

MISSION

Navigating Transitions Program: Recovery Coach Guidebook



*Maintaining Independence and Sobriety Through
Systems Integration, Outreach and Networking*



Maintaining Independence and Sobriety Through Systems Integration, Outreach and Networking (MISSION) Navigating Transitions Program: Recovery Coach Guidebook

Available online at www.missionmodel.org

The views expressed in the following document do not necessarily reflect the official policies of the Massachusetts Department of Public Health, the University of Massachusetts Medical School, or Substance Abuse and Mental Health Services Administration (SAMHSA) nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

You may also contact the MISSION team through the website or Dr. David Smelson directly (see contact information below) regarding any questions about the MISSION Navigating Transitions Program and/or the materials.

For questions regarding the use of this material, please contact:

David A. Smelson, Psy.D.
Professor
Department of Psychiatry, University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655

Please do not reproduce without permissions from the authors.

Acknowledgements

We are grateful for the valuable feedback we received from expert reviewers during the development of this document. Reviewers include Recovery Coaches Richard J. Kenny, Teresa Phelan, Robert Ryan, and Alissa Renaud, all affiliated with the University of Massachusetts Memorial Hospital, Worcester, MA and Certified Peer Specialists Allen Ryba, Massachusetts General Hospital. Additional insightful reviews were provided by Rebecca Kaczynski, Bridget Volk, and Corey Williams, LADC II, all affiliated with MISSION Cape Cod. We would also like to thank the University of Massachusetts research assistant, Kathryn Bruzios, M.S., for her excellent assistance in the production of this document.

Last but not least, we would like to acknowledge the Recovery Coaches who will be delivering the MISSION Navigating Transitions Program and the individuals who agreed to participate in the MISSION model of care. Their participation helps us inform and improve our program model and broaden the landscape of services and supports for individuals with co-occurring disorders. We have learned greatly from the feedback we have received from them along the way.

We hope that Recovery Coaches will find this guidebook to be a useful resource as they provide day-to-day support to the individuals they serve. For questions regarding the use this manual or any other questions related to the MISSION Navigating Transitions Program, please contact:

David Smelson, Psy.D.

Professor

Department of Psychiatry, University of Massachusetts Medical School

55 Lake Avenue North

Worcester, MA 01655

Table of Contents

INTRODUCTION	5
PROGRAM OVERVIEW	7
PART 1: RECOVERY AND LIFE SKILLS SESSIONS	10
SECTION A: GENERAL INFORMATION ON FACILITATING RECOVERY AND LIFE SKILLS	11
FORMAT OF RECOVERY AND LIFE SKILLS SESSIONS	12
USE OF THE PARTICIPANT WORKBOOK DURING RECOVERY AND LIFE SKILLS SESSIONS	12
RECOVERY STATUS CHECKLIST	13
TOPICS COVERED IN THE RECOVERY AND LIFE SKILLS GROUPS	13
SUGGESTED STRUCTURE OF RECOVERY AND LIFE SKILLS GROUPS	21
THERAPEUTIC PHILOSOPHY AND PRACTICES USED IN FACILITATING RECOVERY AND LIFE SKILLS SESSIONS	23
SECTION B: RECOVERY AND LIFE SKILLS GROUP SESSIONS MATERIALS	26
RECOVERY STATUS CHECKLIST	28
RECOVERY AND LIFE SKILLS WRITTEN EXERCISES AND WORKSHEETS	29
<i>SESSION 1: LIFE PROBLEM AREAS</i>	30
<i>SESSION 2: MOTIVATION, CONFIDENCE, AND READINESS TO CHANGE</i>	33
<i>SESSION 3: RELAPSE PREVENTION PLAN</i>	35
<i>SESSION 4: PREVENTING AND COPING WITH STRESS</i>	41
<i>SESSION 5: CHANGING UNHEALTHY THINKING PATTERNS</i>	47
<i>SESSION 6: CHANGING IRRATIONAL BELIEFS</i>	55
<i>SESSION 7: DEVELOPING STRONG COMMUNICATION SKILLS</i>	59
<i>SESSION 8: ANGER MANAGEMENT</i>	62
<i>SESSION 9: RELATIONSHIPS RELATED TRIGGERS</i>	67
<i>SESSION 10: MOVING THROUGH FEAR</i>	71
<i>SESSION 11: CREATING THE LIFE THAT YOU WANT</i>	75
<i>SESSION 12: GETTING THE JOB AND EDUCATION YOU WANT</i>	80
<i>SESSION 13: IDENTIFYING HOUSING THAT MEETS YOUR NEEDS (OPTIONAL)</i>	85
PART 2: READINGS AND REFLECTIONS ON SUSTAINING RECOVERY	88
SECTION A: GENERAL INFORMATION ON FACILITATING READINGS AND	89

REFLECTIONS ON RECOVERY

TOPICS COVERED IN THE READING AND REFLECTIONS ON SUSTAINING RECOVERY	90
FACILITATING PARTICIPANT USE OF THE READING AND REFLECTIONS ON SUSTAINING RECOVERY	90

Section B: Readings and Reflection on Sustaining Recovery Materials

COPING SKILLS	95
ANGER MANAGEMENT SKILLS	101
PREVENTING RELAPSE	103
COMMUNITY LIVING	113
UNDERSTANDING MEDICATION ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS	122
UNDERSTANDING MEDICATIONS USED TO TREAT PSYCHIATRIC DISORDERS	137

GLOSSARY OF TERMS

146

INTRODUCTION



This section introduces the important role Recovery Coaches have in supporting clients in navigating transitions.

Individuals with substance use and/or mental health problems typically experience many important transition points as they work toward and maintain recovery. Navigating transitions can be difficult for most people, and even happy transitions such as graduations, job promotions, or new homes are frequently experienced as stressful. The reality is that change, whether it is desirable or undesirable, can be hard.



The **Access to Recovery (ATR) program** participants that you work with are typically facing a critical time in their recovery and are in the midst of important life transitions. For example, they may be leaving a residential placement and moving into more independent living; beginning a new job; or getting a first paycheck. **Maintaining Independence and Sobriety Through Systems Integration, Outreach and Networking (MISSION) Navigating Transitions Program** was designed to help you support the individuals you work with as they make these transitions, and to equip them with tools to effectively navigate stressful life transitions now and in the future.

During stressful times an individual's substance use and mental health symptoms can become exacerbated and they may be more vulnerable to relapse. This program is designed to help participants deal with both substance use and psychological problems during stressful transitions by providing "integrated treatment"—meaning treatment that addresses substance use and psychological problems together since either problem can worsen the other. Because these problems are interrelated, it is essential for participants to learn how they affect their lives, and address both of them together in order to strengthen their recovery.

The integrated treatment that this program offers might be different from what your clients have experienced elsewhere. One former participant observed that some substance use counselors,

“treat you like you’re inferior, like you don’t know what you need. They assume everything you’re saying is because of drugs and alcohol. My other issues and depression started way before alcohol abuse, but they didn’t want to listen to that.”



By contrast, the MISSION Navigating Transitions approach to integrated treatment relies on listening to what participants have to say and supporting them as they discover what factors contribute to their substance use and psychological problems, and how the two problems are related to one another.

As an ATR Recovery Coach *you* play a critical role in the delivery of the MISSION Navigating Transitions Program, and this guidebook was developed specifically for you. It contains all of the information that you will need to deliver the program, including:

- ✓ an overview of the program and its components,
- ✓ detailed instructions on how to effectively deliver the components, and
- ✓ all materials given to participants so you have them readily at hand.

Learning to deliver a new treatment program can sometimes seem daunting. We assure you we will be available to help you along the way. Dr. David Smelson and his team will provide training to you on all components of the program. The training will include four hours of webinar instruction that will be recorded for your future reference. In addition, an implementation session will be held at your specific site for guidance on how the program materials can be used to best fit your agency’s needs.

PROGRAM OVERVIEW



This section provides an overview of the components of the program and how they work together.

The MISSION Navigating Transitions Program was designed to help the participants in your ATR program develop skills needed to successfully navigate stressful life transitions and to achieve or sustain recovery from substance use problems. As a Recovery Coach, you possess both experiential knowledge and training, and your role will be essential in delivering all service components of the program. This will include the facilitation of Recovery and Life Skills Sessions; assisting clients with completing corresponding written exercises in the Participant Workbook; and discussing readings and reflections that are also contained in the workbook with your clients. This guidebook describes step-by-step instructions to guide you in the delivery of the program and contains all program materials.

Recovery and Life Skills Sessions

A major feature of the MISSION Navigating Transitions Program is the **Recovery and Life Skills Sessions** that you will facilitate. Ideally, these sessions are administered in a group setting. However, they can also be delivered in an individual format when necessary. The sessions are psychoeducational in nature and introduce participants to tools, methods, and therapeutic techniques to help them better manage life transitions and enhance the recovery process. Each session is based upon traditional addiction services, such as relapse prevention, motivational enhancement therapy, and 12-step facilitation (Smelson, Kline, Hills, & Ziedonis, 2007; Ziedonis & Fisher, 1996; Ziedonis & Stern, 2001). Additionally, since mental health issues are also common among people with drug and alcohol use problems, the program also includes psychoeducational tools to assist participants with both problem areas. The sessions are aimed at helping participants to:



understand the nature of substance use problems and how they can “trigger” problems in other important areas of life,



understand that the level of motivation for change can differ for each problem area,



learn and practice recovery skills, and



identify supports and goals needed for healthy living within the community.

The **Recovery Status Checklist** is a tool administered at the beginning of every Recovery and Life Skills session. The major purpose of the tool is to focus the session on substance use as well as mental health issues. It is designed as a checklist, prompting the Recovery Coach to check-in with each group member on items such as substance use or mental health symptoms; motivation for recovery; adherence to prescribed medication regime; and use of recovery and pro-social supports. The final item on the Recovery Status Checklist is the introduction of the Recovery and Life Skills topic for the particular meeting.

There are 13 Recovery and Life Skills Session topics that were specifically chosen for ATR program participants as the material covered is essential for successful transition to community living. The session topics are listed below.

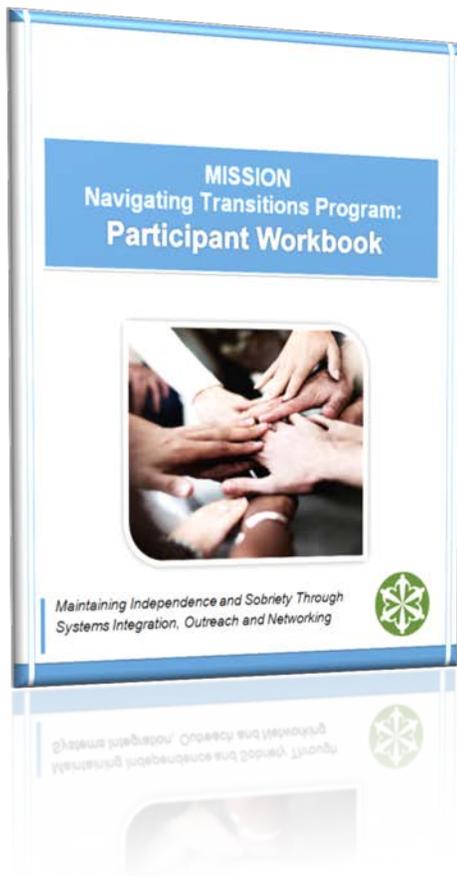


Please note that session 13, Identifying Housing that Meets Your Needs, is optional. While we recognize that addressing housing needs may not be relevant for all programs, we have included it in the materials as housing was identified in some programs as a critical concern of many participants.

Recovery and Life Skills Session Topics	
1.	Life Problems Areas
2.	Motivation, Confidence, and Readiness to Change
3.	Relapse Prevention Plan
4.	Preventing and Coping with Stress
5.	Changing Unhealthy Thinking Patterns
6.	Changing Irrational Beliefs
7.	Developing Strong Communication Skills
8.	Anger Management
9.	Relationship Related Triggers
10.	Moving Through Fear
11.	Creating the Life that You Want
12.	Getting the Job and Education You Want
13.	Identifying Housing that Meets Your Needs (<i>optional</i>)

The MISSION Navigating Transitions Participant Workbook

Every individual who participates in the program will be given a MISSION Navigating Transitions Participant Workbook upon their enrollment. The workbook is seen as an essential component of the program and symbolically offers the participant a “gift” of support materials that will assist him or her in the journey of recovery.



Participant Workbook: Part I. Each of the Recovery and Life Skills session topics has a corresponding exercise that is contained in Part I of the workbook. Participants are asked to bring their workbooks to all Recovery and Life Skill sessions, so that they can work on the written exercises during the session. These exercises are invaluable tools to facilitate recovery. As a Recovery Coach your job will be to introduce the session topic, guide participants through the corresponding exercise worksheets, and ask them to share their answers during group or individual sessions. You will also meet with participants once a week for a brief “check-in session” to review their work on the exercises and to encourage them to keep practicing the recovery and life skills they are learning.

Participant Workbook: Part II. The second half of the workbook contains self-help tools and readings that provide helpful perspectives and suggestions on a range of recovery related topics, including coping skills, anger management skills, preventing relapse, community living, medication assisted treatment (MAT) for substance use disorders, and medications used to treat psychiatric disorders. We encourage you to talk with participants about their thoughts and reactions to these

materials in individual check-ins or meetings, urging them to focus on areas relevant to their own personal recovery and re-integration into community life.

...

PART 1

RECOVERY AND LIFE SKILLS SESSIONS

...

...

PART 1: Section A

General Information On Facilitating Recovery And Life Skills Sessions

...

GENERAL INFORMATION ON FACILITATING RECOVERY AND LIFE SKILLS SESSIONS



This section contains information for Recovery Coaches on how to successfully facilitate Recovery and Life Skills Sessions.

Format of Recovery and Life Skills Sessions

In your role as a Recovery Coach in the ATR program you will provide the 13 Recovery and Life Skills Sessions in either a group or individual format. Group sessions should last between 60 and 90 minutes and be held at least weekly. The ideal group size ranges from 5-10 members. Additionally, it will be your responsibility to review and reinforce the skills and concepts that were taught in sessions, discuss completed workbook assignments, and answer any questions in weekly individual check-ins with participants. After participants have completed all of the sessions, it will also be your role to engage them in booster sessions – an additional review of a session topic a participant(s) continues to struggle with - as needed.

Why a group format? Many participants find that being with others who have similar experiences in groups helps to create a sense of camaraderie, making the sharing of information easier and more comfortable. Other important benefits of the group format are that it can provide additional social support, enhance group members' interpersonal learning, and expand their pro-social networks.

There may be instances when group participation for a particular individual is not recommended. In such cases, the sessions can be delivered in an individual format with sessions lasting between 45 to 60 minutes. Situations that may warrant individual administration include participants experiencing active substance use and/or mental health problems whose symptoms may be exacerbated by group interactions or may seriously disrupt the experience of other group members.

It is also generally recommended that the 13 session topics are delivered in the order in which they appear in this guidebook and the associated Participant Workbook. However, the topics can be delivered in a flexible order if the needs of the group or individual indicate that delivery of one of the other topics would be more beneficial at that particular point in time.

Use of the Participant Workbook during Recovery and Life Skills Sessions

All participants are given the Participant Workbook which contains information and written exercises corresponding to the 13 Recovery and Life Skills sessions. Participants are strongly encouraged to bring their workbook to each session. In cases where a client forgets to bring the workbook to a group session, the Recovery Coach can make a copy of the exercise for the participant. Participants are encouraged to work on these written exercises both during and after the Recovery and Life Skills session to obtain maximal benefit. Outside of the Recovery and Life Skills sessions, the Recovery Coach either checks-in or has lengthier individual meetings with participants to help them complete or review the exercises. This is an important opportunity to discuss any insights or concerns the participant may have regarding the material and its application to his or her own recovery. All 13 exercises and associated worksheets are contained in Part 1, Section B of this guidebook beginning on page 29.

Recovery Status Checklist

The Recovery Status Checklist is a tool used at the beginning of every Life Skills and Recovery session to help structure the session. The purpose of the Recovery Status Checklist is to:

- ✓ Check-in regarding any substances used since the last session
- ✓ Assess motivation for recovery
- ✓ Track mental health symptoms, such as depression and anxiety
- ✓ Explore adherence with prescribed medication regimes (with particular focus on Medication Assisted Treatment)
- ✓ Check-in about engagement in recovery and other pro-social activities
- ✓ Ask about any pressing needs to be discussed
- ✓ Address any needed modification to the session based on participant responses
- ✓ Introduce and explain the Recovery and Life Skills topic for the session



As a Recovery Coach group facilitator, you should plan to have a copy of the Recovery Status Checklist with you during every group session and cover all of the included items. The Recovery Status Checklist is located in Part 1, Section B on page number 28.

Topics Covered in the Recovery and Life Skills Sessions



The Recovery and Life Skills sessions focus on a range of topics relevant to substance use recovery and other related problems. The session topics and corresponding exercises are designed to focus on the present, rather than on past times in the participant's life or projections into the future. While facilitating the sessions you are encouraged to help participants consider how they can apply what they are learning in each session to strengthen their recovery **today**.

Below are notes that describe each of the Recovery and Life Skills session topics. They also provide suggestions to assist you in facilitating that particular topic.



Please note that all of the exercises, including the sample and blank worksheets, that Recovery Coaches will use to facilitate the sessions are contained in Part 1, Section B of this guidebook, beginning on page 29. The notes presented here are simply provided as an additional quick reference for Recovery Coaches.

**THE 13 RECOVERY AND LIFE SKILLS TOPICS
WITH NOTES FOR THE FACILITATOR**

**Session 1:
Life Problem Areas**



*Exercise Worksheets
located on pgs. 11-13 of
the Participant
Workbook*

Description of Topic

Participants explore the problems they have experienced in major life domains and examine the degree to which these problems can get magnified during major life transitions.

Notes for the Facilitator

- Explain that this exercise will help participants understand how problems related to substance use and mental health are each affecting their quality of life.
- Explain that these problems will reoccur in discussions throughout the Recovery and Life Skills sessions.
- In groups, go around and have members share problems and give examples from each area, focusing on one area at a time.

Note: Following sessions build upon and use the problem areas identified during this session.

**Session 2:
Motivation,
Confidence, and
Readiness to
Change**



*Exercise Worksheets
located on pgs. 14-15 of
the Participant
Workbook*

Description of Topic

Participants complete a readiness ruler worksheet for each domain or life problem identified in Session 1. Rulers will help participants understand their stage of readiness to address each problem area and how their level of motivation can impact how they navigate transitions.

Notes for the Facilitator

- Explain to participants that a sense of importance, confidence, and readiness are all aspects of motivation.
- Encourage participants to answer honestly for each area they address.
- In groups, go around and have members share problems they explored, the motivation they find to address them, and implications for recovery.

Note: Having extra rulers during all sessions will make it easy for participants to explore different areas in which change is needed in their lives as they go.

Session 3: Relapse Prevention Plan



*Exercise Worksheets
located on pgs.16-21 of
the Participant
Workbook*

Description of Topic

Participants learn to identify and review strategies that can be used to increase the likelihood of sobriety and decrease the chance of relapse.

Notes for the Facilitator

- Building on the life problem areas identified in Session 1, encourage participants to refer back and identify positive steps they can take to address the problem.
- Encourage participants to share their thoughts with others who play a key role in their steps toward recovery.
- Highlight that there are several different pathways to recovery. In groups, give members the opportunity to share the various strategies they have suggested for themselves in each area.

Session 4: Preventing and Coping with Stress



*Exercise Worksheets
located on pgs.22-27 of
the Participant
Workbook*

Description of Topic

Participants identify their sources of stress and the adaptive coping strategies they will use to more effectively prevent and manage these stressors and navigate transitions.

Notes for the Facilitator

- Ask participants to pick the biggest problem areas in their life.
- Encourage them to identify healthy coping strategies for preventing and managing stressors and navigating transitions. In groups, ask members to discuss sources of stress and the coping strategies that they have found helpful and encourage them to give suggestions to fellow members.

Session 5: Changing Unhealthy Thinking Patterns



*Exercise Worksheets
located on pgs.28-35 of
the Participant
Workbook*

Description of Topic

Participants learn to recognize unhealthy thinking patterns that can perpetuate emotional difficulties and result in substance use as a maladaptive coping strategy.

Notes for the Facilitator

- Discuss the descriptions of each of the various forms of unhealthy thinking.
- Discuss examples of “stinking thinking”.
- Review examples identified by participants on the worksheet and identify healthier responses.
- Explain that we have a choice in how we think about something happening.

In groups, ask members to share some of their unhelpful thinking patterns and have the group brainstorm healthy alternative ways of thinking.

Session 6: Changing Irrational Beliefs



*Exercise Worksheets
located on pgs.36-39 of
the Participant
Workbook*

Description of Topic

Participants identify dysfunctional beliefs and learn how to modify those beliefs to maintain flexibility in thinking which is especially critical during important life transitions.

Notes for the Facilitator

- Have participants read through the examples of irrational thoughts and check those that apply to them.
- Review examples of dysfunctional beliefs identified by participants on the worksheet and encourage them to reframe each example.

In groups, ask members to share examples of their dysfunctional beliefs and have the group provide suggestions on modifying these beliefs.

Session 7: Developing Strong Communication Skills



*Exercise Worksheets
located on pgs.40-42 of
the Participant
Workbook*

Description of Topic

Participants learn to recognize effective and problematic communication styles. The worksheets will assist participants in developing effective communication skills necessary for positive conversations with those who play a key role in their recovery and life transitions.

Notes for the Facilitator

- Have participants identify elements of poor communication that applies to them.
- Discuss why they have used these forms of communication.
- Have participants identify elements of good communication that applies to them.
- Role-play good and poor communication skills and provide feedback.

Session 8: Anger Management



*Exercise Worksheets
located on pgs.43-47 of
the Participant
Workbook*

Description of Topic

This exercise focuses on prosocial skills training, moral reasoning, and anger control training. The goal is to teach participants cognitive strategies to combat unhealthy thinking styles.

Notes for the Facilitator

- Discuss problematic behaviors in relation to values and goals.
- Brainstorm: Why it is that one person gets really angry at something while another person just gets annoyed at the same thing?
- Identify: How do you know when you're really angry? What is the difference between anger and frustration?
- Discuss negative consequences for becoming angry and out of control.
- Explore techniques for cooling down.

Session 9: Relationship- related Triggers



*Exercise Worksheets
located on pgs.48-51 of
the Participant
Workbook*

Description of Topic

Participants will learn how unhealthy relationships can contribute to a higher risk of substance use relapse, mental health symptom exacerbation, and treatment discontinuation.

Notes for the Facilitator

- Discuss readings that come before the worksheet.
- Fill out the first two questions on the worksheet.
- In groups, encourage members to share their answers and to give feedback to other members.

Session 10: Moving Through Fear



*Exercise Worksheets
located on pgs.52-55 of
the Participant
Workbook*

Description of Topic

Participants learn to identify unrealistic fears that might be holding them back in their recovery and in times of transitions, and what they can do about them.

Notes for the Facilitator

- Encourage participants to identify situations in which they are afraid to act and to consider the root of this fear.
- Review examples identified by participants on the worksheet and then encourage them to identify ways to address these fears.
- In groups, encourage members to share their unrealistic fears and to give feedback to other members.

Session 11: Creating the Life You Want



*Exercise Worksheets
located on pgs.56-60 of
the Participant
Workbook*

Description of Topic

Participants identify the life that they want, what they need to change in order to attain it, and the factors that are working for and against them.

Notes for the Facilitator

- Review with participants the ten-step process for attaining the life they want as described on the worksheet.
- In groups, encourage members to share their responses and to give feedback to other group members.

Session 12: Getting the Job and Education You Want



*Exercise Worksheets
located on pgs. 61-65 of
the Participant
Workbook*

Description of Topic

Participants identify their preferences, strengths, skills, and resources as they build a plan for successful employment or returning to school.

Notes for the Facilitator

- Help participants develop an individual employment or education plan based on what they want their career lives to be like.
- Encourage participants to document their progress towards their employment and educational goals.
- In groups, give members the opportunity to share their employment or school-related plans and to give feedback to other members.

**Session 13:
Identifying Housing
that Meets Your
Needs (*optional*)**



*Exercise Worksheets
located on pgs.66-68 of
the Participant
Workbook*

Description of Topic

Participants identify their housing preferences and goals as well as any potential barriers to their successful (re)housing.

Notes for the Facilitator

- Explain that stable, safe, and comfortable housing promotes recovery.
- Highlight the importance of participant preferences in the housing search.
- Help participants to consider common housing barriers and potential strategies for managing them.
- In groups, give members the opportunity to share their (re)housing experiences and provide feedback to fellow group members.

 Please note that you might feel pressure or a natural temptation to allow participants to spend the session time talking about issues that are currently bothering them and to veer away from discussing the scheduled topic. We encourage you to acknowledge and address participants' concerns in sessions. However, it is important to be mindful and redirect the focus back to the Recovery and Life Skills topic that you will be covering, weaving in and addressing participants' concerns whenever possible, so that you can help them develop the needed recovery skills that the session is designed to provide.

Suggested Structure of Recovery and Life Skills Sessions

This section provides a helpful guide to assist you in structuring the Recovery and Life Skills sessions. All of the information presented is applicable to sessions administered in a group format. While much of the information here is not directly relevant to the individual format, some of it can be adjusted and applied during individually administered sessions.

 Please note that it is not necessary to incorporate every activity mentioned into all group meetings.



- **Greeting of New Members.** Older members greet and welcome new members at the door when they arrive, introducing them to other members.
- **Opening of Meeting.** At the agreed upon time, the meeting should be called to order by the Recovery Coach. Some groups open meetings with a quote, mantra, or even a mindfulness activity, such as relaxation breathing.
- **Introduction of Members.** Going around the room, each member can introduce himself/herself and state their reasons for coming to the group. This is

especially appropriate for new groups forming to help members get to know one another and learn about common concerns. Offer members the option to “pass,” if they would rather not introduce themselves.

- **Round Robin Check-in using the Recovery Status Checklist.** Going around the room in a “round robin” style, utilizing the Recovery Status Checklist structure if preferred, each member can provide a Reader’s Digest version of their week in the following areas: substance use since last meeting; tracking of mood symptoms since last week (i.e., on a scale from 1-10); medication adherence or changes; and engagement in recovery and pro-social activities (e.g.,

12 steps, pro-social peers and family members). See details about how to administer the Recovery Status Checklist on page 13. Having an outline available for members that reminds them of the group structure can help keep them on track when they speak. This outline can be posted in the room in a location that is clearly visible to all members or can appear on an index card that is passed to each member when it is his or her turn to share.

- **Discussion, Education, and Information in Recovery and Life Skills Sessions.**

- **Introduction of the Topic.** The Recovery Coach provides an introduction to the topic, explaining why it was chosen and why it is something important for members to think about. To build on the topic, the Recovery Coach provides a brief didactic and interactive presentation of the Recovery and Life Skills topic. The Recovery Coach encourages participating members to use the exercises and readings in the Participant Workbook to follow along with the material covered during group sessions, and to record any notes or insights to the exercises.
- **Round Robin.** The Recovery Coach can ask a question to spark discussion. Otherwise, the Recovery Coach may ask members how they responded to exercises in the Participant Workbook and go around the group as each member responds, giving everyone an opportunity to share their insights and responses.
- **Brainstorming.** Ideas are shared in a spontaneous way. Creative thinking is encouraged by not judging any particular idea. For example, during the “Preventing and Coping with Stress” session, members can call out all of the coping strategies they have tried and the Recovery Coach can write them on a flip-chart to generate a discussion about these strategies.
- **Role-playing.** Acting out a situation (e.g., how to communicate effectively with your spouse) can be helpful and fun. Some members enact the role-play while others observe and react or provide feedback.

- **Closing.** It is important that some signal be given to indicate that the meeting is formally closed. Some groups end with a mantra, collective goal, or homework - something to try before the next group. For example, members may be encouraged to try one of their peers’ positive coping strategies that were called out during the discussion. Members are reminded of the time and place of next meeting. Some Recovery Coach group facilitators opt to award one member the designation



of group session “MVP” for the positive role he or she played during the session. This can enhance engagement and involvement in the group and increase the member’s self-confidence and self-esteem. Receiving positive feedback and being recognized for hard work, effort, or for making positive contribution to others can be especially impactful for individuals in the process of managing stressful transitions and uncertainty.

Therapeutic Philosophy and Practices Used in Facilitating Recovery and Life Skills Sessions

The degree of the Recovery Coach’s knowledge about and proper utilization of therapeutic evidenced-based, best practices during group and individual Recovery and Life Skills sessions will determine how successful the sessions are. ***It is essential to highlight that a harm reduction approach should be at the very center of all interactions with participants.*** In this approach, a relapse or continued use is not punished, but rather viewed as an opportunity to encourage discussion around the negative consequences associated with substance use. The following “Therapeutic Techniques” figure lists and briefly describes several suggested evidence-based therapeutic practices that are grounded in motivational interviewing and cognitive behavioral therapy. Following the figure, key aspects of each technique are summarized.

Therapeutic Techniques

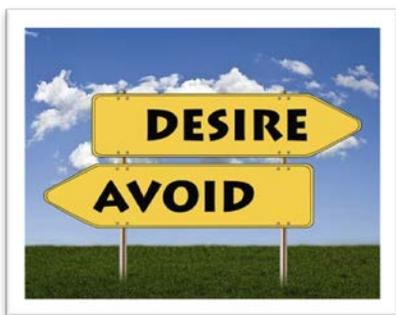
Motivational Enhancement Therapy (MET) <ul style="list-style-type: none">• Blends feedback tools and Motivational Interviewing (MI), an empathic style that uses reflective listening to help clients resolve ambivalence and move toward change.
Cognitive Behavioral Therapy (CBT) <ul style="list-style-type: none">• Cognitive templates through which information is processed and determined; identification of schemas to help the client shift toward more adaptive ways of thinking.
Relapse Prevention Therapy (RPT) <ul style="list-style-type: none">• Identification of cues and triggers for substance use, and early warning signs for mental illness symptom recurrence; and skills training.
Behavioral Role-Plays <ul style="list-style-type: none">• Strengthen social skills, assertiveness, and communication skills through practice of real life situations in a safe environment to promote a higher degree of functionality.



Motivational Enhancement Therapy (MET) is an intervention designed to evoke change in people with problematic substance use. MET uses motivational strategies to mobilize participants’ own change resources and reinforce participants’ feelings of self-efficacy in reaching their own goals. It recognizes that individuals may have different levels of motivation for different problem areas and motivation levels can change over time. It is not uncommon for

participants to resist change. In MET, providers support participants as they work through their resistance to change by helping them recognize the discrepancy between where they think they are and where they actually are. Gaining an understanding of the discrepancy, and of how certain behaviors are negatively affecting the attainment of their goals, can be an eye-opening experience for participants and enhance their self-motivation for change. Participants are also encouraged to consider how their actions impact others. This can result in increased feelings of empathy, which is seen as another factor that can foster self-motivation. Further, MET acknowledges that the behavior of treatment staff also influences participants' motivation for change. Recovery Coaches' use of empathy during interactions with participants during group and individual sessions will help participants to feel trust and, consequently, increase their level of motivation for change. Conversely, arguments with participants about the degree or impact of their substance use should be avoided as this will fail to enhance participants' self-motivation for recovery.

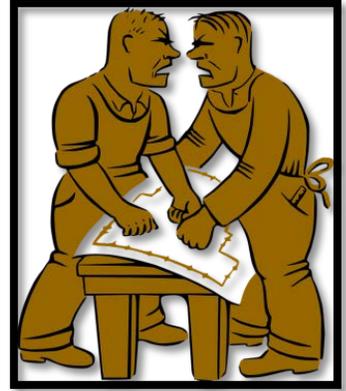
Cognitive Behavioral Therapy (CBT) aims to help people become aware of their negative or distorted thinking patterns and of their behavioral patterns which reinforce this maladaptive thinking. The CBT approach helps people to develop healthier alternative ways of thinking and behaving to reduce distress-provoking thoughts and behaviors. It takes a hands-on, practical approach to problem-solving. CBT includes helping participants to learn and practice techniques such as relaxation, coping, resilience, stress management, and assertiveness. Many of the Recovery and Life Skills exercises were designed to build these skills. When participants learn to use these active cognitive and behavioral coping methods to deal with problems, the risk that they will rely on substances as a maladaptive coping strategy is minimized. CBT skills also include strategies for enhancing social support, another critical element for maintaining sobriety.



Relapse Prevention Therapy (RPT) is an approach based on cognitive-behavioral principles designed to help prevent substance use relapse, or facilitate abstinence, through the development of self-control strategies. The major goals of relapse prevention are to (1) help participants learn to identify high-risk situations for relapse, and (2) equip them with a collection of strategies for more effective ways of coping. Among the RPT techniques used to bolster an individual's motivation to avoid substance use are: exploring both the positive and negative consequences of substance use; enhancing self-monitoring

and identification of high risk situations for relapse; and teaching coping skills needed to avoid substance use triggers and high-risk situations. It is important that you are familiar with RPT principles as well as the common and specific characteristics of the many substances participants may use. This will allow you to anticipate the problems that participants in your program may encounter and help them identify effective strategies for avoiding or adaptively managing them. Many of the relapse prevention strategies mentioned above are featured in the Recovery and Life Skills sessions and corresponding exercises.

Behavioral Role-Plays allow those involved in the role-play to both practice new skills and to see themselves through the actions of someone else. When conducted during groups added advantages are that the individual who is role-playing is able to receive feedback and new ideas from other members, and other members can gain insights on how they can approach and manage similar situations. The scenarios used for role-play can be any distressing or negative situation that an individual may potentially experience with another person. For examples, role-plays could focus on a conversation with a prospective employer about a spotty past work history, resolving a conflict with a roommate, or disclosing a recent lapse to a sponsor or loved one. Below is a suggested guideline to help the Recovery Coach effectively use behavioral role-plays in Recovery and Life Skills sessions:



Strategies for Facilitating Effective Behavioral Role-Plays

- Actively help the participant to set specific interpersonal goals.
- Promote favorable expectations and motivation before role-playing begins.
- Assist the participant in building possible scenes in terms of emotion and setting.
- Structure the role-play by setting the scene and assigning roles.
- Use the role-play to model alternative behaviors.
- Prompt and cue the participant during the role-play.
- Use an active style of training through coaching and support.
- Give positive feedback for specific verbal and nonverbal behavioral skills.
- Identify specific verbal and nonverbal behavioral deficits or excesses and suggest constructive alternatives.
- Shape behavioral improvements in small, attainable steps.
- Elicit or suggest alternative behaviors.
- Give specific and attainable “homework” assignments.

...

PART 1: SECTION B

Recovery and Life Skills Session Materials

...

RECOVERY AND LIFE SKILLS SESSION MATERIALS



This section contains all the necessary materials for facilitating Recovery and Life Skills sessions.

This section includes all the written materials that you, the Recovery Coach, need to smoothly and effectively facilitate the 13 Recovery and Life Skills sessions. We have purposely included all the materials in one section so that you will have them readily available and easily accessible as you facilitate the sessions. The first document included is the Recovery Status Checklist that you will utilize at the beginning of each group session. This is followed by all the written exercises and worksheets for the 13 Recovery and Life Skills sessions.



Please note that you will find a brief description of each session topic as well as notes that contain suggestions for you to facilitate the specific topic before each exercise. This information is included to provide you with a quick point of reference on the session topic as you begin each group or individual session.

Recovery Status Checklist

Recovery Status Checklist

- ✓ **Check-in with regard to any substances used since last session**

- ✓ **Assess motivation for recovery**

- ✓ **Assess symptoms of depression or anxiety**

- ✓ **Explore adherence with medications prescribed**

- ✓ **Ask about participation in recovery and pro-social supports (e.g., 12 steps meetings, activities and events promoting sobriety with family members and peers)**

- ✓ **Check-in about any pressing needs to discuss in the session**

- ✓ **Introduce the Recovery and Life Skills session topic**

Additional Notes

...

Recovery and Life Skills Written Exercises and Worksheets

...

“Life Problem Areas”
TOPIC AND EXERCISE DESCRIPTION

Session 1: Life Problem Areas

About the Topic

- **Description of Topic:** Participants explore the problems they have experienced in major life domains and examine the degree to which these problems become magnified during major life transitions.

Notes for the Facilitator

- Explain that this exercise will help participants understand how problems related to substance use and mental health are each affecting their quality of life.
- Explain that these problems will reoccur in discussions throughout the Recovery and Life Skills sessions.
- In groups, go around and have members share problems and give examples from each area, focusing on one area at a time.
- **Note:** Following sessions build upon and use the problem areas identified during this session

About the Exercise

- **What's it for?**
 - To help you see where the problems are in your life that you want to change.
- **Why does it work?**
 - Sometimes things can seem overwhelming, but just naming them can help.
- **When to use it:**
 - You can review the list you complete for this session anytime so you can see how things are changing for you and what areas need more work.
- **How to use it:**
 - Every few months, you might want to look at the problems you listed and ask yourself:
 - 1. What's getting better? What helped me change?
 - 2. What's about the same? Why? What else could I do to make it better?
 - 3. What's worse? Why? What can I do to change that? Who could help?

SAMPLE PERSONAL LIFE PROBLEM AREAS WORKSHEET

LIFE AREAS	PROBLEMS
Substance Use	Use heroin every weekend for 2 days; must stop Drink heavily Wife objects to occasional marijuana
Family	Arguments with wife - frequent! Very angry with my wife Don't get along with Ben (15-year-old son) <i>*Mother ill with cancer</i>
Financial	Last job was 5 months ago due to heroin use - so money is very tight Wife is working but paying the bills is tough
Psychological	Angry a lot
Social	No problems
Legal	No problems
Employment	Unemployed - looking for work
Health	No problems
Spiritual/Religious	Anger at higher power Lack of meaning in life

PERSONAL LIFE PROBLEM AREAS WORKSHEET

LIFE AREAS	PROBLEMS
Substance Use	
Family	
Financial	
Psychological	
Social	
Legal	
Employment	
Health	
Spiritual/Religious	

“Motivation, Confidence, and Readiness to Change”

TOPIC AND EXERCISE DESCRIPTION

Session 2: Motivation, Confidence, and Readiness to Change

About the Topic

- **Description of Topic:** Participants complete a readiness ruler for each domain or life problem identified in Session 1. Rulers will help participants understand their stage of readiness to address each problem area and how their level of motivation can impact how they navigate transitions.

Notes for the Facilitator

- Explain to participants that a sense of importance, confidence, and readiness are all aspects of motivation.
- Encourage participants to answer honestly for each area they address.
- In groups, go around and have members share problems they explored, the motivation they find to address them, and implications for recovery.
- **Note:** Having extra rulers during all sessions will make it easy for participants to explore different areas in which change is needed in their lives as they go.

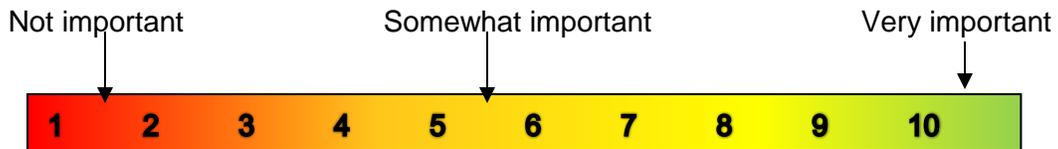
About the Exercise

- **What's it for?**
 - To help you look at something you want to change in your life and see whether you have the motivation, confidence, and readiness to make something different happen. This can include changes in substance use, mental health, and/or interpersonal relationships.
- **Why does it work?**
 - We know that we need all three of these things working in our favor to be in the best position to move forward. When we honestly admit we're just not there, we can ask ourselves what we need to do differently to increase our motivation, confidence, or readiness to change. For example, maybe you might be more confident about making a change if you had a good role model rooting for you.
- **When to use it:**
 - When you are thinking about change in your life – or wondering why it isn't happening – you can return to this exercise. It's really helpful to look at the way you filled out the rulers for the same subject area (for example, drinking) a few months later and see where you are now. Once you're settled in a new living situation or in a job, for example, are you more or less confident? Why?
- **How to use it:**
 - Whenever you want to look at a change in your life, circle the numbers on the rulers and think about where you are with the change. What would it take to make the number a little higher? How can you get more going in your favor?

IMPORTANCE, CONFIDENCE, READINESS RULER WORKSHEET

First, identify the change that you would like to make in your life. Then, using the ruler below, please indicate with a line **HOW IMPORTANT** it is to you to make a change in this area. Marking #1 means it is “not at all important” to make a change, #5 means it is “somewhat important”, and #10 means it is “very important”. Please feel free to use any of the numbers in between.

The change that I would like to make in my life is: _____



Using the ruler below, please indicate with a line **HOW CONFIDENT** you feel about making a change in this area. Marking #1 means you are “not at all” confident to make a change, #5 means you feel “somewhat confident”, and #10 means you feel “very confident”. Please feel free to use any of the numbers in between.



Using the ruler below, please indicate with a line **HOW READY** you feel to make a change in this area **RIGHT NOW**. Marking #1 means you feel “not at all” ready to make a change, #5 means you feel “somewhat ready”, and #10 means you feel “very ready”. Please feel free to use any of the numbers in between.



“Relapse Prevention Plan”

TOPIC AND EXERCISE DESCRIPTION

Session 3: Relapse Prevention Plan

About the Topic

- **Description of Topic:** Participants learn to identify and review strategies that can be used to increase the likelihood of sobriety and decrease the chance of relapse.

Notes for the Facilitator

- Building on the life problem areas identified in Session 1, encourage participants to refer back and identify positive steps they can take to address the problem.
- Encourage participants to share their thoughts with others who play a key role in their steps towards recovery.
- Highlight that there are several different pathways to recovery.
- In groups, give members the opportunity to share the various strategies they have suggested for themselves in each area.

About the Exercise

- **What's it for?**
 - The relapse prevention plan helps you to think in advance about what might cause you to have a relapse of substance use or mental health symptoms, and what you can do to stop a relapse in its tracks. Preventing relapse is much easier than trying to recover after one, retracing difficult steps and refighting the same battles. We can learn to recognize the signs that signal when a relapse could happen and then take action to avoid it. .
- **Why does it work?**
 - Many times, relapses can be predicted because certain events trigger them, or certain feelings warn of an oncoming relapse. Seeking additional support before one of these events happens or if the early warning signs are present can help you avoid a relapse.
- **When to use it:**
 - The best time to develop a relapse prevention plan is before you actually need it- that is, when you are feeling okay. That way, the plan will already be in place when you need it.
- **How to use it:**
 - Review the common triggers and early warning signs listed below and discuss them with others. Read through the material on safe coping strategies that follows and mark those you think would be especially helpful for you. Then develop a relapse prevention plan that you have faith in and believe can help prevent a relapse. Make sure that people you trust have a copy of your plan so that they can act upon it if you are moving toward a relapse or do relapse.

RELAPSE PREVENTION INFORMATION SHEET

Common events that might trigger a relapse:

- Being around people who are using
- Stressful situations involving family members
- Arguments with a spouse or partner
- Life changes, such as moving to a new apartment
- A stressful situation at work
- Financial problems
- Legal difficulties
- Being the victim of a crime
- Anniversaries of the deaths of family members or friends
- Pain resulting from medical and/or physical injuries



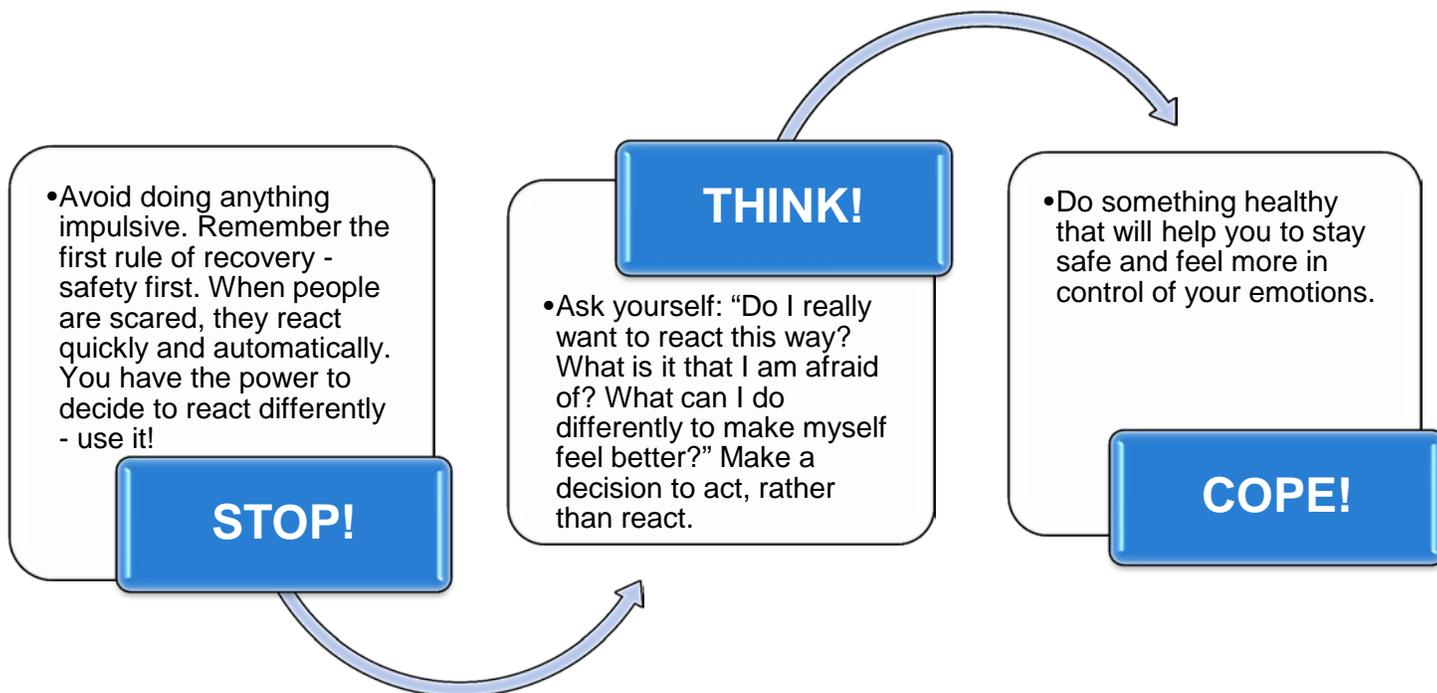
Common early warning signs:

- Physical cravings
- Not going to meetings
- Having “drug dreams”
- Reminiscing about times when you were using
- Feeling tense or nervous
- Eating less or eating more
- Sleeping too little or too much
- Decreased need for sleep
- Feeling depressed or low
- Feeling like not being around people
- Feeling irritable
- Stopping treatment of taking medications
- Trouble concentrating
- Thinking that people are against you
- Increased spending or shopping
- Being over confident about your abilities



Safe Coping Strategies to Try

People who experience powerful emotions often try to cope by using a variety of strategies. Unfortunately, some of these strategies are self-destructive or self-defeating, and only make matters worse. When you are faced with thoughts, feelings, or memories that are hard to handle, we suggest that you try the following:



Consider one of the following:

- Ask for help - call someone who cares and who can help.
- Delay - postpone doing something destructive (such as using or hurting yourself).
- Ask “what can I learn here?” - turn an upsetting moment into a learning experience.
- Take care of your body - eat, sleep, drink, and exercise healthily.
- Take a bath - warm water can be relaxing and calming.
- Set limits - say “no” when necessary.
- Speak kindly - to yourself and others.
- Avoid extremes - move towards the opposite if you find yourself overdoing anything.
- Seek healthy control - look for things you can change, and let go of things you can't.
- Stay in the moment - avoid anticipating disaster.
- Breathe - regularly, deeply. Focus on your breathing to shut out overwhelming thoughts and feelings.
- Remember your values - avoid actions that will bring regret later.
- Don't give up - keep trying, even when discouraged.
- Choose courage - be willing to make hard choices.

SAMPLE RELAPSE PREVENTION PLAN WORKSHEET

Reminder of events or situations that triggered relapses in the past:

1. An old drinking buddy got out of jail and came to visit
2. I lost my job
3. Some teenage boys from the neighborhood were harassing me
4. I had an argument with my landlord

Reminder of early warning signs that I experienced in the past:

1. Kept walking past liquor store
2. Couldn't sleep at night
3. Kept repeating a song in my head
4. Felt like I couldn't breathe

What I think would help me if I am experiencing an early warning sign:

1. Have someone make sure I am getting to meetings
2. Have someone make sure I am taking my meds
3. Deep breathing exercises
4. Do something enjoyable for myself

Who I would like to assist me, and what I would like them to do:

1. Recovery coach: help keep me focused on my recovery
2. Other recovery peers: listen to my fears and worries and understand
3. Friends and family: keep me away from the liquor store
4. My roommate: check in with me about whether I remembered to take my meds

Who would I like to be contacted in case of an emergency?

1. My sponsor, Mike Howard, 555-37002.
2. My sister, Cathy Horan, 555-3800
3. My primary care provider, Dr. Janice Diaz, 555-3900
4. My therapist, Dr. Patel, 555-4000

RELAPSE PREVENTION PLAN WORKSHEET

Reminder of events or situations that triggered relapses in the past:

1. _____

2. _____

3. _____

4. _____

Reminder of early warning signs that I experienced in the past:

1. _____

2. _____

3. _____

4. _____

What I think would help me if I am experiencing an early warning sign:

1. _____

2. _____

3. _____

4. _____

Who I would like to assist me, and what I would like them to do:

1. _____

2. _____

3. _____

4. _____

Who would I like to be contacted in case of an emergency?

1. _____

2. _____

3. _____

4. _____

Source: SAMHSA, *Illness Management and Recovery KIT, Handout 6, "Reducing Relapses."*

“Preventing and Coping with Stress”

TOPIC AND EXERCISE DESCRIPTION

Session 4: Preventing and Coping with Stress

About the Topic

- **Description of Topic:** Participants identify their sources of stress and the adaptive coping strategies they will use to more effectively prevent and manage these stressors and navigate transitions.

Notes for the Facilitator

- Ask participants to pick the biggest problem areas in their life.
- Encourage them to identify healthy coping strategies for preventing and managing stressors and navigating transitions.
- In groups, ask members to discuss sources of stress and the coping strategies that they have found helpful and encourage them to give suggests to fellow members.

About the Exercise

Adapted from: Illness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration, 2005.

- **What's it for?**
 - This simple tool is designed to identify sources of stress and help you either avoid them or cope more effectively.
- **Why does it work?**
 - Everyone faces stress in their lives, but some things bother some people a lot more than others. Identifying sources of stress helps you respond to them. Different strategies for preventing and coping with stress also work differently for different people, but it does help to have a variety of strategies to try.
- **When to use it:**
 - If you have been feeling stressed out either from your daily routine or from things that are going on in your life, try this exercise to see if you can keep stress from interfering with what you need to do.
- **How to use it:**
 - To help you identify some of the stressors in your life use Checklists 1 and 2 below. These simple checklists help you to identify major life events that can cause stress for a while afterward; daily hassles that can cause stress to build up over time; and tools that you can use to prevent or cope with stress. After you use the checklists, complete the stress worksheet that follows.

CHECKLIST 1. SOURCES OF STRESS

Stress can come from major life events or just from your daily routine. The purpose of this checklist is to get you thinking about stressful events in your life. If you identify sources of stress, you can talk about these sources with others to help develop your own strategies for preventing or dealing with stress. As you check off items, think about how they contribute to your stress levels. The next time you talk to someone about your stress or emotions, you may want to talk about these events.

Put a check mark next to each event that you have experienced in the past year:

- Moving
- Getting married
- New baby
- Divorce or separation
- Injury
- Illness
- New job
- Loss of a job
- Inheriting or winning money
- Financial problems
- Injury or illness of a loved one
- Victim of a crime
- Legal problems
- New boyfriend or girlfriend
- Broke up with a boyfriend or girlfriend
- Stopped smoking
- Went on a diet
- New responsibilities at home
- New responsibilities at work
- No place to live
- Hospitalization
- Drinking or using street drugs
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Place a check mark next to each "daily hassle" that you have experienced in the past week:

- Not enough money to take care of necessities
- Not enough money to spend on leisure
- Crowded living situation
- Crowded public transportation
- Long drives or traffic back-ups

- _____ Feeling rushed at home
- _____ Feeling rushed at work
- _____ Arguments at home
- _____ Arguments at work
- _____ Doing business with unpleasant people (salespeople, transit clerks, etc.)
- _____ Noisy situation at home
- _____ Noisy situation at work
- _____ Minor medical problems
- _____ Lack of order or cleanliness at home
- _____ Lack of order or cleanliness at work
- _____ Unpleasant chores at home
- _____ Unpleasant chores at work
- _____ Living in a dangerous neighborhood
- _____ Other: _____
- _____ Other: _____
- _____ Other: _____
- _____ Other: _____

CHECKLIST 2. HANDLING STRESS

Stress can interfere with your life, particularly with work and maintaining sobriety. However, there are many strategies for reducing stress before it starts or coping with it more effectively when you're already feeling it. The purpose of this checklist is to help you identify some tools for avoiding or coping with stress. You might already use some of them and might just need to remember to set aside time for using these tools. On the other hand, you might identify some additional tools that you'd like to try—ask for more information about these tools or read about them.

When stress is interfering with your life, you have some good options. Check the appropriate box to show which of these strategies you are already using or would like to try.

Strategy	I already use this strategy	I would like to try this strategy or develop it further
Be aware of situations that caused stress in the past and either avoid them or, if that isn't possible, try to plan for them or prepare for them in a way that lessens stress		
Schedule meaningful activities		
Schedule time for relaxation		
Have a balance in my daily life		
Develop my support system		
Take care of my health		
Talk about my feelings		
Write down my feelings in a journal		
Avoid being hard on myself. Identify positive features about myself.		
Talk to someone		
Use relaxation techniques		
Use positive self-talk (encouraging myself rather than putting myself down)		
Maintain my sense of humor		
Participate in religion or other form of spirituality		
Exercise		
Write in a journal		
Listen to music		
Do artwork or go look at art		
Participate in a hobby		
Other:		
Other:		

SAMPLE STRESS WORKSHEET

Stressful situations to be aware of:

1. I get very discouraged when my boss criticizes me.
2. My family always gets into arguments and has unwanted advice for me when we all get together.
3. I owe a lot of fines.

My strategies for preventing stress:

1. I am going to go play basketball at the playground at least 4 times a week. I enjoy it, and it is good exercise.
2. Instead of going to all of my family events, I will try to visit with my family members one at a time.
3. I can talk to my boss and tell her I want to be able to do my job better and ask how I can learn new skills that will help

My strategies for coping with stress:

1. I will write my career goals on an index card and look at it 4 times a day when I am at work because it will remind me that I need to start at the bottom with a job that's not so great and work my way up.
2. I will go outside or to another building during my breaks at work to get out of that environment for a while.
3. I will view each payment of money I owe as a step in the right direction, even if I'm only paying a little bit at a time.

Stress Worksheet

Stressful situations to be aware of:

1. _____

2. _____

3. _____

My strategies for preventing stress:

1. _____

2. _____

3. _____

My strategies for coping with stress:

1. _____

2. _____

3. _____

“Changing Unhealthy Thinking Patterns”

TOPIC AND EXERCISE DESCRIPTION

Session 5: Changing Unhealthy Thinking Patterns

About the Topic

- **Description of Topic:** Participants learn to recognize unhealthy thinking patterns that can perpetuate emotional difficulties and result in substance use as a maladaptive coping strategy.

Notes for the Facilitator

- Discuss the descriptions of each of the various forms of unhealthy thinking.
- Discuss examples of “stinking thinking”.
- Review examples identified by participants on the worksheet and identify healthier responses.
- Explain that we have a choice in how we think about something happening.
- In groups, ask members to share some of their unhealthy thinking patterns and have the group brainstorm healthy alternative ways of thinking.

About the Exercise

- **What's it for?**
 - To help you think about and change the ways you think about problems.
- **Why does it work?**
 - The thinking patterns we get used to can keep us from changing, undermining our attempts to change. But if we build new ones and practice them, we can feel better.
 - When we change the way we're thinking, we change the way we feel and act. But we can't pull this off until we go through an exercise of listening to ourselves and really hearing what we are telling ourselves – and questioning it. We need to begin to recognize when we are giving ourselves friendly counsel and when the old ways of thinking are keeping us in a trap.
- **When to use it:**
 - This is a good exercise to use every once in a while as you move through recovery to see where you're making progress, where you need to remind yourself of something you want to change, and when you are falling back into old habits.
- **How to use it:**
 - Read through the examples of unhealthy thinking types below, and then read through the worksheet in which you thought about how you wanted to change. How are you doing? Have you had negative or self-defeating thoughts lately? Are you beginning to use new messages more? If not, it's time to bump up the level of consciousness of what you want to change and let it happen.

TYPES OF UNHEALTHY THINKING



ALL OR NOTHING THINKING: You see situations in black or white terms—if your performance is not perfect, you see yourself as a total failure.



OVERGENERALIZATION: You see one negative event as part of a never-ending pattern of defeat.



MENTAL FILTER: You pick out one negative detail and dwell on it exclusively.



DISQUALIFYING THE POSITIVE: You reject positive experiences by insisting that they "don't count."



JUMPING TO CONCLUSIONS: You make negative interpretations even though there are no definite facts to support the conclusion. (This includes mind reading and the "fortune teller error" in which you anticipate things will turn out badly and are absolutely certain that you are right.)



CATASTROPHIZING OR MINIMIZING: You exaggerate the importance of things (such as own mistakes or another's accomplishments), and then either magnify your own faults or minimize your own strengths.



“SHOULD” STATEMENTS: You have rigid categories of what you should and shouldn't do, and you feel guilty if you don't live up to your standard. You may also feel angry, resentful, and frustrated with others if they don't live up to these same standards.



LABELING: You attach labels to yourself or others because of errors (for example, "I'm a loser").



“WHAT IF”: You spend time and energy worrying or thinking about possible events that might happen. “What if my wife is in an accident?” “What if I get sick and can't work?” It is appropriate to plan for things that might happen, but it is not helpful just to worry.

Common types of thinking errors that spouses of substance abusers use:



ALL OR NOTHING THINKING: "My partner is being good, or he's being bad."



OVERGENERALIZATION: "If he has one urge to use, or has one bad day in which he uses, he's hopeless (or unmotivated)."



“SHOULD” STATEMENTS: "I should be able to control his drug use."



PERSONALIZATION: "Her drug use problem is all my fault."

SAMPLE IDENTIFYING “STINKING THINKING” WORKSHEET

Experts believe that how we think about things affects the way we feel. Mental Health Professionals call this cognitive distortion; Twelve Step programs call it “stinking thinking”. Negative and self-defeating ways of thinking can make you depressed or anxious, and can set you up for relapse. It can also lead you to put impossible demands on your relationships. Below are some examples of stinking thinking – how many of these negative thinking patterns are used by you? Write some examples from your own experience.

BLACK AND WHITE THINKING: Does everything seem absolutely true or false? Right or wrong? Great or awful?

Example: “I relapsed again; I am a total failure. I can’t do anything right.”

Examples from my experience: *I’ve relapsed so many times in the past, I’ll never be sober for any decent length of time.*

PROJECTING: Do you always predict the worse? If one bad thing happens, do you imagine the worst possible outcome? Or as they say in AA, do you “dwell in the wreckage of the future?”

Example: “If I open my mouth everyone will think I’m stupid and they’ll hate me.”

Examples from my experience: *In group yesterday, I just couldn’t find the words for what I wanted to say. After that, I kept telling myself the other guys in the group think I’m a fool.*

I-CAN’T-TAKE-IT! Do you convince yourself you can’t tolerate frustration or discomfort? Do you think you are going to fall apart if you feel unhappy or anxious?

Example: “I have to use when I get mad or I will just fall apart.”

Examples from my experience: *When I went through my divorce, I convinced myself that I couldn’t live without my wife, and I was a complete wreck.*

EMOTIONAL REASONING: Do you think that your moods always reflect reality? If you feel angry does it mean that others are wrong? As they say in AA, “how I feel is not the best indication of how I am doing.”

Example: “I just know things aren’t going to work out...I can feel it.”

Examples from my experience: *I was really upset with my boss for giving me fewer shifts. I thought she was dissatisfied with my work, and I was scared that I was going to get fired. Then the boss explained to me that business was slow, but that she was pleased with my performance and would do everything that she could to keep me on.*

IDENTIFYING “STINKING THINKING” WORKSHEET

Experts believe that how we think about things affects the way we feel. Mental Health Professionals call this cognitive distortion; Twelve Step programs call it “stinking thinking”. Negative and self-defeating ways of thinking can make you depressed or anxious, and can set you up for relapse. It can also lead you to put impossible demands on your relationships. Below are some examples of stinking thinking – how many of these negative thinking patterns are used by you? Write some examples from your own experience.

BLACK AND WHITE THINKING: Does everything seem absolutely true or false? Right or wrong? Great or awful?

Example: “I relapsed again; I am a total failure. I can’t do anything right.”

Examples from my experience: _____

PROJECTING: Do you always predict the worse? If one bad thing happens, do you imagine the worst possible outcome? Or as they say in AA, do you “dwell in the wreckage of the future?”

Example: “If I open my mouth everyone will think I’m stupid and they’ll hate me.”

Examples from my experience: _____

I-CAN’T-TAKE-IT! Do you convince yourself you can’t tolerate frustration or discomfort? Do you think you are going to fall apart if you feel unhappy or anxious?

Example: “I have to use when I get mad or I will just fall apart.”

Examples from my experience: _____

EMOTIONAL REASONING: Do you think that your moods always reflect reality? If you feel angry does it mean that others are wrong? As they say in AA, “how I feel is not the best indication of how I am doing.”

Example: “I just know things aren’t going to work out...I can feel it.”

Examples from my experience: _____

SAMPLE COMBATING “STINKING THINKING” WORKSHEET

Now that you have identified your “stinking thinking” and learned about healthier ways of thinking, it is time to practice. Take your examples from the “Identifying Stinking Thinking” worksheet, and come up with at least one healthier response. Remember, a healthy response should be realistic and reflect a balanced view of your problems. Then, go on to the next worksheet and see how you can put new ways of thinking into action.

BLACK AND WHITE THINKING

Example: “I relapsed again; I am a total failure. I can’t do anything right.”

Healthier response: *“Relapse is serious, but it doesn’t mean I am a total failure.” OR “I have a choice about whether I use drugs today.”*

PROJECTING

Example: “If I open my mouth everyone will think I’m stupid and they’ll hate me.”

Healthier response: *“Why do I care so much what other people think of me? I am here to help myself, not to keep them happy.” OR “Everyone makes mistakes sometimes when they talk. People won’t hate me for it.” OR “I don’t need to be so hard on myself. People probably aren’t judging me that harshly.”*

I-CAN’T-TAKE-IT!

Example: “I have to use when I get mad or I will just fall apart.”

Healthier response: *“I can deal with this. I am stronger than I think I am.” OR “I may feel bad, but that doesn’t mean I have to use. I have a choice.” OR “Relapsing will feel worse than getting mad.”*

EMOTIONAL REASONING

Example: “I just know things aren’t going to work out...I can feel it.”

Healthier response: *“Just because things feel bad doesn’t mean they are bad.” OR “I can control my behavior, but not the results.” OR “I need to live in today. Most things I worry about never happen.”*

COMBATING “STINKING THINKING” WORKSHEET

Now that you have identified your “stinking thinking” and learned about healthier ways of thinking, it is time to practice. Take your examples from the Identifying “Stinking Thinking” Worksheet, and come up with at least one healthier response. Remember, a healthy response should be realistic and reflect a balanced view of your problems. Then, go on to the next worksheet and see how you can put new ways of thinking into action.

BLACK AND WHITE THINKING

My example: _____

My healthier response: _____

PROJECTING

My example: _____

My healthier response: _____

I-CAN'T-TAKE-IT!

My example: _____

My healthier response: _____

EMOTIONAL REASONING:

My example: _____

My healthier response: _____

SAMPLE PRACTICING NEW WAYS OF THINKING WORKSHEET

		Example
Situation or Event	<i>Describe the situation or event that was upsetting.</i>	I saw my old boyfriend at a wedding with a really nice looking girl.
Automatic Thoughts	<i>Describe the situation or event that was upsetting.</i>	I'm a loser. I'm fat. I'll never find someone who really loves me.
Emotion(s) felt during the situation or event	<i>Describe the situation or event that was upsetting.</i>	Rejected, sad, hopeless.
Behavioral Response	<i>Describe the situation or event that was upsetting.</i>	I wanted to take some drugs. I didn't, but I left the reception early and went home and cried.
Adaptive Thought	<i>Describe the situation or event that was upsetting.</i>	He's just one guy. I will find someone else. Being in recovery will help.
Potential Emotion Associated with the Adaptive Thought	<i>Describe the situation or event that was upsetting.</i>	Patience. More confidence.
Potential Behavioral Response	<i>Describe the situation or event that was upsetting.</i>	I might be able to stay and have fun - and maybe meet someone new, who knows?

PRACTICING NEW WAYS OF THINKING WORKSHEET

Situation or Event	<i>Describe the situation or event that was upsetting.</i>	
Automatic Thoughts	<i>Describe the situation or event that was upsetting.</i>	
Emotion(s) felt during the situation or event	<i>Describe the situation or event that was upsetting.</i>	
Behavioral Response	<i>Describe the situation or event that was upsetting.</i>	
Adaptive Thought	<i>Describe the situation or event that was upsetting.</i>	
Potential Emotion Associated with the Adaptive Thought	<i>Describe the situation or event that was upsetting.</i>	
Potential Behavioral Response	<i>Describe the situation or event that was upsetting.</i>	

“Changing Irrational Beliefs”
TOPIC AND EXERCISE DESCRIPTION

Session 6: Changing Irrational Beliefs

About the Topic

- **Description of Topic:** Participants identify dysfunctional beliefs and learn how to modify those beliefs to maintain flexibility in thinking which is especially critical during important life transitions.

Notes for the Facilitator

- Have participants read through the examples of irrational thoughts and check those that apply to them.
- Review examples of dysfunctional beliefs identified by participants on the worksheet and encourage them to reframe each example.
- In groups, ask members to share examples of their dysfunctional beliefs and have the group provide suggestions on modifying these beliefs.

About the Exercise

- **What's it for?**
 - To help notice and change things that we believe that get in the way of recovery.
- **Why does it work?**
 - Human beings are pretty smart, but we're also smart enough to lie to ourselves and get away with it sometimes. We just have to catch ourselves at it and say, "no way!"
- **When to use it:**
 - This is good to do whenever we just did something self-destructive or hurtful to someone else. That's usually when we tell ourselves something that isn't true to justify what we did, or to make sense of an action that really just wasn't a good or fair choice.
- **How to use it:**
 - Read through the list of irrational beliefs and you'll get the idea. Think about which ones ring true and put them in your own words, or think of other things you tell yourself. Write them down, just the way you think them sometimes. Then write down a true statement, one that will be healthy and help you to sustain your recovery during stressful times of transition.

10 POPULAR IRRATIONAL BELIEFS

When we live by rigid, irrational rules, we set ourselves up for disappointment, overreaction to problems, and needless unhappiness. When we challenge those beliefs, and think of how we want to change ourselves, we take another step toward recovery and make our lives a little easier; In fact, a lot easier. And more fun!

Here are ten irrational beliefs that people often believe anyway.

1. I must be loved, or at least liked, and approved by every significant person I meet.
2. I must be completely competent, make no mistakes, and achieve in every possible way, if I am to be worthwhile.
3. Some people are bad, wicked, or evil, and they should be blamed and punished for this.
4. It is dreadful, nearly the end of the world, when things aren't how I would like them to be.
5. Human unhappiness, including mine, is caused by factors outside of my control, so little can be done about it.
6. If something might be dangerous, unpleasant, or frightening, I should worry about it a great deal.
7. It's easier to put off something difficult or unpleasant than it is to face up to it.
8. I need someone stronger than myself to depend on.
9. My problem(s) were caused by event(s) in my past, and that's why I have my problem(s) now.
10. I should be very upset by other people's problems and difficulties.

SAMPLE PERSONAL IRRATIONAL BELIEFS WORKSHEET

Irrational Belief	Possible Modification of Belief
<p>If my father hadn't left, I'd be different today. He left because I wasn't a good enough kid. A kid that didn't have a father just doesn't have a chance. Nothing will make it right.</p>	<p>It was hard to lose my father so young, but it wasn't my fault. I have found other people to admire and help me, and I've really accomplished some things. It's up to me now.</p>

Personal Irrational Beliefs Worksheet

Irrational Belief	Possible Modification of Belief

“Developing Strong Communication Skills”

TOPIC AND EXERCISE DESCRIPTION

Session 7: Developing Strong Communication Skills

About the Topic

- **Description of Topic:** Participants learn to recognize effective and problematic communication styles. The worksheets will assist participants in developing effective communication skills necessary for communication with those who play a key role in their recovery and life transitions.

Notes for the Facilitator

- Have participants identify elements of poor communication that applies to them.
- Discuss why they have used these forms of communication.
- Have participants identify elements of good communication that applies to them.
- Role-play good and poor communication skills and provide feedback.

About the Exercise

- **What's it for?**
 - As we become stronger in recovery, we are increasingly able to have healthy relationships. A critical element in relationships that work well and feel good is skillful communication. The better we are able to communicate what we think, what we need, and what we are experiencing, the more likely we are to be understood and to have our needs met. The better we are at listening well to others, the more likely it is that others will show us the same empathy and respect in return.
- **Why does it work?**
 - The simple lists that follow can do nothing on their own. But if you read them thoughtfully and relate them to your own life, they can help you identify areas where you can make improvements that will help you have better relationships with the people that matter to you.
- **When to use it:**
 - It is especially helpful to review this material when you're working on improving communication with people who are important in your life – whether they are your significant other, family members, friends, recovery coaches, counselors, clinicians, or co-workers.
- **How to use it:**
 - Review the “Elements of Good Communication” and “Elements of Poor Communication.” Which patterns of good communication would you like to adopt? Which elements of poor communication apply to you?
 - One way to change your patterns of communication for the better is to pick just a couple of changes to practice at a time. Stay conscious of them as you interact with other people and keep it up until the new behavior becomes part of you. Then try a few more new ones. You may want to record your experiences in a journal.
 - It is important to remember that people who are stressed or who have some problems of their own may not respond to your efforts to communicate well with healthy communication. They will make their own choice, just as you make yours. Don't give up. Keep your commitment to a strong recovery and to strong, respectful, honest relationships.

ELEMENTS OF GOOD COMMUNICATION



Be polite and considerate. Treat your partner with the same basic respect you show towards acquaintances!



Stop and think before commenting on things that bother you. Decide not to bring up issues unless they are really important.



Decide not to “kitchen sink” or bring up other problems when discussing one problem. Try to resolve one issue at a time.



Make sure to **express lots of positive feelings** and to reward your partner rather than taking things for granted when they are going well.



Decide on **fun activities together** (“Let’s do what you want today and what I want over the weekend.”).



Go out of your way to offer to do tasks around the house. Give to the other without expecting anything back and without saying “I’ll do it only if you do.”



Avoid destructive criticism or complaining. Phrase change requests in a positive way. Avoid complaining just for the sake of complaining.



Use good listening skills. Look at your partner when he/she speaks to you. Don’t interrupt! Take turns talking and listening. Validate what your partner says even if you don’t agree (“I can understand why you’re worried about my spending a lot of money. Maybe we can decide together how much cash I should have each week”).



Try to be **assertive - not aggressive.** Think about what you want before you speak. Start with a positive statement and then use “I” statements. For example, instead of, “You’re a spendthrift and we’ll end up in the poorhouse. Try being a responsible adult!” try, “I’m very worried about the amount of money we’re spending. I would like to try to figure out a way we can stop spending money and start saving. What do you think?”



ELEMENTS OF POOR COMMUNICATION



Don't listen: Don't look at partner when he/she is speaking. Ignore what they said.



Mindreading: Assume you know what the other person is thinking, and base your response on that rather than checking out what they are really thinking or what they mean.



Cross-complaining: Complain in response to your partner's complaint. "I hate it when you don't come home when you say you will." "Well I hate it when you complain all the time."



Drifting away from the point of the conversation: Bring up another issue before resolving the first one.



Interrupting: Talk over your partner. Don't let him or her finish a sentence.



"Yes butting": Agree but don't address the issue. "Yes but what about when you embarrassed me that day" or "yes but you've embarrassed me lots of times..."



Heavy silence (standoff routine): Try to punish the other person by ignoring him/her.



Escalate arguments: Become louder and louder, and more and more vicious.



Never call a time out or ask for feedback: Forget to stop the conversation if it's getting too heated. Forget to ask partner what he/she really meant.



Insult each other (character assassination): Call each other names, "you always...you never...you're a...."



Don't validate: Say things like "That's ridiculous..." "You're just creating problems. If you would just leave me alone everything would be okay." "You're crazy to think that."



"Kitchen sinking": Throw in more and more accusations and topics until you don't know what it is you're arguing about.



Not take responsibility: Always talk about what your partner is doing wrong instead of what you are doing.



“Anger Management”
TOPIC AND EXERCISE DESCRIPTION

Session 8: Anger Management

About the Topic

- **Description of Topic:** This exercise focuses on prosocial skills training, moral reasoning, and anger control training. The goal is to teach participants cognitive strategies to combat unhealthy thinking styles.

Notes for the Facilitator

- Discuss problematic behaviors in relation to values and goals.
- Brainstorm: Why it is that one person gets really angry at something while another person just gets annoyed at the same thing?
- Identify: How do you know when you're really angry? What is the difference between anger and frustration?
- Discuss negative consequences for becoming angry and out of control.
- Explore techniques for cooling down.

About the Exercise

- **What's it for?**
 - To identify the things that make you angry, so that you can gain control over your reactions and choices, as well as finding the anger management strategies that work best for you.
- **Why does it work?**
 - Anger often takes us by surprise. By reacting in the moment, we can damage friendships, hurt ourselves or others, have a “slip”, or lose our ability to assess what is really going on. When we understand our triggers, we will still have that flash of rage or anger, but we can also pause, gain clarity, and exercise control over our emotions. When we choose to engage in anger management strategies we will have better outcomes.
- **When to use it:**
 - Because anger is sudden and can make us feel out of control, we need to thoughtfully identify our triggers and anger management strategies in advance based on past experience.
- **How to use it:**
 - Fill out the worksheet, then come back to it when something makes you angry and refine your answers as needed. Knowing your triggers and healthy anger management strategies will help you to be prepared for the inevitable frustrations that life brings. You can work with your Recovery Coach as well as your other treatment providers to see how you can best give yourself the space to respond in a way that will result in a positive outcome.

SAMPLE ANGER MANAGEMENT WORKSHEET

Everyone reacts differently to different situations. What makes one person very angry may make another person only slightly annoyed. This is because our own experiences and personal interpretations of things greatly affect our emotional responses to them. Once you become aware of things that trigger you to become angry, you can begin to work on how you respond to them and implement anger management strategies. Below is a checklist of things that often make people angry. Which ones do you have the most difficulty handling?

I am likely to get very angry when:

- I think that I am being treated unfairly
- People criticize me
- I remember times that others have mistreated me in the past
- I feel insulted
- People disobey or disagree with me
- I do not get credit for something I have done
- I feel embarrassed
- People lie to me
- People tell me what to do
- I feel that I have failed at something
- People are late or waste my time
- People ignore me
- I have to wait
- There is a lot of noise or confusion around me
- I see others being mistreated
- I feel helpless or out of control
- My chronic pain worsens
- I am reminded of the death of a loved one or close friend
- I am reminded of a time that I have mistreated others in the past
- I feel at fault for a real incident involving harm to others
- People do not let me live down mistakes I have made in the past
- Other: When people don't listen to my side
- Other: _____
- Other: _____
- Other: _____

Why are the items that you checked triggers for you?

When people blame or criticize me I think they believe that they are better than me.

How do these triggers make you feel?

I start to feel very small inside, then I get mad.

Once you have identified your triggers you can begin to implement the anger management strategies that work best for you. Below is a checklist of strategies that others have found helpful. Which strategies have you tried?

- Think before you speak
- Counting to ten before responding
- Calmly expressing your frustration
- Taking a deep breath
- Using relaxation skills
- Engaging in physical exercise
- Taking a time out
- Problem solving
- Using "I" statements (e.g., "I feel annoyed and hurt when you accuse me of taking your things.")
- Letting go of grudges
- Using humor
- Talking to a supportive family member, friend, sponsor, or counselor

Write down the strategies that worked best for you and explain why:

Thinking before I speak, taking a deep breath, and counting to ten before I even open my mouth works best for me. Also removing myself from the situation to take some space has been a good strategy. When I don't use these strategies I tend to lash out and say things that I don't really mean. I did this once when my boss reprimanded me for being late, and I ended up losing a job that I actually liked.

ANGER MANAGEMENT WORKSHEET

Everyone reacts differently to different situations. What makes one person very angry may make another person only slightly annoyed. This is because our own experiences and personal interpretations of things greatly affect our emotional responses to them. Once you become aware of things that trigger you to become angry, you can begin to work on how you respond to them and implement anger management strategies. Below is a checklist of things that often make people angry. Which ones do you have the most difficulty handling?

I am likely to get very angry when:

- I think that I am being treated unfairly
- People criticize me
- I remember times that others have mistreated me in the past
- I feel insulted
- People disobey or disagree with me
- I do not get credit for something I have done
- I feel embarrassed
- People lie to me
- People tell me what to do
- I feel that I have failed at something
- People are late or waste my time
- People ignore me
- I have to wait
- There is a lot of noise or confusion around me
- I see others being mistreated
- I feel helpless or out of control
- My chronic pain worsens
- I am reminded of the death of a loved one or close friend
- I am reminded of a time that I have mistreated others in the past
- I feel at fault for a real incident involving harm to others
- People do not let me live down mistakes I have made in the past
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Why are the items that you checked triggers for you?

How do these triggers make you feel?

Once you have identified your triggers you can begin to implement the anger management strategies that work best for you. Below is a checklist of strategies that others have found helpful. Which strategies have you tried?

- Think before you speak
- Counting to ten before responding
- Calmly expressing your frustration
- Taking a deep breath
- Using relaxation skills
- Engaging in physical exercise
- Taking a time out
- Problem solving
- Using "I" statements (e.g., "I feel annoyed and hurt when you accuse me of taking your things.")
- Letting go of grudges
- Using humor
- Talking to a supportive family member, friend, sponsor, or counselor

Write down the strategies that worked best for you and explain why:

“Relationship-Related Triggers”

TOPIC AND EXERCISE DESCRIPTION

Session 9: Relationship-Related Triggers

About the Topic

- **Description of Topic:** Participants will learn how unhealthy relationships can contribute to a higher risk of substance use relapse, mental health symptom exacerbation, and treatment discontinuation.

Notes for the Facilitator

- Discuss readings that come before the worksheet.
- Fill out the first two questions on the worksheet.
- In groups, encourage members to share their answers and to give feedback to other members.

About the Exercise

- **What's it for?**
 - To help you identify some of the things that other people do that can trigger your substance use and understand why you react the way you do.
- **Why does it work?**
 - Sometimes we don't really “get” what's happening with people we care about. They can always get under our skin. It helps to get specific about what the triggers are that really get to us and say honestly what it is we are really feeling when those things happen or those words are said.
- **When to use it:**
 - When you feel an urge to use, you can think about what just happened that set it off. If there's another person involved that you care about, maybe they will be willing to change what they're doing in some way so it doesn't get to you so much.
- **How to use it:**
 - Learn about relationship-related triggers by reading the information below and think about your own triggers in a relationship with someone you care about. Fill out the first three questions on the worksheet. When you're feeling calm and ready to listen, approach the other person. Explain the trigger and how it makes you feel. Find out if the other person sees a way to change what they are doing. Or maybe you'll understand why they do this better and it will not bother you so much.

RELATIONSHIP RELATED TRIGGERS: AN EXAMPLE

Spouses, friends, and family members may have strong emotions about your substance use, such as anger, frustration, desperation, and sadness. They may use a variety of methods to cope with it. Sometimes the ways they choose to cope "backfire" – that is, increase the chances that you will go use or use more. Sometimes, situations that involve spouses, friends, or family members serve as triggers for us, such as attending a social function together and facing an open bar.

REMEMBER:

- Spouses, friends, and family members are not to "blame" for these triggers!
- Ultimately, it is the personal responsibility of the substance user to control his or her use behavior, regardless of the trigger!

BUT:

- Is there anything the spouse, friend, or family member can do differently to eliminate or change certain triggers for the user?

Example: *Partner-related Chains*

One of the children was suspended from school today for fighting with another student. The wife received the call from the school, had to pick up her son, and is angry at him for his attitude about the event, which seems to be "Good - I get a day off." The husband walks in the door, and she starts to tell him what happened. His reaction is, "It's no big deal, and it's good that he stood up for himself." She yells at him, "That is so typical of you. No wonder your son is in trouble - he's just like you - no respect for rules or laws. If you hadn't been using drugs for so long, maybe you'd realize that this is a bad situation." He stares at her, feeling more and more edgy and angry as she continues to yell. Then he turns around, leaves the house, and goes over to his cousin's, who always has some dope that he can cop.

In this example, the partner complaining about irresponsibility because of drug use is a trigger for further drug use. This is a partner-related trigger. After using, short-term positive consequences might include avoiding dealing with the household problems and not being bothered by his wife. Long-term negative consequences might include feeling depressed, guilty, and angry with himself for having no self-control over drug use and being lazy for not dealing with family problems as they come up.

SAMPLE RELATIONSHIP-RELATED TRIGGERS WORKSHEET

List some Relationship-Related Triggers that you can think of:

1. My girlfriend Aliyah won't lend me money when I really need it.
2. My brother Malik keeps trying to get me to go back to school.
3. My children keep asking me to buy them things that I can't afford.

What kinds of things do you think and feel when faced with these triggers?

1. I get furious when I can't get money. Also frustrated, helpless and alone.
2. I get stressed out when I think about school. Maybe it would help me get a better job, but I wasn't a good student before I don't want to be humiliated. I feel jealous of Malik, I guess - things always seemed so much easier for him.
3. I feel guilty and ashamed that I can't buy my kids what they want. Sure, they have the necessities, but sometimes I feel like they just keep paying for my mistakes.

What might you typically have done then?

1. I usually yell at Aliyah and leave the house.
2. I told Malik to just shut up and leave me alone.
3. I eventually give in to the kids, then get even more stressed out about whether or not we'll have enough money to make it through the rest of the month.

To Spouse, Family Member, or Friend:

Can you change anything about these triggers to make them less important?

1. I shared this page with Aliyah and asked her why she doesn't want to lend me money when I need it. She told me couldn't lend me money and have me drink it away. But she says after I'm sober for 6 months, she could help me out a little if I need it sometimes, just as long as I get a job and pay it back.
2. I explained to Malik that I'm just not ready to think about school right now, and he agreed to stop asking me about it.
3. I spoke to my kids about our need to budget and encouraged them to get a paper route and mow lawns in the neighborhood. This can be a good opportunity to teach them about the value of a dollar.

RELATIONSHIP-RELATED TRIGGERS WORKSHEET

List some Relationship-Related Triggers that you can think of:

1 _____

2 _____

3 _____

4 _____

What kinds of things do you think and feel when faced with these triggers?

1 _____

2 _____

3 _____

4 _____

What might you typically have done then?

1 _____

2 _____

3 _____

4 _____

To Spouse, Family Member, or Friend:

Can we change anything about these triggers to make them less important?

1 _____

2 _____

3 _____

“Moving Through Fear”

TOPIC AND EXERCISE DESCRIPTION

Session 10: Moving Through Fear

About the Topic

- **Description of Topic:** Participants learn to identify unrealistic fears that might be holding them back in their recovery and times of transitions, and what they can do about them.

Notes for the Facilitator

- Encourage participants to identify situations in which they are afraid to act and to consider the root of this fear.
- Review examples identified by participants on the worksheet and then encourage them to identify ways to address these fears.
- In groups, encourage members to share their unrealistic fears and to give feedback to other members.

About the Exercise

Adapted with permission from: Appalachian Consulting Group, 2006 for the MISSION Model

- **What's it for?**
 - To help identify fears that might hold you back, the reasons for those fears, and what you can do about them.
- **Why does it work?**
 - Some fears are healthy, such as being afraid of being around people who are using drugs. Other fears might hold you back, such as a fear of new social situations.
 - This tool helps you to identify:
 - Situations in which you are afraid to act
 - The root of the fear that is holding you back
 - Ways of addressing this fear
- **When to use it:**
 - You can use this exercise whenever there's something that you would like to do or think that you should do, but that you are afraid to do. You can use it with the help of your Recovery Coach to work through a problem, or you can use it yourself. Often it helps to have the perspective of another person whose insight you respect. Sometimes, using this tool can help you make a change that is needed in your life.
- **How to use it:**
 - The worksheet asks a number of questions that help you move through a logical thought process. Following is an example of how someone might fill out the worksheet, then a blank worksheet that you can use. You can show your answers to your Recovery Coach, therapist, and/or sponsor, etc., as a way of clearly explaining how you'd like them or others to help you.

SAMPLE MOVING THROUGH THE FEAR WORKSHEET

Ramon has been clean and sober since he went through the residency program. For a while, he lived in transitional housing, but with his case manager's help, he moved into a new apartment. At first, he really liked it, but he noticed that some teenagers are dealing drugs in the parking lot. He's heard other neighbors talk about it, but nobody's willing to do anything.

Complete the following statement: If I were not afraid, I would....

Try to keep the drug dealers out of our parking lot by complaining to the apartment management company or the police.

What is the fear that is keeping me from doing that?

Complete the following statement: I am afraid of.... My complaints being ignored and the drug dealers retaliating against me.

How does experiencing that fear make me feel? What are the physical and emotional sensations that I experience? Be as specific as possible.

When I see the teenagers dealing drugs, I get a sick feeling in the pit of my stomach and become short of breath. I sometimes have dreams about the drug dealers coming after me with guns.

What are the thoughts that come to my mind in that situation?

I think about past dangerous situations I've been in. I have seen gunshot wounds, and it scares me to think about the drug dealers shooting at me.

What have I learned from past experiences about how to successfully deal with these feelings and thoughts?

What helped me most in stressful situations was to know that I had people by my side.

How can I use what I have learned to help me with this fear?

It will be easier to address the problem as a group of tenants rather than as an individual.

What are some small steps that may help me deal with these feelings and negative thoughts?

I could learn about other groups of people who've organized to get drug dealers out of their neighborhoods.

What kind of support would I like to have that would help me face this fear and move through it?

I want to know what can be done about the drug dealers and the best way to bring up the problem without putting myself at risk. I also need to find ways of dealing with my anxiety and fear.

Who do I think might provide this kind of support for me?

I can talk to community groups, my Recovery Coach, my peer support group, and my therapist.

MOVING THROUGH FEAR WORKSHEET

Complete the following statement: If I were not afraid, I would....

What is the fear that is keeping me from doing that? Complete the following statement: I am afraid of....

How does experiencing that fear make me feel? What are the physical and emotional sensations that I experience? Be as specific as possible.

What are the thoughts that come to my mind in that situation?

What have I learned from past experiences about how to successfully deal with these feelings and thoughts?

How can I use what I have learned to help me with this fear?

What are some small steps that may help me deal with these feelings and negative thoughts?

What kind of support would I like to have that would help me face this fear and move through it?

Who do I think might provide this kind of support for me?

“Creating the Life You Want”

TOPIC AND EXERCISE DESCRIPTION

Session 11: Creating the Life You Want

About the Topic

- **Description of Topic:** Participants identify the life that they want, what they need to change in order to attain it, and the factors that are working for and against them.

Notes for the Facilitator

- Review with participants the ten-step process for attaining the life they want as described on the worksheet.
- In groups, encourage members to share their responses and to give feedback to other group members.

About the Exercise

Adapted with permission from: Appalachian Consulting Group, 2006 for the MISSION Model.

- **What's it for?**
 - To help you work toward a goal by identifying the need for change and the factors that are working for and against you in this effort.
- **Why does it work?**
 - This exercise walks you through a ten-step process to help you do the following:
 1. State as clearly as possible in a positive manner what it is that you want to create in your life.
 2. Be clear why you want this and how your life will be different once you achieve this goal.
 3. Be clear about what you are going to have to change in order to accomplish this goal.
 4. Understand what you have going for you to help you achieve this goal.
 5. Understand what you have going against you that will make it harder to achieve this goal.
 6. Be especially aware of the negative self-talk that sabotages and undermines your attempts to succeed.
 7. Be clear about what you need to achieve this goal in terms of skills, resources, support systems, or anything else.
 8. List three to five major actions that you need to take to initiate movement toward this goal.
 9. Stay focused on what you want to create, not on the difficulties you might be having.
 10. Think of ways to care for yourself as you work to achieve this goal.
 - After you use this tool for a while, it becomes “automatic” and you can use it more easily.
- **When to use it:**
 - Even if you are working on immediate goals such as maintaining your recovery day to day, it helps to set long-term goals to achieve happiness and success.
- **How to use it:**
 - Think hard about what's really important to you—what you want from your life—without limiting yourself to what you think is realistic or what you can do immediately. Start work on a long-term plan. Ask questions about what you need to do to get there – for example, completing a certain educational program or changing the way you interact with others.

SAMPLE THE LIFE THAT YOU WANT WORKSHEET

Bernard has two children from a marriage that ended in a bitter divorce, and his wife received custody of the children. At one point, when Bernard was actively using drugs, his wife had a restraining order against him to keep him away from her and the children. Bernard completely lost touch with them while he was living on the street, and now he wants to see his children again.

1. State as clearly as possible in a positive manner what it is that you want to create in your life?

Within the next (time frame) year, I choose to...

Contact my children so that I can visit them and let them know that I want to be a part of their lives.

2. I believe the benefits of doing this will be...

I will at least let them know that I care about them, and hopefully I will have a chance to make up the hurt that I have caused them.

If I decide not to do this, the implications will be...

They will continue to think that I do not care about them and I will not know if I can heal the past.

3. I need to change the following things in my life in order to accomplish this goal...

Demonstrate that I am a changed person who is more responsible and cares more about others.

4. Three things that I have going for me that will help me create the kind of future that I want are...

- a. My time in recovery shows my commitment to changing my past habits.
- b. My willingness to seek mental health treatment has helped me become less angry.
- c. I am sticking to the terms of my probation.

5. Three things that I have going against me in terms of creating the kind of future that I want are...

- a. My children last saw me at my worst.
- b. As they have grown up, their opinions of me were shaped by my ex-wife.
- c. My ex-wife holds legal rights that can keep me away.

6. The negative and destructive self-talk that I need to watch out for is...

"You blew your chance." "Your children hate you." "Your ex-wife will never let you around those kids again."

I will combat this negative self-talk by...

Remembering that the children have some fond memories of me and that my sister, mother, sponsor, probation officer, and recovery coach have all been impressed with the way I am turning my life around.

7. I need to learn the following skills in order to accomplish this goal...

Find a positive way to approach my children, so they don't feel scared or threatened by me.

I need to coordinate the following resources...

I have to make sure I know about any possible legal issues around me contacting or visiting my children, and I also need to know how to contact them and what types of things I could do with them that they would enjoy.

I need to develop the following supports...

Legal services to help me with the legal side, and talk more with my Recovery Coach, who has gone through the same thing, to walk me through the practical aspects and also to provide moral support. Maybe get another family member to help bridge the gap between the kids and me.

8. I need to get started by doing the following things...

Write a letter to my ex-wife letting her know about the changes I am making and my enrollment in the ART program. Remember to take it slow and not ask for too much right away. Call my sister, who is still friends with my ex, and ask for her.

9. I will keep myself focused on what I want to create and the benefits this will bring me by...

Remembering some of the happy times. Maybe get a recent picture of the kids to remind myself what I'm working for.

10. I will take care of myself while working to create the kind of future I want by...

Continue sticking to the terms of my probation, working on my sobriety, and trying to find a permanent job. Take time to reflect on the positive changes I have made in my life.

THE LIFE THAT YOU WANT WORKSHEET

1. State as clearly as possible in a positive manner what it is that you want to create in your life?

Within the next (time frame) _____, I choose to...

2. I believe the benefits of doing this will be...

If I decide not to do this, the implications will be...

3. I need to change the following things in my life in order to accomplish this goal...

4. Three things that I have going for me that will help me create the kind of future that I want are...

a. _____

b. _____

c. _____

5. Three things that I have going against me in terms of creating the kind of future that I want are...

a. _____

b. _____

c. _____

6. The negative and destructive self-talk that I need to watch out for is...

I will combat this negative self-talk by...

7. I need to learn the following skills in order to accomplish this goal...

I need to coordinate the following resources...

I need to develop the following supports...

8. I need to get started by doing the following things...

9. I will keep myself focused on what I want to create and the benefits this will bring me by...

10. I will take care of myself while working to create the kind of future I want by...

“Getting the Job and Education You Want”

TOPIC AND EXERCISE DESCRIPTION

Session 12: Getting the Job and Education You Want

About the Topic

- **Description of Topic:** Participants identify their preferences, strengths, skills, and resources as they build a plan for successful employment or returning to school.

Notes for the Facilitator

- Help participants develop an individual employment or education plan based on what they want their career lives to be like.
- Encourage participants to document their progress towards their employment and educational goals.
- In groups, give members the opportunity to share their employment or school-related plans and to give feedback to other members.

About the Exercise

- **What's it for?**
 - To help you understand your employment and educational needs and preferences, and to build a career plan that promotes long term recovery. Your Recovery Coach can help you to identify employment and educational resources in the community and to address barriers to employment and educational achievements.
- **Why does it work?**
 - Understanding your employment and educational needs and preferences and developing a well-thought-out plan can be the first step toward reaching your goals. While barriers to the successful attainment of employment and educational goals may seem overwhelming, many community programs exist to help you. You are encouraged to speak to your Recovery Coach about these opportunities, as they can address your questions and direct you to community resources that can help you attain your employment and educational goals.
- **When to use it:**
 - Even if you are working on immediate goals to obtain employment or enroll in courses towards a degree, this helps to set long-term goals to achieve happiness and success.
- **How to use it:**
 - Included in this section is a sample Employment Support Worksheet. This form can help you think about and plan your employment. The form will also help you consider your strengths and skills, as you build a successful career plan. You are encouraged to complete this form with your Recovery Coach and update them regularly as you make progress toward new goals.

SAMPLE EMPLOYMENT SUPPORT WORKSHEET
Individual Employment Plan

DATE: 1/18/18

OVERALL EMPLOYMENT GOAL:

I love sports. I'd like to get a job working at a sporting goods store. I might also be willing to work in the local minor league ballpark. Either way, I know I can only work part-time right now.

STRENGTHS, SKILLS, RESOURCES:

I am personable and have work experience. I've worked in the past in a restaurant and a discount store. I have a car, but it needs repairs. My mother is willing to help out with transportation until I can get my car fixed.

OBJECTIVE 1:

I will find a part-time job in a sporting goods store or local minor league ballpark.

STEPS TO REACH MY GOAL:

1. I will talk to my Recovery Coach, Sandra, about how I can gather the dates of my past employment, as well as contact information for my references.
2. I will ask my mother to drive me to local sporting goods stores and get job applications. I will call the HR department at the ballpark to learn about their business.
3. I will meet Sandra and ask her to review the completed applications before I return them.
4. Within a week of returning the application, I will contact the store manager to express my interest in the position, ask if any additional information is needed, and whether it would be possible to schedule a job interview.
5. I will role play job interviews, including how to address my past criminal record, in my Recovery Life Skills Group and in individual meetings with Sandra.

PERSONS RESPONSIBLE:

Beth Smith (client), Sandra Owens (Recovery Coach), Clara Smith (Beth's mom)

TARGET DATE: 4/18/18

DATE ACHIEVED: 4/10/18

I was hired at the local sporting goods store, where I assist customers, monitor the dressing room, and restock the shelves.

SIGNATURES/DATES:

OBJECTIVE 2:

I will excel at my new job.

STEPS TO REACH MY GOAL:

1. I know that I need some employment support to maintain my new job. Sandra will make phone calls to my boss to get extra feedback on my job performance. Sandra and I will discuss this feedback and trouble shoot any problems so they don't put me at risk of losing my job. I will look for opportunities to take on more responsibilities on the job.
2. My mom will drive me back and forth to work until I can get my car fixed. I will save a portion of my pay to put toward car repairs so that I don't have to rely on my mom.

PERSONS RESPONSIBLE:

Beth Smith (client), Sandra Owens (Recovery Coach), Clara Smith (Beth's mom)

TARGET DATE: 6/21/18

DATE ACHIEVED:

SIGNATURES/DATES:

EMPLOYMENT SUPPORT WORKSHEET
Individual Employment Plan

DATE: _____

OVERALL EMPLOYMENT GOAL: _____

STRENGTHS, SKILLS, RESOURCES: _____

OBJECTIVE 1: _____

STEPS TO REACH MY GOAL:

1. _____

2. _____

3. _____

4. _____

5. _____

PERSONS RESPONSIBLE: _____

TARGET DATE: _____

DATE ACHIEVED: _____

SIGNATURES/DATES:

OBJECTIVE 2: _____

STEPS TO REACH MY GOAL:

1. _____

2. _____

3. _____

4. _____

5. _____

PERSONS RESPONSIBLE: _____

TARGET DATE: _____

DATE ACHIEVED: _____

SIGNATURES/DATES:

“Identifying Housing that Meets Your Needs”

TOPIC AND EXERCISE DESCRIPTION

Session 13: Identifying Housing that Meets Your Needs

About the Topic

- **Description of Topic:** Participants identify their housing preferences and goals as well as any potential barriers to their successful (re)housing.

Notes for the Facilitator (optional)

- Explain that stable, safe, and comfortable housing promotes recovery.
- Highlight the importance of participant preferences in the housing search.
- Help participants to consider common housing barriers and potential strategies for managing them.
- In groups, give members the opportunity to share their (re)housing experiences and provide feedback to fellow group members

About the Exercise

- **What's it for?**
 - Having a stable, safe, and comfortable home helps to promote lasting recovery.
- **Why does it work?**
 - When you are looking for housing it is important that you consider what types of housing will work best for you and to anticipate possible obstacles that you may face along the way to becoming (re)housed. While the barriers to attaining your (re)housing goals may seem overwhelming at times, your Recovery Coach can help you to identify your housing preference and address any obstacles, as well as provide referrals to available housing assistance programs.
- **When to use it:**
 - You are encouraged to complete this form and to regularly review the progress you make toward your housing goals with your Recovery Coach.
- **How to use it:**
 - Included in this section is a sample Re-housing Planning Worksheet; this form can help you to think about your housing preferences as well as any potential housing barriers.

SAMPLE REHOUSING PLANNING WORKSHEET

Housing Preferences:

The type of housing I prefer is (i.e. studio, 1 bedroom, total number of rooms, etc.) ...
Since it's just me right now and my income is limited, I'd like a studio apartment.

My preferred neighborhoods are...

My ideal neighborhood is Riverside because my extended family lives there, but any neighborhood bordering it is also okay.

The neighborhoods I prefer to avoid are...

I want to avoid Crestwood Heights and Maple Terrace. I know too many people there who use drugs, and it would be harder to break free from my past.

My transportation needs are (i.e. public transit, downtown area, etc.)

I need to have housing that is close to public transportation that can get me to and from work and NA meetings.

The floor level that I prefer to live on is...

I would prefer an upper floor. I once lived in a ground floor unit that was broken into, and I think that I will feel safer on an upper floor.

Potential Barriers:

My criminal history that may impact my housing search is...

I was arrested twice in the past for disorderly conduct when I was high on street drugs and off of my psychiatric meds.

My past eviction history that may impact my housing search is...

I was evicted from my last apartment. I was using heavily and was lonely, and let my drug friends take over my apartment, which violated the terms of my lease.

Family members who may potentially live with me are...

None, I will be living alone.

The possible restrictions with my subsidy-type are...

The subsidy that I am applying for may limit me to certain units and there may be a waiting list.

My available budget (including utilities, security deposit, rent after subsidy, etc.) is...

\$650

Special Accommodations:

Grab bar in bathroom

Wheelchair accessible

REHOUSING PLANNING WORKSHEET

Housing Preferences:

The type of housing I prefer is (i.e. studio, 1 bedroom, total number of rooms, etc.)...

My preferred neighborhoods are...

The neighborhoods I prefer to avoid are...

My transportation needs are (i.e. public transit, downtown area, etc.)...

The floor level that I prefer to live on is...

Potential Barriers:

My criminal history that may impact my housing search is...

My past eviction history that my impact my housing search is...

Family members who may potentially live with me are...

The possible restrictions with my subsidy-type are...

My available budget (including utilities, security deposit, rent after subsidy, etc.) is...

Special Accommodations:

...

PART 2

READINGS AND REFLECTIONS ON SUSTAINING RECOVERY

...

...

PART 2: SECTION A

General Information on Facilitating Readings and Reflections on Sustaining Recovery

...

GENERAL INFORMATION ON FACILITATING READINGS AND REFLECTIONS ON SUSTAINING RECOVERY



This section provides Recovery Coaches with suggestions for how to include the reading and reflections into groups and discussions.

Topics Covered in the Readings and Reflections on Sustaining Recovery

In Part 2 of the Navigating Transitions Participant Workbook we offer what we hope will be some helpful perspectives for participants on how to get the most out of what they have learned in the program to help them fulfill their personal goals; maintain their sobriety; and build a successful life in the community. Included are materials on topics that can help participants navigate current and future stressful life transitions and sustain their recovery from substance use and other problems. It provides advice, both from the perspective of clinicians and people who have walked along the recovery path. Urge your program participants to listen to these voices and assure them that they are the voices of people who know two things: (1) sustaining recovery isn't easy, and (2) they can do it!



The reading materials include information on the following topics, which have been identified as areas essential to sustaining recovery:

Coping Skills

Anger Management

Preventing Relapse

Community Living

Medication Assisted Treatment (MAT) for Substance Use Disorders

Medications Used to Treat Psychiatric Disorders

It is the role of the Recovery Coach to support participants as they read through and reflect upon the reading material. Therefore, it is essential for you to read through and become very familiar with the information that is presented on all of the topic areas. All of the reading materials are contained in Part 2, Section B of this guidebook, beginning on page 93, so that they are easily accessible for you to reference in your meetings with participants.

Facilitating Participant Use of the Readings and Reflections on Sustaining Recovery

It is the Recovery Coach's responsibility to discuss the reading materials with participants during check-ins, individual meetings, or even small groups and to elicit participants' ideas and feelings about what they have read. Encouraging this type of reflection will allow the material to serve as a springboard for participants, helping to launch them into (1) thoughtful consideration of their own recovery journey, (2) how the information may be of personal relevance to them, and (3) how they may apply it in their own lives. For some people journaling can be an added helpful tool for

expressing their reactions to the readings, and we recommend that you suggest starting a journal to participants.



You may have your own “lived experience”. If you do, you can choose whether or not to share your own **recovery story**. This is a recounting of where you were, where you are now, and how you got there. It is best to spend a short amount of time talking about your past in order to connect to participants, and then spend the majority of time focusing on where you are now and how you got here. Your overall attitude should be realistic and positive, positive, and more positive.

Conversely, it is important not to tell an **illness story**. This is a recounting that is centered on the past, and involves telling “war stories”, trying to “one up” other individuals, or talking excessively about medications, hospitalizations, and other negative or graphic details. An illness story doesn’t inspire people to move forward and can potentially be harmful. Therefore, we urge you be watchful when sharing your own story that it does not inadvertently turn from a recovery story into an illness story.

In discussions with participants, it is also essential to remain mindful that they have a range of different skills, abilities, interests, and experiences. They will find some strategies for recovery more helpful than others and have their own opinions on the topics discussed because of having their own “been there, done that” histories. You are encouraged to advise participants “if it don’t apply, let it fly” and urge them to use the information that they do find helpful in order to develop new insights and discoveries about the strategies that work best for them. It is important to respect participants’ preferences and their capabilities to self-determine which strategies feel right and work best for them.

As participants begin to connect with the material and the new coping strategies they are learning, encourage them to practice them in their everyday routines. Remind participants that the more they use the strategies the more automatic they will become, and natural they will feel. You may also assist participants in fine-tuning these strategies so that they are even more effective and encourage participants to apply newly learned strategies to other life areas or newly faced challenges where it may be beneficial. Let your participants know that you believe they can do it, that you are rooting for them, and acknowledge and congratulate their successful efforts toward attaining the life they want.

Below is a summary of the activities conducted by the Recovery Coach to facilitate the use of the reading and reflection materials.

- ❖ Introduce participants to the Readings and Reflections Section of the Participant Workbook
- ❖ Highlight the helpful nature of the information for sustaining recovery
- ❖ Encourage participants to read through the material
- ❖ Urge participants to focus on the reads that most resonates with them

- ❖ Suggest to participants that they use journaling to write own their reactions to the readings
- ❖ Meet with client to discuss the readings and encourage him or her to focus on topics of personal relevance
- ❖ If you choose to, share own “recovery story”
- ❖ Respect participants ability to self-determine which strategies work best for them
- ❖ Assist participants in fine-tuning strategies
- ❖ Help participants to identify how newly learned strategies can be used in other life areas or to new challenges that arise
- ❖ Congratulate participants on their successful recovery efforts

...

PART 2: SECTION B

Readings and Reflections on Sustaining Recovery Materials

...

READINGS AND REFLECTION ON SUSTAINING RECOVERY MATERIALS



This section contains the supplementary Readings and Reflections materials given to participants.

This section includes all of the readings and reflections on sustaining recovery that are included in the Participant Workbook. We have included all the material here so that you, as the Recovery Coach, can have these materials readily at hand during your discussions with participants that focus on these areas. These materials are meant to supplement the 13 Recovery and Life Skills sessions.



The readings and reflections address 6 topic areas:

1. Coping Skills
2. Anger Management
3. Preventing relapse
4. Community Living
5. Understanding Medication Assisted Treatment (MAT) for Substance Use Disorders
6. Understanding Medications Used to Treat Psychiatric Disorders

COPING SKILLS

Important life transitions frequently cause stress, and can sometimes lead to psychological distress or the worsening of existing mental health symptoms. Psychological distress can be manifested in a variety of symptoms, such as uncontrolled anger, feelings of hopelessness, lack of interest, inability to feel pleasure, reliving past events, repeating thoughts or behaviors over and over, losing touch with reality, inability to relate to others, insomnia (trouble sleeping), agitations, and/or an inability to concentrate. The MISSION Navigating Transitions Program seeks to improve your ability to cope with some of these symptoms as they can interfere with your ability to lead a fulfilling life and can lead you to a point where you feel like using again. This section discusses some healthy ways of dealing with distress that you can use, instead of going back to old ways.

People with substance use, mental health, or other life problems often engage in self-destructive behaviors even though they know the consequences. A participant in a similar program shared his belief that substance use is often the only way people know how to deal with unresolved emotions:

“I’ve grown up with alcoholics, have seen the progression, and knew where I was headed before I got there, but I didn’t have support to deal with emotions, anger, and depression and everything else that I couldn’t express positively or negatively, and I felt that the outlet was to medicate myself by drinking so I could go to sleep and hope it would be better when I woke up – but of course it wasn’t.”

The MISSION Navigating Transitions Program teaches you to recognize some of the causes of your self-destructive behavior. As another participant put it:

“If I don’t change the way I feel, then my self-destructive behavior will continue. When someone pushes my buttons, I’ll self-destruct. I don’t have to use vulgar language. I don’t have to get upset. So now, I toe the line. I’m careful to sign in and out from work honestly. I can’t lie, I can’t bum a cigarette. I’m taking baby steps, so I can acquire peace of mind and tranquility.”



kitchen table or desk.

PLANNING AHEAD

There is much you can do to begin to get a handle on managing emotional triggers. One of the most important skills, however, will be to learn to listen to your body. It will communicate its distress to you in the form of pain, moodiness, or exhaustion. You might get up feeling that “the world is just not feeling quite right today,” or that you are not feeling quite right today. If you feel this way, perhaps today is not the day to visit your argumentative family member, or maybe you need to use that sick time you’ve been saving up at work. Maybe you need more rest, or you need to clear the junk off your

Try to identify that discomfort. Write down what you feel. Give it some thought and determine what you will do about it. Do you need to talk to someone? Does that someone need to be a professional or can it be a peer? The best way to cope with any troubling situation is to have a strategy in mind, preferably thought out in advance. The activity “Preventing and Coping with Stress” (Exercise 4; page 47 of the Recovery Coach Guidebook and page 22 of the Participant Workbook) can help you to identify a strategy that’s right for you.

Some people find “visioning” helpful. You envision yourself sailing smoothly through a situation before you confront it. You focus on a positive outcome. For example, if you are going for a job interview and you know you get very nervous, you can practice greeting your potential employer with a smile and a firm handshake. Imagine yourself settling comfortably into any chair that’s offered. Imagine yourself calm, informed, and in control. Then breathe life into that image by taking adequate time to prepare yourself.

The issue might be an ex-partner you have to face or with whom you must discuss important medical or financial issues. Remember what it’s been like in the past – but this time, go better prepared, with a clear idea of how you want to handle the encounter. Perhaps you will have a list of topics you’d like to cover. Maybe you will have a coping strategy, such as taking a few deep breaths and waiting before you respond to a provocative statement. If this does not work, state that you do not wish to argue and suggest moving the conversation to another time. In the meantime, ask for suggestions from your Recovery Coach, peers, or a counselor you can trust.

Coping skills also include philosophy. There is a lot of wisdom out there if you seek it. Your peers can be your allies. They have experienced the Herculean struggle often required for sobriety, the pain of psychological difficulties, the turmoil of being faced with obstacles around housing, and/or the hopelessness of unemployment. They are there to help you navigate these difficult waters. They managed to stay afloat when the waves were high. You can learn from their hardships and let them show you how to turn your negatives into assets. They aren’t perfect, either – no one is. But they prove that it can be done.

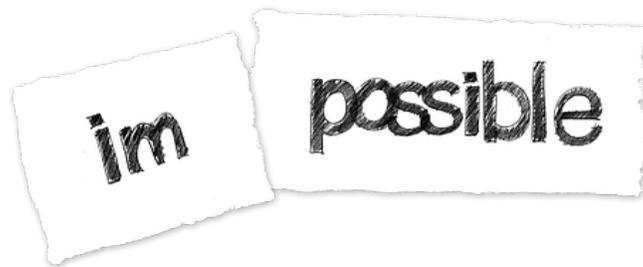
BUILDING SELF-ESTEEM

How many times have you tried to do something that didn’t work out? If you’re human, this is normal. After you failed and were about to walk away, did you hear what you told yourself? Did you say to yourself: “You idiot,” or, “I’m so stupid, I never get things right.” Perhaps you wanted to get a job, ask for a promotion, or invite someone out on a date. When you are about to make a special effort to achieve something, do you hold back because you keep thinking and telling yourself that you’re not worthy or someone else is better than you? Even when you do get the job, the promotion, the date, do you belittle yourself constantly? You can change that voice, and change the language you use when you speak to yourself – from criticism to acknowledgement and praise.



It is hard to acknowledge that the voice is determining your outcomes in advance, but it is and it has a name. It is called “negative self-talk,” and there are ways to combat it. According to the Certified Peer Specialist (CPS) training curriculum created by Ike Powell of Appalachian Consulting Group, negative self-talk is “another major block to creating the life one wants.” The curriculum teaches the relationship between thoughts and feelings and asks participants to share how they have learned to combat negative self-talk. Listen to your voice and start thinking about how it influences the decisions you’ve made and the feelings you’ve had. As you begin to acknowledge that voice, you can become strategic at overriding that voice when you realize how much impact it has on your life.

You can transform negative statements to focus less on self-criticism and more on skills building. For example: “I am so stupid,” can become, “I am new at this and it isn’t so easy, but eventually I’ll get the hang of it,” or “I am doing the best of my ability on this task.” One day you will be able to say, “I am very good at this.”



Maybe you are down on your appearance. Remind yourself that you are alive and are here because there is a purpose for your life and you are on the road to finding it. Then focus on discovering that purpose. If that purpose requires strength and stamina, exercise and eat right. Pick up books on the subject and hang out with people who live that way. There are some things about yourself you cannot change – your height for instance—but you can change the way you stand. Pull yourself up to your full height. You can also change your weight or grooming habits, so pick up articles that discuss these topics and make these changes, like other aspects of your recovery - one day at a time.

Believe it or not, many “beautiful” people feel ugly, and many others look more attractive because they believe in themselves. Look at yourself and instead of picking yourself apart; compliment yourself on the things you like about yourself. Start with small things: your eyes, your hands, your sense of humor, your style or taste, or your knowledge about sports. No one is perfect, but many people who look great have studied themselves and repackaged or reinvented themselves. In fact, the most successful people do this! Confident people feel good and look good and find that people think they’re smarter; as a result, they often get offered better opportunities. You can rewrite the next chapter of your story by changing the thoughts you have about yourself. Here is an example of how one man did it.

Meet George...

“George” is a man who worked hard to attain and maintain his sobriety. He had been homeless and had lost connection with his family because of his past substance use. Through a job development program, he became acquainted with a project on data collection. After

being involved in this effort for a few months, he noticed that he was developing expertise in this area. He was meeting other people like himself who had a history of substance use and homelessness – his peers – and they welcomed him. Over time, he began to feel good about himself; he had connected with a community involved in work meaningful to him and eventually he was able to reconnect with his family. He said, “I now have something to talk about.”

George was a tall, balding, gangly, man who wore glasses, loped when he walked, and suffered from sleep apnea. No one would suggest that George is leading-man handsome, and George did not feel attractive, but something in George began to change. As a person experiencing homelessness, people had probably stopped laughing at his jokes or even listening to them. But now he had an audience of interested listeners and he began to practice his rusty sense of humor. Soon George had everyone laughing! This did wonders for his self-esteem. Sure, sometimes his jokes fell flat or were inappropriate, but he was among his peers and was forgiven. He practiced with his peers to sharpen his comedic skills.

One day, George met a woman named Denise, who admired his wit and who liked tall, gangly men. She was no Hollywood starlet, but she had beautiful eyes and silver hair. Denise also had sleep apnea. They began a relationship and they make a beautiful couple. After two years, they are planning to get married. After being drafted onto a citywide steering committee, George has gone on to become the sole consumer participant on the data management project. He also joined a regional committee formed to deepen consumer engagement. George confessed that when he started this work at his age of 52, he had thought “it was all over for him.” But today, George is a new person and he feels good about himself.

Identify the source of your discomforts, one by one, and begin to work on them. Find supports and community along the way. It doesn't happen if you do it alone. It also doesn't happen overnight. If you recognize now, today, as a turning point, you have the rest of your life to conquer your insecurities.

Relaxation Skills

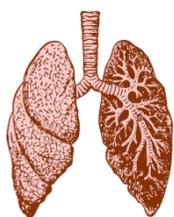
Change is stressful enough, but recovery is very hard work. Unlike many jobs, it doesn't begin and end between nine and five. Recovery is recovery, not recovered. It happens this moment, this one, and the next. While there is debate on whether recovery is forever or has an ending point, while you are in recovery it is especially important to learn and practice relaxation techniques.

Active relaxation is different from sleep or most forms of relaxing, such as sitting in front of the TV with your feet up. Active relaxation techniques might include the visioning process described above, and progressive muscular relaxation and breathing exercises, which are described below. Keep the ideas separate in your life: relax on a couch, sleep in a bed, but do relaxation exercises on the floor or a mat.



Progressive muscular relaxation is a technique for helping you become practiced and familiar with the feeling of releasing tension so that you are able to relax more quickly in situations that might make you anxious. One excellent relaxation technique that can be done quickly and without special equipment follows. It involves going through a series of synchronized breathing and muscle tightening and releasing exercises, from your head to your toes, leaving your entire body relaxed. Here is how:

- Place yourself in a comfortable environment with few distractions. Sit on a mat or in an armchair.
- As you breathe in, focus on and contract a specific muscle; as you breathe out, release that muscle.
- Start with your facial muscles and move through the neck, shoulders, upper body, torso, buttocks, thighs, and calves, to your toes.
- Then go from bottom to top, working your way back to your face, continuing to release tension with each breath.
- To “wake,” direct your attention outward and begin to notice other sights and sounds.



Breathing control is another very basic technique. Breathing control is very deliberate breathing. There are a number of techniques, but most involve slowing down your breathing rate and taking much deeper breaths. Often, the exercises focus on breathing from your diaphragm and using your belly muscles rather than chest muscles to control breathing. The exercise shown on the next page is one of many you might use.

Do not overlook other simple, less formal ways of attaining a state of relaxation, such as spending time with friends at the movies, playing sports, playing cards or video games, playing with a pet, cooking, reading a book, dancing, taking art classes, or exercising and weight training. Whatever makes you feel relaxed – but doesn’t come with a “trigger” – is a good activity to build into your life.

Music can also be a very useful relaxation tool. One great example is Eagle River - At Ease Edition, which features imagery of eagles and other wildlife along the wild river and mountains in the Pacific Northwest. This DVD has been created in part to help wounded troops returning from war as well as their families who are also suffering from the extreme stress of war. This DVD includes guided relaxation bonus tracks and a Relaxation Basic Training Guide with information about breathing, relaxation, and affirmations. This can be found at Soundings of the Planet, <http://www.soundings.com/>, which has many other sounds of nature and music to help you enjoy a sense of relaxation.

BREATHING EXERCISE

Mark Sichel, LCSW and Alicia L. Cervini

http://www.psybersquare.com/anxiety/panic_relax_I.html accessed 10/01/2013

Read through this exercise first and then try it on your own. If you can control your breathing, you will have an easier time controlling your thoughts.

Sit back in your seat. Close your eyes.

Take a deep breath. (Good!)

Breathe again.

Now make your hands comfortable, while keeping your eyes closed. You have a choice of any comfortable hand position. We suggest one of the following three positions:

1. One hand on your belly, one on your chest
2. Palms of hands on your knees
3. Hands folded in your lap

Now sit back, feet on the floor, hands comfortable.

1. Inhale slowly and deeply through your nose.
2. Feel your stomach expand as your lungs fill with air.
3. Now exhale through your mouth to the count of five.

(Pause)

Repeat while inhaling through your nose and exhaling through your mouth and slowly count to five.

Again, in through your nose and out through your mouth, counting to five.

Good. You should be feeling more settled. This kind of breathing is called diaphragmatic breathing. It means to breath from the depths of your belly, rather than from your chest and nose.

ANGER MANAGEMENT SKILLS

Anger is “an emotional state that varies in intensity from mild irritation to intense fury and rage,” according to Charles Spielberger, Ph.D., a psychologist who specializes in the study of anger. And while anger is a normal, human emotion, it is unhealthy when it gets out of control, destroys relationships, sabotages work situations, and leads to violent physical or verbal outbursts. Anger is a natural adaptive response to threats, to which human beings tend to respond with aggression. And while anger is necessary to survival, uncontrolled anger has been known to affect your heart rate, blood pressure, and adrenaline. Anger, suppressed and converted into more constructive behavior, sounds good, but the danger is that without a safe way to express anger, it turns inward, leading to passive-aggressive behavior (when you don’t show anger directly, but do things that are really intended to hurt or accuse), cynicism, hostility, and even physical health problems. Fulfilling an angry impulse can give you a huge, but temporary, rush of pleasure – but it usually subsides after damage has been done.



According to the American Psychological Association article “Controlling Anger Before it Controls You,” learning how to calm down on the inside means “not just controlling your outward behavior, but also controlling your internal responses, taking steps to lower your heart rate, calm yourself down, and let the feelings subside” (APA, www.apa.org/topics/controlanger.html, accessed 10/01/2013). Anger management seeks to reduce both the feelings and the physiological arousal of anger and to help individuals learn how to control their reactions.

People have different “anger styles”: some individuals are hotheaded and quick to anger; some always seem to be in a bad mood; and others withdraw, cry, or get sick. Reasons for anger also differ and can be genetic, physiological, or cultural. However it is learned, we need to learn to channel anger in positive ways without turning it inwards on ourselves. The activity “Anger Management” (Exercise 8; page 62 of the Recovery Coach Guidebook and page 43 of the Participant Workbook) can help you identify strategies for channeling anger that are right for you.

In the prior section we talked about relaxation techniques. These techniques are useful tools in the management of anger and can be called upon whenever you need them. The controlled breathing techniques can help you slow down and control your reactions and should be practiced daily until they become automatic. Another thing you can try is acknowledging that you are angry and stopping to think about what it is that’s making you angry now. You can pause to think about what you need to

do if and when this same situation happens again. You might also want to find someone other than the person you are angry at to talk to about how you are feeling.

Choose someone who won't justify your anger, but who will listen closely to you and ask you questions that will help you sort out your feelings. Often, talking about why you are angry dismantles the anger, puts it in the light of logic and reason, and it begins to fade, bit by bit.

PREVENTING RELAPSE

According to Webster’s dictionary, a relapse occurs when you “slip or slide back to a former condition, especially after improvement or seeming improvement.” It can also indicate the recurrence of bad habits or a disease. Relapse is frequently talked about in reference to addiction, but we’ll also use the term in the context of mental illnesses. Because relapse is experienced differently for each person, and people are in recovery from different illnesses, it is important to understand what relapse is and what it looks like for you. This segment discusses some ways to identify when a relapse might be coming and help prevent it from happening.

BEING AWARE OF THE DANGER

A relapse can be minimized or avoided if you recognize the signs of substance use and mental health symptoms at the earliest stages. Think back to the times in your past when you relapsed. Examine the events that led up to each past relapse. You might find some elements or conditions leading to the most recent relapse were present during your initial lapse or episode. However, just because you have an illness or disease or have had a past relapse, or even several, it doesn’t mean you must always be controlled by it. In fact, understanding the process in the past can help you ward off a relapse in the future. It is important to underscore that we are not saying it’s fine to use drugs or alcohol, but rather that we understand that relapses sometimes occur in the process of recovery.

Each relapse teaches you more about yourself, your triggers, your obstacles, and your strengths. Over time, you learn how to manage your illness, no matter what it is, by becoming familiar with the conditions that precipitated it in the past. Over time, you become more skilled in seeing the onset of an illness or episode, and you develop strategies that become the foundation for your personal “toolbox” of self-care.

As you become more adept at using tools learned from lived experience, you can better manage, minimize, or eliminate relapses that could contribute to the loss of employment, housing, good health, friends, family, and savings, or even your life.



IDENTIFYING YOUR TRIGGERS

Let us look at some of the common events that generally bring people to the brink of relapse and see if any are familiar to you. According to the Wellness Recovery Action Plan (WRAP), by Mary Ellen Copeland, “triggers are external events or circumstances that, if they happen, might produce symptoms that are, or might be, very uncomfortable” (<http://www.yourchn.com/youth/wrap.htm>). For some people, the struggle to cope with something that hurts them or makes them very angry might even manifest itself in a rash or physical pain. So uncomfortable are these feelings that you might wish to ignore them, but ignoring them is how a relapse often happens. In reaction to something that is occurring, you struggle to identify the appropriate reaction out of your old toolbox of anger, violence, drug or alcohol use, denial, or tears.

Being around certain people might anger or frustrate you. For example, just hearing the voice of a family member with whom you have had a rocky relationship or history can bring on rage or anger. Maybe you feel they don't understand you no matter what you say or how you try to explain a situation. You find yourself doing a slow burn, your voice rising as the discussion heats up. You might have hoped this time would be different, but it wasn't. You might find it confusing because you believe you love that person and are puzzled over why they make you feel angry. When you feel these feelings, you are experiencing an emotional trigger, and it can be overwhelming.



Emotional triggers can also be caused by things happening in the world over which you have no control, such as a traumatic news event or harsh or loud noises. Triggers can be bills that you can't pay, or disrespect from someone you do or don't know, or inappropriate, ineffective services or treatment. Life is full of triggers and if you have a condition or illness that affects the way you react to stress, then you might find yourself feeling triggered frequently. You could feel angry, enraged, hopeless, helpless, frustrated, in physical pain, or sad, several times a week or even several times a day. Triggers, surprisingly enough, can even be things you can't see or hear. These triggers have a greater effect when your body is tired or undernourished, and your natural defenses are down.

We can get physically and mentally sick when we don't pay attention to our own needs for sleep and nutrition. We might be trying to make up for lost time or may have taken on too many activities, and we don't stop to rest and fuel up. Maybe we have too few activities and friends, and we find ourselves depressed. One day feels just like another, and you think this is your norm.

Foods can be triggers. Foods eaten during a particular period can conjure up feelings of pleasure that you might also associate with a habit or behavior you are trying to change. For example, if you used to use at a particular event, the smell of food associated with that event can also bring back the desire to use. It is important to pay attention to what makes you feel uncomfortable, whether it be a person, a place, a thing, or an event. Take the time to think about this and begin to write these associations down. Know what makes you feel unsafe or bad. Armed with this information, you will be better informed about people or situations to avoid.

RESPONDING TO TRIGGERS

When you feel a trigger, you want relief from the feelings it brings. You might reach for the very substance that you once believed gave you comfort. Really, though it only made things seem acceptable that really are not. For example, a drink might make the expression of anger or violence or not caring about other people seem OK. If you've quit smoking, you might reach for a cigarette and smoke the whole pack; if you've given up alcohol, you might think that only one drink will help you cope



better and pretend that that drink won't turn into a binge.

If you're in recovery from drug addiction, you might dream of using just one more time, just to escape "this once." Not forever—just for now or to "show them." The only thing letting go will show is that you have lost your composure and, at least for the moment, given up on your recovery. You might come up to this point many times over the lifetime of recovery work. If you have been in remission or have substantial recovery time, you know what will happen if you convince yourself that "just this once" is okay. Instead, it could go on for years, and all your hard-earned gains—a job, a home, good health, respect, friends, and clean time—could go down the tube. So you need to have a plan for what to do when emotional triggers are aroused.

A good starting point is the "Relapse Prevention Plan" (Exercise 3; page 35 of the Recovery Coach Guidebook and page 16 of the Participant Workbook). However, more in-depth tools do exist. For instructions on how to develop a comprehensive personal wellness plan, take a WRAP training, which might be offered at a wellness center or in your local department of mental health. You could also pick up and read Mary Ellen Copeland's books on the topic (www.mentalhealthrecovery.com), which will walk you through the development of a comprehensive self-help plan. Over time, you can edit your plans as you become more adept and skilled at managing your recovery. Remember, a plan is only an idea until you put it into practice!

FINDING MEANINGFUL ACTIVITIES

Engaging in meaningful activities is particularly helpful in recovery from substance use. If you are newly sober, after having been in active addiction over a long period of time, you might suddenly feel as if you have way too much time on your hands. Days that used to rush by, tumbling over each other, filled up to the breaking point in the chaotic world of addiction, might now seem agonizingly slow. Hours might drag on and on, and a day feels like a week. No matter how you made your decision to come to recovery, the fact remains that you are no longer caught up in the day-to-day concerns of addiction and you want to find new, meaningful activities that can fill your time.

You want to avoid relapse, but if you do slip, you don't want to slide all the way into full relapse. We've all heard of the person who's had to go to detoxification programs 20 times or more. Now, due to budget cuts and an unsympathetic social climate, you don't get 20 chances. In fact, you don't even get five chances. But you have the power to turn a lapse into a lesson. Whenever you do, you become a helpful example – maybe a lifeline – for someone else.

"Franky" was great at directing others to resources, but Franky found it hard to keep clean himself. One woman Franky helped was one of his soon-to-be girlfriends, "Julie." She followed up on Franky's suggestion that she apply for an apartment in the same building he had applied to in a suburban neighborhood. She supplied the required documents to the management, applied for and received help with her first and last month's rent, requested and received furniture, and got her first apartment after 13 years of homelessness. She went on to find employment and created a powerful career path for herself. She only saw Franky one more time, two years later, as he was walking down the street, looking bedraggled and thin. She was on a bus and called out to him. By now, word of her stellar success had reached

her peers. When she called his name, Franky turned around, looked back once, and quickly hurried away out of shame. She never saw him again, but she always thought about him as she continued her walk of sobriety and from time to time would hear reports of his bouts with rehab. She was grateful to him for pointing her in the right direction – and for showing her what it would look like if she let a lapse become a relapse. Today she has eleven years of sobriety.

How did she do this? Over the years, she used every tool at her disposal. She attended meetings of all kinds – Narcotics Anonymous (NA), Alcoholics Anonymous (AA), community policy meetings, volunteer opportunities. She took dance classes and theatre classes. She went back to school. She kept showing up. She often felt shame at her ignorance and regretted years lost to pain and addiction, but she just put one foot in front of the other. She attended church and learned to use prayer. She learned how to have friendships with sober people. She started attending therapeutic counseling sessions and still does, continuing to work on her issues of low self-esteem. She read books and attended trainings. She struggled mightily to overcome huge gaps in her knowledge and to get her body healthy. She joined a gym and learned about nutrition. She became a volunteer peer educator in the school system. She began to teach others. She gained recognition and began to be paid for her work. She bought her first home.

*She never went back to the streets or addiction – because with each accomplishment, the value of what she had to lose increased. She took it one day at a time, envisioning a future for herself and working to make it real. She got involved in a healthy relationship, began to go back to college, and is planning on writing a book. She could entitle it, *Healthy Alternatives to Drugs & Alcohol: How to Keep a Lapse from Becoming a Relapse*. She knew that she could have been the one to pull the short straw and that, had she stuck to her old ways, she might have ended up in jail or dead.*

Although she attended AA meetings, NA is where Julie received her key chains for “clean time” and told her story. She felt her biggest risk was “picking up” on her drug of choice so she stayed grounded in the stories her peers told of fighting off relapse. She proudly claimed her 24-hour keychain, and then her 30-day key chain, then her 6-month and 1-year key chains. She returned to the programs that helped her and did “commitments,” which were sessions where she joined other recovering addicts to tell their stories of overcoming addiction and maintaining sobriety. NA and AA meetings taught her about the importance of regular attendance and “showing up for life.” She got a sponsor with whom she engaged in daily or weekly calls. She developed a network of recovering peers. She began reaching out to others, and it was such a natural outcome of her journey, that this also became her work. Soon she was not only attending mutual support group meetings, she was coordinating them.

One of the important aspects of Julie’s journey was the frustration and pain of seeing others, like her friend, Franky, who she could not help. Recovery, despite being done with the support of others, can sometimes be very lonely. You are in a different place in your recovery than others at any given time, and you can lead best by example. Some people take to the rules of the recovery process quite easily.

Others challenge everything they're told. Someone is always telling you that you should be doing something else. Sometimes they're right. Sometimes they're wrong. You are changing. You are growing. But you are on the road called recovery, and with all its challenges, it is always better than active addiction.

LEADING A HEALTHY LIFESTYLE

In recovery, many people become so focused on avoiding drugs or alcohol that they sometimes ignore other aspects of maintaining their health. Many people substitute other unhealthy habits for the ones they have given up. Staying sober seems hard enough, but it is worth the extra effort to try to be healthy in other ways. When you focus on your health, you can cope with your feelings, feel energized to work on your recovery, and maybe even find something to replace your unhealthy addictions.

For people in recovery from substance use, abstaining from alcohol and drugs is paramount. However, many fill the void with caffeine and nicotine. Both of these common substances are addictive in their own right. Tobacco poses numerous threats to your health, and caffeine in large amounts can also have negative effects. For some, even small amounts of caffeine can worsen anxiety, insomnia, or other conditions. Other people in recovery sometimes replace substance addictions with compulsive behaviors that can also have negative impacts, such as compulsive gambling, shopping, or sex. Some even become "workaholics."

Instead of replacing addiction to drugs and alcohol with other compulsive habits that can harm you, such as excessive tobacco and caffeine intake, you can choose what William Glasser, M.D., calls "positive addictions." Some examples of positive addictions are:

- Exercise, such as running, aerobics, basketball, or yoga
- Hobbies or other activities such as reading
- Volunteering or working (while maintaining balance in your life)



Another big part of a healthy lifestyle is eating right. You don't have to limit yourself to salads or follow a strict diet to eat better, but following some simple guidelines can help you feel energized throughout the day and lose any excess weight that you might be carrying. The U.S. Department of Agriculture has issued some simple rules of thumb that can help most people eat healthier:

- Eat lots of fruit, vegetables, whole grains, fat-free or low-fat milk, and dairy or soy-based products.
- Eat lean meats, poultry, fish, beans, eggs, and healthier nuts, such as almonds and walnuts.
- Choose foods that are low in salt, fat (especially saturated fat and trans-fat), and added sugar. When cooking for yourself, use little or no salt, and cook with canola or olive oil. You may also wish to switch from white sugar to brown.

Of course, people with certain chronic health conditions need to follow special diets, and some believe that diet can play a major role in recovery from substance use and mental health problems.

Psychologist John Newport, for example, who runs the Web site <http://wellnessandrecovery.com/>, recommends that people in recovery eat three balanced meals and three healthy snacks each day and avoid foods with lots of sugar or simple starches (such as white bread), because boosting your blood sugar too quickly leads to a crash later. When you're feeling depleted, you're more likely to feel like using again.

Many people believe that the most important influence on maintaining emotional health, improving mood, and reducing stress is getting enough sleep. For many, getting a good night's sleep is a constant challenge. Each person is different, but some techniques that might be helpful for you include:

- Avoid nicotine, caffeine, and alcohol before bed
- Take a warm bath
- Use your bed just for sleeping (no watching TV or reading in bed)
- Try ear plugs
- Avoid strenuous activity right before bedtime
- Keep a regular schedule – go to bed and wake up at the same time each day
- Avoid naps during the day
- Dim lights a little while before bed time, and try reading or listening to soft music instead of TV
- Make your bedroom as dark as possible
- Refrain from using electronic devices one hour before bedtime



Changing many behaviors simultaneously can be difficult, but as you make yourself feel healthier in some ways, such as eating right, you might find yourself having more energy to exercise, socialize, or engage in other activities that make you feel good about the “new you.”

WHAT TO AVOID IN ORDER TO SUSTAIN RECOVERY

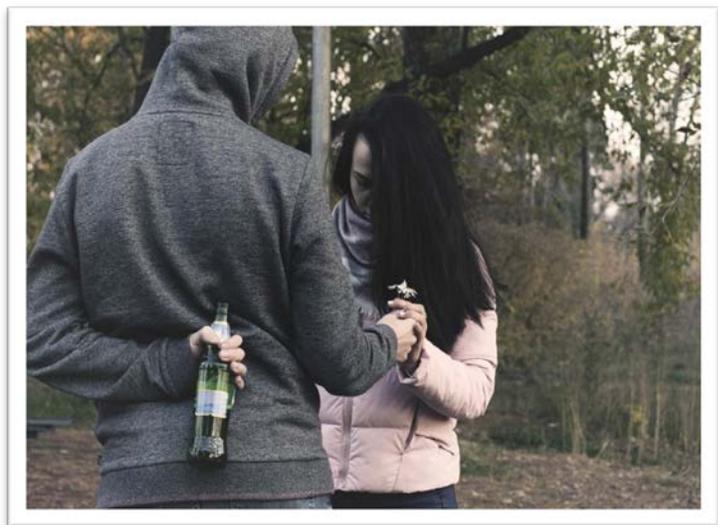
“People who need people are the luckiest people in this world” – so the song goes. We all need good friends we can trust. In your recovery journey, you might want to hang out with your friends, but discover that your only friends and associates are still using or drinking.

Isn't there some middle ground? Isn't it possible to need to be around people, but realize there are some people you can't be around? Must you be lonely because the people you need are sick or toxic people? No! Not when there is an enormous community of people in recovery.

“Toxic” Relationships. To successfully sustain recovery, many things may need to change: your relationship with your family, your acquaintances, where you go, and the things you do. After leaving behind associates who are actively using or drinking, you will find yourself contemplating them over the years. In the beginning, you think they're still having “fun.” Then you begin to see a few of them relapse, detox, relapse, detox, and try to go on to stability. Sadly, most you might never see again, unless you see them in NA and AA meetings getting well. Even then you must be careful who you associate with. The most dangerous of your old associates who are currently in recovery are those you once used with. It's easiest to relapse with them, since it once was a shared habit. You might want to share each other's “secret” relapse, or think that you can get better together again. This is an illusion. Their journey is theirs alone as is yours. One day you look up in your new life, many years in the making, and notice that for the most part, most people you know now, you never used with. Sure, they used with someone, but you didn't know them that way.

“George,” from our earlier example, reconnected with his family, just as his grandson was turning one. Today he proudly shows pictures and claims a resemblance with this cherubic, curly-red-haired baby! Julie, on the other hand, had to let her family go. None of them sought the help she did or pursued their own recovery enough to enable them to support each other. Her family was highly toxic for her. On the occasions she would visit, family arguments broke out. One family member would talk disparagingly about another one. Most of her siblings could not stand to be around one another. Julie's father, who had a big hand in destroying the family's trust and love for each other, had died many years ago. The toxic feelings lived on.

Julie's family members were toxic, enabling, or actively using, so it is no small wonder she had to leave them behind or limit her interactions with them. This can be a very hard thing to do. One of her elder brothers recovered from active addiction, but never stopped engaging in crime, which led to him to live almost 10 years in a prison or jail cell. Julie's mother had enabled her brothers to be dependent by having low expectations for them as children and feeding and cleaning up after them as young adults. Other enabling behaviors in a family might be giving the struggling alcoholic or drug user money out of pity, repeatedly bailing someone out of jail, or letting someone with addiction “crash” in your home with no expectation or hope that they will get better.



Yes, sometimes, living sober is so hard you want to run back to a time when no one expected much of you. Tell yourself clearly that “this is not an option.”

As Julie put it:

I look around me, at my home, decorated my way, and despite the fact that there are no family pictures, there are pictures of my new life, my new associates, my professional success, and this, all this, with its aches and pains, with its struggle to stay in control, still beats the heck out of active addiction.

Places and Things. To stay sober, you want to avoid the locations of former drug use where possible. In fact, you also don't want to hang out in areas of high drug use concentration, where you will be offered drugs or where you will run into old acquaintances still hanging out there using. This can be very difficult to avoid, especially if you must recover in the neighborhoods where you once used.



Even after 10 years clean, one woman could always spot crack pipes. Every tiny nip bottle poking up through a patch of grass or from the curb on the sidewalk spoke to the possibilities, and she secretly checked it out for those telltale marks of crack use. The one time she actually saw a discarded plastic crack bottle, she picked it up. It turned out to be useless, for which she was glad, but it frightened her because it showed her that while her craving went away, her mind could not forget.

Another man found that he would convert any object into a useable drug tool. An old, tiny plastic cruet with an artist's drawing on the outside, given to him by his grandfather, still sits on a shelf – with a hole in the back where no one can see it. For some, something like that is an invitation, but this man finds it forces him to understand the nature of his illness and that he is making a choice not to act on it. The best advice is to get rid of all old pipes and other drug paraphernalia. Then discard the phone numbers of people you used with, as well as the numbers of the dealers from whom you purchased drugs. Cut off as many avenues of relapse as you can.

Some people find dreams plague them. Know that these lessen over the years of clean time. But they can be vivid and disturbing—so lifelike you wake up knowing you had some drugs, now where are they? And as you come fully awake, you regretfully realize it was just a dream. This is what you might have to live with. Such dreams do gradually become less frequent and less intense. The best advice is to talk about them with your Recovery Coach, your NA sponsor, or peers in your support group. Most of all forgive yourself and don't use negative self-talk to deal with it.

If your recovery is from alcohol, it is almost impossible to avoid passing liquor stores. Some liquor stores are so popular and central to the neighborhood, that you can smell the scent of alcohol from discarded bottles and cans quite easily and see evidence of alcohol use near or on the premises.

Neither of these addictions is easy to escape by moving away. In some instances, yes, moving out of range or into unfamiliar territory can interfere with picking up right away. If you are determined to use, you'll break through this barrier. But if instead, you are determined to have a new life, you will create as many barriers to relapse as you can and use them. For instance, one person in recovery – let's call him Bob – won't carry large sums of money. In the early stages of recovery, Bob was afraid to have \$10 or more, but after 10 years of sobriety, he can safely carry \$20 or more. With several years of clean time, he did not fear relapsing with slightly larger sums of money, but he stayed vigilant because his body was still healing from the craving. Bob keeps one credit card and one debit card and pays bills on line, so he does not have to be in public with a lot of cash on hand. Some people in recovery prefer to carry cards instead of cash because drug dealers don't take American Express (thankfully). Certainly he knows he can withdraw the money, but this takes deliberate action and intent.

With alcohol, it only takes a few dollars. The same strategy might not be as effective. People with drug addiction who feel they can drink but not use drugs might well be kidding themselves. While they might think that one drink won't loosen their will power, there is no guarantee that it won't. And just because you don't like alcohol, drinking it as a substitute for drugs will bring you to your drug of choice even quicker, not to mention that in many recovery circles it is also considered a drug.

If you feel overwhelmed by the proximity or availability of liquor or liquor stores, talk to your Recovery Coach, AA sponsor, and find and attend AA meetings with consistency. There is a slogan in recovery models about attending "90 meetings in 90 days," especially for those in early recovery because, according to the Recovery Book by Mooney, Eisenberg, and Eisenberg, "a meeting every day for three months makes sobriety a habit, provides momentum, and reminds them of the universality of their problem and of the things they need to focus on." Willpower, meditation, breathing exercises, physical exercise, calling your sponsor, and prayer are some of the tools people use to combat this as well. Know that over time, just as in a controlled breathing exercise, the use of these tools becomes automatic.

Often, the area in which you live can pose a threat to your recovery. Drug dealing, drug use, and drinking is often rampant in public housing and other subsidized and low-income housing. Unfortunately, many of the types of housing to which the social services system refers people who are trying to maintain recovery are the same types of housing in which people who are actively using might live. So, what can you do if people near you are using or selling drugs or drinking in common areas? If you are in housing where there is active use and you determine it to be a threat to your recovery, the best advice is to notify your counselor, your sponsor, your Recovery Coach, or housing advocate and get assistance. Remaining in a situation like that could very well compromise your recovery, and more than ever, you must practice those strategies you learned about staying sober. Efforts to contact the management company or landlord might be ignored if they feel powerless to do anything about it. Reporting the activity to the police is an option, but calling attention to yourself as the person who reported the activity can place you in danger, especially when drug dealers are

concerned. Getting help from someone you trust can help you sort through your options, which might include moving to “sober” housing in which you might not have as much privacy, but you feel more secure in your recovery.

COMMUNITY LIVING

Engaging in life in the community can be difficult after you've been homeless, resided in a shelter, gone through a residential treatment program, or been incarcerated. You have a lot more freedom to enjoy your life, but with that freedom come responsibilities and challenges.

The MISSION Navigating Transitions Program helps you deal with some of the biggest challenges you'll face, such as finding and/or maintaining housing and employment. However, you'll have to work hard to maintain your home and your job and deal with other responsibilities.

One client, discussing his job washing dishes in a hospital cafeteria, observed, *"It's not lucrative, but it keeps me busy, and I'm chipping away at my fines and other obligations."*

People who have come before you in previous programs stress the importance of taking it a step at a time and rolling with the punches.

As one of them observed, *"I was a planner. I planned everything from when I got up until I went to bed. When something changes I get frustrated or depressed, and sometimes I go into a prolonged depression. What I had to learn was to take everything day by day and not to set such lofty goals. Instead of setting the bar at six feet, I set it at a foot and a half. I'm on housekeeping for my job. I set goals, like to clean up to here by this time, rather than being finished with the whole job by a certain time."*

We have already talked about some of the strategies that you can use to sustain your recovery. Here, we'll share ideas about things that will help you stay safe and successful once you establish a place for yourself in the community. The life you live in the community will be what you make of it. Often, you'll need to stand up for yourself to get what you need from others. Other times, you'll need something that must come from within. In this section, we'll talk a little bit about how to advocate for yourself successfully.

Here you will also find reflections and advice on how to take care of some of the issues you'll need to address in order to be safe, successful, and happy, including:

- Advocating for yourself
- Money management
- Personal hygiene

Asking questions of people you trust – for example, your Recovery Coach, counselor, and friends in recovery – will help you grow. We hope reading this material and thinking about it will also give you some insights that will help you stay on the road to recovery, feeling your best and enjoying the good things and the good people life offers.

ADVOCATING FOR YOURSELF

If you've been accustomed to having a Recovery Coach, Case Manager, or other professionals help you get your needs met, you might lose sight of the fact that you also need to be advocating for yourself. You're the only person who knows exactly what you need, plus you're the only person who's always there when you need help. Teach yourself how to become a better advocate by taking an active role when people help you rather than letting others do everything for you. Read up on your rights and learn what you can do for yourself to get what you need.



Here are some suggestions from the National Mental Health Consumers' Self-Help Clearinghouse on how you can advocate for yourself more effectively:

Believe in yourself. Remember that you are someone who is worth advocating for. You can accomplish a great deal, even if you are used to people telling you what you can't do.

Define your needs. Before you start contacting people, make sure you can explain exactly what you need. Sometimes it's a specific service but, other times, you could just be looking for an apology. Be as specific as possible in what you ask for, because it is much easier for someone to agree to your request than it is for that person to find something that will meet your needs.

Seek out problem-solvers. Target people who have the ability to make decisions or influence people who do. If someone tells you that he or she has no control over a situation, find out who does and talk to them. People who did not cause a problem might be able to solve it for you, so take a positive approach.

Do a reality check. Sometimes we are so convinced that we are right about something that we can't see the other side. Bouncing ideas off a trusted friend can help you see where your case is strong and where it's weak.

Practice beforehand. Practicing with a friend can help you plan what you are going to say and how to respond to questions. Even practicing in front of a mirror can be helpful because watching oneself act assertively can build self-esteem.

Find an outlet for your anger. While it is important for people to understand your anger, it is not always helpful to let them see it in action. Successful self-advocates have found ways to let off steam such as having a friend nearby when making an unpleasant phone call and making faces together.

Promise yourself a reward for unpleasant tasks. Picking up the phone, writing a letter, or bringing up a difficult topic can be less daunting if there's a reward waiting—even something as simple as a candy bar.

Practice active listening. Let people talk, but don't remain completely silent. Ask questions when someone uses a term or an abbreviation that you don't know. To avoid confusion on important points, restate the person's position: "So what you're saying is . . ."

Stick to the facts. People are more likely to be swayed by hard facts than they are by your opinion. For example, pointing out that a therapist has cancelled three appointments on short notice makes more of an impact than saying, "My therapist is unreliable."

Follow up and send thank-you notes. Self-advocacy is about building relationships, and it's important to let people know that you appreciate their help. It's also important to make sure people follow through with what they've promised. Follow up a telephone call or meeting with a thank you note by mail or e-mail.

The National Mental Health Self-Help Clearinghouse is located at this Web address:
<http://www.mhselfhelp.org/>

Three exercises in Part 1 offer you some concrete steps to help you define and achieve your community living goals. These include: "Moving through the Fear" (Exercise 10; page 71 of the Recovery Coach Guidebook and page 52 of the Participant Workbook), "Creating the Life that You Want" (Exercise 11; page 75 of the Recovery Coach Guidebook and page 56 of the Participant Workbook), and Getting the Job and Education You Want (Exercise 12; page 80 of the Recovery Coach Guidebook and page 61 of the Participant Workbook).



MONEY MANAGEMENT

One of the keys to maintaining a stable life in the community is maintaining control of your finances so that you can keep your housing, save money, and build credit – which, when used carefully can help you buy a car, a home, or complete other major purchases. Much of the information in this section is based on the Federal Deposit Insurance Corporation's (FDIC's) Money Smart Financial Education Curriculum.

Budgeting

An easy first step to creating a budget is to keep a daily spending list. Start out with a small notebook that you can carry with you. What did you spend money on today? Always ask for and keep receipts. At the end of the day, review your receipts, especially those charged to your credit card; Store receipts in a convenient place like a shoe box and separate receipts by category. For example, have an envelope marked “groceries,” and put those receipts in there. Have an envelope for transportation, medication, clothing etc., and sort receipts into them.

In addition to expenses that you can predict, like rent and utilities, writing down everything that you spend can help you identify what you need to budget for. Set up a handwritten chart with categories for the types of expenses you have with a line at the top for the month and a column on the side for the dates of your expenditures. Make several copies of it and keep a “master” copy so that as you use it, you can amend it as your budgeting skills grow.

Add up what you spend in a given month and compare it to your monthly income. Are you spending more than you’re taking in? If so, you won’t be able to keep doing it for too long. Try to identify the expenses that are fixed each month, such as your rent, as well as those that are for necessities but could be reduced (for example, grocery and utility bills). Think of a strategy for eliminating nonessential purchases or for lowering your costs for essential items. Learning to control spending and maintain a budget are very important tools in your recovery. They will help you maintain the stability you have worked so hard for. Below is a worksheet that you can serve as an important tool to help up track your spending and budget wisely.

Money Saving Tips

The Federal Deposit Insurance Corporation (FDIC) has a Money Smart curriculum that recommends the following money-saving tactics:

- Carry only small amounts of cash in your wallet so you will not spend it.
- Keep only one credit card with you that has a limited line of credit on it.
- Use direct deposit for your paycheck or federal benefits, such as Social Security.
- Control your use of credit cards if you have them.
- Do not go shopping just for fun.
- Make written savings goals and take them with you as a reminder.
- Buy only what you need – do not buy things just because they are on sale.
- Use coupons to save money.
- Use a grocery-shopping list to prevent impulse buying.
- Take your lunch to work instead of eating out.
- Shop around to get the best deal on big-ticket items like cars and appliances.
- Pay your bills on time to avoid late fees, extra finance charges, utilities being turned off, eviction, repossessions, and the costs of a bad credit rating.
- If you are responsible for your own utility bills, look for ways of saving money, such as shopping around for a cheaper telephone calling plan; turning off lights and televisions when they are not in use; raising or lowering the thermostat; and using clear plastic film over drafty windows.

Banking

Depending on where you live, a check-cashing store might seem more convenient than a bank, but using a traditional bank has advantages. Not only can you build a financial record, you can be sure that your money is safe even in the extremely rare case that a bank fails. Additionally, you can find lower fees at a bank than you can at a check-cashing store. Keeping money in a bank is safe. Your money is insured by the Federal Government for up to \$100,000 at banks with the Federal Deposit Insurance Corporation (FDIC) sign.



Paying your bills on time is very important, particularly your rent, credit cards, and car payments. Marking a calendar with important due dates is one way to keep track. Another option is an organizer that has slots numbered 1-31, so that you can arrange your bills by their due dates.

Bank accounts fall into two main types: checking and savings. Generally, checking accounts are more convenient because they let you write checks for rent, utilities, and other expenses. However, checking accounts typically pay less interest (meaning that you earn less money on your deposits) and might charge fees for giving you the privilege of writing checks. Additionally, because you are writing checks that others will send back to the bank for payment, banks generally want to look into your banking

and credit history before letting you open a checking account. Savings accounts present a safe place to keep your money for future purchase and earn money (interest) on your savings, but they obviously don't offer the convenience of check-writing.

Shop around for bank accounts just like you would shop for any other product. Many banks offer a free or low-cost checking account if you have your checks direct-deposited into the account. Items to compare when looking for a bank account include:

- Monthly fee
- Minimum balance needed for free or low-cost checking
- Number of checks allowed per month
- Costs for using ATM (cash machines)
- Costs for “bouncing” a check
- Availability of “overdraft protection” that protects you from bouncing a check by giving you a short-term loan
- Interest paid to you on your deposits
- Convenience—are the bank’s “branches” located near where you live or work?



Using Credit Wisely

Your credit history, which is made up of records of whether you've paid your bills on time, determines not only whether people will be willing to lend you money, but also the terms for whatever loan they may be willing to give you. Unfortunately, lenders often take advantage of people with poor or no credit histories and people with low incomes. Before borrowing money, be sure that you are clear on the amount you are borrowing, any fees such as a set-up fee or late fees, the length of the loan, and the amount of interest to be charged. Many types of credit should be avoided except in case of an emergency. Often so-called “pay day loans” charge many times as much interest as credit cards, and tax preparers who offer you immediate access to your tax refund are actually lending you money, often at a high rate of interest. Similarly, merchants offering “rent to own” furniture or selling computers for a “low monthly payment” are often offering low quality merchandise and collecting a lot more money than their products are worth. How can you rebuild your credit? Paying your bills on time is a good start. It might be difficult to resist temptation to buy things on credit, but the longer you can go without any late payments, the more likely you are to be able to get a fair loan in the future. Using a debit card may be a good option as only the amount preloaded onto the card is available for use. This will allow you the convenience of a card, while preventing you from charging more money than you currently have and accruing interest and other fees.

PERSONAL HYGIENE



When you were homeless, brushing your teeth and showering often might not have been practical or even a priority, but maintaining your personal hygiene is an important part of readjusting to life in the community.



Dressing properly for the occasion or situation is also important in the community and at work. If you are worried about having the right clothes for a job interview or starting work, talk to your Recovery Coach, a friend, a minister, or an employment counselor about how you can obtain the clothes you need and put together your “ensemble.”



Personal hygiene is important to your health. Brushing your teeth at least twice a day and flossing regularly, along with regular dental visits, can help prevent cavities, tooth loss, and gum disease. Showering daily can help prevent rashes, infections, and skin and scalp problems.



Very importantly as well, maintaining good personal hygiene can promote better self-esteem. It can help prevent bad breath and body odor, which interfere with interpersonal relationships. Personal hygiene and grooming of hair, facial hair, and nails are also important in the workplace, as hygiene and appearance can play a role in getting and keeping a job.

Talking to people about issues of hygiene, grooming, or dress can be awkward, and people might engage in silent discrimination against people who do not meet their standards. Before going to a job interview or other important meeting, ask someone you trust if everything seems OK. They may be able to point out something that might cause a poor impression before it becomes a problem.

UNDERSTANDING MEDICATION-ASSISTED TREATMENT (MAT) FOR SUBSTANCE USE DISORDERS

Medication-assisted treatment (MAT) combines counseling and other recovery supports with prescribed medications to treat substance use problems. MAT is most effective for opioid use disorder and alcohol use disorder. Given that the support for MAT for other substances is weaker, we will focus on MAT for opioid and alcohol use in this section.

MAT FOR OPIOID USE DISORDER

Information on MAT treatment options is important for people interested in treatment for opioid use disorder because research has shown that when people include a medication prescribed to treat opioid use as part of their recovery plan, their chances of success increase (SAMHSA, 2016).

“Medications can help people get started while they make the lifestyle changes necessary for long-term recovery. Medications for opioid use disorder can decrease cravings or withdrawal symptoms and reduce the stress of extreme highs and lows. Some people recover from opioid use disorder without medications. Others find that medications help them to make the changes needed to build a life in recovery.” (SAMHSA, 2016).

There are two key ways that medications work to treat opioid use disorder, reducing the risk of relapse and overdose. They are:

1. by blocking the pain-relieving and euphoric (pleasure) effect of the opioid, and
2. by treating the cravings and withdrawal associated with opioid use.

Since there is strong evidence to support the effectiveness of MAT at helping people with an opioid use disorder enter and remain in recovery, it is the standard of care for everyone to be offered MAT as a treatment option. However, this does not mean that MAT is right for everyone. Each person should work with their providers and supports to make a decision that best fits their individual situation.

EVIDENCE FOR MAT

Research shows that people who are treated with MAT are at decreased risk for relapse and overdose. Additionally, those treated with MAT are at reduced risk for engaging in high-risk behaviors, resulting in less criminal justice involvement, less unemployment, less risk of contracting HIV and HCV infections, and more stable housing.

Is MAT Right for Me? There are three medications approved to treat opioid use disorder in the United States: methadone, buprenorphine, and naltrexone. The information below is not intended as advice, but to help you prepare to discuss MAT with a qualified provider about which option may be right for you.



“Because MAT involves prescribed medications, it is not for everyone. Some medications are unsafe for people with certain health conditions or for women who are pregnant. Some work well for some people and do not work for others. The more you talk over your health concerns about MAT with your doctor or treatment provider, the more help they can offer. Before you make a decision about whether MAT is right for you, it is important to discuss your concerns with professionals experienced in MAT. They will let you know about the risks, treatment options in your area, and requirements for successfully completing treatment. Think of your provider as an expert on what has worked for others. You are the expert on what is best for you and your situation.” Being well-informed will help you make a decision that is right for you.

Opioid Use Treatment Awareness Sheets

The following pages are information sheets on each of the medications approved to treat opioid use disorder. The sheets are included here so you will have the information you need to make well-informed treatment decisions.

METHADONE INFORMATION SHEET

What is Methadone?

Methadone is a long-acting opioid medication for opioid use disorder that works by treating withdrawal and reducing cravings.

Brand Names: Methadose[®], Methadose[®] oral concentrate, Dolophine[®]

How it works

Methadone works by targeting the same parts of the brain as other opioids, so it is able to treat withdrawal and reduce cravings. When someone is treated with methadone, it can prevent other opioids from causing the pleasure that comes from opioid use. Methadone also reduces the “highs and lows” which can be difficult to tolerate in early recovery. When people are prescribed an appropriate dose of methadone, they feel normal, work, and usually perform tasks like driving. Through these effects, methadone can help allow people to build a fulfilling life in recovery, avoiding the hazards and risky behaviors that come with continued substance use.

Where to get it

Methadone for addiction is only dispensed at state- and federally-regulated opioid treatment programs (OTPs), and requires daily visits at the start of treatment. Early in treatment, patients are dosed daily at the program. When enrolled in an OTP, urine toxicology screening, group, and individual therapy are often additional components of treatment.

If appropriate, methadone can be started as soon as your first visit to the OTP. Methadone is started at a low dose, and increased gradually, to find the dose that is effective, while minimizing side effects.

As patients stabilize in treatment, they can obtain “take-home” doses of medication, taking home doses of medication so they no longer need to present to the program every day.

Who it works for

Methadone can work for people who have not succeeded at abstinence in the past. It is the most structured form of treatment, so may be effective even for people who have not succeeded using other forms of MAT or abstinence-based treatment. Methadone is the most studied MAT in pregnancy, and also has evidence supporting its effectiveness in those being treated for HIV/AIDS. Additionally, methadone is a good choice for people with chronic pain. Although it is dosed once a day, which is not enough to provide around-the-clock pain relief, it can be used in combination with opioids, in a supervised manner, to manage pain.

Special Consideration: Methadone and Pregnancy

Although none of the medications used to treat opioid use disorder are approved by the FDA for use during pregnancy, methadone has been used safely for a number of years and has been widely researched. Infants born to mothers treated with methadone during pregnancy are at risk for withdrawal symptoms, sometimes severe enough to require medication and delay discharge from the hospital. These symptoms can be monitored and managed in most hospitals. Women receiving methadone are usually encouraged to breastfeed, although trace amounts of methadone may be found in breast milk.

Treatment Duration

People treated with methadone for a year or more typically have the best success rates. Some people choose to take methadone for many years, while others choose to taper off gradually. Risk of relapse is lower when people remain on methadone, and there is some evidence that shows people who stop methadone return to using opioids.

When the decision is made to stop methadone, it should be tapered gradually, working with your provider, to minimize risk of withdrawal, cravings, and relapse. When stopped quickly, withdrawal from methadone can be difficult.

Side Effects

- Side effects from methadone are similar to other opioids.
- constipation, sleepiness, sweating
- There is also a risk of heart problems.
- May cause some sexual side effects in long-term use.

Risks of Misuse

- Because methadone is dispensed in liquid form, it is more difficult to divert. However, some people on methadone treatment use illicit substances while taking methadone to enhance the sedating effects of the methadone. This increases their risk for overdose and is an indication that this person needs more intensive support in their recovery.

Warnings

- ! High doses of methadone can slow a person's breathing, which can lead to death. This risk is higher at the start of treatment. This risk is increased when methadone is combined with other substances such as benzodiazepines, alcohol, opioids, and other substances.
- ! Drowsiness from methadone may cause driving impairment.
- ! There is an increased risk of serious heart problems, particularly in people who already have heart problems or are taking certain medications. You should be screened for heart health and history and may have heart tests as part of your treatment program. If a heart problem is found, the methadone dose may need to be lowered or stopped.

BUPRENORPHINE INFORMATION SHEET

What is Buprenorphine?

Buprenorphine is a long-acting medication used to treat opioid use disorder, by reducing cravings and symptoms of withdrawal and also reducing risk of intoxication and overdose if opioids are used. Buprenorphine's brand name is Subutex. Suboxone is the brand-name for the combination of buprenorphine and naloxone. Naloxone is added to reduce risk of abuse, causing opioid withdrawal if injected.

Brand Name: Subutex[®], Suboxone[®]

How it works

Buprenorphine works in the same part of the brain as other opioids. It partly activates (turns on) these areas, which reduces cravings and symptoms of withdrawal. It also partly blocks these areas, which prevents other opioids from acting when people are treated with buprenorphine – meaning that it reduces the risk of feeling intoxicated or overdosing if they use opioids while in treatment.

Similar to methadone, buprenorphine also reduces the “highs and lows” which can be difficult to tolerate in early recovery. When people are prescribed an appropriate dose of buprenorphine, they feel normal, work, and perform tasks like driving.

Where to get it

Trained and certified (sometimes called “waivered”) providers can prescribe buprenorphine for opioid use disorder. Some patients may take their first dose of buprenorphine at their provider’s office. A prescription is then provided for a patient to fill at any public pharmacy.

Often, patients see their doctors frequently at the start of treatment, weekly or even more often. However, as patients stabilize in treatment, frequency of visits typically decreases. Counseling and urine toxicology screening are typically components of treatment with buprenorphine.

Who it works for

Buprenorphine is a safe and effective medication for opioid use disorder and provides access to treatment for those who are too far from an OTP or are unable to get to an OTP daily. Buprenorphine increases success in recovery for those who have been unable to sustain recovery using abstinence-based methods. Given that buprenorphine treatment is less structured and supportive than treatment with methadone, it works best for people who are able to adhere to a treatment plan and take the medication as directed.

Special Consideration: Buprenorphine and Pregnancy

Since buprenorphine was approved for MAT only a few years ago, in comparison to methadone, there are fewer long-term studies of safety and effectiveness. So far, the research suggests that long-term treatment with buprenorphine is safe and very effective when combined with counseling and recovery support and may have advantages over methadone in some cases. Pregnant women treated with buprenorphine should only receive the single drug formula, without added naloxone, which has not been tested on pregnant women and is not recommended.

Treatment Duration

Buprenorphine is safe to be used for a long time, and some people choose to stay on it for years. Similar to methadone, outcomes are better with long-term treatment. However, the decision of how long to stay on MAT is personal, and one to make along with your provider. Although withdrawal may be milder than with methadone, it is important to work with your provider to taper your dose slowly to minimize the risk of withdrawal.

Side Effects

- can cause side effects, such as headache, nausea, and constipation
- When used long-term, some people have experienced sexual side effects, or liver problems.

Warnings

- ! If buprenorphine is taken while another opioid is still in the body, it can cause opioid withdrawal. It is important to work with your provider on the appropriate timing of your first dose of buprenorphine. Your doctor may ask you to remain in the office for several hours after your first dose for monitoring.
- ! Combining buprenorphine with benzodiazepines, alcohol, or other substances, increases risk for overdose, which can be fatal.
- ! Stopping buprenorphine abruptly may result in opioid withdrawal. Working with your provider to gradually taper off of buprenorphine will reduce the risk of withdrawal symptoms.
- ! Some people may skip doses of buprenorphine in order to abuse opioids.
- ! Some people may sell or trade their buprenorphine. Given that buprenorphine is a controlled substance, they are at risk for severe legal consequences, in addition to discharge from their treatment program, as well as continued substance use, and overdose which may be fatal.
- ! Possible risk of liver damage, more likely when a patient has a liver condition (e.g., HCV, cirrhosis). Your doctor may obtain lab tests to monitor your liver function.
- ! Risk of driving impairment at start of treatment and with dose increase.
- ! Use of very high doses of opioids, may result in overcoming the blocking effects of buprenorphine, resulting in overdose, with a high risk of fatality.

NALTREXONE INFORMATION SHEET

What is Naltrexone?

Naltrexone is a medication used to treat opioid and alcohol use disorders (see section on MAT for alcohol use disorders below). Naltrexone is not a controlled substance and has no potential for abuse.

Brand Name: ReVia®, Vivitrol®

How it works

It works for opioid use disorder by blocking the effects of opioids which cause euphoria, relieve pain, and cause slowed breathing and overdose. It is not effective for withdrawal. It cannot be started until 7-10 days after last opioid use, or it may cause opioid withdrawal.

Where to get it

Naltrexone is available in once daily pill (brand-name ReVia) form and long acting extended-release form, given in an injection once every four weeks (brand-name Vivitrol). Both forms can be prescribed by doctors, nurse practitioners or physician's assistants.

The injection is more effective and less risky than the pill form for opioid use disorder. When on the pill form, those with a strong urge to use opioids may stop their pills, leaving them vulnerable to relapse, intoxication, and overdose. This vulnerability is reduced with the injection because the blocking effects are active until four weeks have passed.

Frequently, you will be asked to take naltrexone pills before the injection, to ensure that you do not have side effects or an allergy to the medication. Given that the medication is typically shipped from the pharmacy directly to your doctor, it is unlikely that you will receive an injection at your first visit.

Who it works for

Naltrexone works for people who are already abstinent, but at a high-risk of relapse, like people being released from incarceration or long-term treatment. It is also an option for highly motivated people who are able to abstain from opioids for at least seven to ten days prior to beginning treatment. Given that naltrexone is also approved for treating alcohol use disorder, it may be helpful in those struggling with both alcohol and opioid use.

Although the injection is every four weeks, counseling and other components of treatment may result in appointments more frequently than just once a month.

Naltrexone blocks the effects of all opioids, including opioid pain medication. People who may need to take a prescribed opioid medication should discuss this with their provider before considering naltrexone.

Special Consideration: Naltrexone and Pregnancy

Naltrexone has not been tested on pregnant women and is not recommended in pregnancy or breastfeeding.

Treatment Duration

Similar to other forms of MAT for opioid use disorder, it is safe to stay on naltrexone for long-term treatment, and outcomes are better for those who remain in treatment long-term. There is no withdrawal from naltrexone. However, many people return to drug use when they stop naltrexone, and some experiment with overriding the blockade when they are at the end of a dosing cycle. There is a risk of increased sensitivity (lower tolerance) just after naltrexone is stopped, leading to an increased risk of overdose.

Side Effects

- temporary soreness in the area of the injection
- Other side effects may include stomach pain or nausea, diarrhea, and difficulty sleeping.

Warnings

- ! High risk of overdose if large amounts of opioids are used to try to override the blocking effect of naltrexone
- ! Moderate to high risk of overdose caused by lowered tolerance to opioids during relapse on opioids
- ! Risk of untreated pain during medical emergency, as naltrexone blocks effect of opioid pain medications – patients are instructed to carry wallet card and/or wear medical alert jewelry stating that they are on naltrexone to prevent this situation
- ! Risk of injection site reaction, that can be severe
- ! Risk of depressed mood, suicidal thoughts

So, is MAT right for me? It is normal to have questions, concerns and uncertainty around how best to treat your substance use problem. The tool “Concerns About Treatment” can assist you in thinking through your concerns and aid you in having a discussion with your provider about which option may be right for you. To access this helpful tool please go to:
<https://store.samhsa.gov/shin/content/SMA16-4993/SMA16-4993.pdf>.

The following section addresses some common concerns when people are considering MAT.

Access.

Where you live and your access to transportation may significantly impact your selection of MAT. Keep in mind that the frequency of dosing or visits to the doctor’s office will occur in addition to the other components of your treatment, for example, group therapy, individual therapy, and self-help meetings.

Methadone

- *Methadone* for addiction is only dispensed at state- and federally-regulated opioid treatment programs, and requires daily visits at the start of treatment.

Buprenorphine

- *Buprenorphine* is prescribed by trained and certified doctors and nurse practitioners from their offices, filled at pharmacies. Often, patients see their doctors frequently at the start of treatment, weekly or even more often. However, as patients stabilize in treatment, frequency of visits typically decreases.

Naltrexone

- Qualified medical professionals (doctors, nurse practitioners, physician’s assistants) can prescribe and administer Extended Release Long-Acting *Naltrexone* or naltrexone pills. The long acting form is administered in the provider’s office, once every 4 weeks, as an injection. Naltrexone pills are generally avoided in treatment of opioid use disorder, as they can easily be discontinued by the patient at any time, leaving an opportunity for relapse.

Health Concerns.

To provide safe and effective treatment, tell your doctor about all of your health conditions, as well as all medications you take and substances you use. All medications involve some degree of risk, but discussing your health will help to reduce the risk of complications from adding MAT.

Certain medical conditions, especially those which impact the liver, may need to be addressed before MAT can be initiated.

Duration of Treatment.

MAT can be used in a “detox” or detoxification setting, where MAT with buprenorphine or methadone is administered in a medically supervised setting. The dose is reduced slowly and discontinued prior to discharge. This is short-term, typically 21 days or less. Research shows that without continued support or treatment, long-term recovery is not likely to be a result of medication-assisted detoxification (SAMHSA, 2016).

Long-term treatment with MAT, maintenance, may last for a year or more. During treatment, there is periodic re-assessment of the need for continued treatment. Maintenance addresses cravings, allowing people to focus on building a life in recovery. Looking at the evidence, maintenance is more effective than detoxification. Maintenance, just like treatment for other chronic illnesses (high blood pressure, diabetes), does not mean being in treatment forever. You will work with your team to evaluate the appropriateness for treatment with MAT over time, based on your individual circumstances (SAMHSA, 2016).

MAT and Treatment of Pain.

Some people who are addicted to opioid drugs are also dealing with chronic pain. When this is the case, it is important to get adequate treatment for both conditions from a specialist trained and experienced in addiction and pain. It is important to consider non-medication treatments for pain, including cognitive behavioral therapy, physical therapy, or other treatments such as massage or chiropractic.

As discussed above, Vivitrol will block the effect of opioid pain medications. If you require opioids for treatment of chronic pain, or are anticipating having a procedure (e.g., surgery, dental work), where you anticipate being prescribed opioids, talk with your providers about either choosing an alternative for your MAT and/or using non-opioids to manage your pain.

MAT And Pregnancy.

Studies find that women who use substances during pregnancy have more early births, deliver babies with lower birth weights, and have more problems during labor and delivery. Yet, going off of opioids too quickly during pregnancy is risky. If the pregnant woman suddenly quits cold turkey, the fetus also experiences withdrawal. This can result in sudden abortion, early birth, and other dangerous complications.



It is very important for women who become pregnant while using opioids to have immediate and regular prenatal care from a qualified medical provider and to seek care and consultation regarding their opioid use from their doctor.

It is important that you find a doctor or program that specializes in working with recovering women during pregnancy. Experienced providers can supervise a safer withdrawal and make recommendations that will protect the health of pregnant women and fetuses.

TREATMENT OF OPIOID OVERDOSE

Opioid overdose-related deaths can be prevented when **naloxone** is administered in a timely manner.

Naloxone (brand-name Narcan)

- **Naloxone** is a narcotic antagonist. It displaces opiates from receptor sites in the brain and reverses respiratory depression (slowed breathing) which is usually the cause of overdose deaths. Naloxone (brand-name Narcan) can be administered as a nasal spray (intranasal) or as an injection. Naloxone is not a controlled substance and has no abuse potential.

Where to get it:

- Many states now have a “standing order” for naloxone, meaning that it can be purchased from a pharmacy without a prescription. Using your health insurance may reduce the cost of obtaining naloxone. Your pharmacist or provider can provide you with training on how to administer naloxone.

Who it works for:

- Naloxone is effective in opioid overdose. However, it is not effective in treating overdoses due to benzodiazepines, barbiturates, or other substances. However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful (SAMHSA 2013). For more information on identifying a suspected overdose and responding to it please see “Safety Advice for Patients and Family Members” at http://www.integration.samhsa.gov/Toolkit_Patient_-_Family_Safety.pdf.
- Many states have laws called “Good Samaritan” laws to provide protection against prosecution for both the overdose victim and those who respond to overdose. To find states that have adopted relevant laws, visit the CDC’s website at: <http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/laws/immunity.html> (SAMHSA, 2013).

Warnings

- Always call 9-1-1 in the event of a suspected overdose.
- Because naloxone displaces opioids from where they act in the brain, naloxone is likely to suddenly cause severe opioid withdrawal once administered.
- The dose of naloxone contained in the rescue kit may not be adequate against more potent opioids, such as fentanyl. Some overdose victims may require multiple doses of naloxone to be rescued.
- The naloxone effect may wear off after minutes or hours, and the patient may overdose again. This is part of why it is essential to call 911 and not leave overdose victims alone, even if they appear alert.

MAT FOR ALCOHOL USE DISORDER

There are three medications approved by the FDA for treatment of alcohol use disorder (AUD), acamprosate, disulfiram, and naltrexone. The choice of MAT for alcohol use disorder is based on individual needs. Given that these options are all in pill form, all able to be filled at public pharmacies, there are fewer concerns about logistics, access and duration of treatment. None of these treatment medications are addictive, have abuse potential or are controlled substances.

Alcohol Use Treatment Awareness Sheets

The following pages are information sheets on each of the medications approved to treat alcohol use disorder. The sheets are included here so you will have the information you need to make well-informed treatment decisions.

ACAMPROSATE INFORMATION SHEET

What is Acamprosate?

Acamprosate is a medication used to treat alcohol use disorder. It is not a controlled substance and has no potential for abuse.

Brand Name: **Campral**[®]

How it works

Acamprosate works by rebalancing the chemicals in your brain that may be changed due to alcohol use. Acamprosate helps some people drink less frequently or stop drinking completely.

Where to get it

Acamprosate comes in pill form and can be prescribed by a qualified provider and filled at any public pharmacy.

Who it works for

People who are able to take medication consistently, three times a day. People who are unable to take naltrexone due to liver impairment.

Special Consideration: Acamprosate and Pregnancy

Acamprosate has not been approved for use in pregnancy.

Side Effects

- weakness, low appetite, diarrhea, gas, nausea, anxiety, depression, dizziness, dry mouth, insomnia, itching, sweating and numbness or tingling (AHRQ)

Warnings

- ! This medication should not be taken by people who have had severe kidney problems

DISULFIRAM INFORMATION SHEET

What is Disulfiram?

Disulfiram is a medication to treat alcohol use disorder, to assist patients with abstaining from alcohol. It is not a controlled substance and has no abuse potential.

Brand Name: Antabuse®

How it works

Disulfiram works by causing unpleasant effects if you drink alcohol, such as nausea, vomiting, headache, flushing (reddening of the face, neck, or chest), sweating, and chest pain. These effects can last for an hour or longer.

Where to get it

Disulfiram can be prescribed by a qualified provider and filled at any public pharmacy.

Who it works for

This medication is offered to people who are highly motivated to stop drinking, and cannot take naltrexone or acamprosate (AHRQ).

Special Consideration: Disulfiram and Pregnancy

Disulfiram has not been approved for use in pregnancy.

Side Effects

- This medication will cause unpleasant effects, which may be severe, if you drink alcohol.
- Certain foods and medications contain trace amounts of alcohol.
- Work with your provider to learn which foods and medications to avoid before starting this medication.
- drowsiness, tiredness, headache, impotence, acne, rash and metallic or taste of garlic in the mouth (AHRQ)

Warnings

- ! One must wait at least 12 hours after they stop drinking to start this medication
- ! People with severe heart disease or serious mental illness should not take this medication
- ! This medication may cause liver damage

NALTREXONE INFORMATION SHEET -

For Alcohol Use Disorder

What is Naltrexone?

Naltrexone is a medication used to treat opioid and alcohol use disorders. Naltrexone is not a controlled substance and has no potential for abuse.

Brand Name: ReVia[®], Vivitrol[®]

How it works

Naltrexone works by decreasing cravings for alcohol. It is available in pill form and in a monthly injection.

Where to get it

Naltrexone can be prescribed by a qualified provider and filled at any public pharmacy.

Who it works for

Naltrexone is the most effective of the FDA approved options for alcohol use disorder. The injection form may be an option for those who have difficulty taking medication daily.

Special Consideration: Naltrexone and Pregnancy

Naltrexone has not been tested on pregnant women and is not recommended in pregnancy or breastfeeding.

Side Effects

- temporary soreness in the area of the injection
- Other side effects may include stomach pain or nausea, diarrhea, and difficulty sleeping.

Warnings

- ! High risk of overdose if large amounts of opioids are used to try to override the blocking effect of naltrexone
- ! Moderate to high risk of overdose caused by lowered tolerance to opioids during relapse on opioids
- ! Risk of untreated pain during medical emergency, as naltrexone blocks effect of opioid pain medications – patients are instructed to carry wallet card and/or wear medical alert jewelry stating that they are on naltrexone to prevent this situation
- ! Risk of injection site reaction, that can be severe
- ! Risk of depressed mood, suicidal thoughts

MAT For Alcohol Use Disorder In Pregnancy.

Alcohol is known to cause birth defects, such as fetal alcohol syndrome. None of the options above, naltrexone, disulfiram or acamprosate are approved for use in pregnancy. If you are pregnant, may be pregnant or considering becoming pregnant, while suffering from alcohol use disorder, it is essential that you discuss treatment options with your provider.

ALCOHOL WITHDRAWAL

Sudden discontinuation or reduction in alcohol use after a period of sustained use may result in alcohol withdrawal. Alcohol withdrawal may be severe, resulting in seizures and possible death. Before sudden reduction or discontinuation of alcohol use, discuss with your providers options for safe reduction in alcohol use, which may include hospitalization or inpatient detoxification.

Examples of Internet Resources

- Medication information: Medline Plus at <https://www.nlm.nih.gov/medlineplus>
- More detailed medication information: DailyMed at <https://dailymed.nlm.nih.gov/dailymed>.
- Drug interactions: FDA's page about Avoiding Drug Interactions: <http://www.fda.gov/forconsumers/consumerupdates/ucm096386.html>

References

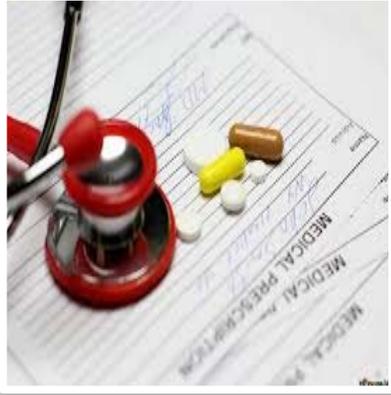
Substance Abuse and Mental Health Services Administration. (2016). Decisions in Recovery: Medications for Opioid Use Disorder. [Electronic Decision Support Tool] (HHS Pub No. SMA-16-4993), 2016. Available from <http://www.samhsa.gov/brss-tacs/shared-decision-making>

Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 13-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

<https://effectivehealthcare.ahrq.gov/topics/alcohol-misuse-drug-therapy/consumer>

UNDERSTANDING MEDICATIONS USED TO TREAT PSYCHIATRIC DISORDERS

If medication has been prescribed for you, it will play an important role in your recovery. Your doctor, your pharmacist, and you make up an important team that has the responsibility of making sure that medication that you're taking is safe and effective so that it helps your recovery.



Your doctors (including psychiatrists) have the responsibility (with your input) of deciding what medication you should take and the amount that you need, as well as assessing how well the medication is working and monitoring any side effects.

Your pharmacist, who is usually more accessible than your doctor on a day-to-day basis, can help explain what a medication does, how you should take it, and how to avoid dangerous interactions with other drugs.



You have the responsibility to take your medication properly and to communicate with your doctors and pharmacist. This reciprocal, ongoing relationship will facilitate your recovery. It is important to work with your physician as an active participant in your own care. Together, you can manage your symptoms while minimizing the side effects of the medications. Always remember that you know your body well, so you have important information to contribute about how you may respond to medication. It may be helpful to keep a written list of all your medications and dosages, including over-the-counter products (such as vitamins and supplements), that you can share with your doctor or pharmacist as needed.

There are many medications used to help treat psychiatric disorders. The symptoms related to your mental health issues can be chronic or can come and go. Medications are used to help control and minimize symptoms. Sometimes medications can make symptoms go away. If you stop taking them,

the symptoms are likely to return, so you need to carefully coordinate any changes in how and when you take these “meds” with your doctor.

To help you get the most from medications that your doctor has prescribed, we’ll review some major medications prescribed for mental illnesses. In addition, we give some advice for taking medications properly, and offer some pointers for talking to your doctor about medications.

MAJOR CATEGORIES OF PSYCHIATRIC MEDICATIONS

There are a few major categories of medications, including antipsychotics, antidepressants, mood stabilizers, and anti-anxiety drugs. However, the names of these categories of drugs can be misleading, as many of the drugs are prescribed for a wide variety of mental illness symptoms, and sometimes also for symptoms of a medical issue. A doctor might prescribe an antidepressant to help with posttraumatic stress disorder (PTSD) or an antipsychotic for bipolar disorder, for example. The reading material that follows is meant as a general introduction only. You can always get more information from your pharmacist or doctor, reliable sources on the Internet (see the list at end of this section), or a library.

ANTIPSYCHOTIC MEDICATIONS

Antipsychotic Medications may be referred to as “neuroleptics”, “first generation” or “second generation” antipsychotics, or “typical” or “atypical” antipsychotics. They are designed to reduce the symptoms of psychosis, including false perceptions (hallucinations), false beliefs (delusions), and confused thinking (thought disorders). They are increasingly prescribed for a wider range of mental illnesses, such as bipolar disorder, and sometimes symptoms such as severe anxiety and insomnia. Antipsychotic medications not only help reduce psychotic symptoms during and after an acute episode, but also help prevent relapses and rehospitalizations. They are not addictive. Some of the newer medications also help reduce negative symptoms, including lack of energy, motivation, pleasure, and emotional expressiveness.

Side Effects

The main advantage of the newer generation medications is that they are less likely to cause the abnormal movements that the older generation medications caused, such as muscle stiffness, mild tremors, restlessness, and muscle spasms. They also cause significantly fewer problems related to sexual difficulties and irregular menstrual periods. However, both the older and newer antipsychotic medications can cause weight gain and increase risk for high cholesterol and diabetes.

Another common neurological side effect of antipsychotic medications is called “tardive dyskinesia.” This causes abnormal muscle movements, primarily in the face, mouth, tongue, and hands. Tardive dyskinesia is more likely with long-term use of the older antipsychotic medications; symptoms range from mild to severe and can become permanent. It is important to let your doctor know if you notice any abnormal muscle movements, so that he or she can evaluate you and see if you are experiencing this side effect.

Examples

Brand Name	Chemical Name
*Abilify [®]	Aripiprazole
*Clozaril [®] , FlazaClo [®] , Versacloz [®]	Clozapine
Haldol [®]	Haloperidol
*Invega [®]	Paliperidone
*Latuda [®]	Lurasidone
Prolixin [®] , Permitil [®]	Fluphenazine
*Risperdal [®]	Risperidone
*Seroquel [®]	Quetiapine
Thorazine [®] , Promapar [®]	Chlorpromazine
Trilafon [®]	Perphenazine
*Geodon [®]	Ziprasidone
*Zyprexa [®]	Olanzapine

*Newer Medications

MOOD STABILIZERS

Mood Stabilizers help treat problems with extremes of moods, including mania and depression. They help to reduce the acute symptoms and also help to prevent relapses and rehospitalizations. They are not addictive. However, stopping them suddenly, without working with a doctor, may increase risk for an episode of elevated mood (mania) or depressed mood.

Antipsychotics, such as quetiapine, aripiprazole, and lurasidone, also can serve as mood stabilizers. See the section on antipsychotics for more details on these medications.

Side Effects

Some side effects are more serious, including: confusion, fever, jaundice (yellowing of skin or eyes), abnormal bruising or bleeding, swelling of lymph glands, vomiting, and vision problems (such as double vision). It is important to have regular blood tests to monitor the level of these medications, and to check for any changes in blood cells and liver function. Because these medications can cause sedation, you must be cautious when driving or operating heavy machinery. Drinking alcohol can be hazardous while taking the medication.

Side Effects: Lithium

Possible side effects of lithium include nausea, stomach cramps, thirst, fatigue, headache, and mild tremors. More serious side effects include: vomiting, diarrhea, extreme thirst, muscle twitching, slurred speech, confusion, dizziness, or stupor. When lithium level is appropriate, side effects are less likely.

It is very important to tell your doctor if you have side effects from lithium, because these may indicate your lithium level is too high, which can result in serious side effects above, and also irreversible damage to your kidneys and even death. To prevent this, the doctor must monitor the amount of lithium in the body by taking regular blood tests.

Although lithium is a natural chemical element, like oxygen or iron, it can be harmful if it is taken in too high a dose. Becoming dehydrated or having diarrhea can also cause your lithium level to become too high.

It is also important to have enough salt in your diet while taking lithium, because the sodium in salt helps to excrete lithium. This means you should avoid low-salt diets and prescription and over-the-counter diuretic medications such as Fluidex with Pamabrom, Aqua-Ban, Tri-Aqua, or Aqua-Rid.

Side Effects: Carbamazepine and Valproic Acid

Possible side effects of carbamazepine and valproic acid include: fatigue, muscle aching or weakness, dry mouth, constipation or diarrhea, loss of appetite, nausea, skin rash, headache, dizziness, decreased sexual interest, and temporary hair loss.

Side Effects: Lamotrigine

Possible side effects of Tegretol and Depakote/Depakene include: fatigue, muscle aching or weakness, dry mouth, constipation or diarrhea, loss of appetite, nausea, skin rash, headache, dizziness, decreased sexual interest, and temporary hair loss.

Examples

Brand Name	Chemical Name
Eskalith [®] , Eskalith [®] Controlled release, Lithobid [®]	Lithium
Lamictal [®]	Lamotrigine
Tegretol [®] , Carbatrol [®] , Epitol [®] , Equetro [®]	Carbamazepine
Depakote [®] , Depakene [®]	Valproic Acid, Divalproex sodium, Valproate sodium
Trileptal [®] , Oxtellar [®] extended release	Oxcarbazepine

ANTIDEPRESSANTS

Antidepressants treat the symptoms of depression, including low mood, low energy, appetite problems, sleep problems, and poor concentration. The most effective medications for treating post-traumatic stress disorder (PTSD) are antidepressants, and they can also be effective for the treatment of other anxiety disorders such as panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, and phobias. Antidepressants help to reduce acute symptoms and prevent relapses and hospitalizations. They are not addictive.

Side Effects

Possible side effects of antidepressant medications include nausea, vomiting, excitement, agitation, headache, sexual problems, dry mouth, dizziness, sedation, weight gain, constipation, heart palpitations, cardiac abnormalities, insomnia, memory problems, overstimulation, or hypertensive crisis. Tell your doctor if you are experiencing these side effects.

The newer generation antidepressant medications, such as the family of drugs called Serotonin

Selective Reuptake Inhibitors (SSRIs) or the Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), such as Effexor and Cymbalta, tend to cause fewer side effects. Although these medications are not addictive, they need to be tapered gradually, with the assistance of your provider to prevent worsening of mood or discontinuation syndrome (side effects from stopping a medication too quickly).

A small percentage of people who take antidepressants develop symptoms of hypomania or mania over the course of a few weeks. The symptoms of hypomania include irritability, argumentativeness, agitation, decreased need for sleep, and excessive talking. The symptoms of mania include grandiosity, euphoria, hostility, extreme goal-directed behavior, and engagement in activities that are potentially harmful. If you experience these symptoms, notify your doctor immediately. He or she may lower your dosage of medication or stop it altogether.

Examples

Brand Name	Chemical Name
Anafranil®	Clomipramine
*Celexa®	Citalopram
*Lexapro®	Escitalopram
Cymbalta	Duloxetine
Desyrel®, Oleptro®, Trialodine®	Trazodone
Effexor®	Venlafaxine
Elavil®, Amitid®, Amitril®, Endep®	Amitriptyline
Luvox®	Fluvoxamine
Norpramin®	Desipramine
Pamelor®, Aventyl®	Nortriptyline
Paxil®, Brisdelle®, Pexeva®	Paroxetine
*Prozac®, Rapiflux®, Sarafem®, Selfemra®	Fluoxetine
Remeron®	Mirtazapine
Sinequan®, Adapin®	Doxepin
Tofranil®	Imipramine
*Viibryd®	Vilazodone
Wellbutrin®, Aplenzin®, Forfivo®, Zyban®, Buproban®	Bupropion
Zoloft®	Sertraline

**Newer generation antidepressants (SSRIs): The newer generation antidepressant medications, such as the family of drugs called serotonin selective reuptake inhibitors (SSRIs), tend to cause fewer side effects.*

ANTI-ANXIETY AND SEDATIVE MEDICATIONS

Anti-Anxiety and Sedative Medications help reduce anxiety and feeling overly stimulated. Some of these medications also help people sleep. Unlike many other medications for mental illness, these medications take only one to two hours to take effect. Also, unlike other medications for mental illnesses, medications in the families of benzodiazepines and barbiturates can be addictive, and long-term use should generally be avoided. If these medications are used, they should be carefully

monitored.

Barbiturates and benzodiazepines are controlled substances, which also means that your doctor may not refill these medications if they are lost or stolen. Also, similarly to alcohol, withdrawal from these medications can result in severe withdrawal, seizures and even death. Stopping these medications after a period of consistent use typically requires a gradual taper or may require inpatient detoxification.

Side Effects

The most common side effects are sedation, fatigue, and problems with memory or other cognitive abilities. Because of the sedating effect, combining these medications with alcohol and/or drugs can be dangerous and even fatal. You are also advised to refrain from or exercise caution when driving or operating machinery. As mentioned earlier, long-term use of some of these medications can lead to dependency.

Examples of Benzodiazepines and Barbiturates

Brand Name	Chemical Name
Ativan [®]	Lorazepam
Dalmane [®]	Flurazepam
Halcion [®]	Triazolam
Klonopin [®]	Clonazepam
Librium [®]	Chlordiazepoxide
Noctec [®]	Chloral hydrate
Restoril [®]	Temazepam
Serax [®]	Oxazepam
Valium [®]	Diazepam
Xanax [®]	Alprazolam

Examples of Anti-Anxiety Medications

Brand Name	Chemical Name
Benadryl [®] , Aler-Dryl [®] , Diphenhist [®] , Nytol [®] , Siladryl [®] , Silphen [®] , Sominex [®] , Unisom [®]	Diphenhydramine
BuSpar [®]	Buspirone
Catapres [®] , Kapvay [®]	Clonidine
Vistaril [®] , Atarax [®]	Hydroxyzine

Source: *Illness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration, 2005*



USING MEDICATION WISELY

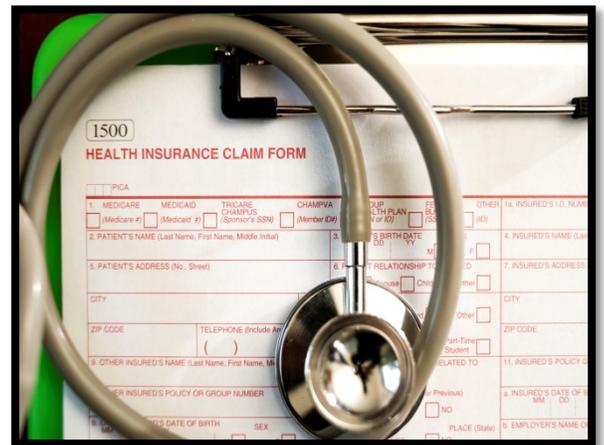
When your doctors prescribe medications to you, they are making their best effort to find a medication that will work for you. However, each person is different. For most conditions, a number of drugs are available to treat symptoms, and different people need different dosages. Particularly for psychiatric medications, doctors often change medications and dosages to make sure that you are getting the care that you need.

Take medication as directed

It is important to take medication exactly as directed by your doctor. Often, this involves taking medication at the same time each day or taking it with food or plenty of water. For medications that must be taken at around the same time each day, it is best to choose a time at which you are usually home and awake. Using a digital watch alarm or a cell phone alarm are good ways of reminding yourself to take your medication at the scheduled time each day. A pill organizer, available inexpensively at a pharmacy, can help you remember whether or not you've taken your pill for the day. Some have multiple compartments for morning, noon, and night.

Make sure that you do not run out of medication

With many medications, taking the correct dosage every day is critical. Therefore, do not wait for your prescription to run out before you get a new prescription. Each time you pick up your medication, look at the bottle and see how many refills are left. If no refills are left, call your doctor's office that day to make sure that your doctor knows that you need a new prescription. If you've forgotten to do this and you're running out of pills, call your doctor's office as soon as possible or ask the pharmacy to call your doctor. Often, insurance limits how much medication you can get at any one time or how quickly you can get a refill. Sometimes there are circumstances in which you might need a refill sooner than your insurance company allows. For example, if you are going on a trip or you lose your medication, you might need a new supply sooner than would normally be allowed. Discuss issues like this with your pharmacist. Sometimes, the pharmacy may be able to get permission for at least a partial refill ahead of schedule.



Avoid drug interactions

Taking certain drugs along with other prescription or over-the-counter drugs, street drugs, or alcohol can be very dangerous. Make sure that you understand what you are taking and what drugs you cannot take at the same time. For example, taking multiple pain medications can be dangerous, and it is always dangerous to mix sedatives and alcohol. Make sure you read the warnings on the bottle and ask your pharmacist if you have any questions.

Talk to your doctor before stopping medications

Sometimes medications do not work well for a particular person, and sometimes they have severe side effects. However, suddenly stopping your medication can also pose a risk. It may cause symptoms you might experience during withdrawal or lead to the return of the problem that the medication is supposed to be treating. If you have any serious problems, talk to your doctor— or a doctor at the local emergency room, if you experience severe side effects—before you stop taking medications.



TALKING WITH YOUR DOCTOR

You only spend a little bit of time with your doctor, so he or she will rely largely on information from you to determine how well the medication is working. If you can provide specific information, it will help your doctor understand how to change your medication for the best results. If you go to a doctor's appointment with information written down, you'll be able to remember what you want to say and give the doctor more complete information. For example:

- Write down your perceptions of symptoms you're experiencing, such as fear or sadness, and whether those are worse or less severe since you started on the medication.
- If you're having trouble sleeping, take a pen and paper and write down when you go to bed and when you wake up each day, including whether or not you awakened during the night. If you notice other side effects, write those down as well. Are you tired? Gaining weight?
- Ask people you trust to tell you if they notice anything unusual. For example, if they call attention to the fact that you've recently starting shaking or sometimes appear confused, write this information down and share it with your doctor.

To help you get the most out of your discussion with your doctor, frame your discussion in a positive way, using "I" statements, such as "I have been feeling nauseated since I started taking this medication," rather than saying, "This medication you gave me is making me sick." Try to provide specific information so that the doctor can understand your symptoms and side effects more effectively, such as "I have been having trouble getting up before 10 a.m., and I usually get up at 7 a.m.," or "I am having flashbacks every day since I switched from 50 to 25 milligrams, and I only used to have one or two per week," or "Although you said only to take one tablet at night, I have been taking two tablets at night, which is helping me get to sleep more quickly, but also caused me to run out of medication early."

PREGNANCY AND MEDICATIONS

It is essential that you let your doctor know if you are pregnant or suspect that you are pregnant or are planning to become pregnant. Some of the medications above can cause severe birth defects, while others need to be adjusted during pregnancy to prevent worsening of symptoms. Additionally, pregnancy and the post-partum period (after giving birth), can also impact symptoms of mental illness.

Due to the significant risks of some medications above, doctors may ask you to agree to use birth control if you wish to continue a medication, to prevent birth defects or loss of pregnancy.

Some medications are transmitted through the breastmilk. Discuss which medications you are taking with your doctor to figure out whether breastfeeding is safe for your child.

Glossary of Terms

Active listening is a communication technique in which the listener fully concentrates upon, understands, responds to, and then remembers what the other person has said.

Cognitive distortion is negative, self-defeating, or inaccurate ways of thinking that can set one up for a relapse or make one feel anxious or depressed.

Community integration is a designed to help people to fully participate in community life, and to be productive and valued community members. It encompasses housing, employment, education, leisure/recreation, recovery supports, and several other important life spheres.

DSM-V is an abbreviation for the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition. This is a classification manual to quantify symptoms in order to diagnose a mental health condition.

Integrated treatment recognizes that substance use problems and psychological problems often co-occur together, and that either problem area can worsen the other. Because these problems are connected, it is essential for individuals to learn how these problems interact in their own lives and to address both of them together in their recovery.

Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking (MISSION) is a wraparound service intervention designed to meet the needs of those experiencing co-occurring mental health and substance disorders. Specialized versions of the model have been developed for veteran, homeless and criminal justice populations.

Medication-assisted treatment (MAT), are medications to treat substance use disorders and prevent drug overdoses and are often delivered in conjunction with behavioral therapies.

MISSION Navigating Transitions is a treatment intervention designed to help Recovery Coaches support individuals undergoing stressful life transitions (i.e. to independent living, a new job, etc.) by equipping individuals with tools to effectively navigate them now and in the future. The program includes written materials focused upon recovery and life skills that are delivered in either group or individual sessions.

Psychoeducation sessions are sessions that provide education and information to individuals with a mental health disorder or to those supporting a family member, partner, or friend with a mental health disorder.

Recovery Coaches are people who promote recovery by removing barriers and obstacles to recovery, and who serve as a personal guide and mentor for people seeking or already in recovery.

Self-advocacy refers to the ability to speak and act on one's own behalf. It involves voicing one's own needs and preferences, and making informed, autonomous decisions about the supports needed to meet those needs and preferences.

Side effects are the unpleasant reaction your body has to a medication, such as nausea, headache, and dizziness. Side effects can vary from person to person and can sometimes be very serious. Always let your doctor know about side effects you experience, and if they are severe go to your local emergency department or call 911.

Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the negative impact of substance use and mental health problems on America's communities.

Triggers are any stimuli that leads to a desire to engage in substance use or activates mental health symptoms. Triggers come in many different forms. Common triggers include: stress, people, locations, moods, dates, and smells.