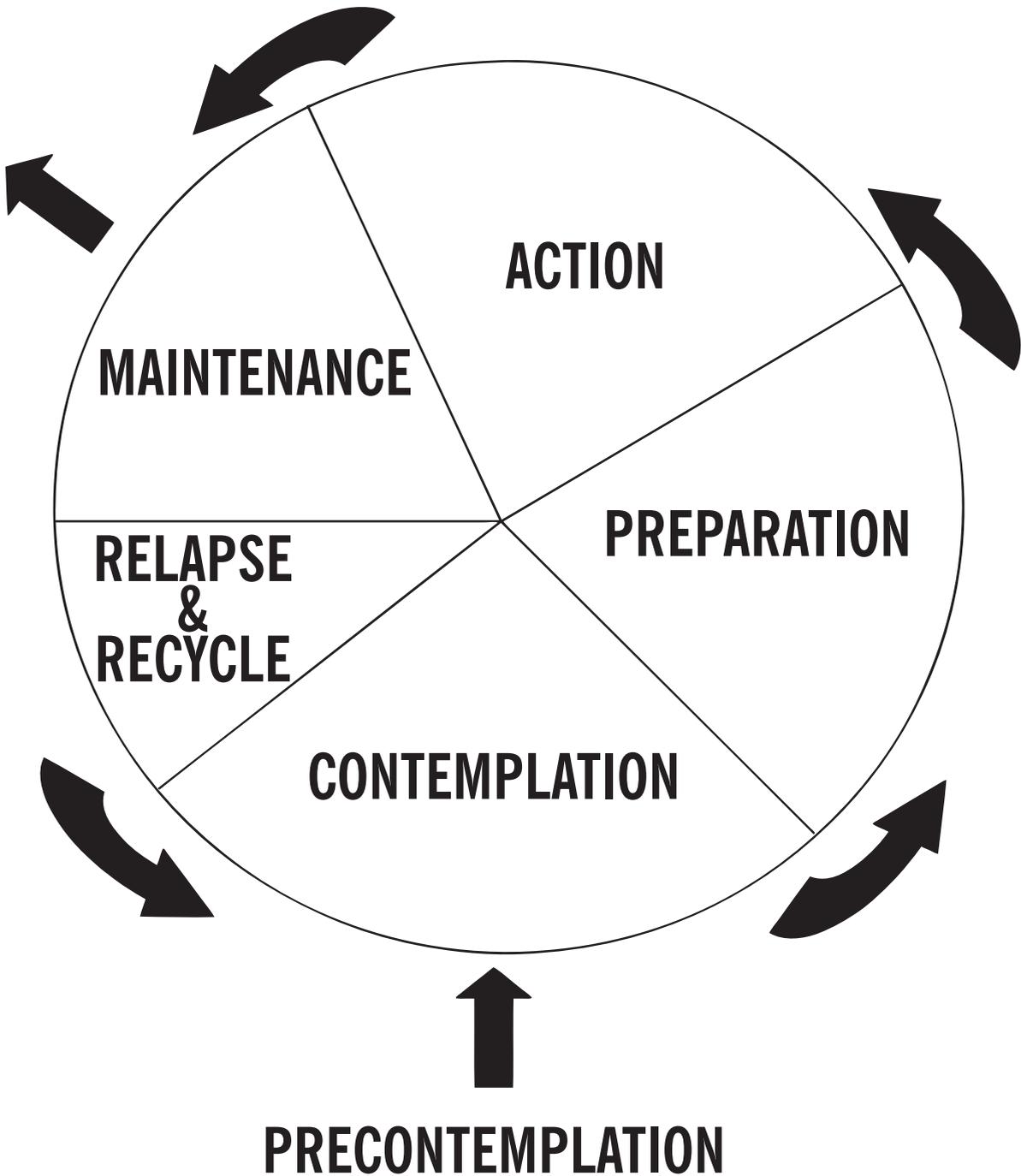


FIGURE 3.1. Readiness Ruler. From Velasquez, Crouch, Stephens, and DiClemente (2016). Copyright by The Guilford Press. Permission to photocopy this figure is granted to purchasers of this book for professional use only (see copyright page for details).

Stages of Change



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Where Am I?

PRECONTEMPLATION



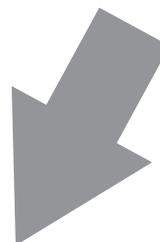
- Not thinking of quitting
- Feel that things are fine
- Do not see a problem



CONTEMPLATION



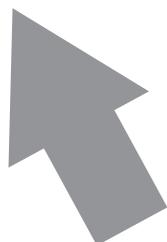
- Thinking of quitting
- Wondering how I affect others
- Maybe trying small changes



PREPARATION



- Have a plan to quit
- May have “cut down”
- Can see benefits of quitting



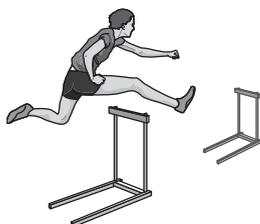
ACTION



- Have quit using
- Am avoiding triggers
- Asking others for support



MAINTENANCE



- No use in long time
- Accepting myself
- Helping others who are still using

Myths about Substance Use and Users

PART I

1. Addicts are bad people.
2. Addiction is a willpower problem.
3. Addicts cannot be treated with medications.
4. Addicts should be punished, not treated, for using drugs.
5. Some people just can't change.

Which of the above statements are true?

----- (fold) -----

PART II

All of the statements listed are myths.

1. Addicts are bad people.

People who use misuse drugs and alcohol are not bad people who need to become good or stupid people who just need to be educated. Rather, addiction causes changes in brain activity that can make change difficult (but not impossible).

2. Addiction is a willpower problem.

This is an old belief, based on wanting to blame or shame people who have alcohol or drug problems. Addiction occurs in an area of the brain called the mesolimbic dopamine system that is not under conscious control. People with substance use disorders still have choice and some self-control, but it is compromised.

3. Addicts cannot be treated with medications.

New medicines are being developed to help patients who have already had success in recovery to (1) further curb their craving for drugs, (2) reduce the chances of relapse, and (3) enhance the effectiveness of existing behavioral and other psychosocial (talk) therapies.

4. Addicts should be punished, not treated, for using drugs.

Science demonstrates that changes in the brain cause can cause people with drug and alcohol problems to have impaired control over their use of substances. Treatment (talk therapies and—in some cases—medication) is much more effective than punishment.

5. Some people just can't change.

Research actually shows that the more change attempts someone makes the more likely he or she is to eventually succeed. With each attempt to change you learn more about yourself and can gain confidence from the strategies that were helpful. (When it comes to nicotine addiction, there are 42 million former smokers, which shows that addicts can change.)

(continued)

HANDOUT P/C/P-2.1 **Myths about Substance Use and Users** *(page 2 of 2)*

Which of these myths have you heard?

In what ways (if any) have these myths affected the way you think about substance users?

Does any of this information change the way you think about your potential for successful change?

If so, how?

Alcohol Use Disorders Identification Test (AUDIT)

Instructions:

Please circle one answer for each question about your use of alcohol prior to your entering this group. (One drink is equal to one can, glass, or bottle of beer, one shot of liquor or one mixed drink, or one glass of wine.)

1. In the past 3 months before entering this program, how often did you have a drink containing alcohol?

Never Monthly or less Two to four times a month Two to three times a week Four or more times a week

2. In the past 3 months before entering this program, how many drinks containing alcohol did you have on a typical day when drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3. In the past 3 months before entering this program, how often did you have six or more drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never Less than monthly Monthly Weekly Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never Less than monthly Monthly Weekly Daily or almost daily

6. How often during the last year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?

Never Less than monthly Monthly Weekly Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never Less than monthly Monthly Weekly Daily or almost daily

(continued)

HANDOUT P/C/P-3.1. Alcohol Use Disorders Identification Test (AUDIT) (page 2 of 2)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never Less than monthly Monthly Weekly Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

No Yes, but not in the last year Yes, during the last year

10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

No Yes, but not in the last year Yes, during the last year

Scoring the AUDIT

Instructions:

For each answer that you circled, write the corresponding number on the line to the right of the question. Then, add those numbers to get a "Total" at the bottom of the page.

1. In the past 3 months before entering this program, how often did you have a drink containing alcohol?

Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week	_____
0	1	2	3	4	

2. In the past 3 months before entering this program, how many drinks containing alcohol did you have on a typical day when drinking?

1 or 2	3 or 4	5 or 6	7 to 9	10 or more	_____
0	1	2	3	4	

3. In the past 3 months before entering this program, how often did you have six or more drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
0	1	2	3	4	

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
0	1	2	3	4	

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
0	1	2	3	4	

6. How often during the last year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
0	1	2	3	4	

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
0	1	2	3	4	

(continued)

HANDOUT PC/P-3.2. Scoring the AUDIT (page 2 of 2)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
0	1	2	3	4	

9. Have you or someone else been injured as a result of your drinking?

No	Yes, but not in the last year	Yes, during the last year	_____
0	2	4	

10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

No	Yes, but not in the last year	Yes, during the last year	_____
0	2	4	

Total: _____

AUDIT—What Does It Mean?

The AUDIT is often used as a way of learning important information about drinking in a short period of time. By asking questions about the amount of drinking in the last year, and about things that sometimes happen when people begin drinking heavily, the AUDIT can help you find out if your drinking is reaching a dangerous level.

This is what the scores on the AUDIT mean:

If your score is between **1** and **7** make a check mark on this line: _____

- A score in this range indicates that your drinking has not yet reached a dangerous level. You may have a few drinks each week, and drinking may not have begun to cause trouble with other people in your life. If you have a score toward the high end of this range (like 6 or 7), you might want to start paying more attention to how much you are drinking, and how this may be affecting other people in your life.

If your score is between **8** and **20** make a check mark on this line: _____

- A score in this range indicates that your drinking has now reached a *harmful* and *hazardous* level. You may be drinking every day, having blackouts (where you can't remember the night before), and feeling guilt or remorse after drinking. Once you start drinking it may be difficult for you to stop, and you may be having trouble following through on your responsibilities because of your drinking. You may have even hurt someone in your life as a result of your drinking.

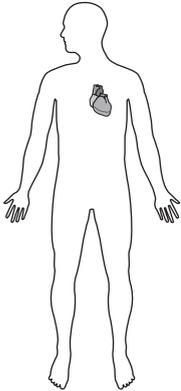
If your score is between **21** and **40** make a check mark on this line: _____

- A score in this range indicates that your drinking has now reached a *very dangerous* level. Almost all the questions on the AUDIT probably sound very familiar to you. There may be days when you cannot even get out of bed because of your drinking, and you may have trouble thinking about anything else. You may be experiencing many physical problems as a result of your heavy drinking.

What Can Alcohol Do?

According to the National Institute on Alcohol Abuse and Alcoholism, there are many ways that alcohol can affect your body:

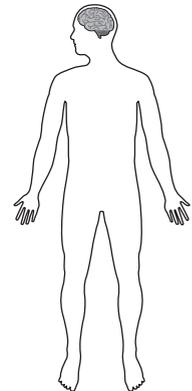
HEART



Some heavy drinkers can develop heart trouble because alcohol can weaken the muscles in and around the heart, resulting in the heart not pumping enough blood to nourish other organs in the body. Also, heavy drinking can constrict blood vessels, causing high blood pressure. Other potential consequences of heavy alcohol use are irregular or fast heartbeats, heart disease, and increased risk for some kinds of stroke.

BRAIN

Alcoholism may “speed up” normal aging or cause premature aging of the brain. Research also shows that shrinkage of the frontal lobes increases with chronic drinking for both moderate and heavy drinkers. This is related to intellectual impairment in both older and younger drinkers and may affect learning and memory.



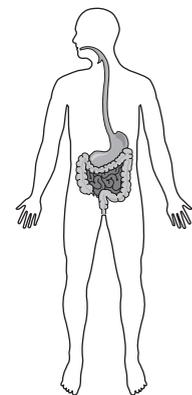
CANCER

Long-term heavy drinking increases the risk of developing several types of cancer because alcohol weakens the body’s immune system, reducing its ability to fight diseases and infections. Some forms of cancer are especially common in heavy drinkers, such as cancer of the esophagus, mouth, throat, and voice box. Women who have two or more drinks a day are at greater risk of developing breast cancer. Other cancers that may be related to heavy drinking include cancer of the colon and the rectum.

DIGESTIVE SYSTEM

Heavy drinkers are more prone to have excessive heartburn, ulcers, and even bleeding in the digestive system. They may suffer from illnesses caused by an injured pancreas as well. The pancreas helps to regulate the amount of blood sugar by making insulin. When there is heavy drinking, the pancreas can become inflamed and extremely painful. This is called “pancreatitis” and can cause diabetes or even death. Symptoms of pancreatitis are severe abdominal pain and excessive weight loss.

Drinking alcohol interferes with sugar processing and with the hormones that regulate sugar levels. Chronic heavy drinkers often have low levels of healthy blood sugars (called glucose). Because many heavy drinkers go without proper food while they are drinking, their stores of healthy sugar can be exhausted in a few hours. Also, the body’s monitoring of sugar can be affected while alcohol is being digested. The combination of these effects can cause severely low levels of blood sugar (a condition called “hypoglycemia”) from 6 to 36 hours after a binge-drinking episode. Failure to treat this condition could have life-threatening results.



(continued)

HANDOUT P/C/P-3.4. **What Can Alcohol Do?** (page 2 of 2)

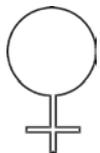
REPRODUCTIVE SYSTEM

Males



According to Montana State University, alcohol can affect the male reproductive system by causing reduced testosterone levels. Prolonged use can also cause the testes to shrink, which can result in infertility, impotence, and “feminization” of male sexual characteristics. Examples of the latter are breast enlargement, reduced chest and facial hair, and a shift in fat distribution to the hip area from the abdomen. Alcohol also affects how hormones are released from the pituitary and hypothalamus glands, which can cause problems with male reproductive and sexual functions.

Females

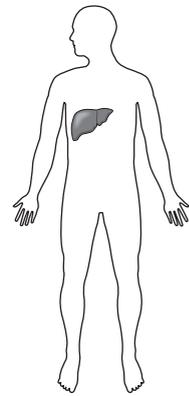


Chronic drinking can also cause a variety of problems in the female reproductive system. West Virginia University states that abnormal menstrual cycles and failure to ovulate are two of the main effects of alcohol on women. Others include an increased risk of spontaneous abortions and early menopause; the incidence of breast cancer is also higher in women who consume alcohol. Women, like men, have a higher risk of contracting an STD while under the influence of alcohol, as lowered inhibitions from alcohol consumption often lead to unprotected casual sexual encounters.

LIVER

The liver is responsible for removing alcohol and other harmful substances from the body. Drinking more alcohol than the liver can break down usually results in the buildup of excess fat in the liver. This may lead to alcoholic hepatitis, or inflammation of the liver, as a result of heavy drinking. Symptoms include fever; yellowing of the skin, eyeballs, and urine (“jaundice”); and pain in the abdomen. Although this condition can cause death if alcohol consumption continues, the process can be reversed.

Another way that alcohol can affect the liver is by causing cirrhosis—10 to 20% of all heavy drinkers develop this disease. This scarring of the liver prevents it from filtering waste from the body and can cause death. In contrast to alcoholic hepatitis, it is not possible to reverse the damage done to the liver by cirrhosis, although the symptoms can be relieved and liver functioning improved by abstaining from alcohol. Treatment for the complications caused by cirrhosis is available, and the last resort is liver transplantation. Alcohol-induced liver damage can disrupt the body’s metabolism, eventually impairing the function of other organs.



SLEEP



Any alcohol use disrupts the normal sleep cycle. Although people fall asleep more quickly and sleep more deeply during the first half of the night, they also experience more insomnia or restless sleep in the second half of the night. This impacts the repair and restorative work that the body does during sleep. People who drink heavily appear to be at increased risk for sleep apnea, especially if they snore. Sleep apnea is a condition where the upper air passage narrows or closes during sleep, resulting in a lack of oxygen to the brain. In particular, drinking alcohol at night can lead to narrowing of the air passage, causing episodes of apnea. Alcohol’s depressant effects can increase the duration of periods of apnea as well. Finally, the combination of alcohol, sleep apnea, and snoring increases a person’s risk for heart attack, arrhythmia, stroke, and sudden death.

Drug Screening Inventory

Instructions:

The following questions ask about your drug use (not including alcohol) during the past year. The term “drug use” refers to any and all drugs you have used for the purpose of getting high or intoxicated, or to feel good. Circle “Yes” or “No” for each question below based on your experiences in the past 12 months.

In past 12 months . . .

1. . . . has your drug use affected your ability to take care of your responsibilities (e.g., affected school/work performance or household duties)? Yes No _____
2. . . . have you used drugs in situations where you could have been physically hurt (e.g., driving under the influence)? Yes No _____
3. . . . has your drug use resulted in cravings, or strong desires or urges to use? Yes No _____
4. . . . have you kept using drugs even though it caused problems with family, friends, or other people? Yes No _____
5. . . . have you had to use larger amounts of a drug to get the same effect as before? Yes No _____
6. . . . have you experienced withdrawal symptoms (such as anxiety, irritability, tremors, sleep problems) or used drugs to make withdrawal symptoms go away? Yes No _____
7. . . . have you used larger amounts of drugs or used drugs for a longer time than you meant to? Yes No _____
8. . . . have you often wanted to cut down on your drug use, or tried to cut down and couldn't? Yes No _____
9. . . . have you spent a great deal of time getting, using, or getting over the effects of drugs? Yes No _____
10. . . . have you given up important activities because of drug use (e.g., given up work-related activities, doing things with friends, or hobbies)? Yes No _____
11. . . . have you kept using drugs even though you knew it could make you more physically sick or emotionally upset than usual? Yes No _____

Total: _____

Scoring the Drug Screening Inventory

PART I

For questions **1** through **4**, for each “Yes” that you circled, write a “1” on the line to the right of the question. For each “No” that you circled, write a “0” on the line to the right of the question. For questions **5** through **11**, for each “Yes” that you circled, write a “5” on the line to the right of the question. For each “No” that you circled, write a “0” on the line to the right of the question. Then, add those numbers to get a “Total” at the bottom of the page.

PART II

The following categories describe what various total scores on the inventory mean.

- 0** **No problems reported**—If you scored in this range and are using drugs, your drug use has not yet reached a harmful level. You may want to start paying attention to see if any of the items on the exercise start happening.

- 1 to 4** **Moderate level**—If you scored in this range, your use has begun to affect different areas of your life, and you may have gotten yourself into dangerous situations when using drugs.

- 5 to 14** **Substantial level**—If you scored in this range, you may have noticed that it is difficult to stop using, or that your drug use has affected your ability to take care of your responsibilities.

- 15 to 39** **Severe level**—If you scored in this range, you may be feeling that you have lost control of your drug use, and it may be getting harder to function on a daily basis.

What Can Drugs Do?

According to the National Institute on Drug Abuse, there are many ways that drugs can affect your body:

TOBACCO

People who use tobacco products (such as cigarettes and “dip”) are exposed to multiple risks—not only from addiction to nicotine, but also from the health risks of smoking tobacco. Cigarette manufacturers add up to 600 chemicals to tobacco, which can lead to cancer of the mouth, esophagus, and pancreas. When a person smokes, the toxic chemicals from the tobacco are inhaled along with tars and carbon monoxide; this can lead to heart disease, lung cancer, and emphysema. Tobacco also decreases stamina and can stain teeth, wrinkle the skin, and result in chronic halitosis (i.e., bad breath). Even using electronic cigarettes, one is still at risk of addiction to nicotine. While e-cigarettes may minimize the dangers from smoking, their use has been associated with heavier use of regular cigarettes in youth. Women who smoke while pregnant may have babies that are smaller and weigh less at birth. These infants are at greater risk for dying of sudden infant death syndrome (SIDS).

HALLUCINOGENS

Marijuana

Marijuana, a mild hallucinogen, can cause short-term problems including the impairment of coordination, concentration, and short-term memory. Long-term use may lead to a lack of energy and motivation, and impairment of memory. These effects may linger even after the user stops using the drug. Also, heavy use appears to produce approximately the same lung and cancer risks as smoking five times as much tobacco (i.e., cigarettes). As with tobacco, lung damage and the risk of cancer are significant hazards of marijuana use.

Synthetic Marijuana

Commonly known as Kush, K2, Spice, or herbal incense, this is not one specific drug. More than a hundred different chemical structures—with as many different names—fit under this broad category. They also vary in strength. The most frequent problems experienced are increased heart rate and blood pressure, vomiting and tremors, and acute kidney injury that can result in kidney failure. Since this drug falls under the category of hallucinogens, disorientation, paranoia, hallucinations, and psychosis are also frequent negative effects experienced.

Synthetic Dissociative Anesthetics

Drugs such as PCP (“angel dust,” “wet”) and Ketamine (Special K) can also cause hallucinations, loss of touch with reality, and flashbacks. Both can result in impaired motor functioning and muscle rigidity. PCP and higher doses of Ketamine can cause dizziness, speech problems, nausea, and vomiting. PCP at higher doses and Ketamine can result in death. Ketamine combined with alcohol or benzodiazepines can be especially lethal.

(continued)

STIMULANTS

Cocaine/Crack

Using cocaine can produce irritability, mood disturbances, restlessness, paranoia, and auditory hallucinations. Cocaine use has been linked to many types of heart disease. Cocaine has been found to trigger chaotic heart rhythms and heart attacks; accelerate heartbeat and breathing; and increase blood pressure and body temperature. Physical symptoms may include chest pain, nausea, blurred vision, fever, muscle spasms, convulsions, and coma. In addition, strokes, seizures, and headaches are not uncommon in heavy users.

Regularly snorting cocaine can lead to loss of sense of smell, nosebleeds, problems with swallowing, hoarseness, and an overall irritation of the nasal septum, which can lead to a chronically inflamed, runny nose. Longer periods of snorting cut off the blood flow in the nostrils and can cause membranes to die, resulting in a hole in the septum. The hole typically does not heal on its own but can sometimes be repaired. The worst-case scenario is the collapse of the entire nose.

Ingested cocaine can cause gangrene (the death of soft tissue) in the intestines due to reduced blood flow in the digestive tract. People who inject cocaine may also experience an allergic reaction, either to the drug or to some additive, which can result in death. Because cocaine often causes reduced food intake, many chronic cocaine users lose their appetites and can experience significant weight loss and malnourishment.

Methamphetamine

Methamphetamine can cause many types of cardiovascular problems. These include rapid heart rate, irregular heartbeat, increased blood pressure, and irreversible, stroke-producing damage to small blood vessels in the brain. Chronic methamphetamine use can also result in inflammation of the heart lining and, among users who shoot up, damaged blood vessels and skin abscesses. Psychotic symptoms can sometimes persist for months or years after use has ceased. Also, research indicates that meth use during pregnancy may result in prenatal complications, increased rates of premature delivery, and altered behavioral patterns in the infant, such as abnormal reflexes and extreme irritability.

Designer Drugs

Synthetic stimulants include such drugs as MDMA (Molly or Ecstasy), "bath salts," or cathinones (a synthetic form of the chemical found in the khat plant), and others. Bath salts are a combination of two powerful stimulants that, instead of wearing off after a couple of hours, can continue to produce full effects for days or even weeks. Agitation, increase in body temperature, and excessive sweating, as well as increased heart rate and blood pressure, are all possible side effects. Seizures are common. Individuals may experience hallucinations and paranoia, tear their clothes off, and try to tear off parts of their body. Suicides have occurred.

As with bath salts, MDMA's adverse effects can last a week or more after using the drug; depression is common after using it. Taken in higher amounts, MDMA can produce anxiety, muscle cramping, and nausea. The drug can result in a large increase in body temperature and high blood pressure, as well as kidney and heart failure. Death can occur, usually from heatstroke and dehydration.

(continued)

OPIATES

Heroin

Chronic heroin abuse can result in scarred and/or collapsed veins, bacterial infections of the blood vessels and heart valves, abscesses (boils) and other soft-tissue infections, and liver or kidney disease. Lung complications (including various types of pneumonia and tuberculosis) may result from the poor health condition of the abuser as well as from heroin's depressing effects on respiration. Sharing needles can lead to some of the most severe consequences of heroin abuse—infections with hepatitis B and C, HIV, and many other blood-borne viruses, which drug users can then pass on to their sexual partners and children.

Other Opiates

These include prescription drugs such as fentanyl, codeine (cough syrup, Vicodin, and Lortab), methadone, and oxycodone (OxyContin, Percocet). All affect the body by slowing down the central nervous system, which regulates breathing and heart rate. Taken alone or in conjunction with alcohol or benzodiazepines, they can result in overdose, since all of these substances are depressants. Signs of overdose include shallow breathing, cold skin, blue lips or fingertips, or loss of consciousness. Nausea, vomiting, and constipation can also result.

DEPRESSANTS/SEDATIVES

These prescription drugs are primarily benzodiazepines such as Xanax, Klonopin, Ativan, Valium, or barbiturates. Short-term effects can include impaired vision, motor coordination, and speech as well as confusion and impaired thinking. Breathing can become depressed and may result in coma or death, especially when these drugs are combined with alcohol.

The Brain and Substance Misuse

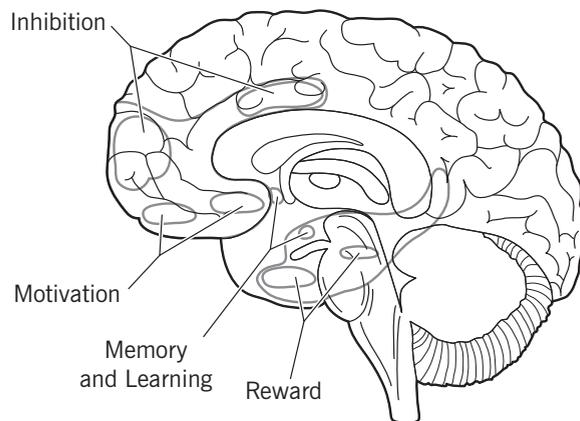
Neuroscientists have determined that many parts of the brain are affected by alcohol or other drug use. The impact of substances on these regions influences a person's decisions and behaviors. The following functions of the brain are affected by substance misuse:

Reward—Using a drug begins to establish the effects of the drug as a reward. After repeated use, even cues such as the sight of drug paraphernalia or a beer advertisement can activate small spurts of a chemical called dopamine. This causes the brain to crave more of the drug.

Motivation—Repeated drug use can strengthen an individual's motivation to seek out the drug. The structure of the brain changes with ongoing use of drugs such that people with an addiction eventually come to regard drugs as they do food or water, as crucial to survival.

Memory and learning—Over time, substance use can alter the functioning of the brain in a way that conditions the brain to react strongly to drug cues and leads to compulsive drug use.

Inhibition—Chronic drug use can modify activity in parts of the brain that have to do with self-control, leading to decreases in one's ability to make rational and responsible decisions and increases in impulsivity and relapse.



“Stop,” Not “Go”

The altered functioning of the brain caused by substance use plays a major role in the way a person reacts to certain cues. Since the “stop” function in the brain of a substance abuser has been weakened, the rush of dopamine from cues makes cravings much stronger. In order to manage these cravings, it is important to be able to recognize cues and develop strategies to strengthen your “stop” abilities.

Below are some examples of responses that may or may not fit for you but have worked for other clients:

What triggers my strongest cravings to use?

Friends who use drugs

Bars

My old hangouts

Stressful situations

What triggers might I have that are very subtle?

Certain music or songs

Liquor advertisements

Particular scents

What can I tell myself about craving in a matter-of-fact way?

This does not mean that I'm doomed to relapse or that I'm not motivated.

If I make a healthy choice right now, I'll get through this episode. It will get easier in the future.

What are some times when I was or am able to resist cravings? How was I able to do that?

When I came home from work and was stressed, I went out for a run instead of having a beer.

What might be some additional behavioral strategies that I can use when I have an episode of craving?

Make a 5-minute contract with myself to not give in to the urge, but to do something that distracts me instead.

(continued)

HANDOUT P/C/P-5.2. **“Stop,” Not “Go”** (page 2 of 2)

Instructions:

As you fill out the worksheet, consider your craving triggers and how you might use some strategies to deal with them based on your ideas and past successes.

What triggers my strongest cravings to use?

What triggers might I have that are very subtle?

What can I tell myself about craving in a matter-of-fact way?

What are some times when I was or am able to resist cravings? How was I able to do that?

What might be some additional behavioral strategies that I can use when I have an episode of craving?

My Expectations about Substance Use

Instructions:

Circle "T" for true or "F" for false for the following statements:

Using alcohol or other drugs makes me feel less shy. T F

I'm more likely to do stupid things when drinking or using drugs. T F

I'm more romantic when I use alcohol or other drugs. T F

Alcohol or other drugs make the future seem brighter to me. T F

When I use alcohol or other drugs it is easier to tell someone off. T F

Using alcohol or other drugs makes me feel good. T F

I'm more likely to say embarrassing things after drinking or using other drugs. T F

Alcohol or other drugs help me sleep better. T F

My Values

Instructions:

Put a check mark by the values that are most important to you. Feel free to add any other values that are not on the list. Then circle five or six of those you checked that are really the *very* most important.

- | | | | |
|---------------------------------------|--|---|---------------|
| <input type="checkbox"/> honesty | <input type="checkbox"/> adventure | <input type="checkbox"/> security | <u>Others</u> |
| <input type="checkbox"/> faith | <input type="checkbox"/> creativity | <input type="checkbox"/> responsible | |
| <input type="checkbox"/> good parent | <input type="checkbox"/> leader | <input type="checkbox"/> conscientious | |
| <input type="checkbox"/> strong | <input type="checkbox"/> health | <input type="checkbox"/> accomplishment | |
| <input type="checkbox"/> ambition | <input type="checkbox"/> compassion | <input type="checkbox"/> helper | |
| <input type="checkbox"/> church | <input type="checkbox"/> learning | <input type="checkbox"/> independence | |
| <input type="checkbox"/> self-control | <input type="checkbox"/> risk | <input type="checkbox"/> attractiveness | |
| <input type="checkbox"/> order | <input type="checkbox"/> tradition | <input type="checkbox"/> romance | |
| <input type="checkbox"/> friendship | <input type="checkbox"/> purpose | <input type="checkbox"/> inner peace | |
| <input type="checkbox"/> change | <input type="checkbox"/> flexibility | <input type="checkbox"/> challenge | |
| <input type="checkbox"/> forgiveness | <input type="checkbox"/> safety | <input type="checkbox"/> stability | |
| <input type="checkbox"/> fame | <input type="checkbox"/> solitude | <input type="checkbox"/> family | |
| <input type="checkbox"/> money | <input type="checkbox"/> fun | <input type="checkbox"/> duty | |
| <input type="checkbox"/> contribution | <input type="checkbox"/> self-acceptance | <input type="checkbox"/> service | |
| <input type="checkbox"/> power | <input type="checkbox"/> caring | <input type="checkbox"/> commitment | |
| <input type="checkbox"/> knowledge | <input type="checkbox"/> respect | <input type="checkbox"/> proud | |
| <input type="checkbox"/> artistic | <input type="checkbox"/> success | <input type="checkbox"/> loyalty | |
| <input type="checkbox"/> wisdom | <input type="checkbox"/> athletic | <input type="checkbox"/> pleasure | |
| <input type="checkbox"/> perfection | <input type="checkbox"/> duty | <input type="checkbox"/> home | |
| <input type="checkbox"/> admiration | <input type="checkbox"/> genuineness | <input type="checkbox"/> dignity | |

Considering My Values

Instructions:

Write the five or six values that are the very most important to you below, and to the right make a note of how your substance use might have interfered with your “living” that value.

Value	Substance Use Interference
--------------	-----------------------------------

1.

2.

3.

4.

5.

6.

What changes would you like to make in your life to live more consistently with one or more of your personal values?

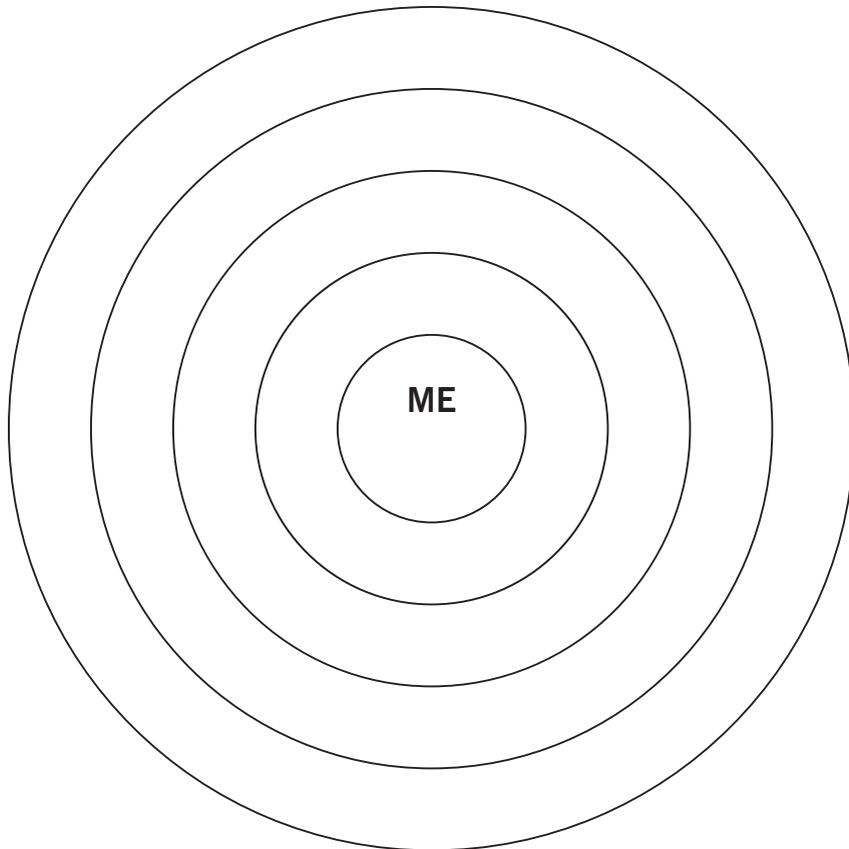
Who Is Concerned?



My Relationships

Here are the names or initials of people that I have relationships with and some that I would like to form relationships with:

How important to you are the people listed above? Write the names or initials of the people who are the most important to you in the circle marked "Me." Then write the initials or names of the people to whom you feel the next closest, and so on. (See the example in Handout P/C/P-9.2 to get an idea of what the completed form might look like.)



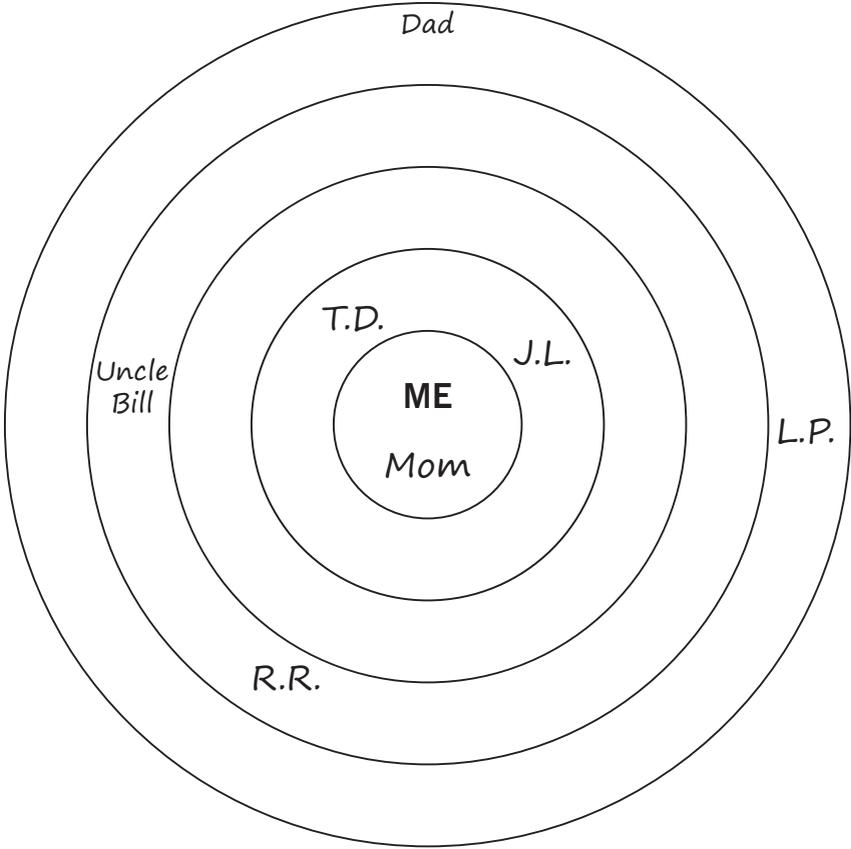
You might find it helpful to think about the following questions after you've finished completing the exercise:

- What are the really good things about this relationship?
- What, if anything, has made this relationship more difficult?
- How would things be different in this relationship if I stopped my substance use?
- When I think about where I hope to be in 5 or 10 years, are there any relationships that I would like to see move to a different location on my current set of circles?

My Relationships (Example)

Here are the names or initials of people that I have relationships with, and some that I would like to form relationships with:

- Bobby T. Mom
- Ryan R. Dad
- Lisa P. Uncle Bill
- Tyler D. Jeremy L.



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Jerry's Pros and Cons for Alcohol Use

PART I: IDENTIFYING THE PROS AND CONS

Pros for using (the good things about my drinking)	Cons for using (the not so good things about my drinking)
<i>It's a way to have fun with my friends.</i>	<i>I hate the hangover the next day!</i>
<i>It helps me not think about my problems.</i>	<i>It worries my children.</i>
<i>It helps me relax.</i>	<i>It's expensive.</i>
<i>It's like a reward for me.</i>	<i>My doctor says it isn't good for my health.</i>
Cons for Changing (the not-so-good things about changing my drinking)	Pros for Changing (the good things about changing my drinking)
<i>I will have to find new friends.</i>	<i>I would be healthier.</i>
<i>I might feel bored a lot of the time.</i>	<i>I could be a better parent and partner.</i>
<i>I won't have as much fun.</i>	<i>I would respect myself more.</i>
<i>I will need to find another way to manage my frustration.</i>	<i>I could accomplish some real goals.</i>

PART II: ASSIGNING IMPORTANCE TO JERRY'S PROS AND CONS

How important is each item to you in making a decision about your substance use? (Put a rating next to each item.)

1 = slightly important 2 = moderately important 3 = very important 4 = extremely important

Pros for Using (the good things about my drinking)	Cons for Using (the not so good things about my drinking)
<i>2 It's a way to have fun with my friends.</i>	<i>1 I hate the hangover the next day!</i>
<i>4 It helps me not think about my problems.</i>	<i>3 It worries my children.</i>
<i>2 It helps me relax.</i>	<i>4 It's expensive.</i>
<i>2 It's like a reward for me.</i>	<i>4 My doctor says it isn't good for my health.</i>
Cons for Changing (the not so good things about changing my drinking)	Pros for Changing (the good things about changing my drinking)
<i>2 I will have to find new friends.</i>	<i>4 I would be healthier.</i>
<i>1 I might feel bored a lot of the time.</i>	<i>3 I could be a better parent and partner.</i>
<i>3 I won't have as much fun.</i>	<i>4 I would respect myself more.</i>
<i>4 I will need to find a another way to manage my frustration.</i>	<i>3 I could accomplish some real goals.</i>

My Pros and Cons for Substance Use

PART I: IDENTIFYING THE PROS AND CONS

Pros for using (the good things about my drinking)	Cons for using (the not so good things about my drinking)
Cons for Changing (the not-so-good things about changing my drinking)	Pros for Changing (the good things about changing my drinking)

PART II: ASSIGNING IMPORTANCE TO JERRY'S PROS AND CONS

How important is each item to you in making a decision about your substance use? (Put a rating next to each item.)

1 = slightly important 2 = moderately important 3 = very important 4 = extremely important

PART III: MAKING SENSE OF THE "BALANCE" OF YOUR PROS AND CONS

Overall, how important are your reasons for changing and how important have you rated reasons for not changing? Does it look like you value changing more than you value staying the same? Are your reasons for change strong enough to support your decision to change, or are you still ambivalent and not ready to make a decision? If you have overcome your ambivalence, you might want to consider making or sustaining your decision to move forward toward planning and preparing for change. On the other hand, if you feel that your reasons for not changing have more value to you than your reasons for changing, you might want to explore a bit more what keeps you ambivalent and perhaps reexamine your values and goals as you think about what seems best for you to do about substance use in your life right now.

What Hats Do I Wear?



10-Item Self-Scoring Self-Control Scale

Instructions:

Read each of the following statements and check the box that best describes you. Add up the numbers in the boxes you checked to get a total, and then divide by 10 for your score. The maximum score on the scale is 5 (extremely self-controlled) and the lowest score on the scale is 1 (not at all self-controlled). Your score will give you an idea of your current tendencies to control and consciously choose your actions.

	Not at all like me	A little like me	Somewhat like me	Mostly like me	Very much like me
Others say I am very self-disciplined.	1	2	3	4	5
If I know something is not good for me, I choose not to do it.	1	2	3	4	5
I am good at resisting when I am feeling tempted.	1	2	3	4	5
I am good at staying focused on my long-term goals.	1	2	3	4	5
I do what I want even if it is bad.	5	4	3	2	1
It is difficult for me to rid myself of bad habits.	5	4	3	2	1
I wish I was better at resisting temptation.	5	4	3	2	1
I find it hard to focus on my responsibilities if I have the chance to do something fun.	5	4	3	2	1
Sometimes even when I know something is wrong, I can't resist doing it.	5	4	3	2	1
I tend to act before thinking through a decision.	5	4	3	2	1

Strengthening Your Self-Control Muscle

Identify areas where you need self-control strength to change your substance use:

Identify two things you can do this week to strengthen your self-control muscle:

- 1. _____
- 2. _____

Identify daily activities and struggles where you are using your “self-control muscle” to manage or cope:

- 1. _____
 - 2. _____
-

The Most Tempting Times for Me Are . . .

Instructions:

Write a check mark in the blanks below for the situations in which you would be most tempted to use alcohol or drugs. (Mark as many situations as you need.) Then total the checks for each column and write it on the line at the bottom.

A	B	C	D
<input type="checkbox"/> When I am feeling depressed.	<input type="checkbox"/> When I have a headache.	<input type="checkbox"/> When I am on vacation and want to relax.	<input type="checkbox"/> When I am having withdrawal symptoms.
<input type="checkbox"/> When I am very worried.	<input type="checkbox"/> When I am concerned about someone.	<input type="checkbox"/> When I am offered a drink or drug in a social situation.	<input type="checkbox"/> When I have the urge to try just one drink or drug.
<input type="checkbox"/> When I feel like blowing up because of frustration.	<input type="checkbox"/> When I dream about using alcohol or drugs.	<input type="checkbox"/> When I see others drinking or using drugs at a bar or party.	<input type="checkbox"/> When I want to test my willpower.
<input type="checkbox"/> When I feel that everything is going wrong for me.	<input type="checkbox"/> When I am physically tired.	<input type="checkbox"/> When people I used to drink or do drugs with encourage me to drink or use drugs.	<input type="checkbox"/> When I am feeling a physical need or craving.
<input type="checkbox"/> When I am feeling angry inside.	<input type="checkbox"/> When I'm experiencing some physical pain or injury.	<input type="checkbox"/> When I am excited or celebrating with others.	<input type="checkbox"/> When I have an urge or impulse to take a drug or drink that catches me unprepared.
Total: _____	Total: _____	Total: _____	Total: _____

Problem-Solving Examples

EXAMPLE #1

Jim lives with his 3-year-old daughter in a small apartment. Jim's sister lives nearby, and he has enjoyed seeing her in these last few months, especially since their relationship had been really difficult for a long time. After many years of heavy drinking, Jim has been sober for 9 months, and he is going to have his first job interview after many years of not working. In addition to being excited and also a little nervous about the interview, he is really worried about not having anybody to leave his 3-year-old daughter with. Although Jim had arranged for a babysitter to come, he just used his last few dollars the day before to buy a few groceries. What could he do?

EXAMPLE #2

Kim has just begun working part-time as a checker at a grocery store, and she has recently started going to church. She wants to start a new life by moving to a different place because her neighbors are nosy *and* noisy, and the neighborhood doesn't feel safe anymore. Kim's family lives in another city, but her younger sister will soon be moving nearby. Kim has lived in her current apartment for 9 years now, and she just doesn't know how to begin finding another place. The problem just seems overwhelming right now.

EXAMPLE #3

Carlos's life has not been easy these last few years, but he really wants to "get his life back on track." He has recently moved to a small house in his old neighborhood. His cousin, who owns the home, said Carlos could stay there while he gets back on his feet because after years of heavy drinking and using drugs, Carlos has been clean and sober for 5 months. He is proud of his accomplishment and wants to move forward with his life. While Carlos is really glad to be back in familiar circumstances, he is also beginning to feel worried about hanging out with his old buddies, many of whom still drink a lot and often use drugs. He doesn't like to feel bored, so he is wondering what he could do to fill his spare time now.

Problem-Solving Steps

1. The problem/decision is:

2. Possible solutions (brainstorm creatively, don't stop too soon):

a.

b.

c.

d.

3. Take each solution above and consider its pros and cons.

Solution

Pros

Cons

a.

b.

c.

d.

4. Select one solution to try:

Goal Setting and Change Plan (Example)

My problem substances are:

This includes a list of the substances that cause you problems.

My goal for changing my substance use is:

This includes the exact changes you plan to make. For example, if abstinence is not your immediate goal, by how much will you reduce your use? Be specific about amounts and plans. Here are two examples from other clients:

"My problem substances are alcohol and cocaine. I plan to quit using both of these substances and to remain abstinent."

"My problem substances are alcohol and marijuana. I plan to reduce my alcohol use so that I drink only three drinks a day on the weekend and do not drink during the week. I do not plan to change my marijuana use."

What steps I plan to take:

Be as specific as possible about the actions you will take to reach your goal. For example:

"I will stay away from my friends who use and I will avoid bars."

"I will plan healthy activities, such as exercising, to combat boredom and help me cope with urges to use."

What can get in the way:

Think about any barriers you might encounter as you work toward your goal. For example:

"I might get lonely or bored and want to spend time with old friends."

"My cousin might try to talk me into using because he thinks that's how we can have a good time."

People who can help me:

List people (or groups of people) who can help you as you work toward your goal. For example:

Other group members

AA friends

Larry and Sue

My Goal Setting and Change Plan

My problem substances are:

My goal for changing my substance use is:

What steps I plan to take:

What can get in the way:

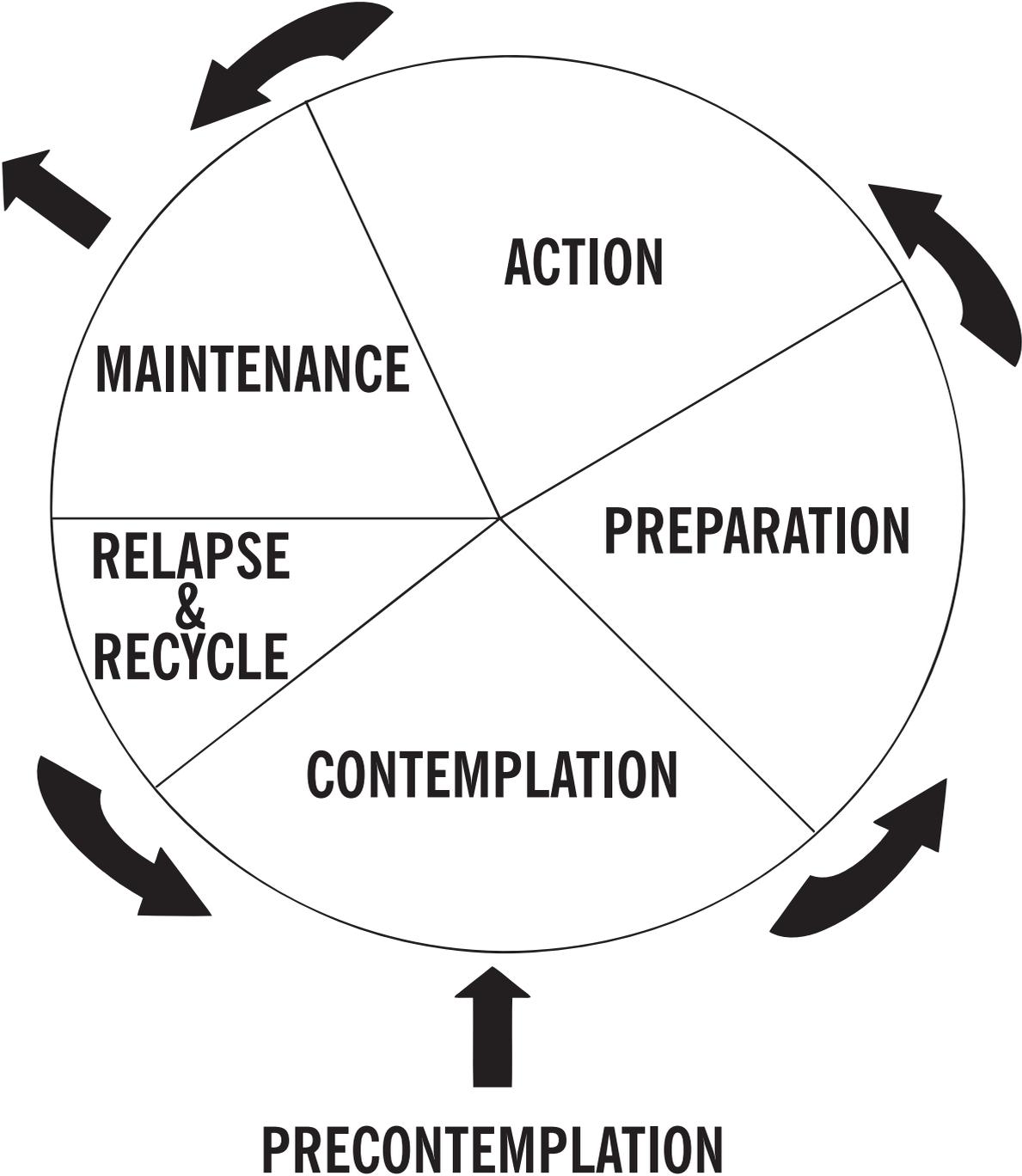
People who can help me:

Review

Listed below are the topics we have covered along the course of this group. Each topic has one or two questions to help you remember specific information and to see if your answers are different now from when the group began.

- **The Stages of Change**—What are the five stages? In what stage (stages) are you for your substance use?
- **Myths and Misconceptions**—What are some of the myths about addiction? How do these myths affect your thoughts about treatment?
- **Effects of Alcohol and Drugs on the Body**—How can alcohol and other drugs affect your body?
- **The Brain and Substance Use**—How are your normal brain functions impacted by substance use? What can you do to prepare for and manage cravings?
- **Expectations**—What do you expect with regard to drinking alcohol or using drugs? Are these expectations realistic?
- **Personal Values**—In what ways is your substance use discrepant with some of your values?
- **Expressions of Concern**—What concerns have others had about your substance use? In what ways might we turn those expressions of concern into ways to help you change your use?
- **Tipping the Balance of Change**—If your balance of change has tipped in favor of changing your substance use, what are some examples of how you might do some things differently?
- **Relationships**—How has your substance use affected your relationships with others? In what ways can you begin to repair any relationships you desire to change?
- **Gratitude**—What does gratitude mean to you? Who has had a positive influence on your life? In what ways?
- **Roles**—How has your substance use affected the roles that you play in life? How might you envision things will be different in the future?
- **Self-Control**—How does self-control impact your alcohol or drug use in particular situations? How strong is your self-control muscle, and what can you do to strengthen it?
- **Temptation and Confidence**—In what situations are you most tempted to use substances, and how can you increase your confidence that you will not use in those situations?
- **Problem Solving**—What are the steps to problem solving?
- **Preparing for Change**—What are your goals with respect to changing your substance use? What are the barriers to these goals, if any?

Stages of Change



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Where Am I?

PRECONTEMPLATION



- Not thinking of quitting
- Feel that things are fine
- Do not see a problem

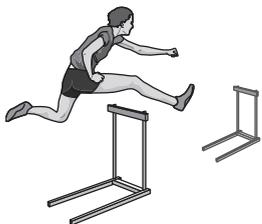


CONTEMPLATION

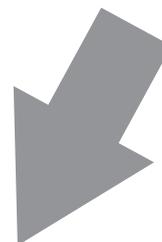


- Thinking of quitting
- Wondering how I affect others
- Maybe trying small changes

MAINTENANCE



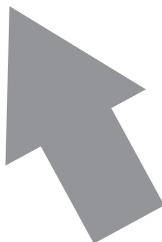
- No use in long time
- Accepting myself
- Helping others who are still using



PREPARATION



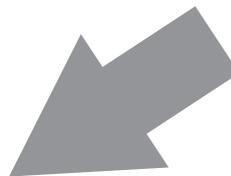
- Have a plan to quit
- May have “cut down”
- Can see benefits of quitting



ACTION



- Have quit using
- Am avoiding triggers
- Asking others for support



When Am I the Most Tempted to Use?

It can be helpful to identify the times when you are really tempted to use alcohol or other drugs. By recognizing these “trigger” situations ahead of time, you have more of a chance to avoid or alter them when they occur. Circle the name of the category that best completes this sentence:

I am the most tempted to use when I am experiencing _____:

Negative Emotions:

Some ways to alter or avoid this

How confident are you that
you can do this? (rate 0–5)

Examples include:

- Anger
- Depression

Physical Pain:

Some ways to alter or avoid this

How confident are you that
you can do this? (rate 0–5)

Examples include:

- Pain
- Tiredness

Social or Positive Events:

Some ways to alter or avoid this

How confident are you that
you can do this? (rate 0–5)

Examples include:

- Parties
- When happy or excited

Withdrawal:

Some ways to alter or avoid this

How confident are you that
you can do this? (rate 0–5)

Examples include:

- Cravings or urges
- Physical withdrawal

Body Scan

GETTING READY

The Body Scan is a mindfulness practice that can help us begin to develop more awareness of the physical sensations within the various parts of the body. As your awareness turns to these different parts of your body, allow yourself to experience the sensations. You don't have to label any of the sensations, just allow yourself to fully feel the sensations and accept them as they are—without labeling them as bad or good, sore or uncomfortable. Just stay with the sensations.

This practice should be done in a quiet space. Group members can sit on the floor or in a chair. It can even be done lying on your back on the floor with arms by your side. If you are lying down and find yourself drifting off, you can open your eyes or even move into a chair. Make sure that you are warm enough.

WHAT TO DO

- Close your eyes and turn your attention to your breathing. Breathe in and out quietly through your nose. Notice your abdomen rising and falling as you inhale and exhale.
- Sitting or lying quietly, notice where your body is touching the chair or the floor. Notice the sensation in each part of the body that is in contact with them.
- Notice the sensation of your clothes against your skin as you move up the body, starting with your toes—all the way up to the top of your head. If you have glasses on, note the sensation of the glasses on your face, nose, and the top of your ears.
- Notice the sensation of any jewelry you might have on.
- Now as we turn our attention to the various parts of the body, just notice the sensations you feel within each part. Try not to “visualize” or move the body part. As you focus on the various parts of the body, feel free to “breathe into” a certain part or consciously allow it to relax a little more—as you see fit.
- Begin with your left big toe. Is it cold or hot? Is it relaxed or somewhat tense? Does it tingle? Just notice that. Then move your attention to each of the remaining toes, one by one. Let go of your awareness being on your toes and move your attention to the sole of your left foot and then into your left heel.
- Continue moving up to your ankle, calf, knee, and then your thigh. Then, moving to the right foot, begin again with your right big toe and up through your right thigh.
- Let your awareness move next into your hips, feeling the sensation first in your right buttock and then the left one. Notice the sensation in your genitals also.
- Focusing on the back side of your body, experience the sensations in your lower back and then move slowly up to the upper back and shoulder blades. Notice the feeling of the sensations. Then move around each side of your torso, first to the abdomen and then up into the chest.
- Investigate sensations within your right shoulder and move down into the forearm, wrist, hands, and the fingers—taking time to experience the different sensations in each part. Then move your awareness over to the left arm and repeat.

(continued)

HANDOUT A/M-3.1. **Body Scan** (page 2 of 2)

- Allow your awareness to turn to the back of the neck and next to the front of the neck. Become aware of the sensations within the back of your head, then the crown, and finally down onto your face. Explore the various areas of your face, beginning with your chin, lips, upper lip, cheeks, nose, eyes, and forehead.
- Feel the entire body, experiencing how the individual parts connect and form your whole body. Become aware of the various sensations in your body as a whole. Breathe in more deeply and fully—in and out of your body.
- When you are ready, slowly open your eyes. If you have been lying down, turn over onto your right side. Slowly sit up and open your eyes.

HOME PRACTICE

You can find recordings of the guided Body Scan meditation on the Internet. Or you can make your own recording using your cell phone or a small recorder. You can also use this handout and keep it nearby during your home practice sessions. Allow 10–30 minutes for this practice.

We suggest practicing the Body Scan at home for 2 weeks so that you can increase your awareness of bodily sensations—not just while doing this meditation, but also in your day-to-day life.

Mindfulness of Breathing

GETTING READY

The first step in mindfulness practice is to assume a posture that is upright and stable. It may seem a little unusual to focus on posture, but with the mindfulness meditations, you are training not only our mind, but your body, too. You can sit either on the floor using a cushion or in a chair with your feet touching the floor. You should not lean against the wall or against the back of the chair. Following these guidelines will allow your breath to flow more easily and deeply:

- Your back should be straight with shoulders and hips level.
- Shoulders are relaxed.
- Head is upright with your neck straight.
- Chin tilted slightly down with eyes gazing at the floor at about a 45-degree angle.
- Eyes are only partially closed and the gaze is softened.
- Hands are resting lightly on the thighs with palms face down.

Try to sit as still as possible during the mindfulness of breathing meditation. You can make small adjustments to your posture if you find that you've begun to slump or that your body has begun to lean a little. However, if you find yourself squirming and moving around a lot, it will be more difficult for the body and mind to settle down.

WHAT TO DO

- Begin by breathing deeply into your abdomen several times. Breathe quietly through your nose with your mouth closed . . .
- Sit quietly, paying attention to your breathing (in . . . out . . . in . . . out). Your awareness is staying with the breath . . . moment after moment . . . as you inhale and then as you exhale.
- Your breath might be long or short . . . fast or slow . . . deep or shallow Regardless of what the breath is like, just notice it. Don't try to control it or change it.
- Sometimes your awareness may be on the rising and falling of your abdomen Other times it might be on the tip of your nose as the breath flows in and out through the nostrils At other times it might be more of a whole-body awareness of breathing in, and breathing out Just noticing and maintaining awareness for the entire length of the breath—breathing in, breathing out.
- When you notice that your attention is on a thought that has arisen, gently let it go . . . and then allow your awareness to turn back to your breath.
- Do not become frustrated with yourself when thoughts arise. Thoughts are a natural activity of the mind. But do not allow yourself to get caught up in the thoughts—let them come and let them go.
- Then allow your awareness to rest again on your breath. (Pause for several minutes before beginning the next paragraph.)
- At times when you are sitting, some aches, pains, or discomfort will arise. There are several ways to practice with these physical sensations.

(continued)

HANDOUT A/M-3.2. **Mindfulness of Breathing** (page 2 of 2)

- First, turn your attention to that part of your body and allow yourself to experience the physical sensation. What does it feel like? Is it warm or hot? Is there tingling? Or does it feel tight? Try to just notice and feel the sensation without allowing it to morph into thoughts or emotions Then allow your awareness to turn back to your breathing again.
- A second way of practicing is to again observe the physical sensation and intentionally relax that part of your body
- A third way of working with this is to try breathing into that part of the body Often these sensations will completely disappear or come and go periodically throughout the meditation.
- Sometimes the discomfort may seem too much to manage and you find that your mind has become agitated and is no longer able to focus on the meditation. At these times it's OK to slowly shift to a more comfortable position and then let your awareness rest calmly again on your breath.

HOME PRACTICE

You can find recordings of Mindfulness of Breathing instructions on a number of websites on the Internet. Feel free to use one for the first couple of times you meditate on your own, if you like.

In general, begin by meditating 20 minutes at a time. You can begin by doing this once a day, twice a day if possible. It usually takes 15–20 minutes for the mind and body to settle down, so the optimal session lasts between 20 and 40 minutes. You may want to begin with the shorter time period and work your way up to 30 or 40 minutes. Setting a timer can be helpful so that you don't have to check the clock. Try to choose times of the day for mindfulness practice when you are not particularly tired.

Some people find that it is easier to establish a mindfulness practice if they practice sitting meditation with others. You can locate these groups and practice centers in your own city through an Internet search using the words “mindfulness” or “meditation.”

Daily Routines

When we perform habits, it is as if we are operating on “autopilot”: the behavior has been performed so many times that we skip intentional, decision-making processes that we normally employ in the execution of other behaviors. Take a moment to recall the usual routines associated with your drinking or using and write down the habits surrounding that use.

1. **Habit:**

2. **Habit:**

3. **Habit:**

We can inhibit habits by introducing small disruptions in these routines. When you introduce variations in your routine, it allows for a moment of pause and thought, which gives you more control over the situation and your actions. Think about the habits you jotted down in the previous section. Now think about ways you can introduce small disruptions into those habits and record them here.

1. **Small disruption for first habit**

2. **Small disruption for second habit**

3. **Small disruption for third habit**

Stopping Habits Monitoring

We discussed how important it is to be vigilant in monitoring yourself throughout the day so that you are aware of when you are about to step into some habit. Research continues to show—time and time again—that for a wide range of behaviors, monitoring on paper or electronically helps people be more successful in making changes.

Learning doesn't just happen in group. It requires applying these fledgling skills in real situations that occur in your day-to-day life. Spending a few moments reflecting on what worked, what didn't, why not, and what you might do differently next time will help cement your learning so that you can build on it next time. Below are examples of what your monitoring might look like.

Brief description of behavior you tried to stop and the situation	Strategy used: <ul style="list-style-type: none"> • Thinking “stop” or “no way” or another phrase • Being watchful for any missteps • Monitoring what I’m doing • Distracting myself • Leaving the situation • Replacing a habit cue • Other strategies • Did not try anything 	How successful were you? (using a scale of 1–5, where 1 is not at all successful and 5 is successful)
<i>Example: Usually I go to the bar after work on Friday with guys from work. Today I said no to the guys and that I was going to work out instead.</i>	<i>Didn't put myself in the situation</i>	<i>4. I was successful, but it was hard to say no to them.</i>
<i>Example: Opened the cabinet and saw the wineglasses and thought, “Why not? I’ve been doing really well lately. One won’t hurt.”</i>	<i>Thought “I’m not doing that. No way. Just turn and walk away. That kind of stupid thinking got me into this mess.”</i>	<i>5. It seemed pretty easy; I was surprised.</i>

(continued)

HANDOUT A/M-4.2. Stopping Habits Monitoring (page 2 of 2)

Instructions: Make entries on this worksheet every time you notice the urge to drink or use. Were you able to tell yourself to stop? What other strategies did you utilize? Try to make these entries within 15 minutes of the situation occurring.

At the end of the week, look back over all of your worksheets. You may begin to observe that in different situations, certain strategies worked better than others.

DAY # _____

DATE _____

Brief description of behavior you tried to stop and the situation	Strategy used: <ul style="list-style-type: none">• Thinking “stop” or “no way” or another phrase• Being watchful for any missteps• Monitoring what I’m doing• Distracting myself• Leaving the situation• Replacing a habit cue• Other strategies• Did not try anything	How successful were you? (using a scale of 1–5, where 1 is not at all successful and 5 is successful)

Acceptance

There are two parts to this meditation. We begin with mindfulness of breathing, practicing this for about 5 minutes in order for mind and body to settle a little. Then, when the mind and body are calm and quiet, use the acceptance instructions to help you work with any unpleasant bodily sensations that come up during the meditation.

MINDFULNESS OF BREATHING

Sit upright in your chair. Try not to lean against the back of the chair. Following these guidelines will allow your breath to flow more easily and deeply:

- Your back should be straight with shoulders and hips level.
- Shoulders are relaxed.
- Head is upright with your neck straight.
- Chin is tilted slightly down with eyes gazing at the floor at about a 45-degree angle.
- Eyes are only partially closed and the gaze is softened.
- Hands are resting lightly on the thighs with palms face down.

Try to sit as still as possible during the mindfulness of breathing meditation. You can make small adjustments to your posture if you find that you've begun to slump or that your body has begun to lean a little. However, if you find yourself squirming and moving around a lot, it will be more difficult for the body and mind to settle down.

ACCEPTANCE INSTRUCTIONS

After sitting still for a little while, you may notice the urge to move in response to some physical discomfort. This might be an itch, an unpleasant sensation in your back, tension, or restlessness. Normally you would scratch the itch or move around to feel more comfortable. For this exercise, however, resist the urge to do so. Remain sitting and not moving except for breathing in and out. (Pause)

Now turn your attention away from your breathing and to the part of the body experiencing discomfort. Maintaining your awareness, notice:

- Shape . . . color (if any) . . . quality . . . and/or intensity of the sensation.
- As you continue to breathe in and out, how do the sensations stay the same . . . or change, moment after moment?
- Make an effort to relax and remain open to these various sensations.
- Allow yourself to explore the feeling of the sensations . . . having some curiosity about them.

Thoughts and emotions will arise during the meditation. They may even be a little charged, such as "Oh, I am in such pain" or "I have to scratch, or I'm going to go crazy." Don't get hooked by these thoughts or get upset or anxious. Often thoughts or emotions stoke the fires and can actually make the experience of

(continued)

HANDOUT A/M-6.1. **Acceptance** *(page 2 of 2)*

the sensations seem worse than it is. Gently let go of the thoughts or emotions and bring your attention back to the physical sensations and the breath. (Pause)

Other thoughts too may arise that have nothing to do with the discomfort. They might be about things you need to do tomorrow, money issues, family commitments, and so on. Regardless of the content, let these thoughts or emotions go also, and gently allow your awareness to return to the breath and bodily sensations. (Pause)

Accept the sensation that your body is experiencing in this moment as just a sensation. Nothing more, nothing less. Pleasant or unpleasant. Whatever your experience is in this moment—acknowledge and openly accept the physical fact of it in this fleeting moment. (Pause)

HOME PRACTICE

As a reminder, daily meditation can range from 10 to 40 minutes. Typically it can take about 20 minutes to “settle down.” However, even brief periods of meditation are better than none. In your daily meditation practice, make an effort to use acceptance when any physical discomfort arises so that you develop skill in being present and nonreactive to it. Then when cravings and urges arise in your daily life, it is more likely that you can respond with acceptance and calm to those sensations instead of by drinking or using.

To Manage Cravings and Urges I Can . . .

ACKNOWLEDGE THE CRAVING OR URGE

State out loud that I am having a craving or urge to use alcohol or drugs.

DELAY

If you were to take a “time-out” for 10 minutes until the cravings or urges subsided, what are some other things you might do instead during this period?

CHALLENGE YOUR MALADAPTIVE THOUGHTS

1. Ask myself questions such as:
 - “What thoughts am I having?”
 - “Could these thoughts tempt me to use?”
 - “What expectations do I have about the alcohol or drug use?”
 - “Are these realistic expectations?”
 - “What are the possible consequences of this action?”
 - “If I were in a different mood, place, or time, would I be making the same decision?”
2. Remember the “pros” of abstinence and the “cons” of drinking or drug use.
3. Encourage myself.
 - Remember all the successes I have had.
 - Remember how hard I have tried, and how far I have come.
 - Some of my successes are:

DISTRACT YOURSELF

Think of something else. Things I can think of are:

(continued)

SUBSTITUTION

Things that I can substitute for a drink, a drug, or a joint are:

DISTRACT YOURSELF

Physically do something else. Things I can do are:

TALK TO SOMEONE

- I can ask someone else for some support and help.
- The people I can talk to are:

AVOID OR LEAVE THE SITUATION

- I can use these reasons to avoid situations or leave early:

- Places I can go are:

HANDOUT A/M-7.1

Rewarding My Successes

Things I can do to reward myself when I succeed in avoiding alcohol or other drug use:

Tips for Talking Assertively

Below are some tips for utilizing the assertive style of communication as well as some steps for talking to someone about a difficult issue. Do any of the tips sound familiar? Think about which ones you may want to try.

TIPS

Before you answer hastily, slow down and think about your response . . .

Use “I” statements when possible. Focus on your perspective, understanding, and needs, but acknowledge the other person’s viewpoint as well. Example: “I know you need some help, but I have to leave now in order to get to work on time.”

Avoid “absolutes” like “you *always* need something . . . you *never* listen . . .” because they are rarely true, and they are likely to make the other person defensive or angry.

Look at the other person while you are listening and speaking to him or her. Watch your body language: avoiding eye contact, slumping, or shifting from foot to foot can signal that you are unsure of yourself and of what you want or need.

Label your feelings in a calm way. Do not exaggerate or dramatize them.

Say what you want or need in a brief, clear statement. Avoid excuses or vague answers.

Generally, it is best to focus on one current issue, instead of going over old resentments or trying to tackle several issues at once.

Make a statement that indicates you **understand the other person’s perspective** (which does not mean you think the perspective is right—just that you are listening and get what they are feeling or saying).

At times, **suggest a compromise or a different solution** such as “I can’t loan you my car today, but I could give you a ride.”

When appropriate, **take responsibility for your part** in the problem.

Congratulate yourself (silently!) afterward for being clear, consistent, and true to yourself.

STEPS

Here are three steps to try out when you want to talk to someone about a difficult issue.

1. Describe the behavior (of the other person) in simple, direct words.
2. Describe your feelings or thoughts about the behavior.
3. Describe what you want to happen.

Using these steps and some of the tips above, write down what you would say the next day to Jack after reading the passage below.

Phil came home late one night to find that his roommate, Jack, had left their apartment in a mess again. The sink was full of dirty dishes, ashtrays were overflowing, clothes were scattered all around the living room, and papers and trash were heaped on the table and chairs. Phil was furious, but because Jack had left for the night he could not immediately set him straight.

Practicing Refusals

This exercise is designed to help you improve your ability to refuse offers to drink or use drugs.

For the **person making the offer**: Your job is to try for a full 3 minutes to persuade the other person to take a drink. Short of physical force, you are to entice, cajole, beg, plead, implore, manipulate, and/or guilt-trip the other person. You are to say whatever you need to in order to be successful. Don't take "no" for an answer! Don't give up.

During the exercise, notice the following. These will be **your questions for the discussion**:

- What was your partner's body language telling you?
- Did it seem that your partner really meant "no"?

For the **person refusing the drink or drug**: The **only** thing you may say during this entire 3-minute period is "No" or "No thanks." Do not provide reasons, excuses, explanations—**nothing** that will give the other person an opportunity to counter with stronger arguments. "No" really is enough of a reason. You can say "no" or "no thanks" and not necessarily sound rude or impolite. Use your body language and the tone of your voice to help you say "no."

During the exercise, notice the following. These will be **your questions for discussion**:

- How did it feel to say "no"?
- How confident were you in your ability to keep saying "no"?
- What sensations did you notice in your body?
- What emotions did you experience?
- What were your thoughts as you were trying to refuse?

Managing Constructive Feedback and Harsh Criticism

PART I: RECEIVING FEEDBACK

The strategies listed below can help you appropriately handle the situation when someone offers feedback, regardless of whether it is *constructive* or *destructive*.

- **Keep cool: Avoid escalation.** Different emotions are experienced differently in your body—maybe your face starts to feel warm when you're embarrassed or your chest feels tight when you get angry. These sensations are your own early warning system letting you know that, unless interrupted, you may be flooded with strong negative emotions and thoughts. When receiving feedback and criticism, your number 1 job is to stay cool by keeping your own emotions and thoughts in check: turn your attention to your breath, relax, and breathe more deeply and slowly. You may also explain to the other person that you would like to discuss the issue after you have both calmed down and you can think more clearly. Sometimes it even helps to develop your own one- or two-sentence script to help interrupt or deescalate the exchange.
- **Listen: Show that you want to understand.** Be respectful and don't interrupt the other person—just hear them out. To help clarify the issue and show that you are trying to listen, try summarizing what they said: "I thought I heard you say _____. Is that right?"
- **Apologize: Correct misunderstandings.** If you have misunderstood the issue, apologize and, if appropriate, discuss what steps you can take to "put things right."

PART II: GIVING FEEDBACK

The strategies below can help you effectively give feedback to someone else.

- **Stay calm and choose the right time.** Timing is everything! It's better not to confront anyone when you are angry. To be effective, you need to be in control so you can choose your words carefully; otherwise, you may say things that you will regret.
- **Choose the place.** Many times it is not appropriate to confront someone when others are around; this can be embarrassing for everyone. Instead, choose a private setting.
- **Check out misunderstandings.** Before giving feedback, you may want to check that there has been no misunderstanding so that you can back down gracefully if the mistake is yours or the other person can apologize if the mistake is theirs.
- **Don't blame.** Don't use "blaming" language, but instead help the other person see your point of view by providing feedback about the behavior of concern rather than about the person's character or personality.
- **Use "I" language.** Use "I" messages that focus on *your* responsibilities and needs, and the issues that concern you about the other person's behavior.

Examples of Maladaptive Thoughts

Below are some examples of maladaptive thoughts. Think about which maladaptive thoughts you may have noticed in yourself or others.

Expecting the worst: *"I know I'll make a mess of this job interview."*

Feeling that you (or other people) should do everything perfectly: *"I have to cook a perfect dinner this time—I can't make a mistake like I did before or I'll feel like a fool."*

Thinking that it is a catastrophe when things do not work out the way you want them to: *"It's horrible that I didn't find a job today."*

Putting yourself down: *"I'm such a loser . . ."*

Thinking that your past will determine your future: *"I messed up so many times before, the future is hopeless."*

Things must go the way you want them to: *"They have to do it my way."*

Overgeneralizing: *"She never listens to me!"*

Personalizing, thinking everything is all about you: *"That guy was grinning because he thinks I'm stupid."*

STRATEGIES FOR MANAGING MALADAPTIVE THOUGHTS

There are several ways we can handle negative thinking, but the first step is to *notice* our maladaptive thoughts! If you have other ideas about how to stop negative thoughts, add them to the list.

Notice it. Name the kind of thought, such as irritable, critical, resigned, or angry.

Speak out loud. Say the thought out loud.

Wait. Decide to wait 30 minutes before taking action on the thought.

Distract yourself. Get busy doing something different.

Consider the consequences. Remind yourself that the thought will not be in your best interest.

Challenge the reality of the thought (is it really always true?). Talk yourself out of it.

Change or substitute a more realistic or more positive thought.

Other ideas . . .

Challenging and Changing Maladaptive Thoughts

Below are some examples of dealing with maladaptive thoughts by reframing them. These can be helpful when attempting to counter maladaptive thoughts.

Expecting the worst: *"I know I'll make a mess of this job interview."*

Challenging/changing it: *"I worked hard to prepare for the interview. Regardless of how it turns out, it will be good practice."*

Feeling that you (or other people) should do everything perfectly: *"I have to cook a perfect dinner this time—I can't make a mistake like I did before or I'll feel like a fool."*

Challenging/changing it: *"Nobody is perfect; everyone makes mistakes—that's how we learn."*

Thinking that it is a catastrophe when things don't work out the way you want them to: *"It's horrible that I didn't find a job today!"*

Challenging/changing it: *"I'm disappointed that I didn't get the job, but I'm not going to let that stop me. I'll try again tomorrow."*

Putting yourself down: *"I'm such a loser . . ."*

Challenging/changing it: *"I work hard . . . Just because this didn't turn out well, that doesn't mean I haven't succeeded before."*

Thinking that your past will determine your future: *"I messed up so many times before, the future is hopeless."*

Challenging/changing it: *"Nobody's perfect . . . I've learned some new ideas about making my own choices."*

Things must go the way you want them to: *"They have to do it my way."*

Challenging/changing it: *"I'd like for them to do it this way, but if not, I'll see what the next steps are."*

Overgeneralizing: *"She never listens to me!"*

Challenging/changing it: *"She didn't listen this time."*

Personalizing, thinking everything is all about you: *"That guy was grinning because he thinks I'm stupid."*

Challenging/changing it: *"That guy seems to be enjoying his own joke."*

Tools for Managing My Thoughts

What are some examples of your thoughts that could lead to substance use and can get you into trouble?

What are some ways you can stop, change, or redirect those kinds of unhealthy thoughts?

Practice Managing Maladaptive Thoughts

As Ben was walking home from work, he kept thinking about the bad mood his boss was in. He thought that his boss had no right to act that way, and the more he thought about it, the more frustrated and resentful he felt. How could Ben manage his thoughts so that they would not manage him?

1. Catch the thought—become aware of it, even say it out loud. *“I am feeling really frustrated because my boss was in a terrible mood.”*
2. Distract himself by humming a song, calling a friend on his cell phone to see how he’s doing, trying to remember how many presidents of the United States he could name, etc.
3. Consider the consequences by telling himself that being frustrated might lead to actions he would later regret—which would not help anybody. *“If I keep thinking about my boss, it may get me off track and make me want to drink—that would only hurt me.”*
4. Challenge and change the thought:
“He’s probably got a lot on his mind.”
“Even though he was in an awful mood, I got my part of the job done.”
“I’m not going to let his bad mood push me into a bad mood, too.”
“His bad mood is a reminder for me about how my mood can affect others around me.”
“I was able to put up with him all day. I didn’t let his mood interfere with what I needed to do. I’m pretty proud of myself.”
“I’m in charge of my actions—I won’t let his grumblings rule me!”

Anxiety Scale

Please circle one answer for each question.

Over the last 2 weeks, how often have you been bothered by the following problems?

- | | | | | |
|--|------------|--------------|--------------------|------------------|
| 1. Feeling nervous, anxious, or on edge | Not at all | Several days | Over half the days | Nearly every day |
| 2. Not being able to stop or control worrying | Not at all | Several days | Over half the days | Nearly every day |
| 3. Worrying too much about different things | Not at all | Several days | Over half the days | Nearly every day |
| 4. Trouble relaxing | Not at all | Several days | Over half the days | Nearly every day |
| 5. Being so restless that it's hard to sit still | Not at all | Several days | Over half the days | Nearly every day |
| 6. Becoming easily annoyed or irritable | Not at all | Several days | Over half the days | Nearly every day |
| 7. Feeling afraid as if something awful might happen | Not at all | Several days | Over half the days | Nearly every day |

If you circled something other than “Not at all” for any problems, how difficult, overall, have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
----------------------	--------------------	----------------	---------------------

Scoring the Anxiety Scale

For each answer that you circled, write the corresponding number on the line to the right of the question. Then add those numbers to get a total at the bottom of the page.

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Feeling nervous, anxious, or on edge

Not at all	Several days	Over half the days	Nearly every day	
0	1	2	3	_____

2. Not being able to stop or control worrying

Not at all	Several days	Over half the days	Nearly every day	
0	1	2	3	_____

3. Worrying too much about different things

Not at all	Several days	Over half the days	Nearly every day	
0	1	2	3	_____

4. Trouble relaxing

Not at all	Several days	Over half the days	Nearly every day	
0	1	2	3	_____

5. Being so restless that it's hard to sit still

Not at all	Several days	Over half the days	Nearly every day	
0	1	2	3	_____

6. Becoming easily annoyed or irritable

Not at all	Several days	Over half the days	Nearly every day	
0	1	2	3	_____

7. Feeling afraid as if something awful might happen

Not at all	Several days	Over half the days	Nearly every day	
0	1	2	3	_____

TOTAL: _____

Anxiety and Reframing: Managing Anxiety-Provoking Thoughts

When we have anxiety, we often worry or wonder about specific situations we may encounter in our daily lives. Typically, we think of these situations in the negative: “What if something terrible happens?” “What if it all goes wrong?” When we think about situations in this way, we only focus on the negatives or worst that can happen and fail to see the positive outcomes that could occur. In completing this worksheet, think of your “negative worries” as the anxieties that plague your mind when you fret about the future. Then reframe the scenario by thinking of the hopeful anticipations you might have if you were to look forward to the possibility of something going well.

Below are some examples:

Anxiety	Reframe
<p>Example 1: <i>What if I go to Tom’s party and feel out of place?</i></p>	<p><i>What if I have a nice time?</i> <i>What if I have a good discussion with another guest?</i> <i>What if I meet a new friend?</i></p>
<p>Example 2: <i>What if I mess up during my important work presentation?</i></p>	<p><i>What if my presentation goes well?</i> <i>What if my supervisor really likes my work?</i> <i>What if my coworkers compliment me on my presentation?</i></p>
<p>Example 3: <i>What if I wreck my car?</i></p>	<p><i>What if I don’t?</i> <i>What if I’m a careful driver?</i> <i>What if I get there safely like just about every other time?</i></p>

(continued)

HANDOUT A/M-12.3. **Anxiety and Reframing** (page 2 of 2)

Instructions: Identify three anxiety-provoking thoughts you have experienced in the past week. For each of these worries, formulate three positive reframes that you could use to replace the anxieties.

Anxiety	Reframe

Ways to Improve Wellness

Think about what a healthy diet and exercise routine might look like for you. In the boxes below, write down what realistic steps you could take to improve your diet and exercise routine, potential obstacles to completing these steps, and ways you can overcome these obstacles.

HEALTHY EATING

Small steps	Barriers to small steps	Ways to overcome barriers

EXERCISE

Small steps	Barriers to small steps	Ways to overcome barriers

Strategies for Moving Forward

PART I: IN OUR GROUP SESSIONS WE LEARNED ABOUT . . .

Identifying triggers and planning to avoid or alter trigger situations

- When struggling with withdrawal
- When having physical pain
- When having negative feelings
- When in social/positive situations

Mindfulness

- Increase awareness of bodily sensations associated with cravings.
- Think of your body as an early warning system.
- Don't react—instead relax and practice letting go of thoughts and sensations.

Disrupting habits

- Notice behaviors that have become habits.
- Introduce small disruptions into these routines.
- Monitor and track strong habits.
- Implement strategies learned in Session 4.

Altering responses to triggers by managing maladaptive thoughts

- Pay attention to maladaptive thoughts (say them out loud).
- Stop before acting on a thought.
- Think about consequences.
- Do something else.
- Challenge or change the thought.

Managing cravings and urges

- Address maladaptive thoughts.
- Delay and take a “time-out.”
- Remember successes.
- Distract yourself by thinking of or doing something else.
- Substitute something else for a drink or the drug.
- Avoid or leave the situation.
- Call someone for support.

Acceptance

- Become aware of unpleasant physical sensations.
- Turn attention toward them.
- Practice mindfulness of breathing.
- Relax and remain open to experiencing sensations.

(continued)

HANDOUT A/M-14.1. **Strategies for Moving Forward** (page 2 of 3)

Rewarding successes

- Acknowledge accomplishments.
- Reward steps toward maintaining change.

Assertiveness

- Describe the problem behavior.
- Using “I” statements, describe your feelings or reactions.
- Ask specifically for what you want to see happen.

Effective refusals

- Pay attention to your own body language.
- Do not engage in reasons, discussion, or argument.
- “No” is really enough.

Giving feedback

- Stay calm.
- Choose the right time/place.
- Correct misunderstandings.
- Don’t blame.
- Use “I” language.

Receiving feedback

- Stay cool, using relaxation techniques if necessary.
- Listen and try to understand the other’s point of view.
- Correct misunderstandings.

Anxiety

- Instead of focusing only on the negatives, generate ideas on what the positives might be.

Wellness

- Changing one area can lead to changes in other areas.
- Changing your eating habits can help repair the body from damage caused by substance use.
- Exercise can help release “feel good” chemicals in the body.

(continued)

HANDOUT A/M-14.1. **Strategies for Moving Forward** (page 3 of 3)

PART II: TOOLS I HAVE LEARNED FOR AVOIDING SUBSTANCE USE

Ask the clients to write a check mark in the blanks beside the tools . . .

- _____ Pay attention to triggers.
- _____ Think of possible consequences.
- _____ Delay the decision.
- _____ Change the situation.
- _____ Speak assertively.
- _____ Change activities.
- _____ Pay attention to my thoughts.
- _____ Remember the pros and cons.
- _____ Challenge or change the thought.
- _____ Exercise can improve my mood.
- _____ Vigilantly monitor strong habits.
- _____ Avoid, alter, or leave.
- _____ Call someone—ask for help.
- _____ Use relaxation techniques.
- _____ Reward successes.
- _____ “No” is enough.
- _____ Give feedback appropriately.
- _____ Handle receiving feedback.
- _____ Do substance-free activities.
- _____ Relax and let go of thoughts and sensations.
- _____ Distract my thoughts.
- _____ Interrupt habits with small disruptions.
- _____ Substitute a positive behavior.
- _____ Turn my attention to my breathing.

My Action Plan

I understand that even though I have stopped using alcohol and/or drugs, I will still be tempted to use.

I understand that having a “slip” does *not* mean that I am a failure. I will learn from that setback and try again. I agree to accept my responsibility, use my skills, revise my plan, and try to avoid relapsing.

I understand that I am not doing this alone, and that I have people in my life who can support me and help me stay away from alcohol and/or drugs.

IF I START TO FEEL TEMPTED, I WILL . . .

1.

2.

3.

4.

5.

6.

What Can I Do after a Slip?

After a slip, you might find yourself in one of the following stages of change:

Precontemplation—You may be *doubting* that it's worth trying to change your substance use. If so, it may be helpful to do the following:

- Review information about how alcohol and other drugs can affect you physically, socially, or emotionally.
- Think about your values and whether using alcohol or other drugs conflicts with them.
- Think about how your substance use affects other people.

Contemplation—You may be *considering making changes* in your alcohol or drug use again, but you may not be quite sure. If so, it may be helpful to do the following:

- Think about the consequences for yourself of the behavior.
- Weigh the pros and cons.
- Think about what you expect to get out of using alcohol or other drugs, and if these are realistic expectations.

Preparation—You may decide that you want to *get ready to change* your alcohol or drug use again. If so, you might try the following:

- Take small steps toward behavior change.
- Start talking to people who have successfully quit using.
- Keep in mind the situations that led to the slip and think of ways to avoid them.
- Develop a change plan.

Action—You may decide that you *want to stop* using alcohol or drugs again. If so, then it will be helpful to do the following:

- Avoid or alter situations that tempt you to use.
- Change your responses to offers to use, stressful situations, and automatic thoughts.
- Reward yourself for successes.
- Interact with people who support your changes.
- Try to help others who are trying to quit.

Where Do I Get Help?

Think about the different places you go and the people you see every day. Describe or write the names of people who help and encourage you in each circle.

Friends

Family

Job

School

12-Step Groups

Religion

Housing

Legal Services

Health Care Services

Recreation Activities

Needs Assessment

Category	Examples	Under control	Needs improvement
Body	Health Food/diet Personal appearance Physical activity _____		
Play	Sports Hobbies Entertainment _____		
Sociability	Friends Coworkers Establishing trust with others _____		
Family	Marriage Having children, taking care of them Caring for elders _____		
Work	Job skills Particular responsibilities at your job _____		
Education	Formal education Developing competence, skill in some area _____		
Career	Choosing a direction Preparing to participate in a profession Promoting yourself within a profession _____		

(continued)

HANDOUT A/M-17.1. **Needs Assessment** (page 2 of 2)

Category	Examples	Under control	Needs improvement
Money	Wages and salaries Budget Savings _____		
Membership	Citizenship Participating in clubs, recovery support groups Professional organizations _____		
World	Politics Environment Social justice _____		
Dignity	Self-respect Self-esteem Actions consistent with your values and standards _____		
Situation	Outlook on life Moods and emotions General assessment of “how things are going” _____		
Spirituality	Religion Philosophy Humor _____		

Resource Guide

This guide contains some of the areas that you might need to strengthen and specific resources that can help you improve those areas. If you know the exact name of these organizations, you can locate their phone number or address by calling directory assistance or looking in the business section of a telephone directory. If you do not know the organization's exact name, you can search and find many resources using the Internet and search engines such as Google or Bing.

A few resources available in each city to find general information and assistance are:

- The United Way organization
- The information desk at your local public library
- Your clergy

Area	Subcategory	Resources
Body	Physical	City, county, or federally qualified health center (FQHC) clinics Medical schools
	Mental	Psychiatry departments at medical schools Local mental health association Family service centers Psychology departments or clinics at local universities Crisis hotline Local branch of the state mental health agency
	Substance abuse	Local council on alcohol and drugs Substance abuse treatment programs at medical schools Alcoholics Anonymous, Narcotics Anonymous, AI Anon, and so on
	Dental	City, county, or FQHC clinics University dental schools
	Vision	University optometry schools
Education	Literacy/GED	Community colleges
	Student loans	Financial aid office at community colleges or universities
	Career guidance	University testing office (may have a fee) Books at your local library
	General information	Admissions office at community colleges or universities

(continued)

HANDOUT A/M-17.2. **Resource Guide** (page 2 of 2)

Area	Subcategory	Resources
Work	Job training	Local or state workforce career centers Community colleges Technical schools Goodwill
	Job leads	Local or state workforce career centers
Family	Marital or family counseling	Local mental health association Family service associations or centers Pastoral counseling through your house of worship
	Child Counseling	United Way helpline Local mental health association Family service associations or centers School counselor or social worker (for referrals)
	Domestic Violence; Child Abuse, Neglect or Sexual Abuse	Family service associations or centers Local mental health association Local area women's shelter Police department United Way helpline Crisis hotline City or county child protective services
Money	Budget/debt	Consumer credit counseling
	Public transportation	Local workforce commission (may be able to provide temporarily)
	Utilities assistance	United Way helpline
Play	Organized sports or area parks and swimming pools	City parks department YWCA or YMCA Work- or religious-institution-sponsored activities Children's museums

Review

Listed below are the topics we have covered in the course of this group. Each topic has one or two questions to help you remember specific information and to see if your answers are different now from when the group began.

- **The Stages of Change**—What are the five stages? In what stage (or stages) are you now?
- **High-Risk Situations**—What are some situations in which people are most tempted to use?
- **Mindfulness**—After practicing mindfulness meditation, how have you been more aware of the times you have been cued or triggered?
- **Disrupting Habits**—What are some daily habits you have identified? How have you attempted to alter them?
- **Managing Cravings and Urges**—How do you deal with cravings and urges?
- **Acceptance**—Have you experienced success in accepting some of the negative feelings associated with cravings/urges? If so, how have you done this?
- **Rewarding My Successes**—Why is it important to reinforce your successes?
- **Assertive Communication**—What are some ways to communicate effectively?
- **Effective Refusals**—Since learning refusal skills, has there been a time that you have effectively refused an offer to use drugs or alcohol? How did it feel?
- **Managing Criticism**—What are some effective ways to give feedback, yet keep a positive relationship with another person?
- **Positive Thinking**—Describe some ways you have learned to manage maladaptive thoughts that could lead to substance use.
- **Managing Anxiety**—What are the different types of anxiety? What are some strategies to alleviate anxiety?
- **Wellness**—What are some ways to improve your overall physical health through diet and exercise?
- **Moving Forward**—In what ways has the action plan you developed been helpful? How have you revised your plan since you first developed it?
- **Recommitting after a Slip**—What would you recommend a person do after experiencing a slip?
- **Social Support**—Who has been supportive of you while you have been trying to change your substance use?
- **Building Your Future**—Name one area in which you have taken steps to improve.