how their social anxiety and addictive behavior are related. It first asks the client to complete a cost/benefit analysis to begin assessing readiness and motivation to address these problems effectively. It then asks the client to
complete a self-monitoring exercise in order to gather real-time data rather than base actions on perceptions, fears, and beliefs. This will get the client ready to use the data to create an action plan. Follow-up could include assigning the exercise “Action Plan to Address Social Anxiety,” which will guide the client through skill building in this area.
Anxiety and addiction are related in several ways. People who are socially anxious may have come to rely on substances to help them feel brave, reduce social fears, quiet internal self-criticism, and calm their bodies when interacting with others. However, at the same time, substance use erodes their confidence and ability to master necessary skills to interact with others. The excessive fear and worry in social situations does not generally have any factual basis, but it feels so real that it results in avoidance or an inability to fully engage with others. So at times not only is it challenging to initiate social connections but there is also a struggle to grow or maintain them.

1. List five ways your social anxiety kept you using or relying on your addictive behavior(s) in social situations.

2. What negative consequences have you experienced because of your social anxiety?

3. How has social anxiety kept you from using available supports that could help you with both the problem of anxiety and the problem of addiction?

4. To get a better understanding of what maintains these issues and what may motivate you to take on these problems, complete the following cost/benefit analysis:

<table>
<thead>
<tr>
<th>Benefits of Status Quo</th>
<th>Costs of No Change (status quo)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
5. Self-monitoring activity: Rank social situations in which you find yourself for the next two weeks that cause you to feel anxious, and give each an anxiety intensity ranking (0 = not at all to 10 = extreme anxiety)
   a. Situation: _____________________________ Ranking: ____ 
   b. Situation: _____________________________ Ranking: ____ 
   c. Situation: _____________________________ Ranking: ____ 
   d. Situation: _____________________________ Ranking: ____ 
   e. Situation: _____________________________ Ranking: ____ 
   Continue with this format on a separate sheet. Include as many social situations as you find yourself in so you have plenty of data to review.

6. In which of these situations did you have thoughts about use of substances or some other avoidance strategy? What thoughts did you find yourself thinking?


7. For each situation, identify what fears, doubts, or criticism accompanied each and list them. _____________________________


8. Of these situations, starting with those that had the lowest anxiety ranking and moving to those with the highest, what insight can you obtain about what makes the low-anxiety ones different from those that cause you higher anxiety? ________ 


Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
ACTION PLAN TO ADDRESS SOCIAL ANXIETY

GOALS OF THE EXERCISE
1. Develop the social skills needed to reduce excessive anxiety in social situations, and terminate reliance on addiction as a coping mechanism.
2. Maintain a program of recovery that is free from excessive social anxiety and addiction.
3. Decrease thoughts that trigger anxiety and increase positive, self-enhancing self-talk.
4. Learn the relationship between anxiety and addiction.
5. Form relationships that will enhance a recovery support system.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anger
- Anxiety
- Eating Disorders and Obesity
- Grief/Loss Unresolved
- Posttraumatic Stress Disorder (PTSD)
- Sexual Promiscuity
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Action Plan to Address Social Anxiety” is an activity designed for the client who is motivated to address social fears, self-critical thoughts, and self-doubt and recognizes the benefit of doing so, but has been unable to do this work on their own. It is significant to note that many clients with social anxiety recognize the irrationality of their fears and may even know the solution(s), but they have been unable to effect change in their lives on their own. They often say “Why can’t I just . . . ?” As a result, they have found ineffective and destructive ways to cope, have avoided many things along the way, including help, and their self-confidence has eroded.
They will be asked to work through both cognitive and behavioral strategies for seeking and using help and challenging all perceived barriers or those they have put in their own way. Follow-up and ongoing assignments should be actually running the behavioral experiments outlined in this activity. It is helpful when starting out to reward every honest attempt to help build confidence and motivation to continue.
ACTION PLAN TO ADDRESS SOCIAL ANXIETY

Many people with social anxiety recognize that their fears aren’t realistic, and may even know the solution, but find they have been unable to make these changes in their lives on their own. They often say “Why can’t I just . . .?” As a result, they may have used destructive ways to cope and/or avoided many things along the way. They may even have avoided getting the help they needed. This exercise will help with both cognitive (correcting distorted thoughts) and behavioral strategies for seeking and using help and challenging the perceived barriers we put in our own way.

1. List five worries and fears you have regarding social situations or interactions.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. What experiences created these worries and fears (e.g., past rejections, harsh criticism, trauma, etc.)?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. What negative consequences have resulted due to the fear and anxiety?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. What thoughts accompany the five worries and fears you listed above (e.g., you will be publicly ridiculed, will be humiliated, will offend others or be rejected, etc.)?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
5. For each of the thoughts you identified in question 4, what reality-based cognitive messages (they have to be believable at a 4 or higher on a 10-point scale; 0 = not at all believable and 10 = very believable) can you think of to replace them? Use your group or therapy session if you have difficulty generating these messages on your own.

6. What social situations do you do well in? What is your explanation for this?

7. Social anxiety can interfere with engaging in meaningful relationships with others, including those relationships we need to foster to stay sober. This can be by way of avoiding meetings due to discomfort at being with unfamiliar people, sitting silently at meetings, etc. Write an action plan for increasing exposure to the following challenging situations that will push your recovery forward. Start with those that bring the least anxiety and work up to those that create the most.
   a. Going to a meeting
   b. Going to a variety of meetings
   c. Sharing at a meeting
   d. Introducing myself at a meeting
   e. Seeking someone out to be a sponsor
   f. Reaching out to someone when in crisis
   g. Admitting a relapse or thoughts of relapse
   h. Going to treatment groups
   i. Others:

8. Remember, avoidance will only make your anxiety worse and keep you from the things and people who can help you the most. The other benefit is that with each successful attempt, your confidence will build. How can you reward each honest attempt you make instead of berating yourself if you don’t accomplish the entire task?
9. Who can help you, coach you, and cheer you on, and how will you ask for their help? Remember, we all need some encouragement to face our fears. Letting people help you is not a weakness or a flaw.

10. It is helpful to develop positive self-talk statements that you can repeat to yourself when you feel anxious approaching a social situation. Create some self-statements that you can use as a mantra to coach and calm yourself (e.g., “Breathe,” “I will feel better about myself for trying,” “I’m learning to take this a day at a time”).

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Broaden the client’s understanding of spirituality and how it applies to overcoming addictions.
2. Learn the difference between religion and spirituality.
3. Overcome resistance to 12-step programs based on antipathy toward religion.
4. Develop a concept of a Higher Power that is loving and supportive to recovery.
5. Resolve spiritual conflicts, allowing for a meaningful relationship with a Higher Power.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Grief/Loss Unresolved
- Posttraumatic Stress Disorder (PTSD)
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Understanding Spirituality” activity is written for clients whose therapeutic progress is impeded by resistance to spirituality as a resource for recovery based on antipathy toward organized religion or perceived conflicts with personal values. Follow-up could include bibliotherapy, including books such as *Where in the World Is God?* by Robert Brizee.
UNDERSTANDING SPIRITUALITY

This assignment will help you work through an issue that troubles many people who are new to recovery programs. There's no way that one handout can cover it all, but it can help you get started.

Why work on spirituality? Because it can make the difference between success or failure in recovery, and therefore maybe the difference between life or death. It's the key to effective use of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other 12-step programs. When people attend their first meetings of 12-step programs and find they dislike these programs, the most common reason is discomfort with all the talk about God. This may look like a barrier, making these programs useless to them, but it doesn't have to be.

Many people feel skeptical about religion. They may have had bad experiences with religious people or institutions. Perhaps they just feel that God has not been there in their lives. Hearing God or a Higher Power mentioned in 7 of the 12 Steps may be an immediate turn-off. However, many people who don't believe in God, or who believe that no one can know whether God exists, find that they can use AA, NA, and other 12-step programs to make the changes they want to make in their lives. The key is understanding the difference between spirituality and religion.

1. Write down your description of religion. What do you think of when you hear the word? ____________________________

2. Now think about the word spirituality, and write your definition for this word. ____________________________________________

3. Are there differences in the meanings of religion and spirituality for you? If so, what is the biggest difference you see? ________________________________

A definition of religion could be as follows: A system of practices and rituals based on belief in a specific divine or superhuman power, practiced in a specific organization, usually at a church, temple, mosque, or synagogue.

A definition for spirituality might sound like this: A focus on the moral aspects of life, on doing what is right and what will help us be the best people we can be.

We could say it this way: A religion is a system that people create to try to achieve spirituality. We could think of spirituality as like water and religion as like a bottle, a container to hold water—but other containers can hold water, and some bottles contain other things instead of water.
4. What other containers for spirituality can you think of (i.e., other ways to help yourself focus on what is right in life)? 

5. At this point, you may be thinking, “Doesn’t that definition of religion also describe a 12-step program? It involves certain practices and rituals, and it’s practiced in a specific organization.” If you think 12-step programs like AA and NA resemble religion, what similarities do you see? 

6. What differences do you see? 

Here are three key differences between 12-step groups and religions:
• **Specific definitions of God.** A religion offers specific ways to understand God and may insist that no other way is correct. A 12-step program asks you to think in terms of a power greater than yourself, and leaves it to you to decide what that power is and how it works.
• **Authority.** Whereas a religion almost always has a formal hierarchy and structure of people in charge, in a 12-step group nobody is in charge. There is no chain of command. Decisions are made by the group through a vote called a “group conscience.”
• **Membership Requirements.** Religions may restrict their membership in many ways—by birth, heritage, or obedience to given rules. By contrast, in any 12-step program, the Third Tradition says that the only membership requirement is a desire to solve the problem that group exists to overcome.

7. Going back to our definition of spirituality, how do you think that paying attention to the moral aspects of life and what is right could help you solve the problems facing you with alcohol, drugs, or other addictive behaviors? 

If you see that a focus on these parts of your life could be useful, that’s all it takes to begin including spirituality in your recovery work.

8. List three ways a new understanding and acceptance of a Higher Power could help you in overcoming addiction. 

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
FINDING A HIGHER POWER THAT MAKES SENSE

GOALS OF THE EXERCISE
1. Maintain a program of recovery free of addiction and spiritual confusion.
2. Resolve spiritual conflicts to allow for a meaningful relationship with a higher power.
3. Develop a conception of a Higher Power that is loving and supportive to recovery.
4. Identify ways a Higher Power can help to overcome addiction to achieve and maintain recovery.
5. Create a plan to make life more consistent with professed values and ideals.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Childhood Trauma
- Grief/Loss Unresolved
- Posttraumatic Stress Disorder (PTSD)
- Sexual Abuse
- Substance-Induced Disorders
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Finding a Higher Power That Makes Sense” activity is intended for the client who wants to achieve recovery but finds their skepticism and ambivalence regarding religion and spirituality an obstacle to participation in a 12-step or other spiritually based recovery program. Follow-up could include reading and journaling about the book *Where in the World Is God?* by Robert Brizee, as well as keeping a journal and reporting back to the therapist and treatment group on thoughts and observations based on this exercise.
FINDING A HIGHER POWER THAT MAKES SENSE

You may have had an experience that is very common among people attending their first meetings of AA, NA, or other 12-step programs. The first reaction on meeting people and hearing them talk about their lives can be a feeling of elation: After years, maybe a lifetime, of feeling that no one really understands our lives and how we feel, suddenly we find a group where some of the people seem a lot like us! For many of us just entering recovery, it is the first experience in our lives of feeling that we fit in. More than that, they seem happy with their lives. They’ve found something we’ve been looking for, and it fills us with hope.

Then these people start talking a lot about God and/or their Higher Power. This may not be a problem for you if you are already content with your spiritual life, but for anyone who has become disillusioned and felt rejected, judged, or betrayed by religion and religious people, it can feel as if a wonderful gift has been offered and then snatched out of our grasp. That can lead to despair or an unwillingness to use a proven resource to help addicts live lives free of their addiction. Fortunately, it doesn’t have to be that way. This activity is designed to help you overcome that dilemma.

1. First, it’s important to acknowledge that a lot of the language in some 12-step program literature not only sounds religious, but it sounds specifically Christian. Furthermore, a lot of the people in the meetings may make it clear that their Higher Power is a Christian God. However, the key phrase in Steps 3 and 11 is “God as we understood Him” (or “God as we understood God,” depending on which program you’re visiting). This is one of the main differences between 12-step programs and religions or religious programs. When you first heard or read that phrase, what thoughts came to mind for you?

2. The first step in putting this concept to work is to set aside anything you’ve been told about God or a Higher Power that seems wrong to you—wrong either because it doesn’t fit your experience of the real world or because it conflicts with your values and sense of what a loving Higher Power should be like. If you’ve been told things about God that you believe are wrong, what were those things?
3. Next, figure out what kind of God or Higher Power would make sense to you. Depending on your values and life experience, that may be the life force or spirit of the world or the universe, the essence of a perfect parent, a system of spiritual practices and values that lacks a specified god, or any other concept that really feels right to you. How would you describe the God or Higher Power that would (a) fit the facts of the world as you’ve experienced it; (b) be right for you; and (c) be able to help you in your recovery from addiction?

4. Next, ask yourself what evidence you would be able to see in the world if your idea of a Higher Power really exists. This can be external (things you see happen outside of yourself) or internal (things happening with your own thoughts and feelings). If your conception of a Higher Power is a nonpersonalized value system, then this might mean asking yourself what you see happening in the lives of people living by that value system. For whatever your Higher Power would be if it exists, what external and internal evidence would you expect to see in the world?

5. The final part is the simplest. Whatever kinds of evidence you decided would show you that there is a Higher Power around who can help you with recovery, watch for it; simply spend a few weeks in wait-and-see mode. Try to write for a few minutes each day about your experience in this activity. You may not see any evidence, in which case your next course would be to seek out others in recovery who have faced the same dilemma and ask what they’ve done, or to pursue a path such as Rational Recovery that doesn’t involve spirituality. But if your experience is like that of a lot of other people, you may find that your Higher Power has been there all along, and you just didn’t realize it because the signs didn’t fit what you’d been taught about faith.

6. How has the absence of or confusion regarding spirituality contributed to your addiction or negative attitude about recovery?

7. Identify five benefits there would be for you in acceptance of a Higher Power in your recovery efforts.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
GOALS OF THE EXERCISE

1. Learn the importance of beginning and maintaining a program of recovery from addiction and substance-induced disorder.
2. Identify the ways a support network can assist in the early stages of sobriety.
3. Learn to work on recovery with others rather than alone.
4. Form relationships that will enhance a recovery support system.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Chronic Pain
- Dependent Traits
- Peer Group Negativity
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Self-Care Deficit as a Primary Problem
- Self-Care Deficit as a Secondary Problem
- Sexual Promiscuity
- Substance Intoxication/Withdrawal
- Substance Use Disorders
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Using My Support Network” activity is for clients who have difficulty seeking and accepting support from others for therapeutic goals. Its approach is to guide the client in identifying potential sources of support from treatment, people in their lives, and the recovery community. Additionally, it asks clients to complete a cost/benefit analysis of identifying and using a support team versus not doing so. Initially, medical stabilization and improved mood and cognitive function may be necessary.
Follow-up could include homework assignments to talk with the people identified in this exercise and ask for their support, then report back to the therapist and group on the outcomes. For those clients who are more resistant to sobriety and/or help (possibly those who are mandated to treatment), spending more time processing the exact reasons they resist could be a precursor to this assignment.
USING MY SUPPORT NETWORK

It is common for people dealing with substance abuse or other addictive patterns to isolate themselves and to feel embarrassed or ashamed about their histories. Also, some people feel that because they got themselves into the messes they are in alone, they need to solve their problems alone. However, people embarking on this journey benefit when they seek help from others who care about them, or who are succeeding at the same goals. This exercise will get you started using the support of helpful people to increase your chances of success in making lifestyle changes related to addictive behavior.

1. Your mood, thoughts, memory, sleep, and physical body may not have returned to normal yet. With ongoing sobriety, this will come. What are the benefits to you of staying in treatment at this time?

2. What are the risks if you reject the help being offered or return to drinking, other drug use, or other addictive behavior patterns?

3. As you stabilize your physical, psychological, and emotional health, it is important to have people to help you. What supportive people can you ask to help you stay abstinent in the early stages of sobriety from your addiction?

   Family: ______________________

   Friends: ______________________

   Work/School: ______________________

   Church/spiritual community: ______________________

   Others (e.g., coach, mentor): ______________________
4. In addition to the treatment staff and the people who support and know you, a recovery community is available to assist you. What are three potential benefits of using a 12-step recovery program in addition to treatment in the very early stages of establishing your sobriety?

5. The biggest obstacle or barriers for me in asking for assistance and accepting it now is:

6. The worst thing that could happen when I ask someone for help is:

7. What will I tell these people about how I would like them to help me? List three things each can do to assist you in your efforts at stabilizing and staying sober.

8. You may have heard the common saying in many 12-step programs that the best way for one recovering person to stay clean and sober is to help someone else with their recovery. How do you think you might be helping others to maintain their sobriety by asking them to help you with your own?

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
EXPLORING TREATMENT AND RECOVERY OPTIONS

GOALS OF THE EXERCISE
1. Restore normal sleep pattern; improve long- and short-term memory; develop more realistic perceptions, coherent communication, and focused attention; and maintain abstinence from addiction.
2. Learn the importance of working a 12-step program, and maintain a program of recovery from addiction and substance-induced disorders.
3. Resolve psychiatric signs and symptoms secondary to substance abuse.
4. Effectively use available resources in personal and family recovery.
5. Reduce emotional and social isolation for self and family.
6. Augment treatment and after-care with resources that can be used indefinitely without cost.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Grief/Loss Unresolved
- Legal Problems
- Living Environment Deficiency
- Medical Issues
- Posttraumatic Stress Disorder (PTSD)
- Self-Care Deficit as a Primary Problem
- Self-Care Deficit as a Secondary Problem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Exploring Treatment and Recovery Options” activity is for clients who are not accustomed to asking for help or who may not know of available resources. Follow-up can include reporting on outcomes and referrals to specific community resources.
EXPLORING TREATMENT AND RECOVERY OPTIONS

Recovering from the effects of recent substance use takes time. It may be difficult to think about anything other than how you currently feel physically and mentally. Additionally, for those who have relapsed, they may feel disappointed, ashamed, and hopeless. Even at the very early stages of sobering up, it is important to assess what you need to do about your current situation and to look at the potential benefits of treatment and working toward longer-term recovery.

1. What current experiences are you having, if any, from the list below? Rate each of them in severity from 0 to 10 (0 = absent to 10 = extreme) and which are related to your use of substances.
   a. Memory impairment Rating Related to substances
   b. Inability to focus Rating Related to substances
   c. Language or perceptual disturbances Rating Related to substances
   d. Hallucinations/delusions Rating Related to substances
   e. Depressed mood or euphoric mood Rating Related to substances
   f. Agitation, panic, obsessive thoughts Rating Related to substances
   g. Sleep disturbance Rating Related to substances
   h. Sexual dysfunction Rating Related to substances

2. How many times have you experienced the current issues you’re experiencing, whether you were in treatment or not? Were there actions, treatments, and/or people who were helpful in resolving the symptoms? Describe those here.

3. To what degree are you motivated to work toward establishing longer-term sobriety now? If none or low, what would it take for you to consider it? If you feel motivated and ready, what’s next?
4. How could the following help you in resolving your current symptoms?
   a. Doctor, psychiatrist
   b. Partner, family
   c. Your faith
   d. Treatment/12-step support

5. If you feel like using substances or other addictive behaviors (your drug of choice or something else) to reduce the symptoms, what could you do instead?

6. If you've relapsed, talking with others who have successfully come back from relapses can be significant. Who can you reach out to? What will you ask? How can they be helpful?

7. A variety of things work to help reduce symptoms of substance abuse, but getting through each day sober is the strongest step toward recovery you can take that day. What three things can you do today to help you stay sober?

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
COPING WITH POST-ACUTE WITHDRAWAL (PAW)

GOALS OF THE EXERCISE
1. Recover from substance intoxication/withdrawal, and participate in a chemical dependency assessment.
2. Learn about a common syndrome in recovery from chemical dependency, which might otherwise lead to demoralization, anxiety, and relapse.
3. Become empowered to cope with post-acute withdrawal (PAW) and learn about resources and supports available for assistance.
4. Stabilize the client’s condition medically, behaviorally, emotionally, and cognitively and begin to return to functioning within normal parameters.
5. Keep healthcare providers informed of withdrawal symptoms.
6. Comply with instructions of healthcare providers in coping with PAW.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Medical Issues
- Relapse Proneness
- Sleep Disturbance
- Substance-Induced Disorders
- Suicidal Ideation
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Coping With Post-Acute Withdrawal” activity is intended primarily for clients who are in early recovery after long-term or heavy abuse of alcohol or barbiturates, but some of the features of PAW may be seen in users of other categories of substances as well, including opioids and stimulants. The exercise normalizes the experience of otherwise alarming persistent symptoms and relieves clients’ fears that those symptoms are permanent, increasing their motivation to remain abstinent. Follow-up for this activity may include discussion of symptoms with the therapist, group, a physician, and a program sponsor; keeping a log of gradual improvement; and planning of coping strategies.
COPING WITH POST-ACUTE WITHDRAWAL (PAW)

Heavy drinking or drug abuse upsets the chemical balance in a person’s body, especially in the brain. Although it may only take days or weeks for alcohol or other drugs to leave the system, this chemical balance can take months to get back to normal. This is called post-acute withdrawal, or PAW. While this happens, a recovering person may continue to experience physical, mental, and emotional problems. It is important to know that although these PAW symptoms may hang on for months, they will keep gradually getting better if you stay clean and sober! This exercise will help you understand PAW and teach you how to get through these problems without relapsing.

1. Some symptoms of PAW are as follows:
   - Difficulty thinking clearly
   - Problems with memory, especially short-term memory
   - Increased feelings of anxiety, depression, and/or irritability
   - Rapid mood swings that seem to happen for little or no reason
   - Emotional overreactivity or numbness
   - Sleep disturbances
   - Problems with physical coordination

Have you repeatedly experienced any of these problems since you stopped using alcohol or other drugs? If so, please check the ones you’ve experienced.

2. What methods have you tried to cope with these symptoms?

3. What methods have worked best for you?

4. Your assignment is to talk with other people in recovery and ask how they have coped with PAW without returning to using/drinking. Who will you ask, and how will you ask them for this information?
5. Answer this question after talking with some other people about their experiences with PAW. Based on what you have found works for you and on the experiences of other people, please list five things you can do to cope with PAW if you experience the symptoms listed earlier.

a. 

b. 

c. 

d. 

e. 

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
Therapist’s Overview

USING BOOKS AND OTHER MEDIA RESOURCES

GOALS OF THE EXERCISE
1. Find and effectively use media resources to help in personal and family recovery from substance dependence, abuse, and related problems.
2. Reduce shame and emotional isolation by learning that addictive issues affect many other people.
3. Increase the effectiveness of treatment and aftercare by augmenting them with resources that can be used outside of the treatment environment.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Anxiety
- Borderline Traits
- Childhood Trauma
- Grief/Loss Unresolved
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Spiritual Confusion
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Using Books and Other Media Resources” activity introduces the client to the use of media to explore personal issues. It invites the client to examine their reactions to books, movies, or songs that trigger strong feelings or seem relevant to their life issues. Follow-up may include discussion of these reactions and what insights they offer the client. For videotherapy, the therapist may want to use the book Rent Two Films and Let’s Talk in the Morning by John W. Hesley and Jan G. Hesley, also published by Wiley.

Note: It is important to co-create a safety plan with the client, teach him or her self-soothing techniques, and give them guidance on crisis coping resources and strategies to use in the event that any media resource triggers an abreaction intense enough to create the risk of relapse or self-harm. Refer to Appendix B at the back of this manual for suggested bibliotherapy resources.
USING BOOKS AND OTHER MEDIA RESOURCES

Because they affect so many people and are important parts of every culture, the issues you are working on in treatment have inspired films, plays, TV shows, books, art, and music. These materials can often give us useful information or inspiration, or they can move us emotionally in a powerful way that can help treatment. This exercise will help you think about how you can use some of this material to help you achieve your own goals.

1. Have you seen films, plays, or TV shows, read books, seen art, or listened to music that dealt with issues of substance abuse, other addictive problems, or other life situations with which you identified? What artistic work were you exposed to, and what emotions did it bring up for you? __________________________________________

2. How do you feel these works could help you or others overcome the problems that brought you into treatment? __________________________________________

3. A basic way these materials, especially books, can be useful is by providing practical information about how your problems may have developed, obstacles and pitfalls that can endanger your recovery, guidance on actions you can take to get better, and stories of others who have succeeded to inspire you and provide examples. Please describe any help of this kind that you’ve found. _____________

4. Here are some places where you can get these materials. Please check all that are available to you.

   Free Sources                              Sources That Cost Money
   _____ Libraries                          _____ Bookstores
   _____ Internet                           _____ Video rental/sales outlets
   _____ Community agencies                 _____ Movie theaters

5. Talk with your therapist, and choose the first video, TV program, book, or piece of music you will use as part of your therapy. Important note: Especially if you are in the early stages of your recovery, or if your experiences have been
very painful and trigger intense emotions, don’t do this without your therapist’s guidance! You could expose yourself to overwhelming feelings that would put you at higher risk for relapse. Once you and your therapist have talked it over and agreed on a plan, please watch, read, view, or listen to the creative work you’ve chosen, then write here about whatever emotions, thoughts, and new realizations you have.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
CONSEQUENCES OF CONTINUING ADDICTIVE LIFESTYLES

GOALS OF THE EXERCISE

1. Accept powerlessness over addictive behaviors and the accompanying unmanageability of life and participate in a recovery-based program.
2. Establish and maintain total abstinence from addictive behaviors while increasing knowledge of the disease of addiction and the process of recovery.
3. Clarify how destructive the negative consequences of substance abuse or other addictive behavior will have to get before they become too bad to tolerate without quitting.
4. Focus attention on the negative consequences of addictive behaviors for self and others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Eating Disorders and Obesity
- Gambling
- Legal Problems
- Nicotine Use/Dependence
- Occupational Problems
- Peer Group Negativity
- Relapse Proneness
- Sexual Promiscuity
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH CLIENT

The “Consequences of Continuing Addictive Lifestyles” activity is for clients who are in denial or ambivalent about their addictive behavior(s). It aims to break down cognitive distortion. Follow-up can include bibliotherapy with personal stories from the book Alcoholics Anonymous or a book from another recovery program.
CONSEQUENCES OF CONTINUING ADDICTIVE LIFESTYLES

This assignment will help you see more clearly what your limits are when it comes to suffering negative consequences of substance abuse or other addictive behaviors. Once you’ve finished this worksheet, it will be helpful to talk about it with your therapist, group, and/or your program sponsor.

1. Have you ever made a yet list before, or heard of the idea? A yet list is simply a list of negative consequences of addiction that we know could happen, but we have not experienced yet. How could a list like this be useful?

2. As you may have heard or figured out, a yet list is used to define your personal definition of being out of control. This is a list of experiences you feel would show you that you needed to quit drinking, using, or practicing other addictive behaviors. First, if you truly believed your behavior was out of control, would you quit? Why or why not?

3. Now to make your list. Write down all of the negative consequences of drinking, using other drugs, or practicing other addictive behaviors that you can think of, which you have never experienced. If you have a group to work with, you can have everyone brainstorm and make a shared list.

4. Now look at the list. If there are experiences you’ve simply escaped through luck (e.g., not being caught when driving while impaired), what are they?

5. What experiences have you never risked (e.g., if you never drive while impaired, you’ve never been in danger of arrest for DWI)?
6. Which experiences from your list that haven’t happened yet would you consider to be definite evidence that your behavior was unsafe or out of control, and why?

________________________________________________________________________

7. The experiences you listed for question 6 are your yet list. They’ve happened to others but haven’t happened to you yet. Since you’ve decided these events would mean your behavior was out of control, what will you do if one of them does happen?

________________________________________________________________________

8. If you truly feel that the items on your yet list are unacceptable and would mean you had to quit drinking, using, gambling, or practicing some other compulsive behavior, how do you plan to quit if one of these things does happen as a result of your actions?

________________________________________________________________________

9. If you are willing to make a formal commitment to follow through on the decision you wrote about in question 7, how can you get started and how can others help you?

________________________________________________________________________

10. Review your responses to questions 5, 6, and 7. Describe the potential benefits of working to address behavior to prevent those negatives from ever happening (not waiting for the negatives before getting started).

________________________________________________________________________

11. Who can help you with this? It is a good idea to talk to them ahead of time, now while you’re calm and rational, and explain what you are asking them to do for you. We suggest specifically asking them how they would feel if you came to them for help. Use this space to record who you will ask for this help, when, how and what you’ll ask of them.

________________________________________________________________________

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
ALTHERNATIVES TO ADDICTIVE BEHAVIOR

GOALS OF THE EXERCISE
1. Establish and maintain abstinence from addictive behaviors, while increasing knowledge of the disease of addiction and the process of recovery.
2. Establish a sustained recovery, free from the abuse of mood-altering substances or other addictive behaviors.
3. Improve quality of life by participating in enjoyable activities as constructive and healthy alternatives to addictive behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Chronic Pain
- Eating Disorders and Obesity
- Gambling
- Nicotine Use/Dependence
- Self-Harm
- Substance-Induced Disorders
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Alternatives to Addictive Behavior” activity is useful for clients who have a generalized pattern of self-medicating uncomfortable feelings with activities that offer instant gratification or mood alteration, who are at risk for switching from one addictive behavior to another and may benefit from insight into their self-medication and awareness of more benign options. The exercise includes a cost/benefit analysis of addictive behavior, examination of underlying needs, and brainstorming other ways to meet those needs. Follow-up may include assignments to investigate groups dedicated to alternative activities (e.g., a hiking club) and a report to the therapist and/or treatment group on positive experiences.
ALTERNATIVES TO ADDICTIVE BEHAVIOR

For many addicted people, most things they do for fun or relaxation involve drinking, using other drugs, or other addictive behaviors, with destructive consequences. Fun is a vital and necessary part of life. Learning to have a good time and get your needs met in non-addictive ways is a key part of recovery and is largely a matter of relearning. This exercise will help you identify positive ways to meet your needs and find enjoyment.

1. List the major benefits you got from drinking, other drug use, or other addictive behaviors.

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<tr>
<th>Physical</th>
<th>Social</th>
<th>Mental or Emotional</th>
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</thead>
</table>

2. List the main drawbacks connected with these behaviors.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Social</th>
<th>Mental or Emotional</th>
</tr>
</thead>
</table>

3. List the benefits you can think of connected with abstinence from addictive behaviors.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Social</th>
<th>Mental or Emotional</th>
</tr>
</thead>
</table>

4. List any drawbacks you see connected with abstinence from these behavior patterns.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Social</th>
<th>Mental or Emotional</th>
</tr>
</thead>
</table>
5. List as many alternative ways as you can think of to get the benefits you listed for drinking, other drug use, or other addictive behaviors, but without such negative consequences.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Social</th>
<th>Mental or Emotional</th>
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</table>

6. How will you respond to yearnings for the thrill or rush that you got from substance use or other addictive behaviors?

______________________________

7. List three nondrinking/using/addictive behavior-related activities that:
   a. You enjoy: ____________________
   ________________________________
   ________________________________
   ________________________________

   b. You think you would enjoy, but haven’t tried: ____________________
   ________________________________
   ________________________________
   ________________________________

   c. You’ve heard others talk about and are interested in: ____________________
   ________________________________
   ________________________________
   ________________________________

   d. You could enjoy doing alone: ____________________
   ________________________________
   ________________________________
   ________________________________

   e. You could enjoy doing with others: ____________________
   ________________________________
   ________________________________
   ________________________________

8. What alternatives are available for nondrinking/using/addictive behavior-related recreation and connection with others through the 12-step program you are involved in? ____________________
   ________________________________
   ________________________________
   ________________________________

9. What are the thoughts, beliefs and perceptions you will have to challenge to try or get started trying new, or returning to previously enjoyed sober activities? ______

______________________________

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
PERSONAL RECOVERY PLANNING

GOALS OF THE EXERCISE
1. Establish sustained recovery, free from addictive behaviors, while increasing knowledge of the disease of addiction and the process of recovery.
2. Learn to think of recovery as something that involves every aspect of life and can be planned for and approached in a practical way.
3. Verbalize understanding of the need to maintain abstinence to remain free of negative legal and health consequences.
4. Create a recovery plan and a convenient list of people, groups, and techniques to lean on for support or information in times of distress.
5. Develop and articulate a concept of a higher power that is supportive to recovery.
6. Learn and demonstrate healthy social skills by developing a new peer group that is drug-free and supportive of working a program of recovery.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Eating Disorders and Obesity
- Gambling
- Nicotine Use/Dependence
- Obsessive-Compulsive Disorder (OCD)
- Sexual Promiscuity

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Personal Recovery Planning” activity is intended for clients who are at least somewhat motivated for recovery and need structure and direction. It guides clients in identifying their goals for recovery to frame planning and strengthen motivation, then walks them through several domains of life functioning and prompts them to identify supportive resources and relationships and commit to a plan to use them. Follow-up for this exercise can include the activities titled “Relapse Prevention Planning” and “Use of Affirmations for Change”; keeping a journal; and reporting back to the therapist, treatment group, and sponsor on the outcomes of activities included in the personal recovery plan.
PERSONAL RECOVERY PLANNING

There are many ways to maintain a healthy lifestyle, free of self-defeating addictive behavior. Your recovery plan will be your creation, not exactly like anyone else’s. It won’t be a finished product when you’re done, but it will give you a method to fall back on when things get difficult and confusing. You may have tried on one or more occasions to cut back or quit addictive behavior and discovered that some things work for you and some things do not. Please draw on that experience as you work through this exercise.

1. When you think about recovery, what do you want to accomplish? Beyond abstinence, some goals may include self-respect and dignity, peace of mind, healthy relationships, improved health, career progress, and improved finances. Please list the three things that are most important to you, and for each, what successful result will show that you’ve achieved that desired outcome.
   a. 
   b. 
   c. 

2. For each goal, how would a return to your addiction affect your chances of success?
   a. 
   b. 
   c. 

3. For each goal, what specific warning signs will tell you if you’re getting off track?
   a. 
   b. 
   c. 

4. Success in staying in recovery has positive and negative parts: finding things to do that help you remain abstinent and finding things not to do because they may lead to relapse. Drawing on all you have learned and the experiences of others, please fill out the following.
(1) What individual and/or group treatment sessions will I attend each week? When and where?

(2) What support group meeting(s) will I attend during the week? When and where?

(3) When, where, and for how long will I meet with my sponsor each week?

b. Creating a daily structure and routine

(1) What things will I do as part of my routine each day, and when will I do them?

(2) Each week?

(3) Each month?

c. Basic self-care. Living compulsively, we often neglect the basics (e.g., proper nutrition, health care, adequate rest, and exercise). Building these into your life will help you cope with stress. What can you do in each of these areas to take care of yourself?

(1) Proper nutrition:

(2) Medical care:

(3) Rest:

(4) Exercise/physical activity:

d. Relationships and support systems. Relationships with loved ones and friends can have a tremendous effect on recovery, either helping or hurting. You’ll need to analyze past and current relationships and keep some, end some, and develop some new ones.

(1) Old relationships. What relationships are likely to support your recovery, and what will you do to strengthen them?
(2) New relationships. Where can you meet people to start some new, healthy, supportive relationships, and how will you go about finding them?

(3) How you can get support from relationships. Please list some people with whom you can talk when you feel troubled, confused, or discouraged, and write about how you will approach each of them to ask for this support.

<table>
<thead>
<tr>
<th>Name</th>
<th>How I Will Ask for Support</th>
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e. Spirituality. Whether or not you’re religious, recovery involves making changes in your values; people who include spiritual resources in recovery are usually more successful.

(1) How will I address this component of my recovery?

(2) What questions do I have about this, and whom can I ask for assistance?

f. Addressing emotional concerns. Untreated or neglected emotional issues will likely result in relapse or return to other self-destructive behaviors. What am I doing to address these concerns?

g. Legal issues. Dealing with the legal consequences of addictions is important to be a responsible person, to reduce long-term stress, and to gain self-respect. What am I doing to get any unfinished legal matters settled?

h. Finances. This is another part of life with great impact on self-esteem and stress levels. Many newly recovering people are intimidated by financial problems when they get clean and sober, but with steady effort they can clear the difficulties up faster than expected.

(1) What financial problems do I have and what am I doing to resolve them?

(2) What is my long-term plan for financial stability?
i. *Recreation.* Early recovery is a time to start having healthy fun, with activities you have enjoyed in the past or with new activities, to help you cope with stress and enjoy life.

(1) What old healthy recreational activities will I take up again?

(2) What new activities will I try and/or am I interested in learning more about?

(3) What steps will I take to incorporate this into my weekly schedule?

j. *Tests of personal control.* Offers from others, celebrations, attempts to “prove” you can handle substances and/or old hangouts challenge many people in early recovery. What is your plan to manage these tests if they present themselves?

k. *Managing life stress and crisis management.* Your plan must include steps to handle crises. Please list things you’ll do to handle an unexpected (or expected) crisis without relapsing into addictive behavior.

5. Finally, please list activities you know you need to avoid because they may lead to relapse. This may mean not going to certain places, seeing some people, or engaging in particular work or recreational activities.

You’ve created a foundation on which to build and a reference that will come in handy when you’re under stress and having trouble thinking clearly. By completing this exercise, you’ve done much of that thinking in advance.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise and make modifications as needed.
GOALS OF THE EXERCISE

1. Establish and maintain total abstinence from addictive behaviors, while increasing knowledge of the disease of addiction and the process of recovery.
2. Take responsibility for one’s behavior and its consequences.
3. Identify patterns of thought, emotion, and behavior that pose a threat to sobriety and develop a plan of action for improvement.
4. Clarify the importance of taking inventory as part of preventing relapse.
5. Utilize behavioral and cognitive coping skills to help maintain sobriety.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Antisocial Behavior
- Conduct Disorder/Delinquency
- Gambling
- Oppositional Defiant Behavior
- Relapse Proneness
- Self-Harm
- Treatment Resistance

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Taking Daily Inventory” activity is designed for clients who are not inclined toward introspection and need prompting to self-monitor for addictive patterns of thought, emotions, and behaviors. It highlights any drift toward addictive patterns before actual relapse occurs and is a good sequel to “Early Warning Signs of Relapse.” Additionally, self-monitoring is a useful activity. This worksheet could be assigned consistently between sessions as a means to highlight positives and challenges in real time and brought back to sessions to process insights. Follow-up can include reporting to the therapist or treatment group about any trends that were noted by the client in daily inventories, feedback from the therapist or group about discrepancies between what the client reports and what they observe, and journaling assignments on any consistent challenges identified.
EXERCISE 43.D

TAking Daily Inventory

Your daily emotions, attitudes, and actions move you either further into recovery or back toward addictive behavior. Checking your progress frequently is an important part of preventing relapse and staying sober.

1. Using a scale in which 1 = low and 5 = high, score yourself daily on these items:

   **Moving Further Into Recovery:**
   - Honest with self
   - Honest with others
   - Living for today
   - Hopeful
   - Active
   - Prompt
   - Relaxed
   - Responsible
   - Confident
   - Realistic
   - Reasonable
   - Forgiving
   - Trusting of others
   - Content with self
   - Helpful to others
   - Active involvement in 12-step work

   **Moving Toward Relapse:**
   - Dishonest
   - Resentful
   - Depressed
   - Self-pitying
   - Critical of self/others
   - Procrastinating
   - Impatient
   - Angry
   - Indifferent
   - Guilty
   - Anxious
   - Ashamed
   - Fearful
   - Withdrawn
   - Demanding
   - Avoiding/minimizing 12 Step support

2. Thinking about your sobriety and recovery work yesterday, how did you improve today?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. What roadblock(s) to recovery/progress did you identify today?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
4. What, if anything, do you wish you had done differently today? ____________________
   ____________________
   ____________________

5. On a scale of 1 to 5, what is your level of commitment to recovery today? ________
   ____________________
   ____________________

6. What did you learn about yourself today that you can use to assist continued
   progress forward? ____________________
   ____________________
   ____________________

7. If you began working on any new change today, what was that change? ________
   ____________________
   ____________________

8. Please look at your Moving Toward Relapse scores from question 1 and describe
   one concrete strategy to decrease your risk of relapse and increase your chances of
   staying in recovery. ____________________
   ____________________
   ____________________

   Be sure to bring this handout back to your next session with your therapist, and be
   prepared to talk about your thoughts and feelings about the exercise.
MAKING CHANGE HAPPEN

GOALS OF THE EXERCISE
1. Acquire the necessary skills to maintain long-term recovery from all addictive behaviors.
2. Strengthen motivation for change by identifying areas of life impacted by drinking, other drug use, or other addictive behaviors, and identify alternatives available in recovery.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Eating Disorders and Obesity
- Gambling
- Nicotine Use/Dependence
- Relapse Proneness
- Self-Harm
- Sexual Promiscuity

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Making Change Happen” exercise can be used with a client who is entering treatment for the first or fifth time. It can be used with clients in any stage of recovery when motivation wanes, self-doubt increases, or relapse indicators surface. Before assigning this exercise, it is helpful to educate clients about the process of change and explain that the purpose of this activity is to help them see where they are in this process. Follow-up can include regular check-ins to track both progress and motivation and to continue educating the client about the process of change.
MAKING CHANGE HAPPEN

Substance use and other behaviors to which we can get addicted begin for one reason and continue for others. The same is true of other, more positive changes we decide to make in our lives—sometimes the reasons we decide to enter treatment change along the way and we continue in recovery for other reasons. People working to overcome addictions often go to professionals to find help and support for other changes too. This exercise will help you get a clear picture of where you’ve been, where you are, and where you want to go, as well as how to get there. After completing this exercise, you and your therapist may find it useful to go on to the activities titled “Personal Recovery Planning,” “Relapse Prevention Planning,” and “Use of Affirmations for Change,” which will help you continue defining how to get where you want to go.

1. Please identify the psychological factors that led you to use alcohol, other drugs, or other addictive behaviors (e.g., coping with physical or emotional pain, avoidance of problems, attempts to feel normal, pleasure-seeking).

2. Please list the social, cultural, and environmental reasons for your engaging in addictive behaviors (e.g., family norms, family history, availability of the drugs, activities, acceptability of use among people close to you, use among your peer group).

3. Please describe the progression of your addiction from experimentation to dependence. If you need to address other addictions in treatment along with substances, identify them here.
4. Have you tried to quit this behavior or gone into treatment before? If so, what were the reasons you went back to the addictive behavior(s), and what brings you back to treatment now? 

5. How have each of the following life areas been affected by your addictive behavior?
   a. Physical health: ____________________________
   b. Emotional health: ____________________________
   c. Social: ____________________________
   d. Educational/career: ____________________________
   e. Legal: ____________________________
   f. Financial: ____________________________
   g. Relationships/family: ____________________________
   h. Spiritual: ____________________________
   i. Self-image and self-esteem: ____________________________

6. As you think over your history, what factors do you think helped maintain your addiction? ____________________________

7. What is your motivation for seeking treatment now? ____________________________
   a. What increases your motivation? ____________________________
   b. What challenges it? ____________________________
   c. What fears do you have right now about your treatment and recovery? ____________________________

8. If you’ve tried to quit before either on your own or through treatment, what have you learned from those attempts that can help you in treatment this time? ____________________________
9. For what other areas of your life do you need to include goals when you make a change plan (refer back to question 5)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. With your therapist, please identify a primary area of your life where you will begin working for change, and plan what behavioral steps you will take to address that area. Be sure to write about what factors will help increase your motivation and what potential barriers could decrease it.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Be sure to bring this handout to your next therapy appointment, and be prepared to discuss your thoughts and feelings about the exercise.
BALANCING RECOVERY, FAMILY, AND WORK

GOALS OF THE EXERCISE
1. Establish a sustained recovery, free of addictive behaviors.
2. Reduce potential family tension and conflicts in early recovery.
3. Avoid work-related difficulties undermining early sobriety.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Family Conflicts
- Occupational Problems
- Parent-Child Relational Problem
- Partner Relationship Conflicts
- Relapse Proneness

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Balancing Recovery, Family, and Work” activity is designed for clients who are experiencing stress or conflicts in their families, their work, or both due to the demands of early recovery. Its aim is (1) to normalize this experience and help clients see that this is not a failing on their part, (2) to identify and explore in therapy specific issues that often arise, and (3) to provide strategies for addressing these issues. Follow-up can include family therapy and keeping a journal.
BALANCING RECOVERY, FAMILY, AND WORK

One of the most important parts of recovery is balance in our lives. Three of the most important parts of our lives are (1) recovery activities, (2) family life, and (3) work life. We may find them in conflict, and by trying to do all we feel we should in one area, we may neglect the others. This may make balance hard to achieve. Why is balance so difficult? Well, one key characteristic of an addictive lifestyle is lack of balance. In other words, in anything we do, we tend to either go overboard or fail to do enough.

1. What are some ways in which you went overboard and did too much in your life before you began your recovery? ____________________________________________

2. What are some aspects of your life that you neglected before recovery, doing too little? ____________________________________________

3. We often go to extremes in recovery programs too, especially in our early sobriety. If you have seen this in your life, what tells you you’re going overboard? ______

4. Since we may have neglected our families, we may go overboard with them too. This can cause problems, because they may have gotten used to getting along without much help from us, and now we feel they’re shutting us out. On the other hand, our families may feel we continue to neglect them to spend time with our newfound friends and activities in recovery. There may be some truth to this, as some of us get so absorbed in rebuilding our lives at work and in our recovery programs that we still have trouble finding time for our families. If things have gone either way with your family life, please describe how it’s out of balance. ______

5. With work, too, it’s easy to get carried away. It can be a major source of satisfaction and self-esteem and, at times, great stress. We want to repair our reputations or make up for lost time or don’t yet know how to moderate; we may also fall into workaholism, a pattern in which we lose ourselves in work the way we used to lose ourselves in drinking, drugging, or other addictions, as a way to
numb uncomfortable feelings. If this happens, we may find we feel we need to put so much into work that we resent the demands of both our families and our recovery programs. If you see signs of workaholism in your life, what can you do to keep within healthy, moderate limits?

6. What will you do to deal with the stress related to work? 

7. Our families are among those who know us best, but they may be too emotionally involved to see clearly how we are doing. The more they understand about what we are doing, the more helpful their feedback will be and the more likely they are to be supportive. What parts don’t your loved ones understand? How could they be more helpful to you if they understood more about what you are doing?

8. We may see that our family members could also benefit from 12-step work, in a support group such as Al-Anon or Ala-Teen. However, they might feel they've been doing a better job of dealing with life than we have, and resent our seeming to tell them what they need to do. Often, our families stay angry or mistrustful of us for a long time after we begin recovery, and they may be skeptical about any aspect of that recovery, including 12-step groups. It's best not to be pushy. Here are ways many people have helped family and friends understand their recovery programs:
   a. Ask them to come to meetings with you, and explain that you need their help to recover.
   b. Introduce them to friends from the program, especially your sponsor.
   c. Take them to program social functions.
   d. Leave program literature where they can find it and read it.
   e. Tell them about meetings.
   f. Introduce them to family members of other members of the program.
   
   If for a while they don’t seem to understand, believe, or appreciate the change in you, be patient. List here some people who might be able to help you in helping your family and friends to understand your 12-step program and the time and commitment you need to make to it at this time.
9. Regarding work, this may be easier than you think. Most people with addictions are excellent workers when they are clean and sober, and they often find they expect more of themselves than anyone else would ask of them. The chances are that your supervisor already knows about your problem, or at least knows you had some serious problem affecting your work. If you explain what you are doing now to overcome the problem, your supervisor may be supportive, and you might not have to push as hard as you think to regain your good standing on the job, as long as you follow through. List some people who can help you prepare to talk with your supervisor about your recovery and what you need to do to take care of yourself.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
PROBLEM SOLVING AND SAFETY PLANNING

GOALS OF THE EXERCISE
1. Understand the relationship between suicidal ideation and addiction.
2. Identify the impact of substance abuse or other addictions on life goals.
3. Terminate all suicidal urges, express hope for the future, and remain abstinent from all non-prescribed mood-altering substances.
4. Identify strategies to get them through a suicidal crisis without acting in self-destructive ways.
5. Develop a sense of one's worth to other addicts and family members.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Borderline Traits
- Relapse Proneness
- Sexual Abuse
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Problem Solving and Safety Planning” activity is intended to strengthen the client’s motivation for treatment, decrease suicidal risk, and increase hope and instill a sense that the problems they perceive as unsolvable actually have solutions. This assignment should only be assigned after the client’s suicide risk and potential need for hospitalization has been thoroughly assessed. This assignment begins with increasing the client’s recognition of ways they have successfully managed problems and then identifies additional alternatives. It asks clients to identify ways they may reinforce hopelessness themselves and asks them to identify alternatives to break that cycle. Lastly, it asks clients to identify support people and three reasons to persist.
PROBLEM SOLVING AND SAFETY PLANNING

Substance abuse, chronic relapse, depression, unresolved grief, and other significant concerns can result in our feeling worthless and hopeless. We may convince ourselves that our lives don’t matter or that our problems will never be resolved and that there is no point in living our lives. Sudden stress often triggers thoughts about suicide and ending our own lives, but other times it can be an accumulation of many stressors over time. Both situations can lead people to view their death as the only solution to their problems. This exercise will walk you through alternate ways to cope, finding the resolve within yourself to use coping strategies you’ve used before. Additionally, the exercise will ask you to create some safety measures so if you need them you’ve already thought them through.

1. We all grew up learning ways to solve problems from role models and experience. Using addictive behaviors, self-harm, or contemplating suicide may have been ways we learned to react to stress. There are other more constructive methods. Please list three situations in which you solved problems in a healthy way and achieved your goals: ___________________________________________________________

2. From this list of skills and traits, check the ones you used in those situations:
   ___ Asking for help
   ___ Attention to details
   ___ Being decisive
   ___ Being persistent and patient
   ___ Brainstorming—generating lots of ideas and then picking out the best ones
   ___ Breaking a big problem down into small steps
   ___ Explaining and teaching things to others
   ___ Flexibility
   ___ Humor
   ___ Learning by watching others
   ___ Listening carefully, taking notes, and following instructions
   ___ Negotiating
   ___ Open-mindedness
   ___ Organizing/working with other people
EXERCISE 44.A

Planning use of time
Practicing a difficult task until it gets easy
Practicing an easy task, then working up to harder ones
Recognizing patterns
Researching needed info (e.g., asking people, using books, the Internet)
Trial and error

3. How can you use these skills when you feel discouraged, helpless, or as if there are no solutions to the difficulties with mood, substance use, or both you experience?

4. In addition to those skills and traits, you may have particular skills and strengths that can help you in recovery:
   - Communication skills: Ask for help until you get what you need.
   - Determination: Keep at it; don’t give up.
   - Sense of humor: Avoid self-pity or false pride; enjoy being with others.
   - Spirituality: Stay clear on your values; use your faith; improve your relationship with your Higher Power; connect with someone who can help.
   - 12-step support: Read the Promises (on pages 83–84) in the Big Book.
   - Get out of yourself: Help others, because it changes our focus.
   - Rely on others: Whatever problems you’ve faced or will face, someone else has faced them too; if they succeeded, so can you. Find out what they did.

Think about something you worry a great deal about or the hardest part of staying sober. Plan how you could use these methods and qualities to tackle it.

5. Monitor your thoughts. What negative messages do you think to yourself that reinforce your self-doubt, your feelings of worthlessness, hopelessness, helplessness, and your suicidal thoughts?

6. Create a positive replacement thought for each negative in question 5 that is more supportive of recovery, your ability to persevere, your worthiness, etc. If you need assistance, use your therapist or the group to help you. Write them below.
7. Identify three people you can ask for help and one way each can help you. Share it with them and commit to seeking them out if you need them.

8. State three reasons for living your life in recovery.

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
WHY DO I MATTER AND WHO CARES?

GOALS OF THE EXERCISE

1. Accurately assess one’s importance in other people’s lives.
2. Examine evidence in others’ behavior to identify caring and concern.
3. Create a plan to identify concerned others and reach out for their emotional support.
4. Resolve preoccupation with death, find new hope, and eliminate addictive or suicidal thought/behaviors.
5. Develop a sense of worth to other addicts and family members.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Borderline Traits
- Posttraumatic Stress Disorder (PTSD)
- Self-Harm
- Sexual Abuse
- Unipolar Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Why Do I Matter and Who Cares?” activity is aimed at clients who are at risk for suicidal gestures or attempts and at others who are suffering from interpersonal isolation and feelings of worthlessness. It leads clients to correct distorted perceptions of their worth by having them survey situations in which they are valued. It includes an assessment of actions by others indicating that they care about the client and creation of a safety plan the client will use to reach out for support. Any expression of suicidal ideation should be thoroughly assessed; this is not a replacement for that assessment. This exercise is suitable for individual or group use, in session, or as homework. Follow-up can include keeping a journal and reporting to the therapist and group on outcomes of plans developed in this exercise.
WHY DO I MATTER AND WHO CARES?

When we are experiencing depression, we often feel worthless. We may become convinced that our lives don’t matter and no one understands or cares how we feel, or even that others would be better off without us. These feelings and perceptions are symptoms of depression, but they aren’t accurate, and they can be dangerous. This exercise will help you get a true picture that your life matters and others truly care about you, and help you create a plan to form stronger connections with people to whom you are important and get their emotional support.

1. First, think of things that others have done for you that have been helpful and important in your life. These others may have been family members, friends, teachers, faith leaders, employers, team coaches, or anyone else who has really helped you along the way. Please give three examples, describing who they were, what they did for you, and why it mattered.

2. Now reflect on whether you’ve done similar things for others. Name three people whose lives you’ve touched in a good way, and describe what you did.

3. What do you think these people would say if someone asked them whether your life is important to them?

4. Ask three other people (friends or family members) the following question, and record their responses here: “If I were going to do something to help other people, what are some abilities I have or things I could do that would be helpful, and who could I help?”
5. Please use this space to create a simple plan to start doing one thing for other people during the next two weeks, either based on a suggestion in response to question 4 or to another idea. 

6. What people do you believe, at this moment, really understand you and care about your feelings?

7. Please think of someone you see in meetings, or in your faith community, or in another setting who seems to have a lot of life experiences like your own and is a wise and caring person. It’s best to choose a person, like a program sponsor, for whom you feel respect but no romantic attraction. Your task during the next week is to approach this person and tell them that you would like to talk and get some feedback on issues you’re working on. Set a time and place when you can talk for at least an hour without interruptions. When you talk, tell this person about what’s happening in your life and how you feel about it, and ask whether they have ever felt the same way. Record the other person’s responses and how you felt after the conversation here.

8. The last part of this assignment is to create a plan to reach out for emotional support when you need it, as we all do sometimes. Please list five people you can talk to if you are feeling troubled, confused, or discouraged, and write about how you will approach each of them, in advance, to ask for this support.

<table>
<thead>
<tr>
<th>Name</th>
<th>How I Will Ask for Support</th>
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9. What ways could a Higher Power assist you in overcoming the problem of suicidal thinking, hopelessness, and feeling as if you do not matter to others? You may have heard others in 12-step meetings or your group treatment sessions talk about this. What have they said is one way you can challenge your own self-talk about not mattering?

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
ADDRESSING READINESS AND MOTIVATION

GOALS OF THE EXERCISE

1. Establish a sustained recovery that is free of addictive behaviors.
2. Increase awareness of personal losses and problems associated with addictive behaviors.
3. Collect objective facts about the impact of alcohol or other drug use or addictive behaviors.
4. Increase motivation for change to avoid further problems brought on by or made worse by addictions.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Eating Disorders and Obesity
- Gambling
- Nicotine Use/Dependence
- Sexual Promiscuity
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Addressing Readiness and Motivation” activity is suited for individual or group use. This is, in a way, the opposite of the “Consequences of Continuing Addictive Lifestyles” exercise. Whereas the latter guides the client in creating a yet list of negative consequences, this activity walks them through systematically listing at one time in one place the negative things that have already happened—in a way, conducting a self-intervention. Follow-up to this exercise might include writing about reflections afterward; sharing responses with the therapist, treatment group, and program sponsor; and moving on to the “Personal Recovery Planning” activity.
ADDRESSING READINESS AND MOTIVATION

People don’t usually get treatment or help until they find themselves in some kind of crisis. Crises are good motivators, but they don’t last as long as the underlying problems. To stay in recovery, we need to look at our addictive behaviors over the long run, beyond the crises that get us to act. If you wonder whether you have a problem with alcohol, drugs, or another addictive behavior, or how serious your problem is, compare the events in your life with each of these categories.

1. Following is a brief, partial list of common experiences that encourage people who are practicing addictive lifestyles to decide that they should change these patterns, that their addictions are causing them problems, and that they want help. Please check all those that apply to you.

   **Loss of Important Relationships Because of Addictions**
   - ______ Divorce or equivalent
   - ______ Loss of close friendships
   - ______ Children, parents, siblings alienated
   - ______ Loss of respect from coworkers

   **Practical Difficulties Resulting from Addictions**
   - ______ Unpayable debts
   - ______ Loss of employment
   - ______ Loss of a vehicle
   - ______ Loss of a home
   - ______ Loss of professional status
   - ______ Bankruptcy
   - ______ Legal problems (e.g., arrest, jail, probation, loss of driver’s license)

   **Dangerous/Harmful Situations Resulting from Addictions**
   - ______ Health problems
   - ______ Recreational accidents
   - ______ DUIs, DWIs, or car wrecks
   - ______ Work injuries, falls, or other accidents
   - ______ Fights while under the influence or coming down
   - ______ Harm to others as a result of one’s own actions under the influence
   - ______ Suicidal ideation, attempts
   - ______ Self-injury
   - ______ Violence
   - ______ Withdrawal when quitting

   **Things We Once Thought We Would Never Do**
   - ______ Letting down friends
   - ______ Repeatedly breaking promises
   - ______ Lying to partners/families
   - ______ Stealing from partners/families/work
   - ______ Letting down employers
   - ______ Abusing family members
2. What other ways has addiction negatively impacted your life? ______________________
   _________________________________________________________________
   _________________________________________________________________

3. When you think about your life without alcohol, other drugs, or other addictive behavior, what emotions do you feel? ______________________
   _________________________________________________________________
   _________________________________________________________________

4. On a scale of 1 to 10 (1 = not at all and 10 = extremely important), how important is it for you to stop your use of alcohol, other drugs, or other addictive behavior at this time? Explain your rating. ______________________
   _________________________________________________________________
   _________________________________________________________________

5. On a scale of 1 to 10 (1 = not at all and 10 = extremely confident), how confident are you that you could begin to make changes to your alcohol, other drug, or other addictive behavior if you wanted to? Explain your rating. ______________________
   _________________________________________________________________
   _________________________________________________________________

6. On a scale of 1 to 10 (1 = not at all and 10 = extremely), how willing are you to take the first steps and address the problems you identified above. Explain your rating. ______________________
   _________________________________________________________________
   _________________________________________________________________

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
PROBLEM IDENTIFICATION: IS IT ADDICTION?

GOALS OF THE EXERCISE

1. Cooperate with addiction assessments and accept the diagnosis and treatment plan.
2. Accept responsibility for the problems caused by addiction and accept the need for treatment.
3. Establish and maintain total abstinence from addictive behaviors while increasing knowledge of how addiction has affected the client’s life and the process of recovery.
4. Increase client ownership of the issues by creating a personal definition of the problem of substance use and/or other addictive behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Gambling
- Nicotine Use/Dependence
- Substance-Induced Disorders
- Substance Use Disorders

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Problem Identification: Is It Addiction?” activity is designed for the client who is resistant to accepting a diagnosis of a substance use disorder (previously abuse or dependence) due to mistaken ideas about what the term means. It explains the DSM-5 criteria, in terms the client is familiar with, and analyzes how they fit their situation. It is a useful exercise at the time of entry into treatment as a vehicle to get the client to consider additional treatment. Follow-up can include reviewing the client’s findings from this exercise with the therapist, treatment group, and program sponsor.
PROBLEM IDENTIFICATION: IS IT ADDICTION?

1. Describe what led you to treatment this time. ________________________________

                                       ________________________________

2. Identify what contributes to your ambivalence about treatment at this time? Circle all that apply and identify others if they are not included on the list below.
   a. I'm not ready.
   b. I do not believe it is necessary at this time.
   c. There are too many gains/positives to substance use/behavior.
   d. I believe it is too difficult to get sober.
   e. I question if it’s worth it or if it will work.
   f. There are too many barriers (e.g., transportation, money, child care, etc.). Please list them. ________________________________
   g. Others (list): ________________________________

3. Think about what the most important things are in your life. What are your personal goals and what would you like to have happen considering what’s most important in your life? ________________________________

                                       ________________________________

4. What treatment and recovery recommendations have been made for you by treatment staff, other people in treatment, family, and/or friends? Please write these recommendations here. ________________________________

                                       ________________________________

5. Write one argument for the recommendations from others and one argument against them. ________________________________

                                       ________________________________
6. Make the same arguments with your therapist or group verbally, then answer this question. After making the arguments, what feedback did you get? _____________________________

7. How do you reconcile your ambivalence/resistance to the recommendation with what others are saying? _____________________________

8. In order to identify the benefit of treatment and get the most out of it, it’s important to identify your own patterns of addictive/abusive use of alcohol, other drugs, or other behaviors. For each of the following patterns, please write about whether it happened and the specific evidence that it did or did not happen in the course of your use/engaging in the behavior.
   a. Needing more of the substance/engaging in the behavior more (or going to greater extremes) to get the desired effect or getting less effect with continued use of the same amount: _____________________________
   b. Having negative physical symptoms in the absence of the substance or continuing to use to avoid the negative symptoms: _____________________________
   c. Using a substance/engaging in a behavior in larger amounts or longer than intended: _____________________________
   d. Persistent desire to cut down or control your use of the substance or engaging in the behavior but being unsuccessful: _____________________________
   e. Increasing the time spent thinking about, acquiring, or using a substance/engaging in a behavior and recovering from the effects: _____________________________
   f. Having cravings or strong desires to use or engage in the behavior: _____________________________
   g. Failure to fulfill major responsibilities or role obligations because of your use of the substance or practicing the behavior: _____________________________
h. Continued use or practicing the behavior despite persistent, recurrent social, interpersonal, psychological, and physical problems: ________________________________

i. Reducing involvement or giving up important social, occupational, recreational, and family activities because they conflict with using the substance or the behavior: ________________________________

j. Recurrent use or practicing of the behavior in ways that are physically hazardous: ________________________________

9. In addition to the signs/symptoms of problematic use of substances or other behaviors, there is generally a progression from first use to addiction. Most people start using/engaging in a behavior, like how it makes them feel, and do not anticipate problems. Then tolerance and withdrawal appear. With ongoing use, people deliberately and routinely use alcohol/other drugs or other behaviors to cope, and “normal” life is disrupted. At this point, people may make efforts to cut down or quit. With additional use, people no longer have the ability to decide to use or not use sometimes despite the recognition of the importance to quit. Please write about where you believe you are in this progression, providing the evidence. Share this information with your therapist, group, or sponsor. ________________________________

10. Refer back to question 3. After working through this exercise, do you believe your current behavior will get you closer to what you really want out of life? What would be the hindrance? And what would you be willing to do to make some positive changes that get you closer to those goals? ________________________________

Be sure to bring this handout back to your next therapy session, and be prepared to talk about your thoughts and feelings about the exercise.
CORRECTING DISTORTED THINKING

GOALS OF THE EXERCISE
1. Decrease distorted thinking and increase positive self-talk.
2. Learn how addictive patterns are related to distorted perceptions and thinking.
3. Identify personal patterns of distorted perceptions that are related to addictive patterns.
4. Learn and use tools to identify and correct distorted thoughts and see situations more accurately.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Anger
- Anxiety
- Borderline Traits
- Dangerousness/Lethality
- Dependent Traits
- Narcissistic Traits
- Social Anxiety
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Correcting Distorted Thinking” activity is intended primarily for depressed clients, to address Beck’s depressive triad of cognitive distortions (i.e., self, situation, and future), and other depressive symptoms. It teaches the client about several common forms of cognitive distortion and guides them in seeking examples in their own lives. It follows by offering strategies for overcoming these distortions and asks the client to test them and report the results.

This exercise is suitable for individual or group use, in session, or as homework. Follow-up could include an assignment to use the corrective strategies at least once a day, write about the results, and report outcomes back to the therapist or treatment group.
CORRECTING DISTORTED THINKING

Distorted thinking is a basic problem in both depression and addiction. Denial is a good example—not seeing or understanding things that are obvious to others. Minimizing or exaggerating problems or achievements is another example. Misinterpreting other people’s words and actions and seeing our own as better or worse than what is accurate are yet other examples. To solve any problem, the first step is to see it clearly. This exercise will help you see how addictive problems distort our views of ourselves, other people, and our situations and futures, and will give you tools to overcome these distortions.

1. **Denial/minimization.** We don’t see or remember our destructive behavior and its negative results, or we don’t admit to ourselves how serious it is. We think we may have missed work three or four times in the last two months when it’s really 12 times. We blame arguments with our loved ones on them and don’t take our share of the responsibility. We don’t admit that medical, financial, or relationship problems may be linked to our drinking, drug use, gambling, or other compulsions.
   
   Ways I see this in my life: _____________________________

2. **All-or-nothing thinking.** We see things as completely good or bad, perfect or awful.
   
   Events are wonderful or disastrous; nothing is just okay or average.
   
   Ways I see this in my life: _____________________________

3. **Overgeneralization.** If one thing goes wrong, we conclude that it’s a terrible day; if we make one mistake, we believe we are mistakes; we often use the words *always* or *never*.
   
   Ways I see this in my life: _____________________________

4. **Negative focus.** We exaggerate the negative and overlook the good. This feeds self-pity, which is an excuse to act out.
   
   Ways I see this in my life: _____________________________

5. **Predicting without facts.** We leap to conclusions, which are usually negative. We give definite meanings to events or actions that aren’t clear, such as thinking people are mad at us when they don’t act happy, and neglecting to check to see whether our interpretations are right before we believe them.

   Ways I see this in my life: _____________________________
6. *Emotional reasoning.* We assume our emotions or suspicions reflect the way things really are: “If I feel it, then it’s true.”

*Ways I see this in my life:*

7. *“Should” statements.* We judge our actions by what we think we should or shouldn’t do, and beat ourselves up with guilt and shame when we fail to meet those standards. We may do this to other people, getting angry and judgmental when they don’t do what we think they should, even if we never told them our expectations.

*Ways I see this in my life:*

8. *Judgment and labeling.* We judge ourselves and others instead our actions or their actions. If we lose at something, we call ourselves losers. If others fail, we call them failures.

*Ways I see this in my life:*

9. *Taking things personally.* We see others’ actions as being aimed at us and feel responsible for things we don’t control.

*Ways I see this in my life:*

10. Here’s a strategy to correct distorted thinking: Check it out with someone you trust. When you’re upset about a situation, talk with your sponsor or someone else you trust who isn’t emotionally involved. Tell them what happened. Tell only what you actually saw and heard, not what you believe others were thinking or feeling. Ask your sponsor or friend what they think, and share your thoughts and feelings. Ask them whether it seems you’re making one of the mistakes above. Try this and describe what happens:

11. Here’s another strategy. When you feel upset, take a piece of paper and draw five columns. In the first column, describe the situation. In the next column, list your emotions (e.g., anger, fear, despair, worry, confusion, embarrassment, shame) and rate the strength of each on a 10-point scale, with 10 the most intense. In column three, write what you think about the situation. Now review the distortions described earlier. In column four, write a nondistorted, reasonable replacement thought that is probably true for each distorted thought in column two. Think about this thought briefly. Then, in the last column, rate the believability of the replacement thought (0% to 100%). How will you handle the situation differently?
12. Self-monitor upsetting situations for the next week and keep a log following the outline in question 11. Write what you recognized or gained from this activity.

Be sure to bring this handout and the self-monitoring log back to your next session with your therapist, and be prepared to talk about what you learned about yourself and your thinking.
GRATITUDE

GOALS OF THE EXERCISE
1. Elevate mood and develop a program of recovery free from addiction.
2. Understand affective disorders and how these symptoms increase vulnerability to addiction.
3. Alleviate depressive symptoms and return to previous level of effective functioning.
4. Develop healthy thinking patterns and beliefs about self, others, and the world that lead to alleviation and help prevent the relapse of depression.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL
- Adult-Child-of-an-Alcoholic (ACA) Traits
- Anxiety
- Chronic Pain
- Grief/Loss Unresolved
- Medical Issues
- Narcissistic Traits
- Peer Group Negativity
- Posttraumatic Stress Disorder (PTSD)
- Relapse Proneness
- Self-Harm
- Spiritual Confusion
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT
The “Gratitude” exercise is designed for clients who are struggling with negativity, high levels of daily stress, and learned helplessness. By shifting cognitive focus to positive factors in their lives, it disrupts the downward spiral of anxious and depressive thinking about problems and fears. With repeated use, the client develops the habit of attending to more positive phenomena throughout the day, big and small, countering the cognitive distortions. Follow-up could consist of sharing the content of the gratitude journal with a group and opening groups by asking each client to identify one thing for which they are currently grateful. Clients will have to be coached on the practice of being grateful even in times of distress, loss, and difficulty.
GRATITUDE

The ways we view, perceive, and think about the world and ourselves has a significant impact on how we feel and cope. When our mood is low, when we experience significant loss, or when we have many troubles, it is easy to focus on the things that make us unhappy. We can hold onto things that cause us a great deal of pain and stress; try to control things; blame; repetitively think about our fears—what others want, think, or expect from us—or all the ways we don’t measure up. Thinking in these ways will not improve things; it will only get us stuck. We get stuck in a polluted, negative, self-defeating mindset that is hard to break. There are specific disciplines and ways of seeing the world that people subscribe to in order to attempt to have a simple, happy, uncomplicated life. Simple, happy, and uncomplicated does not generally describe a life of active addiction, depression, or chronic pain, but no matter where we are in any of this, there are some ways of thinking about things and responding that are better for us than others.

One of those ways of thinking and acting that is always helpful is being grateful. When you appreciate what you have, what you have appreciates in its value to you. So basically, being grateful for the goodness that is already evident in your life will bring you a deeper sense of happiness. Sounds too simple to work, doesn’t it? We’re going to have a hard time ever being happy if we aren’t thankful for what we already have. There’s no harm in trying.

For the next 14 days, practice focusing on things differently. Keep a daily gratitude journal. The instructions are listed as follows.

1. Get a notebook or use your laptop or PDA. Sometimes writing on nice paper with a nice pen feels good, but do this in a way that makes the most sense to you. The whole point is to make this entire experience focused on feeling good about your life.

2. Each day for a few minutes (the end of the day is a good time) sit by yourself someplace quiet and write down five things you are grateful for this day. If you forget one day, don’t berate yourself; simply start again when you remember.

3. Start each entry with the statement “Today I feel grateful...” There are no hard-and-fast rules. Each of your five points can be one word or one paragraph. You can write more, but no less. No matter how bad a day you’ve had, you can always find five things, even if they are things like “I have a job”; “My kids are healthy”; “I’m sober”; “The sun was shining.”
Start your first entry here:

4. Count your blessings often. Reviewing what you’ve written can be very helpful. If you want to have more things in your life to feel grateful for, start acknowledging them today. Some people review them the next morning to start the day out positively, but this is not necessary to obtain the benefit of focusing on what you’re grateful for each day.

5. Share your gratitude journal with others. This is helpful for two reasons. Sharing with others may bring joy into their life, especially knowing that you appreciate their friendship or support. Also, sharing with someone makes it real. It acknowledges that you value your blessings. Don’t believe it? Try it. It works!

6. After the 14 days, journal about any changes to your thoughts and feelings.

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.
APPENDIX A:
ALTERNATE ASSIGNMENTS FOR PRESENTING PROBLEMS

### ADULT-CHILD-OF-AN-ALCOHOLIC (ACA) TRAITS

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# ANTISOCIAL BEHAVIOR

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Self-Harm  
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Sleep Disturbance  
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Social Anxiety  
Substance Intoxication/Withdrawal  
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Unipolar Depression  

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Antisocial Behavior  
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Attention-Deficit/ Hyperactivity Disorder (ADHD)—Adult  
Conduct Disorder/Delinquency  
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Impulsivity  
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Oppositional Defiant Behavior  
Oppositional Defiant Behavior  
Peer Group Negativity  
Peer Group Negativity  
Posttraumatic Stress Disorder (PTSD)  

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Partner Relational Conflicts  Relationship Assessment
Posttraumatic Stress Disorder (PTSD)  Coping With Addiction and PTSD or Other Anxiety Disorders
Posttraumatic Stress Disorder (PTSD)  Safe and Peaceful Place Meditation
Self-Harm  Understanding Self-Harm and Addiction
Self-Harm  Self-Harm Risk Factors, Triggers, and Early Warning Signs
Sexual Abuse  It Wasn’t My Fault
Sexual Abuse  Internal and External Resources for Safety
Sexual Promiscuity  Is It Romance or Is It Fear?
Sexual Promiscuity  Working Through Shame
Social Anxiety  Understanding Thoughts, Worries, and Fears
Substance Intoxication/Withdrawal  Using Books and Other Media Resources
Suicidal Ideation  Problem Solving and Safety Planning
Suicidal Ideation  Why Do I Matter and Who Cares?
Unipolar Depression  Correcting Distorted Thinking

**CHILDHOOD TRAUMA**

Adult-Child-of-an-Alcoholic (ACA) Traits  Understanding Family History
Anxiety  Anxiety Triggers and Warning Signs
Anxiety  Coping With Stress
Family Conflicts  Creating Positive Family Rituals
Family Conflicts  Identifying Conflict Themes
Grief/Loss Unresolved  Am I Having Difficulty Letting Go?
Grief/Loss Unresolved  Moving on After Loss
Parent-Child Relational Problem  Am I Teaching My Child Addictive Patterns?
Parent-Child Relational Problem  What Do I Want for My Children?
Posttraumatic Stress Disorder (PTSD)  Coping With Addiction and PTSD or Other Anxiety Disorders
Posttraumatic Stress Disorder (PTSD)  Safe and Peaceful Place Meditation
Sexual Abuse  It Wasn’t My Fault
Sexual Abuse  Internal and External Resources for Safety
Sexual Promiscuity  Working Through Shame
Spiritual Confusion  Finding a Higher Power That Makes Sense
Substance Intoxication/Withdrawal  Using Books and Other Media Resources
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**DEPENDENT TRAITS**

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**EATING DISORDERS AND OBESITY**

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### Sleep Disturbance
- Improving Sleep Hygiene

### Social Anxiety
- Action Plan to Address Social Anxiety

### Substance Use Disorders
- Consequences of Continuing Addictive Lifestyles
- Alternatives to Addictive Behavior
- Personal Recovery Planning
- Making Change Happen
- Addressing Readiness and Motivation

### FAMILY CONFLICTS

#### Adult-Child-of-an-Alcoholic (ACA) Traits
- Understanding Family History
- Is My Anger Due to Unmet Expectations?
- Learning to Ask Instead of Demand
- Am I Teaching My Child Addictive Patterns?
- What Do I Want for My Children?
- Communication Skills
- Relationship Assessment
- It Wasn’t My Fault
- Internal and External Resources for Safety
- Balancing Recovery, Family, and Work

#### Anger

#### Oppositional Defiant Behavior

#### Parent-Child Relational Problem
- Parent-Child Relational Problem
- Am I Teaching My Child Addictive Patterns?
- What Do I Want for My Children?

#### Partner Relational Conflicts
- Relationship Assessment
- Communication Skills

#### Sexual Abuse
- It Wasn’t My Fault

#### Substance Use Disorders
- Balancing Recovery, Family, and Work

### GAMBLING

#### Anxiety
- Coping With Stress
- Use of Affirmations for Change
- Interrupting Compulsive Thoughts and Actions

#### Nicotine Use/Dependence
- Early Warning Signs of Relapse
- Identifying Relapse Triggers and Cues
- Relapse Prevention Planning

#### Obsessive-Compulsive Disorder (OCD)
- Consequences of Continuing Addictive Lifestyles
- Alternatives to Addictive Behavior
- Personal Recovery Planning
- Making Change Happen
- Addressing Readiness and Motivation
- Problem Identification—Is It Addiction?

#### Relapse Proneness
- Early Warning Signs of Relapse
- Identifying Relapse Triggers and Cues
- Relapse Prevention Planning

#### Substance Use Disorders
- Consequences of Continuing Addictive Lifestyles

### Grief/Loss

#### Unresolved
- Self-Soothing: Calm Down, Slow Down
- Mania, Addiction, and Recovery

#### Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent

#### Bipolar Disorder
Childhood Trauma
Dependent Traits
Posttraumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder (PTSD)
Sexual Abuse
Sexual Abuse
Sleep Disturbance
Sleep Disturbance
Social Anxiety
Spiritual Confusion
Spiritual Confusion
Substance-Induced Disorders
Substance Intoxication/Withdrawal
Unipolar Depression

Corresponding With My Childhood Self
Building My Support Network
Coping With Addiction and PTSD or Other Anxiety Disorders
Safe and Peaceful Place Meditation
It Wasn’t My Fault
Internal and External Resources for Safety
Assessing Sleep Problems
Improving Sleep Hygiene
Action Plan to Address Social Anxiety
Understanding Spirituality
Finding a Higher Power That Makes Sense
Exploring Treatment and Recovery Options
Using Books and Other Media Resources
Gratitude

**IMPULSIVITY**

Antisocial Behavior
Antisocial Behavior
Attention-Deficit/ Hyperactivity Disorder (ADHD)—Adolescent
Attention-Deficit/ Hyperactivity Disorder (ADHD)—Adult
Bipolar Disorder
Bipolar Disorder
Conduct Disorder/Delinquency
Conduct Disorder/Delinquency
Dangerousness/Lethality
Obsessive-Compulsive Disorder (OCD)

Benefits of Helping Others
Taking Inventory of Destructive Behaviors
Staying Attentive and Other Negotiating Skills
From Recklessness to Calculated Risks
Early Warning Signs of Mania/Hypomania
Mania, Addiction, and Recovery
How Do You Do That?
Trading Places
Managing Risk
Interrupting Compulsive Thoughts and Actions
Reducing Compulsive Behaviors
Workplace Problems and Solutions
Analyzing Acting-Out Behavior
What Do I Want for My Children?
Planning a Stable Life
Is It Romance or Is It Fear?

**LEGAL PROBLEMS**

Antisocial Behavior
Antisocial Behavior
Conduct Disorder/Delinquency
Conduct Disorder/Delinquency
Occupational Problems

Benefits of Helping Others
Taking Inventory of Destructive Behaviors
How Do You Do That?
Trading Places
Workplace Problems and Solutions
Peer Group Negativity
Peer Group Negativity
Substance-Induced Disorders
Substance Use Disorders

Creating Recovery Peer Support
What Do I Need and How Do I Get It?
Exploring Treatment and Recovery Options
Consequences of Continuing Addictive Lifestyles

**LIVING ENVIRONMENT DEFICIENCY**

Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
Dependent Traits
Legal Problems
Occupational Problems
Peer Group Negativity
Self-Care Deficit as a Primary Problem
Self-Care Deficit as a Secondary Problem
Substance-Induced Disorders

Getting Organized
Building My Support Network
How Interdependent Am I?
Handling Tough Situations in a Healthy Way
What’s Addiction Got to Do With My Problems?
Workplace Problems and Solutions
Creating Recovery Peer Support
What Do I Need and How Do I Get It?
Assessing Self-Care Deficits
Filling in Self-Care Gaps
Exploring Treatment and Recovery Options

**MEDICAL ISSUES**

Anxiety
Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
Chronic Pain
Dependent Traits
Eating Disorders and Obesity

Coping With Stress
Self-Soothing: Calm Down, Slow Down
Coping With Addiction and Chronic Pain
Managing Pain Without Addictive Drugs
Building My Support Network
Creating a Preliminary Eating and Health Plan

Eating Disorders and Obesity
Impulsivity
Living Environment Deficiency
Posttraumatic Stress Disorder (PTSD)
Sleep Disturbance
Substance-Induced Disorders
Substance Intoxication/Withdrawal
Unipolar Depression

Eating Patterns Self-Assessment
Handling Crisis Without Impulsivity
Assessing My Environment
Safe and Peaceful Place Meditation
Assessing Sleep Problems
Improving Sleep Hygiene
Exploring Treatment and Recovery Options
Coping With Post-Acute Withdrawal (PAW)
Gratitude
APPENDIX A: ALTERNATE ASSIGNMENTS FOR PRESENTING PROBLEMS

NARCISSISTIC TRAITS
Antisocial Behavior
Borderline Traits
Conduct Disorder/Delinquency
Occupational Problems
Oppositional Defiant Behavior
Partner Relational Conflicts
Unipolar Depression

Benefits of Helping Others
Seeing That We're All Just Human
Trading Places
Workplace Problems and Solutions
Learning to Ask Instead of Demand
Communication Skills
Correcting Distorted Thinking
Gratitude

NICOTINE USE/DEPENDENCE
Anxiety
Gambling
Obsessive-Compulsive Disorder (OCD)
Obsessive-Compulsive Disorder (OCD)
Relapse Proneness
Relapse Proneness
Relapse Proneness
Substance Use Disorders
Substance Use Disorders
Substance Use Disorders
Substance Use Disorders
Treatment Resistance
Treatment Resistance

Coping With Stress
Consequences and Benefits
Interrupting Compulsive Thoughts and Actions
Reducing Compulsive Behaviors
Early Warning Signs of Relapse
Identifying Relapse Triggers and Cues
Relapse Prevention Planning
Consequences of Continuing Addictive Lifestyles
Alternatives to Addictive Behavior
Personal Recovery Planning
Making Change Happen
Addressing Readiness and Motivation
Problem Identification—Is It Addiction?

OBSESSIVE-COMPULSIVE DISORDER (OCD)
Posttraumatic Stress Disorder (PTSD)
Social Anxiety
Substance Use Disorders

Safe and Peaceful Place Meditation
Understanding Thoughts, Worries, and Fears
Personal Recovery Planning

OCCUPATIONAL PROBLEMS
Attention-Deficit/ Hyperactivity Disorder (ADHD)—Adolescent
Family Conflicts
Legal Problems
Partner Relational Conflicts
Substance Use Disorders

Staying Attentive and Other Negotiating Skills
Identifying Conflict Themes
What’s Addiction Got to Do With My Problems?
Communication Skills
Consequences of Continuing Addictive Lifestyles
Balancing Recovery, Family, and Work
OPPOSITIONAL DEFIANT BEHAVIOR

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PARENT-CHILD RELATIONAL PROBLEM

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PARTNER RELATIONAL CONFLICTS

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Childhood Trauma
Dependent Traits
Living Environment Deficiency
Narcissistic Traits
Oppositional Defiant Behavior
Parent-Child Relational Problem
Parent-Child Relational Problem
Self-Harm
Sexual Abuse
Sexual Promiscuity
Substance Use Disorders
SELF-HARM

Borderline Traits
Forming Stable Relationships
Seeing That We’re All Just Human
Setting and Maintaining Boundaries
Managing Risk
Creating Positive Family Rituals
Identifying Conflict Themes
Being Genuinely Unselfish
Learning to Ask Instead of Demand
Am I Teaching My Child Addictive Patterns?

Parent-Child Relational Problem
What Do I Want for My Children?
Understanding Self-Harm and Addiction
It Wasn’t My Fault
Is It Romance or Is It Fear?
Balancing Recovery, Family, and Work

PEER GROUP NEGATIVITY

Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
Childhood Trauma
Dependent Traits
Living Environment Deficiency
Narcissistic Traits
Oppositional Defiant Behavior
Relapse Proneness
Self-Care Deficit as a Secondary Problem
Substance-Induced Disorders
Substance Use Disorders
Unipolar Depression

Developing a Recovery Program
Setting and Maintaining Boundaries
Building My Support Network
Assessing My Environment
Being Genuinely Unselfish
Analyzing Acting-Out Behavior
Relapse Prevention Planning
Working Toward Interdependence
Using My Support Network
Consequences of Continuing Addictive Lifestyles
Gratitude

POSTTRAUMATIC STRESS DISORDER (PTSD)

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Is My Anger Due to Feeling Threatened?
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Self-Soothing: Calm Down, Slow Down
Bipolar Disorder
Mania, Addiction, and Recovery
Childhood Trauma
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Chronic Pain
Managing Pain Without Addictive Drugs
Dangerousness/Lethality
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Obsessive-Compulsive Disorder (OCD)
Psychosis
Relapse Proneness
Sexual Abuse
Sleep Disturbance
Sleep Disturbance
Social Anxiety
Social Anxiety
Spiritual Confusion
Spiritual Confusion
Substance-Induced Disorders
Substance-Induced Disorders
Substance Intoxication/Withdrawal
Suicidal Ideation
Unipolar Depression

PSYCHOSIS
Attention-Deficit/ Hyperactivity Disorder (ADHD)—Adolescent
Bipolar Disorder
Self-Care Deficit as a Primary Problem
Self-Care Deficit as a Primary Problem
Self-Care Deficit as a Secondary Problem

RELAPSE PRONENESS
Anxiety
Anxiety
Bipolar Disorder
Chronic Pain

Identifying Conflict Themes
Am I Having Difficulty Letting Go?
Moving on After Loss
What Would They Want for Me?
Physical and Emotional Self-Care
Use of Affirmations for Change
Interrupting Compulsive Thoughts and Actions
Reducing Compulsive Behaviors
Planning a Stable Life
Identifying Relapse Triggers and Cues
It Wasn’t My Fault
Internal and External Resources for Safety
Assessing Sleep Problems
Improving Sleep Hygiene
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<td>Balancing Recovery, Family, and Work</td>
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<td>Problem Solving and Safety Planning</td>
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**SELF-CARE DEFICIT AS A PRIMARY PROBLEM**

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- Coping With Addiction and Other Medical Problems

### Medical Issues
- Physical and Emotional Self-Care
- Coping With Addiction and Schizophrenia Spectrum Disorders
- Filling in Self-Care Gaps
- Working Toward Interdependence
- Assessing Sleep Problems
- Improving Sleep Hygiene
- Using My Support Network
- Exploring Treatment and Recovery Options

### SELF-CARE DEFICIT AS A SECONDARY PROBLEM
- **Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent**
  - Getting Organized
  - Building My Support Network
  - How Interdependent Am I?
  - Creating a Preliminary Eating and Health Plan
  - Eating Patterns Self-Assessment
  - Handling Tough Situations in a Healthy Way
  - Assessing My Environment
  - Coping With Addiction and Schizophrenia Spectrum Disorders
  - Assessing Self-Care Deficits
  - Relating Self-Care Deficits to My Addiction
  - Using My Support Network
  - Exploring Treatment and Recovery Options

### SELF-HARM
- **Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult**
  - From Recklessness to Calculated Risks
  - Seeing That We’re All Just Human
  - Corresponding With My Childhood Self
  - Managing Pain Without Addictive Drugs
  - How Do You Do That?
  - Trading Places
  - Creating a Preliminary Eating and Health Plan
  - Eating Patterns Self-Assessment
  - What Would They Want for Me?
Impulsivity Handling Crisis Without Impulsivity
Impulsivity Learning to Think Things Through
Obsessive-Compulsive Disorder (OCD) Interrupting Compulsive Thoughts and Actions
Obsessive-Compulsive Disorder (OCD) Reducing Compulsive Behaviors
Posttraumatic Stress Disorder (PTSD) Coping With Addiction and PTSD or Other Anxiety Disorders
Posttraumatic Stress Disorder (PTSD) Safe and Peaceful Place Meditation
Relapse Proneness Early Warning Signs of Relapse
Relapse Proneness Relapse Prevention Planning
Sexual Abuse It Wasn't My Fault
Sexual Promiscuity Working Through Shame
Substance Use Disorders Alternatives to Addictive Behavior
Substance Use Disorders Taking Daily Inventory
Substance Use Disorders Making Change Happen
Suicidal Ideation Why Do I Matter and Who Cares?
Unipolar Depression Gratitude

SEXUAL ABUSE
Eating Disorders and Obesity Creating a Preliminary Eating and Health Plan
Posttraumatic Stress Disorder (PTSD) Coping With Addiction and PTSD or Other Anxiety Disorders
Posttraumatic Stress Disorder (PTSD) Safe and Peaceful Place Meditation
Sexual Promiscuity Is It Romance or Is It Fear?
Spiritual Confusion Finding a Higher Power That Makes Sense
Suicidal Ideation Problem Solving and Safety Planning
Suicidal Ideation Why Do I Matter and Who Cares?

SEXUAL PROMISCUITY
Adult-Child-of-an-Alcoholic (ACA) Traits Addressing ACA Traits in Recovery
Attention-Deficit/ Hyperactivity Disorder (ADHD)—Adult From Recklessness to Calculated Risks
Borderline Traits Forming Stable Relationships
Childhood Trauma Setting and Maintaining Boundaries
Gambling Consequences and Benefits
Obsessive-Compulsive Disorder (OCD) Interrupting Compulsive Thoughts and Actions
Obsessive-Compulsive Disorder (OCD) Reducing Compulsive Behaviors
Oppositional Defiant Behavior Analyzing Acting-Out Behavior
Relapse Proneness Identifying Relapse Triggers and Cues
Relapse Proneness Relapse Prevention Planning
Self-Harm Understanding Self-Harm and Addiction
APPENDIX A: ALTERNATE ASSIGNMENTS FOR PRESENTING PROBLEMS

Social Anxiety
- Understanding Thoughts, Worries, and Fears
- Action Plan to Address Social Anxiety

Substance-Induced Disorders
- Using My Support Network
- Consequences of Continuing Addictive Lifestyles

Substance Use Disorders
- Personal Recovery Planning
- Making Change Happen

Substance Use Disorders
- Addressing Readiness and Motivation

SLEEP DISTURBANCE

Anxiety
- Anxiety Triggers and Warning Signs
- Safe and Peaceful Place Meditation

Posttraumatic Stress Disorder (PTSD)
- Coping With Post-Acute Withdrawal (PAW)

Substance Intoxication/Withdrawal

SOCIAL ANXIETY

Anxiety
- Anxiety Triggers and Warning Signs
- Coping With Stress

Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent
- Self-Soothing: Calm Down, Slow Down

Borderline Traits
- Seeing That We're All Just Human

Childhood Trauma
- Setting and Maintaining Boundaries

Dependent Traits
- Building My Support Network

Partner Relational Conflicts
- Communication Skills

Sleep Disturbance
- Assessing Sleep Problems
- Improving Sleep Hygiene

Unipolar Depression
- Correcting Distorted Thinking

SPIRITUAL CONFUSION

Grief/Loss Unresolved
- Moving on After Loss
- What Would They Want for Me?

Occupational Problems
- Interest and Skill Self-Assessment

Substance Intoxication/Withdrawal
- Using Books and Other Media Resources

Unipolar Depression
- Gratitude

SUBSTANCE-INDUCED DISORDERS

Chronic Pain
- Coping With Addiction and Chronic Pain

Medical Issues
- Coping With Addiction and Other Medical Problems

Psychosis
- Coping With Addiction and Schizophrenia Spectrum Disorders
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### Spiritual Confusion
- Understanding Spirituality

### Substance-Induced Disorders
- Using My Support Network

### Treatment Resistance
- Addressing Readiness and Motivation

### Treatment Resistance
- Problem Identification—Is It Addiction?

## SUICIDAL IDEATION

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## TREATMENT RESISTANCE

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Substance Use Disorders

Consequences of Continuing Addictive Lifestyles
Alternatives to Addictive Behavior
Taking Daily Inventory

UNIPOLAR DEPRESSION

Bipolar Disorder
Dependent Traits
Grief/Loss Unresolved
Grief/Loss Unresolved
Living Environment Deficiency
Living Environment Deficiency
Medical Issues
Narcissistic Traits
Nicotine Use/Dependence
Obsessive-Compulsive Disorder (OCD)

Mania, Addiction, and Recovery
Building My Support Network
Am I Having Difficulty Letting Go?
Moving on After Loss
Assessing My Environment
What Would My Ideal Life Look Like?
Physical and Emotional Self-Care
Getting Out of Myself
Use of Affirmations for Change
Interrupting Compulsive Thoughts and Actions
Reducing Compulsive Behaviors
Interest and Skill Self-Assessment
Coping With Addiction and PTSD or Other Anxiety Disorders
Coping With Addiction and Schizophrenia Spectrum Disorders
Planning a Stable Life
Assessing Self-Care Deficits
Relating Self-Care Deficits to My Addiction
Understanding Self-Harm and Addiction
Self-Harm Risk Factors, Triggers, and Early Warning Signs
Assessing Sleep Problems
Improving Sleep Hygiene
Coping With Post-Acute Withdrawal (PAW)
Using Books and Other Media Resources
Problem Solving and Safety Planning
Why Do I Matter and Who Cares?

Self-Care Deficit as a Primary Problem
Self-Care Deficit as a Primary Problem
Self-Harm
Self-Harm

Sleep Disturbance
Sleep Disturbance
Substance Intoxication/Withdrawal
Substance Intoxication/Withdrawal
Suicidal Ideation
Suicidal Ideation
### APPENDIX B: SUGGESTED BIBLIOThERAPY

BOOKS INCLUDED IN HOMEWORK FOR CLIENTS AND/OR SUGGESTED FOR CLINICIANS IN RELATION TO PROBLEM AREAS

Note: Titles that are out of print are usually available in libraries, by in-person special order at a bookstore, or via an online book search service such as www.bookfinder.com.

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<tr>
<th>TITLE, AUTHOR, PUBLISHER, ISBN</th>
<th>RELEVANT PROBLEM AREAS</th>
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| **Title:** *Achilles in Vietnam: Combat Trauma and the Undoing of Character*  
**Author:** Shay, Jonathan  
**Publisher:** Simon & Schuster  
**ISBN:** 978-0684813211 | Anger  
Anxiety  
Dangerousness/Lethality  
Family Conflicts  
Grief/Loss Unresolved  
Impulsivity  
Occupational Problems  
Parent-Child Relational Problem  
Partner Relational Conflicts  
Posttraumatic Stress Disorder (PTSD)  
Relapse Proneness  
Sleep Disturbance  
Social Anxiety  
Spiritual Confusion  
Substance Use Disorders  
Suicidal Ideation  
Unipolar Depression |
| **Title:** *Adult Children of Alcoholic/Dysfunctional Families*  
**Author:** Anonymous  
**Publisher:** ACA World Services Office, Inc.  
**ISBN:** 978-0978979706 | Adult-Child-of-an-Alcoholic (ACA) Traits  
Anger  
Borderline Traits  
Dangerousness/Lethality  
Family Conflicts  
Legal Problems  
Occupational Problems  
Parent-Child Relational Problem  
Partner Relational Conflicts  
Posttraumatic Stress Disorder (PTSD)  
Sexual Abuse  
Spiritual Confusion |
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<td>Author: Burgess, Wes</td>
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<td><em>Co-Dependents Anonymous (CoDA Big Book)</em></td>
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<td><em>Cutting: Understanding and Overcoming Self-Mutilation</em></td>
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**Adult-Child-of-an-Alcoholic (ACA) Traits**
- Anger
- Anxiety
- Borderline Traits
- Childhood Trauma
- Eating Disorders and Obesity
- Family Conflicts
- Grief/Loss Unresolved
- Impulsivity
- Obsessive-Compulsive Disorder (OCD)
- Peer Group Negativity
- Posttraumatic Stress Disorder (PTSD)
- Self-Harm
- Sexual Abuse
- Social Anxiety
- Spiritual Confusion
- Substance Use Disorders

**Adult-Child-of-an-Alcoholic (ACA) Traits**
- Anger
- Borderline Traits
- Family Conflicts
- Occupational Problems
- Parent-Child Relational Problem
- Partner Relational Conflicts
- Social Anxiety
- Spiritual Confusion
- Substance Use Disorders

**Adult-Child-of-an-Alcoholic (ACA) Traits**
- Anger
- Borderline Traits
- Family Conflicts
- Occupational Problems
- Parent-Child Relational Problem
- Partner Relational Conflicts
- Social Anxiety
- Spiritual Confusion
- Substance Use Disorders

**Adult-Child-of-an-Alcoholic (ACA) Traits**
- Anger
- Anxiety
- Borderline Traits
- Childhood Trauma
- Eating Disorders and Obesity
|  |  |
| Author: Copeland, Mary E., and McKay, Matthew | Anger |
| Publisher: New Harbinger Publications | Anxiety |
| ISBN: 978-157224268X | Bipolar Disorder |
|  | Family Conflicts |
|  | Impulsivity |
|  | Medical Issues |
|  | Occupational Problems |
|  | Partner Relational Conflicts |
|  | Self-Care Deficit as a Primary Problem |
|  | Sexual Promiscuity |
|  | Sleep Disturbance |
|  | Social Anxiety |
|  | Substance Use Disorders |
|  | Suicidal Ideation |
|  | Treatment Resistance |
|  | Unipolar Depression |

| Title: Do What You Are: Discover the Perfect Career for You Through the Secrets of Personality Type | Attention Deficit/Hyperactivity Disorder (ADHD)—Adolescent |
|  |  |
| Author: Tieger, Paul D., and Tieger-Barron, Barbara | Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult |
| Publisher: Little, Brown & Co. | Dependent Traits |
|  |  |
|  |  |
| Title: The Emotionally Abused Woman: Overcoming Destructive Patterns and Reclaiming Yourself | Adult-Child-of-an-Alcoholic (ACA) Traits |
|  |  |
| Author: Engel, Beverly | Anger |
| Publisher: Fawcett Columbine | Anxiety |
| ISBN: 978-0449906446 | Childhood Trauma |
|  | Dependent Traits |
|  | Family Conflicts |
|  | Grief/Loss Unresolved |
|  | Living Environment Deficiency |
| Title: The Four Agreements: A Practical Guide to Personal Freedom | Adult-Child-of-an-Alcoholic (ACA) Traits Anxiety Childhood Trauma Family Conflicts Grief/Loss Unresolved Impulsivity Narcissistic Traits Parent-Child Relational Problem Partner Relational Conflicts Spiritual Confusion Unipolar Depression |
| Author: Ruiz, Don Miguel | Publisher: Amber Allen Publishing |
| ISBN: 978-18784243110 |

| Title: Gamblers Anonymous: A New Beginning | Family Conflicts Gambling Legal Problems Occupational Problems Parent-Child Relational Problem Partner Relational Conflicts Spiritual Confusion Substance Use Disorders Treatment Resistance |
| Author: Anonymous | Publisher: Gamblers Anonymous Publishing |
| ISBN: Not listed |

| Title: Getting Through the Day: Strategies for Adults Hurt as Children | Adult-Child-of-an-Alcoholic (ACA) Traits Anxiety Childhood Trauma Family Conflicts Grief/Loss Unresolved Parent-Child Relational Problem Partner Relational Conflicts Posttraumatic Stress Disorder (PTSD) Sexual Abuse Spiritual Confusion Unipolar Depression |
| Author: Napier, Nancy J. | Publisher: W.W. Norton & Co. |
| ISBN: 978-0393312423 |

| Title: The Grief Recovery Handbook: The Action Program for Moving Beyond Death, Divorce, and Other Losses | Adult-Child-of-an-Alcoholic (ACA) Traits Anger Anxiety |

| Title: | |
| Author: | |
| Publisher: | |
| ISBN: | |
| **Author:** James, John W., and Friedman, Russell | **Childhood Trauma**  
**Publisher:** Harper-Collins | **Chronic Pain**  
**ISBN:** 978-0061686078 | **Family Conflicts**  
**Grief/Loss Unresolved**  
**Impulsivity**  
**Medical Issues**  
**Parent-Child Relational Problem**  
**Partner Relational Conflicts**  
**Posttraumatic Stress Disorder (PTSD)**  
**Sexual Abuse**  
**Spiritual Confusion**  
**Unipolar Depression** |
| **Title:** Here Comes the Sun: Dealing With Depression | **Adult-Child-of-an-Alcoholic (ACA) Traits**  
**Anxiety**  
**Impulsivity**  
**Medical Issues**  
**Occupational Problems**  
**Partner Relational Conflicts**  
**Self-Care Deficit as a Primary Problem**  
**Sleep Disturbance**  
**Social Anxiety**  
**Substance Use Disorders**  
**Suicidal Ideation**  
**Treatment Resistance**  
**Unipolar Depression** | **Author:** Rosellini, Gayle, and Worden, Mark | **Publisher:** Hazelden | **ISBN:** 978-0894864661 |
| **Title:** How Al-Anon Works for Families & Friends of Alcoholics | **Adult-Child-of-an-Alcoholic (ACA) Traits**  
**Family Conflicts**  
**Grief/Loss Unresolved**  
**Parent-Child Relational Problem**  
**Partner Relational Conflicts**  
**Posttraumatic Stress Disorder (PTSD)**  
**Spiritual Confusion** | **Author:** Al-Anon Family Groups | **Publisher:** Al-Anon Family Groups | **ISBN:** 978-0910034265 |
| **Title:** I Don’t Want to Talk About It: Overcoming the Secret Legacy of Male Depression | **Adult-Child-of-an-Alcoholic (ACA) Traits**  
**Anger**  
**Anxiety**  
**Childhood Trauma**  
**Grief/Loss Unresolved**  
**Posttraumatic Stress Disorder (PTSD)**  
**Self-Harm**  
**Social Anxiety**  
**Substance Use Disorders**  
**Suicidal Ideation**  
**Unipolar Depression** | **Author:** Real, Terrence | **Publisher:** Scribner | **ISBN:** 978-0684835396 |
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<td>Author: Kreisman, Jerold J., and Straus, Hal</td>
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<td>Publisher: Perigee Trade</td>
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<td>Title: The Intimacy Struggle: Revised and Expanded for All Adults</td>
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<td>Author: Woitzitz, Janet G.</td>
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<td>Publisher: Health Communications, Inc.</td>
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<td>ISBN: 978-1558742772</td>
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<td>Title: It Will Never Happen to Me: Growing Up With Addiction as Youngsters, Adolescents, Adults</td>
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<td>Author: Black, Claudia</td>
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<td>Spiritual Confusion</td>
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| Title: *It Works: How and Why: The Twelve Steps and Twelve Traditions of Narcotics*  
| Anonymous  
| Author: Anonymous  
| Publisher: NA World Services, Inc.  
| Conduct Disorder/Delinquency  
| Family Conflicts  
| Legal Problems  
| Occupational Problems  
| Parent-Child Relational Problem  
| Partner Relational Conflicts  
| Spiritual Confusion  
| Substance Use Disorders  
| Treatment Resistance |

| Title: *Kitchen Table Wisdom: Stories That Heal*  
| Remen, Rachel N.  
| Publisher: Riverhead Trade  
| Anger  
| Anxiety  
| Childhood Trauma  
| Chronic Pain  
| Grief/Loss Unresolved  
| Medical Issues  
| Occupational Problems  
| Posttraumatic Stress Disorder (PTSD)  
| Spiritual Confusion  
| Treatment Resistance  
| Unipolar Depression |

| Title: *My Daddy Was a Pistol and I'm a Son of a Gun*  
| Grizzard, Lewis  
| Publisher: Dell  
| Childhood Trauma  
| Family Conflicts  
| Grief/Loss Unresolved  
| Parent-Child Relational Problem  
| Partner Relational Conflicts  
| Posttraumatic Stress Disorder (PTSD)  
| Spiritual Confusion |

| Title: *Narcotics Anonymous (6th Edition)*  
| Anonymous  
| Publisher: NA World Services, Inc.  
| Conduct Disorder/Delinquency  
| Family Conflicts  
| Legal Problems  
| Occupational Problems  
| Parent-Child Relational Problem  
| Partner Relational Conflicts  
| Spiritual Confusion  
| Substance Use Disorders  
| Treatment Resistance |

| Title: *Night Falls Fast: Understanding Suicide*  
| Jamison, Kay R. | Adult-Child-of-an-Alcoholic (ACA) Traits  
| Anger  
| Anxiety |
| Publisher: Vintage | Bipolar Disorder  
| ISBN: 978-0375701474 | Borderline Traits  
| | Childhood Trauma  
| | Grief/Loss Unresolved  
| | Impulsivity  
| | Living Environment Deficiency  
| | Posttraumatic Stress Disorder (PTSD)  
| | Self-Harm  
| | Sexual Abuse  
| | Social Anxiety  
| | Substance Use Disorders  
| | Suicidal Ideation  
| | Unipolar Depression  
| Title: *Odysseus in America: Combat Trauma and the Trials of Homecoming*  
| Author: Shay, Jonathan  
| Publisher: Scribner  
| ISBN: 978-0743211574 | Anger  
| | Anxiety  
| | Dangerousness/Lethality  
| | Family Conflicts  
| | Grief/Loss Unresolved  
| | Impulsivity  
| | Occupational Problems  
| | Parent-Child Relational Problem  
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| | Spiritual Confusion  
| | Substance Use Disorders  
| | Suicidal Ideation  
| | Unipolar Depression  
| Title: *Of Course You're Angry: A Guide to Dealing with the Emotions of Substance Abuse* (2nd Edition)  
| Author: Rosellini, Gayle, and Worden, Mark  
| Publisher: Hazelden  
| | Anger  
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| | Conduct Disorder/Delinquency  
| | Dangerousness/Lethality  
| | Family Conflicts  
| | Legal Problems  
| | Occupational Problems  
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| | Posttraumatic Stress Disorder (PTSD)  
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APPENDIX B: SUGGESTED BIBLIOThERAPY 379
| Title: On Killing: The Psychological Cost of Learning to Kill in War and Society | Anger  
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Family Conflicts  
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Impulsivity  
Occupational Problems  
Parent-Child Relational Problem  
Partner Relational Conflicts  
Posttraumatic Stress Disorder (PTSD)  
Relapse Proneness  
Sleep Disturbance  
Social Anxiety  
Spiritual Confusion  
Substance Use Disorders  
Suicidal Ideation  
Unipolar Depression |
|---|---|
| Author: Grossman, Dave  
Publisher: Back Bay Books  
ISBN: 978-0316040938 |  |
| Title: Overeaters Anonymous (2nd ed.) | Adult-Child-of-an-Alcoholic (ACA) Traits  
Eating Disorders and Obesity  
Family Conflicts  
Medical Issues  
Parent-Child Relational Problem  
Partner Relational Conflicts  
Sexual Abuse  
Spiritual Confusion |
| Author: Anonymous  
Publisher: Overeaters Anonymous, Inc.  
ISBN: 978-1889681023 |  |
| Title: Rational Recovery: The New Cure for Substance Addiction | Relapse Proneness  
Substance-Induced Disorders  
Substance Intoxication/Withdrawal  
Substance Use Disorders  
Treatment Resistance |
| Author: Trimpey, Jack  
Publisher: Gallery Books  
ISBN: 978-0671528584 |  |
| Title: Read Two Books and Let’s Talk Next Week: Using Bibliotherapy in Clinical Practice | All issues addressed in this *Homework Planner*; the text is organized with annotated recommendations of books for different issues, with cautions as needed. |
| Author: Joshua, Janice M., and DiMenna, Donna  
Publisher: John Wiley & Sons  
ISBN: 978-0471375659 |  |
| Title: Rent Two Films and Let’s Talk in the Morning: Using Popular Movies in Psychotherapy (2nd ed.) | All issues addressed in this *Homework Planner*; the text is organized with annotated recommendations of films for different issues, with cautions as needed. |
| Author: Hesley, John W., and Jan G.  
Publisher: John Wiley & Sons  
ISBN: 978-0471416593 |  |
| Title: The Road Less Traveled: A New Psychology of Love, Traditional Values, and Spiritual Growth |
| Author: Peck, M. Scott |
| Publisher: Touchstone |
| ISBN: 978-0743243155 |

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Anxiety
- Childhood Trauma
- Family Conflicts
- Grief/Loss Unresolved
- Narcissistic Traits
- Parent-Child Relational Problem
- Partner Relational Conflicts
- Posttraumatic Stress Disorder (PTSD)
- Spiritual Confusion
- Suicidal Ideation
- Unipolar Depression

| Title: Secret Scars: Uncovering and Understanding the Addiction of Self-Injury |
| Author: Turner, V. J. |
| Publisher: Hazelden |
| ISBN: 978-1568389141 |

- Adult-Child-of-an-Alcoholic (ACA) Traits
- Anger
- Anxiety
- Borderline Traits
- Childhood Trauma
- Eating Disorders and Obesity
- Family Conflicts
- Grief/Loss Unresolved
- Impulsivity
- Obsessive-Compulsive Disorder (OCD)
- Peer Group Negativity
- Posttraumatic Stress Disorder (PTSD)
- Self-Harm
- Sexual Abuse
- Social Anxiety
- Spiritual Confusion
- Substance Use Disorders

| Title: Sharing Recovery Through Gamblers Anonymous |
| Author: Anonymous |
| Publisher: Gamblers Anonymous Publishing |
| ISBN: 978-0917839009 |

- Family Conflicts
- Gambling
- Legal Problems
- Occupational Problems
- Parent-Child Relational Problem
- Partner Relational Conflicts
- Spiritual Confusion
- Substance Use Disorders
- Treatment Resistance

| Title: A Skeptic’s Guide to the Twelve Steps |
| Author: Phillip Z. |
| Publisher: Hazelden |
| ISBN: 978-0894867229 |

- Anger
- Anxiety
- Eating Disorders and Obesity
- Family Conflicts
- Occupational Problems
| Title: *Twelve Steps and Twelve Traditions*  
Author: Anonymous  
Publisher: AA World Services Office, Inc.  
ISBN: 978-0916856014 | Partner Relational Conflicts  
Relapse Proneness  
Spiritual Confusion  
Substance Use Disorders  
Treatment Resistance |
|---|---|
| Title: *Twelve Steps of Adult Children Steps Workbook* (Spiral-Bound)  
Author: Anonymous  
Publisher: ACA World Services Office, Inc.  
ISBN: 978-0978979713 | Family Conflicts  
Legal Problems  
Occupational Problems  
Spiritual Confusion  
Substance Use Disorders  
Treatment Resistance |
| Title: *An Unquiet Mind: A Memoir of Moods and Madness*  
Author: Jamison, Kay R.  
Publisher: Vintage  
ISBN: 978-0679763307 | Anger  
Anxiety  
Bipolar Disorder  
Occupational Problems  
Impulsivity  
Partner Relational Conflicts  
Relapse Proneness  
Self-Care Deficit as a Primary Problem  
Sleep Disturbance  
Treatment Resistance |
| Title: *Wellness Recovery Action Plan* (WRAP)  
Author: Copeland, Mary E.  
Publisher: Peach Press  
ISBN: 978-0979556098 | This book can be used by a client to create, or co-create with a clinician, a personalized plan to improve and maintain his/her own mental and emotional health in regard to many disorders covered in this Planner. |
| Title: What Color Is Your Parachute? A Practical Manual for Job Hunters and Career Changers | Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent  
| Author: Bolles, Richard N.  
| Publisher: Ten Speed Press  
| ISBN: 978-1607743620 | Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult  
Dependent Traits  
Occupational Problems |
| Title: Where in the World Is God? | Adult-Child-of-an-Alcoholic (ACA) Traits  
Anxiety  
Chronic Pain  
Grief/Loss Unresolved  
Medical Issues  
Posttraumatic Stress Disorder (PTSD)  
Relapse Proneness  
Self-Harm  
Sexual Abuse  
Spiritual Confusion  
Suicidal Ideation  
Unipolar Depression |
| Author: Brizee, Robert.  
| Publisher: The Upper Room  
| ISBN: 978-0835805568 |  |
| Title: You Mean I'm Not Lazy, Stupid, or Crazy?! The Classic Self-Help Book for Adults with Attention Deficit Disorder | Anxiety  
Attention-Deficit/Hyperactivity Disorder (ADHD)—Adolescent  
Attention-Deficit/Hyperactivity Disorder (ADHD)—Adult  
Family Conflicts  
Impulsivity  
Occupational Problems  
Partner Relational Conflicts  
Self-Care Deficit as a Secondary Problem  
Social Anxiety |
| Author: Kelly, Kate, and Ramundo, Peggy  
| Publisher: Scribner  
| ISBN: 978-0743264488 |  |
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ABOUT THE AUTHORS

James R. Finley, MA, is a mental health and addictions therapist who has conducted individual, couples, family, and group therapy with adults, adolescents, and children in outpatient treatment, foster care, residential, and correctional settings. He is the author of *Integrating the 12 Steps into Addiction Therapy* and co-author of *The Addiction Counselor’s Documentation Sourcebook* and *The Veterans and Active Duty Military Psychotherapy Homework Planner*.

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ABOUT THE CD-ROM

If this book refers to media such as a CD or DVD that is not included in the version you purchased, you may download this material at http://booksupport.wiley.com.

INTRODUCTION

This appendix provides you with information on the contents of the CD that accompanies this book. For the latest information, please refer to the ReadMe file located at the root of the CD.

SYSTEM REQUIREMENTS

- A computer with a processor running at 400 Mhz or faster
- At least 64 MB of total RAM installed on your computer; for best performance, we recommend at least 128 MB
- A CD-ROM drive
- A web browser
- Microsoft Word or Word Reader

Note: Many popular word processing programs are capable of reading Microsoft Word files. However, users should be aware that a slight amount of formatting might be lost when using a program other than Microsoft Word.

USING THE CD WITH WINDOWS

To access the content from the CD, follow these steps:

1. Insert the CD into your computer’s CD-ROM drive. Select Home.html (The interface won’t launch if you have autorun disabled. In that case, click Home.html or for Windows Start > All Programs > Accessories > Run). In the dialog box that appears, type D:\Home.html. (Replace D with the proper letter if your CD drive uses a different letter. If you don’t know the letter, see how your CD drive is listed under My Computer.) Click OK.
2. Read through the license agreement, and then click the Accept button if you want to use the CD. The CD interface appears. Simply select the material you want to view.
USING THE CD WITH A MAC
1. Open the disc image.
2. Double click Home.html.

WHAT’S ON THE CD
The following sections provide a summary of the software and other materials you’ll find on the CD.

Content
100 ready-to-use, between-session assignments designed to fit virtually every therapeutic mode.

Troubleshooting
If you have difficulty installing or using any of the materials on the companion CD, try the following solutions:
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• Close all running programs. The more programs you’re running, the less memory is available to other programs. Installers also typically update files and programs; if you keep other programs running, installation may not work properly.
• Reboot if necessary. If all else fails, rebooting your machine can often clear any conflicts in the system.

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