

MAT GROUP INTRODUCTION

BUILDING BLOCKS FOR DEVELOPING A RECOVERY PROGRAM

OBJECTIVES:

1. Introduce facilitator and group members
2. Provide general overview of group
3. Discuss and affirm group rules and expectations as a commitment to recovery
4. Establish safe, accepting, supportive, respectful space
5. Discuss why Groups are effective
6. Discuss what Recovery is
7. Discuss what guiding principles of Recovery are
8. Discuss topics that will be discussed over 12 weeks and ask group to identify additional topics they would like to discuss or invite them to make a request at any point

Why is GROUP part of MAT program?

- Provide positive peer support and pressure to abstain from substances
- Reduce the sense of isolation that most people with substance use disorders experience
- Enable peers to witness the recovery of others
- Peers learn to cope with problems by experiencing how others have dealt with similar problems
- Offers family-like experience
- Offers encouragement, support, coaching, and reinforcement to peers dealing with challenging situations
- Offers opportunity to learn or relearn skills they need to cope with everyday life instead of resorting to substances
- Provides effective confrontation to peers about substance abuse and other harmful behavior
- Provides needed structure and discipline to the lives of people with substance use disorders, who often enter treatment with their lives in chaos.
- Groups instill hope, a sense that “If he can make it, so can I.”

What is Recovery?

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

What areas in my life do I need to focus on to support a life in recovery?

HEALTH – Overcoming or managing symptoms of disease (physical, mental, emotional) – for example, abstaining from the use of alcohol, illicit drugs, and non-prescribed medications. Making informed choices that support physical and emotional well-being.

Physical Health: recovery involves good nutrition, exercise, getting adequate sleep, relaxation, and taking care of medical or dental problems

Mental Health: involves adherence and compliance with treatment plan, counseling, group therapy, and medication

Emotional Health: involves learning to cope with feelings, problems, stress, and negative thinking without relying on opiates or other drugs

HOME – A stable and safe place to live must be a priority for recovery to be possible.

PURPOSE – Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society. This can involve spiritual recovery and learning to rely on a higher power for help and strength if this falls within their belief system.

COMMUNITY – Relationships and social networks that provide support, friendship, love, and hope. This involves developing relationships with sober people, learning to resist pressures from others that use drugs and develop healthy social and leisure interests to occupy time. Also involves examining the effects of addiction on one's family, friends, and significant others, involving them in recovery, and making amends.

What are some guiding principles of Recovery?

HOPE – recovery emerges from hope – the belief that recovery is real provides the essential and motivating message of a better future. Hope is the catalyst of the recovery process.

PERSON-DRIVEN – Self-determination and self-direction are the foundations of recovery as individuals define their own life goals and design their unique path(s) towards those goals. By exercising choice, they are empowered to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

MANY PATHWAYS – Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma, that affect and determine their pathway to recovery.

HOLISTIC – Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing self-care practices, family, housing, employment, transportation, education, treatment for mental disorders and substance use disorders,

services and supports, healthcare, dental care, faith, spirituality, creativity, social networks, and community participation.

PEER SUPPORT – Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers to provide each other with a vital sense of belonging, supportive relationships, valued roles, and community.

RELATIONSHIPS – An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recovery, who offer hope, support, and encouragement, and who also suggest strategies and resources for change.

CULTURE – Culture and cultural background in all of its diverse representations; including values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery. Services need to be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

ADDRESSES TRAUMA – The experience of trauma (physical, sexual, DV, war, disaster, and others) is often a precursor to or associated with drug and alcohol use, mental health problems and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

RESPECT – Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

What is one change you can work on in your recovery?

How can you use what we discussed today to start thinking about your recovery plan this next week?

MAT GROUP SESSION DESCRIPTIONS FOR eCW DOCUMENTATION

INTRODUCTION: BUILDING BLOCKS FOR DEVELOPING A RECOVERY PROGRAM

Patients were acclimated to the purpose of group, group rules, and confidentiality. Psychoeducation focused on what does being in recovery mean; why Medication Assisted Treatment group is an important part of recovery; areas of focus for each patient's individualized recovery program; and guiding principles of recovery to set the stage with building blocks for developing a successful recovery program. Group engaged in discussion, sharing initial personal area of change to focus on, and discussed how they will use education provided today in the coming week to start thinking about their personal recovery plan.

SESSION I: SETTING THE FOUNDATION

Patients were introduced to Cognitive Behavior Therapy. Education was provided to help patients understand the connection between events, thoughts, behaviors, and emotions. Patients were taught about how cognitive errors (distorted thinking) can lead to problematic behaviors like substance use or hurtful behavior to others. Patients shared their common irrational thoughts and beliefs that are not fact based and only serve to maintain substance use and unstable relationships. Patients were taught healthy more rational alternative thoughts to use to challenge and replace automatic irrational thoughts. Patients were asked to consider how they could use information discussed today to support their recovery plan this next week.

SESSION II: SYMPTOMS OF OPIATE ADDICTION

Patients were educated on what opiate addiction is. Patients learned about biological, psychological, and social factors that impact drug use. Patients evaluated and shared the effects of their addiction on 11 key areas of their life (i.e., physical health, mental health, relationships, work, finances, etc.). The ebb and flow of motivation to recovery was discussed and patients were asked to describe what they want from treatment. Patients discussed how they can use the information discussed today and apply it to their life this next week.

SESSION III: STAGES OF CHANGE & DENIAL

Education was provided on the stages of change (pre-contemplation, contemplation, preparation, action, and maintenance). Patients were taught that most people go through the stages several times before they make it through the cycle of change into stable recovery. Patients were challenged to think about the power of denial and how it can sabotage their

recovery plan. They were asked to think about the benefits of accepting the reality of their addiction(s). Patients assessed themselves on what stage they currently are in and discussed what that means in relation to where they are in their recovery plan.

SESSION IV: RELAPSE PREVENTION

Education was provided on identifying situations that precipitate drug use behavior and how to develop coping strategies to build relapse preventive thinking and actions. Patients were taught about emotional relapse, mental relapse, and physical relapse. They were provided coping techniques to redirect their thinking, mood, and behavior. Patients completed and discussed relapse justification scenarios. Patients were also challenged to discuss how they will use this information this next week and in their recovery plan.

SESSION V: MANAGING TRIGGERS & CRAVINGS

Education was provided on the difference between a trigger and a craving. Several examples of different types of social pressures and triggers were provided with patients identifying with them. Behavioral and cognitive strategies to challenge triggers and cravings were provided. Patients were asked to identify their personal triggers and what they could do to recognize what leads to cravings so they can be proactive and do something about it to avoid relapse. Patients completed a self-assessment on managing people, places, and things that helped to anticipate and identify triggers and develop specific steps they can take to survive a trigger or craving.

SESSION VI: RELATIONSHIPS IN RECOVERY

Education was provided to patients on how addiction negatively affects relationships with family, friends, co-workers, and others. Patients engaged in discussion with identifying personal ways their addiction has negatively impacted their relationships. Patients were taught about enabling behavior and asked to provide examples of when others have enabled them to maintain their drug use. Psychoeducation was provided on what a healthy relationship looks like and how patients can begin to repair some of the damage their addiction has caused their relationships. Patients completed and discussed an assessment of their relationships in recovery and steps they could take to begin to repair the damage that has been done.

SESSION VII: ESTABLISHING A SUPPORT SYSTEM

Education was provided on the importance of having a solid sober support system in recovery. Patients were asked to identify specific people and organizations they could include in their recovery plan. Barriers to asking others for help and support was discussed. Patients reviewed

ways they could ask for help and support. Patients completed and discussed an assessment on their social support system which focused on different support people for different situations. Education was provided on community resources available to them. Patients discussed how they could use the information discussed today and apply it to their life to support their recovery plan.

SESSION VIII: MANAGING FEELINGS IN RECOVERY

Education was provided to patients to understand the relationship between feelings and substance use. Patients were asked to identify and prioritize feelings they have trouble coping with that represent potential relapse factors for them. Patients identified strategies to cope with one problematic feeling. Education was provided to follow an 8-step approach to help manage feelings. Patients completed and discussed an assessment on managing feelings and how they could apply this information to their life this next week.

SESSION IX: COPING WITH GUILT AND SHAME

Psychoeducation was provided on the difference between guilt and shame and how this can damage self-esteem. Patients were taught that guilt and shame can feed the cycle of drug use. Coping strategies were provided to deal with guilt and shame. Patients discussed how their past behavior led to feeling guilty and how their drug use affected their sense of shame about themselves. Patients discussed positive behaviors they can use now to get over guilt and shame and restore self-esteem. Patients were asked to consider how this can impact their recovery plan negatively and what they could do not to avoid sabotage and improve success.

SESSION X: WARNING SIGNS OF RELAPSE

Education was provided to understand relapse as both a process and an event. Subtle and common warning signs associated with relapse were reviewed. Patients developed a plan to manage warning signs before they lead to relapse and shared with group. Patients were encouraged to use relapse as a learning experience to help future recovery. Patients discussed times in the past when they had a period of recovery and then relapsed to think about clues or warning signs they had prior to their actual relapse. They considered where the relapse occurred, who was with them at the time, and discussed what they could do to prevent or avoid the situation from happening again.

SESSION XI: COPING WITH HIGH-RISK SITUATIONS

Education was provided on identifying common high-risk situations or factors associated with relapse. Patients were taught to anticipate dangerous situations by reviewing personal relapse risk factors. Patients developed and discussed coping strategies to manage high-risk situations to reduce the chances of relapse. Patients received feedback from peers about their coping

plan to challenge and strengthen it for patient. Patients were provided an educational handout on the 10 most common relapse dangers and asked to review it during this next week to provide feedback at next group on what they observed.

SESSION XII: MAINTAINING RECOVERY

Education was provided on the importance of keeping recovery plans up-to-date and working at long-term recovery. Patients were taught the importance of adhering to their recovery goals and reinforced the continuing need to participate in self-help, natural community supports, and using the tools of recovery on a daily basis to remain successful. Patients completed a recovery tool checklist to provide visual feedback on the tools they've gained through the MAT Group program. Patients shared the benefits they have experienced by using these tools. Patients were provided an educational handout on coping with stressful situations following the TIPS acronym (Truth, Information, Priorities, Support) whenever they experience a difficult situation to help get them through it without using drugs.

SETTING THE FOUNDATION – Session I

OBJECTIVES:

9. Introduce Cognitive Behavior Theory
10. Explain the bidirectional relationship among factors that maintain behaviors
11. Discuss 15 Common Cognitive Errors that lead to maintain problematic behaviors

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

Cognitive Behavior Theory teaches us that the way we act and feel is affected by our beliefs, attitudes, and perceptions. These factors serve as a template through which events are filtered and appraised. To the extent that our thinking processes are faulty and biased, our emotional and behavioral responses to what goes on in our life will be problematic.

Learning to change the way we think can change the way we feel and behave!

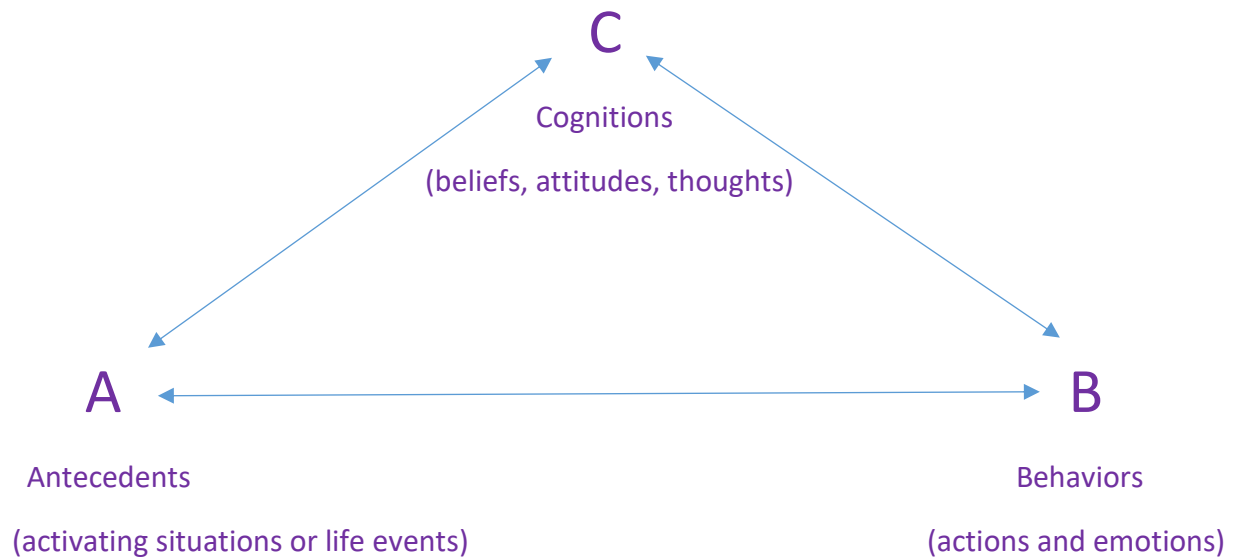
Review the model handout to show the bidirectional relationship among factors that maintain behaviors.

Engage in discussion with group to provide examples of each type of cognitive error thinking and what they can do to challenge distorted thinking. Ask group how they think this type of thinking has impacted their drug use and if they think it will help or hurt their recovery plan if not addressed.

Discuss Irrational Beliefs and how group can choose a more rational Alternative Belief to support their recovery plan. Have group share some of their beliefs and ask group to come up with alternative thoughts that support recovery.

How can you use what we discussed today to start thinking about your recovery plan this next week?

The Relationship Among Factors Maintaining Behavior



Antecedents – are life events (something happens or is about to happen – situations about which the individual has strong feelings.

Cognitions – represent the individual’s opinions, thoughts, or attitudes that serve to filter and distort the perception of the antecedents.

Behavior – is the individual’s observable actions and emotional reactions that result from his/her beliefs and emotions (how someone thinks or feels and the behavior resulting from those thoughts)

The only thing you can control in life is “how” you respond to events. You have a choice. Understanding how Cognitions impact Behaviors can provide you with powerful tools to make better choices related to responding to events in your life.

Review 15 Common Cognitive Errors people have that distort thinking and lead to substance use and hurtful behavior. These thoughts are often “automatic” and “rigid.” When you become aware of these distorted errors in thoughts you have the power to challenge and change them to make better behavior choices and improve your emotional well-being.

Fifteen Common Cognitive Errors

Thoughts that are Irrational and NOT Fact Based

1. **Filtering** – taking negative details and magnifying them, while filtering out all positive aspects of a situation.
2. **Polarized Thinking** – thinking of things as black or white, good or bad, perfect or failures, with no middle ground.
3. **Overgeneralization** – jumping to a general conclusion based on a single incident or piece of evidence; expecting something bad to happen over and over again if one bad thing occurs.
4. **Mind Reading** – thinking that you know, without any external proof, what people are feeling and why they act the way they do; believing yourself able to discern how people are feeling about you.
5. **Catastrophizing** – expecting disaster; hearing about a problem and then automatically considering the possible negative consequences (e.g., “What if tragedy strikes?” “What if it happens to me?”)
6. **Personalization** – thinking that everything people do or say is some kind of reaction to you; comparing yourself to others trying to determine who’s smarter or better
7. **Control Fallacies** – feeling externally controlled as helpless or a victim of fate or feeling internally controlled, responsible for the pain and happiness of everyone around you
8. **Fallacy of Fairness** – feeling resentful because you think you know what is fair, even though other people do not agree
9. **Blaming** – holding other people responsible for your pain or blaming yourself for every problem
10. **Shoulds** – having a list of ironclad rules about how you and other people “should” act; becoming angry at people who break the rules and feeling guilty if you violate the rules
11. **Emotional Reasoning** – believing that what you feel must be true, automatically (e.g., if you feel stupid and boring, then you must be stupid and boring)
12. **Fallacy of Change** – expecting that other people will change to suit you if you pressure them enough; having to change people because your hopes for happiness seem to depend on them.
13. **Global labeling** – generalizing one or two qualities into a negative global judgment about someone or something
14. **Being Right** – proving that your opinions and actions are correct on a continual basis; thinking that being wrong is unthinkable; going to any lengths to prove that you are correct.
15. **Heaven’s Reward Fallacy** – expecting all of your sacrifice will pay off, as if there were someone keeping score, and feeling disappointed and even bitter when the reward does not come.

Common Irrational Beliefs About Drugs and Alcohol

With More Rational Alternatives

Irrational Belief	Rational Alternative or Dispute Thought
Using drugs are never a problem for me, even if I lose control once in a while. It's other people who have a problem with my drug use.	Losing control can be the first sign of a problem and if my drug use is a significant problem for others, sooner or later it will be for me.
I need to use drugs to relax.	I want to use drugs but don't have to use them just because I want to.
I can't stand not having what I want; it is just too hard to tolerate.	I may not like it, but I have stood it in the past and can do so now.
The only time I feel comfortable is when I'm high.	It's hard to learn to be comfortable socially without drugs, but people do it all the time.
It would be too hard to stop using drugs. I'd lose all my friends, be bored, and never be comfortable with it.	While stopping doing drugs might cost me some things and take time and effort, if I don't, the consequences will be far worse.
People who can't or don't use drugs are doomed to frustration and unhappiness.	Where's the evidence of this? I'll try going to a self-help meeting and do some research on how frustrated and miserable sober people actually are.
Once you've stopped using and you see it's all over, you're right back to where you started, and all of your efforts only lead you to total failure. Once an addict, always an addict.	A slip is only a new learning experience toward recovery. It is not a failure, only a setback that can tell me what direction I need to go in now. It's my choice!

SYMPTOMS OF OPIATE ADDICTION – Session II

OBJECTIVES:

12. Understand what Opiate Addiction is
13. Understand biopsychosocial factors contributing to the development and maintenance of their addiction
14. Discuss patient personal symptoms and factors that have maintained their addiction
15. Discuss patient level of motivation and what they want to get out of treatment

Very brief review of last session – ask if there are any questions or comments? Request feedback from the group regarding information provided, length of sessions, etc. to tailor future sessions to meet needs of patients.

Check in with each patient and ask if there are any updates from anyone related to any lessons they took away from last session and applied to their life – any progress or experiences since last session they would like to share?

What is addiction? (ask group to share their ideas)

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking behavior and use, despite harmful consequences. It's considered a brain disease because there are physical changes in areas of the brain critical for judgment, decision making, learning, memory, and behavior control, which may explain the compulsive and destructive behaviors of addicted individuals.

or

A condition in which a person develops a compulsion to use a drug at an increasing dose and frequency, in spite of knowing the serious physical or psychological side effects and the extreme disruption of the user's personal relationships and value system.

DSM Substance Use Dx:

A problematic pattern of use of an intoxicating substance leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. The substance is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful effort to cut down or control use of the substance.

3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
4. Craving, or a strong desire or urge to use the substance.
5. Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
7. Important social, occupational, or recreational activities are given up or reduced because of use of the substance.
8. Recurrent use of the substance in situations in which it is physically hazardous.
9. Use of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of the substance.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for that substance.
 - b. The substance is taken to relieve or avoid withdrawal symptoms.

Biological Factors:

- Withdrawal symptoms experienced when user attempts to reduce or stop use
- Developing a tolerance for opiates
- User may have an inherited predisposition to become addicted

Psychological Factors:

- Opiates feel good
- Pressures from others to use
- Using helps addicts feel they belong
- Using helps to cope with feelings, problems, or to escape
- Being preoccupied or obsessed with using or compulsively seeking the drug

Social Factors:

- Drug use leads to problems with family and other relationships
- Negative consequences at work, school, legal

Provide Handout on “Evaluating the Effects of Your Addiction” to complete in group

GROUP DISCUSSION:

Have group share personal experience when their drug seeking behavior continued despite negative consequences.

Ask group what they will miss most about not using.

Motivation to change is often low during the early recovery period. Have group describe their current reasons for being in treatment and their current level of motivation to quit using drugs. (We are looking for honesty here so advise group there will be no judgment against anyone for any response provided.)

Ask group to describe what they want from treatment.

How can you use the information we discussed today to apply to your life this next week?

Evaluating the Effects of Your Addiction

How has your addiction/drug use affected your:

1. Physical Health: _____
2. Sexual Behaviors: _____
3. Mental Health: _____
4. Behaviors: _____
5. Family Relationships: _____
6. Social Relationships: _____
7. Work or School: _____
8. Finances: _____
9. Spirituality: _____
10. Legal Issues: _____
11. Life in other areas not listed above: _____

Summarize the overall effects of your addiction on your life:

STAGES OF CHANGE & DENIAL – Session III

OBJECTIVES

16. Define recovery as a long-term process of medication compliance and behavior change
17. Discuss stages of recovery
18. Define denial as one of the key psychological issues to deal with in recovery and identify ways to work through it

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

What is Recovery? (Ask group if they recall what recovery is) A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This is a long-term life long process. It is a process, not an event. Recovery involves making internal changes in oneself and external changes in one's lifestyle. Developing new coping skills is essential for change to occur.

Stages of Change – discussing stages helps to understand Recovery is a process and you can be in one stage for one aspect of recovery and in another stage for a different aspect. Important to recognize that you are not addressing all changes at once (i.e., Action Stage to deal with Addiction; Contemplation Stage to address marital discord; Pre-contemplation Stage to address starting healthy habits) and will have mixed emotions about different changes.

1) PRECONTEMPLATION STAGE

"It isn't that we cannot see the solution. It's that we cannot see the problem."

Pre-contemplators usually show up in therapy because of pressures from others... spouses, employers, parents, and courts... Resist change. When their problem comes up, they change the topic of conversation. They place responsibility for their problems on factors such as genetic makeup, addition, family, society, destiny, the police, etc. They feel the situation is HOPELESS.

2) CONTEMPLATION STAGE

"I want to stop feeling so stuck!"

Contemplators acknowledge that they have a problem and begin to think about solving it. Contemplators struggle to understand their problems, to see its causes, and wonder about possible solutions. Many contemplators have indefinite plans to take action within the next few months.

"You know your destination, and even how to get there, but you're not ready to go."

It is not uncommon for contemplators to tell themselves that someday they are going to change. When contemplators transition to the preparation stage of change, their thinking is clearly marked by two changes. First, they begin to think more about the future than the past.

The end of contemplation stage is a time of ANTICIPATION, ACTIVITY, ANXIETY, and EXCITEMENT.

3) PREPARATION STAGE

Most people in the preparation stage are planning to take action and are making the final adjustments before they begin to change their behavior. Have not yet resolved their AMBIVALENCE. Still need a little convincing.

4) ACTION STAGE

Stage where people overtly modify their behavior and their surroundings. Make the move for which they have been preparing. Requires the greatest commitment of time and energy.

CHANGE IS MORE VISIBLE TO OTHERS. THEY ENGAGE IN MAT PROGRAM!

5) MAINTENANCE STAGE

Change never ends with action. Without a strong commitment to maintenance, there will surely be relapse, usually to pre-contemplation or contemplation stage.

MOST SUCCESSFUL SELF-CHANGERS GO THROUGH THE STAGES SEVERAL TIMES BEFORE THEY MAKE IT THROUGH THE CYCLE OF CHANGE WITHOUT AT LEAST ONE SLIP. MOST WILL RETURN TO THE CONTEMPLATION STAGE OF CHANGE. SLIPS GIVE US THE OPPORTUNITY TO LEARN.

What is Denial and how can it sabotage my recovery? (ask group members to reflect on what they think this is. Ask them for examples of how they have been in or used denial to continue drug use) – One key challenge early in recovery is to break through the denial of addiction and to motivate oneself to work on an on-going recovery program of change. Ask group how failing to address this could impact their Recovery. For those still demonstrating denial in the moment attempt to have them address their disconnect between the impacts they just discussed and their denial that they have an addiction or problem with drug use.

Denial leads to continued use of drugs which in turn can cause serious consequences to every aspect of your life. Others will continue to suffer from being exposed to your addictive behavior which may include using poor judgment, being selfish, ignoring the family, lying, cheating, and conning family or others to get drugs or try to hide the fact that drugs are being used.

Provide handout, complete, review, discuss

What are the benefits of accepting the reality of your drug/opiate/heroin addiction?

How can information discussed today help you in developing your recovery plan?

Stages of Change Readiness & Treatment Eagerness Scale

(SOCRATES 8D)

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel about *your drug use*. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it *right now*. Please circle one and only one number every statement.

	NO! Strongly Disagree	No Disagree	? Undecided Or Unsure	Yes Agree	YES! Strongly Agree
1. I really want to make changes in my use of drugs.					
2. Sometimes I wonder if I am an addict					
3. If I don't change my drug use soon, my problems are going to get worse.					
4. I have already started making some changes in my use of drugs.					
5. I was using drugs too much at one time, but I've managed to change that.					
6. Sometimes I wonder if my drug use is hurting other people.					
7. I have a drug problem.					
8. I'm not just thinking about changing my drug use, I'm already doing something about it.					
9. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.					
10. I have serious problems with drugs.					
11. Sometimes I wonder if I am in control of my drug use.					
12. My drug use is causing a lot of harm.					

13. I am actively doing things now to cut down or stop my use of drugs.					
14. I want to keep from going back to the drug problems that I had before.					
15. I know that I have a drug problem.					
16. There are times when I wonder if I use drugs too much.					
17. I am a drug addict.					
18. I am working hard to change my drug use.					
19. I have made some changes in my drug use, and I want some help to keep from going back to the way I used before.					

SOCRATES Scoring Form (19-Item Version 8)

Transfer responses from the questionnaire to match below:

Recognition

1 _____

3 _____

7 _____

10 _____

12 _____

15 _____

17 _____

_____ **TOTAL R**

(7-35 possible range)

Ambivalence

2 _____

6 _____

11 _____

16 _____

_____ **TOTAL A**

(4-20 possible range)

Taking Steps

4 _____

5 _____

8 _____

9 _____

13 _____

14 _____

18 _____

19 _____

_____ **TOTAL TS**

(8-40 possible range)

SOCRATES Profile Sheet (19-Item Version 8D)

INSTRUCTIONS: From the SOCRATES Scoring Form transfer the total scale scores into the empty boxes at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above to determine the decile range.

DECILE SCORES	Recognition	Ambivalence	Taking Steps
90 (Very High)		19-20	39-40
80		18	37-38
70 (High)	35	17	36
60	34	16	34-35
50 (Medium)	32-33	15	33
40	31	14	31-32
30 (Low)	29-30	12-13	30
20	27-28	9-11	26-29
10 (Very Low)	7-26	4-8	8-25
RAW SCORES (from Scoring Sheet)	R =	A =	TS =

Guidelines for Interpretation of SOCRATES-8 Scores

Using the SOCRATES Profile Sheet, circle the client's raw score within each of the three scale columns. This provides information as to whether the client's scores are low, average, or high relative to sample people already seeking treatment for drugs and alcohol. The following are provided as general guidelines for interpretation of scores, but it is wise in an individual case also to examine individual item responses for additional information.

RECOGNITION

HIGH scorers directly acknowledge they are having problems related to their drug use, tending to express a desire for change and to perceive that harm will continue if they do not change.

LOW scorers deny that drugs are causing them serious problems, reject diagnostic labels such as "addict" and do not express a desire for change.

AMBIVALENCE

HIGH scorers say that they sometimes *wonder* if they are in control of their drug use, are using too much, are hurting other people, and/or are an addict. Thus a high score reflects ambivalence or uncertainty. A high score here reflects some openness to reflection, as might be particularly expected in the contemplation stage of change.

LOW scorers say that they *do not wonder* whether they use drugs too much, are in control, are hurting others, or are an addict. Note that a person may score low on ambivalence *either* because they "know" their drug use is causing problems (high Recognition), or because they "know" that they do not have a drug use problem (low Recognition). Thus a low Ambivalence score should be interpreted in relation to the Recognition score.

TAKING STEPS

HIGH scorers report that they are already doing things to make a positive change in their drug use and may have experienced some success in this regard. Change is under way, and they may want help to persist or to prevent backsliding. A high score on this scale has been found to be predictive of successful change.

LOW scorers report that they are not currently doing things to change their drug use and have not made such changes recently.

RELAPSE PREVENTION – Session IV

OBJECTIVES

19. Understand emotional, mental, and physical relapse
20. Learn coping strategies to address early stages of relapse

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

In order to understand relapse prevention, you have to understand the stages of relapse discussed last week. Relapse starts days, weeks, or even months before the event of physical relapse. Learning relapse prevention means understanding techniques you can use for each stage of relapse. Learn to recognize Emotional Relapse, Mental Relapse, and Physical Relapse. Recognizing the early warning signs gives you an opportunity to change your behavior.

EMOTIONAL Relapse – you are not thinking about using, however your emotions and behaviors are setting you up for a possible relapse in the future. Signs of emotional relapse include:

Anxiety	Tolerance	Anger/Defensiveness	Not going to meetings
Isolation	Mood Swings	Not Asking for Help	Poor eating/sleep habits

Relapse prevention at this stage means recognizing you're in emotional relapse and need to choose to change your behavior to change your mood.

- Isolating - remind yourself to ask for help from others.
- Anxious or Angry - practice relaxation techniques.
 - Breathing exercises, go for walk, read book, listen to music, meditate, exercise.
- Poor eating/sleep - practice self-care. You relapse when you don't take care of yourself and create situations that are mentally and emotionally draining that make you want to escape.
 - Reduce or eliminate sodas and caffeine, drink juice and water.
 - Reduce or eliminate junk food and eat more fruits and vegetables.
- Let go of your resentments and fears through some sort of relaxation so they won't build up.

If Emotional Relapse is not dealt with you will become exhausted and want to escape, which will move you into Mental Relapse. If you practice self-care, you can avoid those feelings from growing and avoid relapse.

MENTAL Relapse – your mind is in conflict. Part of you wants to use and part of you doesn't. In the early stages you are idly thinking about using. In the later phase of mental relapse, you are definitely thinking about using. The signs of mental relapse include:

Glamorizing past use	Fantasizing about using	Hanging out with old using friends
Thinking about relapsing	Lying	Planning your relapse

Relapse prevention at this stage means taking action. (Ask the group techniques they have used to help redirect their thinking)

- Play the fantasy through – when you thinking about using the fantasy is that you will be able to control your use, however that is not reality. A common mental urge is that you can get away with using because no one will know if you relapse. This is when your addiction will try to convince you that you don't have a big problem and that you are really only doing recovery to please someone else. Play the fantasy through in which you cannot stop, you wake up feeling disappointed the next day and get caught up in the same vicious cycle of using again to deal with guilt and shame. Remind yourself of the negative consequences you have already suffered. When you play the fantasy through to its logical conclusion acting on urges may not seem so appealing.
- Wait for 30 minutes - most urges only last 15-30 minutes. Having urges it may feel like an eternity. Remain calm, keep yourself busy, and it will pass.
- Tell someone you are having urge – call a friend, a support, or someone in recovery. Share what you are going through – as you share the urges will disappear. They don't seem quite as big and you don't feel alone.
- Distract Yourself – go to a meeting, walk, read a book, cook, clean, listen to music, watch a movie, do something other than just sitting there with your urge.
- Practice recovery one day at a time – do not think about whether you can stay abstinent forever – that can be a paralyzing thought. It's overwhelming even for people who have been in recovery a long time.
 - This means matching your goals with your emotional strength. When you are struggling and having lots of urges, tell yourself that you won't use for today or for the next 30 minutes. Do recovery in bite-sized chunks and don't sabotage yourself by thinking too far ahead.
- Make relaxation part of your recovery – when you are tense you tend to do what is familiar, repeating the same mistakes you made before. When you are relaxed you are more open to change.

PHYSICAL Relapse – it doesn't take long to go from mental relapse to physical relapse if you haven't used some of the techniques above.

Going to liquor store	Going to dealer	Calling using friends to hang out
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Provide handout on Relapse Justification to complete and discuss in group.

Relapse Justification

Relapse justification is a process that happens in your mind. The addicted part of your brain will try to invent excuses to move you closer to relapse situations so that “accidents” can and will happen.

Accidents or Other People’s Influence

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

- It was offered to me. What could I do?
- An old friend called and we decided to get together.
- I was going through my closet and found drugs I had forgotten about.
- I had friends come over and they brought me drugs.
- I didn’t know my friends would be using when I went over to visit.

List an alternative rational thought that could help you through any of these ‘justifications’ to use:

Catastrophic Events

Is there one unlikely, major event that is the “only” reason you would use? What might such an event be for you? How would using drugs or alcohol improve the situation?

- My girlfriend/boyfriend left me. There’s no reason to stay clean now.
- I got injured. It has ruined all of my plans. I might as well use.
- I’m facing a divorce. Who cares anymore? Why not use?
- I’ve been fired. Who cares anymore? Why not use?

List an alternative rational thought that could help you through any of these ‘justifications’ to use:

Depression, Anger, Loneliness, and Fear

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

- I'm depressed. What difference does it make if I use or not?
- When I get mad enough, I can't control what I do. I need to use to calm down.
- I'm scared. I know how to make the feeling go away.
- If that person thinks I've used anyway, I might as well.

List an alternative rational thought that could help you through any of these 'justifications' to use:

Dealing with Problems

Addiction changes the way people think, feel, and behave. In recovery, it is important to get to know yourself. When you have a problem do you:

- Blame someone or something else for it?
- Pretend you don't really have a problem?
- Recognize what the problem is and try to deal with it in a positive way?

Describe a recent problem: _____

How did you deal with this problem? _____

What is an alternative way you could have dealt with the problem that would more likelihood of leading to a positive outcome (ask for support from the group if you are not sure what you could have done)? _____

How can information discussed today help you in developing your recovery plan?

MANAGING TRIGGERS & CRAVINGS – Session V

OBJECTIVES

21. Understand personal triggers
22. Learn coping strategies to address people, places and things

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

What is a trigger? (Ask group what they think)

Triggers refer to experiences, people, situations, events, or things (objects) that stimulate a desire or craving to use drugs or other substances. A trigger can lead to a relapse if it is not managed.

What is a craving? (Ask group what they think)

Cravings refers to an impulsive, spontaneous urge to use drugs or other substances. A craving may include strong thoughts of using, physical symptoms such as heart palpitations and sweating, or behaviors such as pacing. Cravings are temporary and will pass in time. Cravings are triggered by:

- External stimuli in the environment (sight or smell of substance, people, or places)
- Internal stimuli such as obsessions or thoughts about using, or moods like anxiety, boredom, or depression.

Urges and cravings decrease in frequency and severity as your sobriety progresses.

Social Pressures and Triggers to Use Drugs and Other Substances

- Drug-using friends or family members
- Dealers or drug paraphernalia
- Weekends, events or celebrations where drugs or other substances are present
- Music associated with partying or using
- Sex and sexual partners
- Conditioned responses in certain settings
- Conflict with others
- Testing personal control
- Corner, house, or neighborhood where drugs were obtained
- Money or the anticipation of getting money or a check
- Sight, smell, or sound of drugs and other substances
- Feeling lonely, sad, angry, bored, or depressed
- Positive memories of getting high or Negative thoughts of recovery

Behavioral Strategies

- Call a friend or sponsor to discuss the trigger/craving
- Go to a self-help group: SMART, NA, AA
- Exercise – walk, run, work out, yoga, stretch
- Read, particularly about recovery
- Write in a journal – put your thoughts and feelings into words. Keep track of positive coping strategies you used to cope with cravings
- Spend time with sober people
- Keep busy, divert your energy and attention
- Distract yourself with an activity
- Do chores; clean, vacuum, laundry
- Do landscape
- Avoid high-risk people, places, and events – Be firm when refusing offers to use
- Remove all paraphernalia and alcohol from your home
- Create a coping card to carry with you and refer to when cravings are strong with positive coping strategies you can use

Cognitive Strategies

- Remember that cravings and desires for substances eventually will go away
- Think positive and tell yourself you can fight off your craving
- Talk yourself through the craving
- Practice ahead of time how to refuse substance offers
- Pray or ask for strength from your higher power

It's important to identify your personal triggers to use. Once you recognize what leads to you craving you can do something about it. The next step is to know when and how to avoid the people, places, events, and things that trigger your craving for drugs and other substances because this will help reduce your vulnerability to use substances.

Sometimes recovering people test themselves by being around the people or events they associate with drug use. If you find yourself testing your self-control, look at your reasons for doing this and consider that this behavior will probably lead you to use again. To break out of the cycle of addiction, the safest, wisest plan to follow is to avoid people, places, events, and things that remind you of heroin or other substances as much as possible.

Provide Managing People, Places, and Things Handout - Ask Group to identify their triggers and what they can do to help themselves

How can information discussed today help you in developing your recovery plan?

Managing People, Places, and Things

What are my personal triggers? _____

Think of times when you have experienced a strong craving or trigger while answering the following:

1. What social pressures triggered your urge or craving to use? _____

2. What were you thinking at the time? _____

3. What were the physical signs? (restlessness, feeling emotional, boredom, tightness in stomach, etc.) _____

4. What specific steps can you take to help yourself survive a craving: _____

Review the following list for ideas:

- Identify high-risk people and social situations to avoid because of the pressure you will face to use drugs or other substances
- Tell people that you have a problem with drugs and other substances
- Simply refuse any offers of drugs without giving an explanation
- Say that you are not using drugs anymore
- Ask the person who is offering you drugs not to do so because of the problems your use has caused.
- If you begin to feel anxious and pressured in a social situation, the best thing to do is leave the situation. This is especially important if the people who are present can influence you to use.

RELATIONSHIPS IN RECOVERY – Session VI

OBJECTIVES

1. Identify how addiction has negatively affected relationships with family, friends, coworkers, and others.
2. Identify ways to begin repairing damage done to family and interpersonal relationships as a result of addiction.
3. Define enabling.
4. Identify components of healthy relationships.

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

Relationships with other people often are seriously damaged by addiction. When addicts are using drugs, their primary relationship is with the drug. Addicts may spend a lot of their time getting money to buy heroin, get heroin, use heroin, and crash from coming off the drug.

Sometimes recovering people want to continue to socialize with dealers or drug users because they appear to be friends. However, the relationships are not genuine friendships because they are based on mutual involvement in the drug culture.

Many people are lonely and want meaningful relationships. They use drugs to make it easier to socialize with others. This is a circular problem because the addiction damages a person's relationships so that he or she feels lonely. As a result, a person will use drugs again to socialize and escape the feelings of loneliness.

What is enabling? (ask group to share their ideas of what enabling is and then ask them to give examples of enabling behaviors that occur in their relationships with family or significant others)

Enabling are behaviors that include shielding drug addicted people from the consequences of their behaviors, covering up or lying for them, or bailing them out of trouble that was caused by their drug use and not allowing them to take full responsibility for their actions.

Have group identify the specific problems in their relationships that were caused or worsened by their addiction from the following list:

Common Relationship Problems:

- Communication difficulties
- Distrust
- Manipulating others
- Lying, stealing, or conning others
- Failure to assume parental or marital responsibilities
- Sexual problems
- Anger Problems
- Being irresponsible in the relationship
- Inability to give and take
- Financial problems
- Difficulty meeting each other's needs
- Broken relationships
- Violence

Have group identify ways to begin repairing some of the damage their addiction has caused their relationships.

Ask group to identify the components of healthy relationships. Develop a list and review the following:

Healthy Relationships:

- Support your sobriety and involvement in recovery
- Allow for mutual trust, love, and/or respect
- Involve a balance between give and take
- Allow you to recognize and meet your own needs
- Promote tolerance and appreciation of differences
- Allow for expression of anger and other feelings
- Allow people to work through conflicts and disagreements
- Provide an atmosphere in which people are able to share positive and negative feelings
- Are not abusive

Provide handout on Relationships in Recovery; complete, review, and discuss

How can you use the information discussed today to apply to your life this next week?

Relationships in Recovery

Addiction has an impact on your family and personal relationships. Some common relationship problems associated with drug addiction include:

- Communication problems
- Distrust
- Problems functioning responsibly as a parent
- Inability to meet the emotional needs of a spouse or partner
- Emotionally damaged relationships
- Anger, hurt, and fear
- Severe financial problems
- Verbal and physical violence
- Broken relationships or divorce

Family members may take over your responsibilities at home because you are unable to function as an adult, spouse, and/or parent. They may even “enable” your addiction by covering up for you, lying for you, shielding you from the consequences of your addiction, or bailing you out of trouble. Although enabling is usually done with good intentions, it only makes things worse because it helps you avoid the problems and negative consequences your addiction has caused.

A difficult, yet very important aspect of your recovery is to identify people who were hurt by your addiction and pinpoint specific ways in which your family and close personal relationships were affected by your addiction. Later in recovery, you can work to make amends to people hurt by your addiction. Although you may be tempted to immediately make amends to everyone affected by your addiction, you are advised to go slowly. Discuss this with your therapist or sponsor so you can figure out together the best time and ways to begin making amends. There are many small ways to start this process.

The questions below will help you begin to assess your relationships and find ways to improve them during your recovery.

1. List family members or friends who were negatively affected by your addiction:

2. Give personal examples of how your addiction negatively affected family members or friends:

3. List steps you can take now to repair some of the damage that was done to your family relationships or friendships as a result of your addiction: _____

4. List the benefits of improving your relationships during your recovery: _____

ESTABLISHING A SUPPORT SYSTEM – Session VII

OBJECTIVES

1. Identify the benefits of having a support system in addition to self-help programs to aid recovery from opiate addiction.
2. Identify specific people and organizations to include in a support system.
3. Identify barriers to asking others for help and support.
4. Identify ways to ask for help and support.

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

Group Discussion:

1. Discuss the need to replace old drug-using friends and drug-based activities with drug-free peers and family members. Acknowledge how difficult it can be to do this early in recovery. As group who avoids asking for help and why?
 - a. Belief that others who still get high have no interest in supporting their recovery
 - b. Belief that people who are angry at the recovering addicted person may still be holding a grudge
 - c. Belief that people don't want the recovering addicted person to succeed at getting or staying sober or clean
2. Ask group to give examples of people they might ask for help and support.
 - a. Specific family members
 - b. Specific friends
 - c. A boss or coworker
 - d. A neighbor
 - e. A priest, minister, or rabbi
 - f. Other people?
3. Ask group to give examples of organizations or groups that can play an important role in their efforts to stay sober and change their lifestyle.
 - a. Church, mosque, or synagogue
 - b. Sports team
 - c. Club that involves a specific interest
 - d. Volunteer organizations
 - e. Club Houses, Community Centers, or NAMI for dual dx patients
4. Ask group to give examples of how other people and organizations can play a role in their recovery.
 - a. Other people can listen to their problems or concerns

- b. Other people can be asked for specific help with a problem or situation
 - c. Other people can participate in mutually satisfying activities or events that do not revolve around drug or alcohol use (e.g., share a hobby, go to a movie, sporting event, etc.)
 - d. Organizations can give a sense of belonging.
 - e. Organizations can offer opportunities for social interaction, a chance to develop new friendships or interests, or a chance to learn new skills.
 - f. Church-related organizations can provide an opportunity for spiritual growth.
5. Ask group to list some of the reasons why it is difficult to reach out and seek help or support from others.
- a. Fear of rejection.
 - b. Feeling unworthy of being helped by others.
 - c. Don't know how to be assertive and make requests of other people.
 - d. Feeling shy and awkward.
 - e. Embarrassed to have to ask another for something.
 - f. Fear of sounding inadequate.
 - g. Trouble trusting others and opening up.
6. Discuss how to ask for help and support from others.

Provide handout My Social Support System – complete, review, and discuss

How can you use the information discussed today to apply to your life this next week?

My Social Support System

A social support system consists of people in your life to whom you give and from whom you receive help, support, friendship, or companionship. Places such as YMCA, churches, clubs, sports, self-help groups, and community organizations can be part of your social support system.

People who have a strong social and family support system are more successful at staying off heroin and other substance than those who do not have a strong network. They are also more likely to get their emotional needs met and feel satisfied with their lives. Lack of social network can make someone feel isolated, lonely, depressed or dissatisfied with life. It can also be a factor in relapse.

The following questions will help you assess your current social support system:

1. What are the names of three people to whom I could turn to discuss a personal problem?

2. What are the names of three people to whom I could turn to ask for a small loan for an emergency?

3. What are the names of three people whom I could ask to help me with some task or job (e.g., moving furniture, painting, fixing my car, providing a ride, etc.)?

4. What are the names of three people whom I could contact to share an activity, such as going to a movie, sporting event, picnic, restaurant, or for a walk?

5. Whom do I rely on most for help and emotional support?

6. How easy is it for you to ask for help? (circle one)
[Very Easy, Somewhat Easy, Somewhat Difficult, Very Difficult, Extremely Difficult]

If it is difficult for you to ask for help, explain why: _____

7. List community organizations, clubs, sports teams, churches, mosque, or synagogues that make up your social support system or which you plan to join in the near future or try out: _____

MANAGING FEELINGS IN RECOVERY – Session VIII

OBJECTIVES

5. Understand the relationship between feelings and substance use
6. Identify and prioritize feelings that patients' have trouble coping with and that represent a possible relapse risk factor
7. Identify strategies to cope with one problematic feeling
8. Introduce patients to an 8-step approach that helps manage feelings

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

It is very important to manage feelings in recovery, both to reduce the chances of relapsing and to help clients feel better about themselves and their relationships.

High risk feeling states include anxiety, anger, boredom, depression, emptiness, guilt, loneliness, etc.). These emotional states can be a trigger for relapse. Although most people associate negative feelings with relapse, positive feelings can also be a trigger.

Have group members list specific feelings that they view as potential relapse risk factors for them, especially if they haven't learned new ways of handling them.

- Anger, anxiety, worry
- Bitterness, resentment
- Boredom
- Sadness or depression
- Feeling empty, like nothing matters or is important in life
- Feeling good, positive, or on top of the world
- Guilt, shame
- Hopelessness
- Loneliness

Ask group to identify one feeling and to state their plan to deal with it. If they are stuck on how to deal with it ask peers how they think patient can deal with feeling state identified.

Ask group member that has previously relapsed to try to identify whether any changes in their feelings were relapse warning signs. Upsetting emotional states have been identified as one of the most common relapse precipitants.

Provide Handout Managing Feelings – complete, review and discuss. Following this activity, provide the 8-Step Approach for Managing Feelings in Recovery to review on their own.

How can you use the information we discussed today to apply to your life this next week?

Managing Feelings

Managing feelings reduces your chances of relapsing and improves your physical, mental, and emotional health. Managing your feelings is also important in making sure that your relationships with other people are healthy and satisfying.

Using drugs can cover up or exaggerate your feelings or cause you to express them inappropriately. Additionally, not dealing with feelings can eventually lead to relapse to deal with them by providing a temporary escape.

Be careful about labeling feelings as only positive or negative because a particular emotion and how you deal with it can be a negative or a positive experience. Excitement, for example, can be negative if it leads to reckless or impulsive behavior or making poor decisions. However, it can be positive and make you feel energized and invested in what you are doing. Anger can be negative and drag you down, making you feel upset and revengeful because you feel others are treating you unjustly. On the other hand, anger can be a positive experience and empower and motivate you to resolve problems and conflicts or work harder toward a goal that you wish to achieve. Anger is energy that can be used in many positive ways.

To help you better understand the connection between your feelings, how you cope with them, and your use of substances, please answer the following questions:

1. Which of the following feelings do you need to learn in order to help reduce the risk of relapse? (check all that apply)

- ☐ Anger
- ☐ Anxiety and worry
- ☐ Bitterness and resentment
- ☐ Boredom (missing the action of bars, parties, getting or using drugs, or hanging out with other drug users or a fast crowd)
- ☐ Depression
- ☐ Feeling empty, like nothing matters or is important in life
- ☐ Feeling good, excited, on top of the world
- ☐ Guilt
- ☐ Hopelessness
- ☐ Loneliness
- ☐ Sadness
- ☐ Shame
- ☐ Other feelings (write in) _____

2. Choose one feeling from the list above that you have to learn to cope with better to improve your chances of staying in recovery. List this feeling and the steps you can take to cope with it without using drugs or other substances. Be as specific as you can in formulating your plan (for example, don't say "talk to someone when angry"; instead, say, "talk to my NA sponsor, my partner, ..." or some other specific person).

Feeling: _____

Steps I can take to cope with this feeling without using:

An 8-Step Approach for Managing Feelings in Recovery

Following are eight steps you can take to help you understand and manage your feelings to reduce your chances of relapse with drugs or other substances. You can use these steps regardless of the specific feeling that you are dealing with.

STEP 1: Recognize and label you feelings

Don't deny your feelings because doing so can cause you difficulty in the long run. Even if you feel what you believe is a negative or bad feeling, remember that it is simply an honest feeling. Feeling an emotion doesn't mean you have to act on it.

You can look for patterns in regard to your feelings. Do you tend to experience certain feelings much more frequently than others? For example, are you prone to feeling anxious and worried when you are faced with a difficult task in which others put demands on you? Are you prone to feeling sad and depressed after receiving criticism from others? Are you prone to feeling angry whenever you don't get your way with others?

STEP 2: Be aware of how your feelings show

Pay attention to how your feelings are reflected in your body language, physical changes, thoughts, and behavior. These are clues you can use to become more aware of your feelings.

For example, pacing and feeling "keyed up" or "tight" may indicate that one person is angry. For another person, this behavior may indicate feeling worried. A person may be prone to headaches or other physical complaints when upset and angry. These or other physical cues may be signs that something is going on that needs your attention.

When feeling upset, rejected, or frustrated, one person may be prone to going on mini-shopping sprees. Another may turn to food and eat too much or turn to drugs. Another person may withdraw and avoid other people when he or she is upset. The ways in which feelings are expressed through behavior are endless. Your behaviors can also tell you something important about your feelings.

STEP 3: Look for causes of your feelings

Feelings aren't usually caused by other people or events, but by how you think about them. Your beliefs about feelings play a big role in how you deal with them. For

example, if you believe anger is bad and should not be expressed, you are likely to deny angry feelings or keep them to yourself.

To understand why you feel the way you do, look at the connections among what you believe or think, how you feel, and how you act. All of these components affect another.

STEP 4: Evaluate the effects your feelings and your coping style have on both you and other people

How is your physical or mental health affected by your feelings? How is your behavior, relationships with others, or self-esteem affected? If your emotions or the ways in which you cope with them cause you distress or problems in your relationships with others, you need to work on changing how you deal with the feelings.

You need to consider how your emotional states and your related behavior affect others as well as yourself. For example, if you are depressed or angry, how does this affect your family? If you get irritated and snap at others when you are depressed, how does this affect them?

Your emotions and the way in which you cope with them may have positive effects. Most likely, some feelings have, more or less, a positive effect on your life, and some have more of a negative effect on your life. If a feeling or how you deal with it causes problems for you, this is a signal that you should consider making some type of change.

STEP 5: Identify coping strategies to deal with your feelings

Continue to use old coping methods if they are effective. However, you can learn new coping methods, needed. There is no right way to cope with your feelings. How you cope depends on the specific situation at hand. Having a variety of coping strategies puts you in a good position to effectively deal with your feelings without using drugs or other substances.

STEP 6: Rehearse or practice new coping strategies

Practicing the way in which you might deal with a feeling, especially when another person is involved, can make you feel more prepared and confident about what you will say. Learning to express feelings appropriately is a skill that has to be learned and practiced just like any other skill does.

Sometimes you can practice by yourself by thinking of different things that you can say in certain situations. You can even practice how you might deal with your feelings toward another person in a given situation by rehearsing what you could say out loud.

You can also practice with another person. For example, if you feel very attracted to a person with whom you work and want to ask this person out on a date but feel uncomfortable doing so, you can practice with a friend or family member. If you are upset and angry with a family member, work with your therapist to practice different ways of sharing your feelings directly.

STEP 7: Put your new coping strategies into action

You can come up with a plan to deal with feelings, but if you don't put your plan into action, it does you little good. Action is needed for change. You have to translate your desire or need to change into your actual behavior.

Don't worry about making a mistake as this is to be expected when you first change how you cope with your feelings.

STEP 8: Change your coping strategies as needed based on your evaluation of whether these strategies were effective

All strategies will not work the same in all situations. The key is having several coping strategies to rely on so that you don't use the same strategy all of the time. Even if a coping strategy works well in one situation, it may not work in another. Make sure you have several strategies to help you cope with your feelings.

COPING WITH GUILT AND SHAME – Session IX

OBJECTIVES

9. Define guilt and shame.
10. Identify how opiate/heroin addiction contributes to feelings of guilt and shame.
11. Introduce strategies for healing from feelings of guilt and shame.

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

Guilt – refers to feeling bad about one’s behaviors, including things one did or failed to do. Examples include:

Said or did things to hurt family or friends	Acted immorally
Lost money and went deep into debt	Lied to and cheated others
Didn’t act responsibly as a parent or spouse	Committed crimes
Conned family members or used family money to buy drugs	Failed to take care of personal responsibilities

Ask group to share their own experiences related to times they have felt guilty.

Shame is a painful belief in one’s basic defectiveness as a human being. Shame can involve feelings of humiliation, mortification, dishonor, or disgrace. Shame is feeling bad about yourself. You may feel weak, defective, or like a failure.

Addiction invariably produces feelings of guilt and shame that damage the addicted person’s self-esteem. Some addicted persons’ may not feel worthy or deserving of recovery.

Sometimes these feelings are so overwhelming they feed the cycle of drug use. Addicted persons may dwell on negative feelings they have about themselves, or they may try to deny or escape from these feelings by using substances.

People lose energy when they give themselves guilt and shame-producing messages and may use drugs to give themselves a false sense of euphoria to change their mood.

Strategies for healing Guilt and Shame

Recognize your feelings of guilt and shame	Accept your limitations
Give yourself time to feel better about yourself	Use self-help groups for support
Don’t use drugs or other substances as they will continue these feelings	Seek forgiveness from others and from yourself
Make amends to those whom your behavior hurt	Talk about your feelings

Provide handout, have group complete, review, and discuss

How can you use the information we discussed today to apply to your life this next week?

Coping with Guilt and Shame

As with many of the other recovery tasks, it will take your time and effort to work through guilt and shame. Answering the following questions will help you clarify where you stand in relation to guilt and shame and help you start to create an action plan to address it.

1. List behaviors or actions (things you did) related to your opiate use that you feel guilty about.

2. List ways in which your drug use affected your sense of shame or how you feel/felt about yourself.

3. List positive behaviors that will help you get over your feelings of guilt and shame.

WARNING SIGNS OF RELAPSE – Session X

OBJECTIVES

12. Understand relapse as both a “process” and an “event.”
13. Review subtle and common warning signs associated with relapse.
14. Develop a plan to manage warning signs before they lead to relapse.
15. Learn how to use relapse as a learning experience to help future recovery.

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

What is relapse? (Ask group to share their ideas) – define this as both a process and an event. Previously group discussed emotional, mental, and physical relapse.

Relapse as a process – returning to drug use after a period of abstinence or MAT only. Relapse is a possibility regardless of how long you have been clean. Part of your recovery plan should include learning about the relapse process and devising a plan to help prevent you from relapsing should early warning signs occur.

You can be in relapse before you actually use. It’s possible to build up to a relapse over a period of hours, days, weeks, or even months. Relapse clues or warning signs, can relate to changes in your behavior, attitudes, feelings, thoughts, or a combination of these. This means you should be on alert and examine whether these indicate that you may be headed for a relapse or not.

Common examples of **Obvious** Relapse Warning Signs include:

- Attending fewer or stop going to self-help group meetings without first discussing this with a counselor, sponsor, or friend in the program.
- Attending fewer or quit counseling sessions without first discussing this with counselor.
- Socializing with others with whom you used to get high with or party with.
- Experiencing increased boredom with sobriety or the discipline of recovery.
- Having a significant increase in thoughts of using drugs or the desire to “use socially” or have “just a little bit.”
- Not caring about sobriety, not caring about what happens, becoming too negative about life and how things are going.
- Stopping at a bar to socialize and drink soda.
- Increase in stress symptoms such as smoking more or eating more than usual.

Common examples of **Subtle** Relapse Warning Signs include:

- An increase in dishonesty.
- An increase in generosity to kids and spouse.
- A decrease in church attendance.
- An increase in episodes of snapping at others or starting arguments.
- A tendency to criticize a counselor, a sponsor, or various aspects of self-help programs.
- Thinking about using a different substance as a “reward” for not using illicit opiates.
- Thinking drug problem was “cured” because of length of time in recovery.
- Increased moodiness or depression.

What are some coping strategies you could use when you recognize you are experiencing relapse warning signs? (ask group to provide examples)

Discuss various types of action plans to cope with signs:

Cognitive – challenge negative thinking, justifications or rationalizations

Behavioral – physical activity like exercise, walk, read, journal, bike, etc.

Interpersonal – ask a friend to attend a drug-free activity (movies, bowling, dinner, etc.), go to a self-help meeting and talk about what you are going through, call a friend, connect with family/friends. Getting support from others may help with coping with warning signs. People from whom group can get support may include NA friends, NA sponsor, counselor, friends, family.

Ask the group if they have ever had a period of recovery and then relapsed. Looking back, what clues or warning signs did they have prior to their actual relapse?

Where did the relapse occur? Who were you with at the time? If you spot the relapse warning signs in the future, what could you do to prevent a relapse?

Use every experience as a learning opportunity to help future recovery!

COPING WITH HIGH RISK SITUATIONS – Session XI

OBJECTIVES

16. Identify common high-risk situations or factors associated with relapse.
17. Learn to anticipate dangerous situations by identifying personal relapse risk factors.
18. Develop coping strategies to manage high-risk situations to reduce the chances of relapse.

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

Ask the group what they think are the most common relapse dangers they face in their recovery.

Common categories of relapse dangers include:

- Upsetting or negative emotional states (anger anxiety, boredom, depression, guilt, loneliness, etc.)
- Social pressures to get high
- Lack of social supports or a recovery network
- Inability to solve problems or manage stress
- Strong cravings or urges to use drugs (including alcohol)
- Lack of structure in daily life or involvement in a regular program of recovery
- Positive feelings and a desire to celebrate
- The co-existence of a major psychiatric disorder along with the addiction
- Failure to follow through with a recovery program and attend counseling sessions and self-help groups

Ask group to identify two personal relapse dangers and coping strategies to handle them.

Ask group members to provide feedback to member who is sharing their experience.

Provide handout, complete, review and discuss

My High-Risk Situations

High-risk situations are those that threaten your recovery or trigger a strong craving to use substances. These are situations that remind you of using or that cause you to feel like you want to use drugs because others pressure you to do so. Upsetting emotions, serious conflicts with people, and difficult life problems are other potential high-risk factors that can increase your vulnerability to relapse. It is your ability to use your plan to cope with your high-risk situation that ultimately determines whether you stay drug free.

The following situations pose the greatest relapse danger to me at this time. I should avoid them if at all possible. If I can't avoid them, I accept that I need to plan carefully and get as much support as I can.

1. Relapse Danger #1: _____

Steps I can take to handle this situation without using drugs:

2. Relapse Danger #2: _____

Steps I can take to handle this situation without using drugs:

It is helpful to get feedback about your plan from other group members. Ask your recovering peers what they think about your plan and if they have additional ideas about how you can cope with your high-risk relapse factors.

Ten Most Common Relapse Dangers

1. Being in the presence of drugs, drug users, or places where you used.
2. Negative feelings, particularly sadness, depression, guilt, fear, and anxiety. H.A.L.T. – Hungry, Angry, Lonely, Tired
3. Positive feelings that make you want to celebrate.
4. Boredom.
5. Getting high on any other drug or alcohol.
6. Physical pain.
7. Listening to drug use stories and dwelling on getting high.
8. Suddenly having a lot of cash or expecting a check.
9. Using prescription drugs that can get you high, even if you use them properly.
10. Believing that you are finally cured and no longer addicted, that is, that none of the above situations nor anything else stimulate you to crave drugs and that, therefore, it's safe for you to get high occasionally.

MAINTAINING RECOVERY – Session XII

OBJECTIVES

19. Understand the importance of keeping recovery plans up-to-date and working at long-term recovery.
20. Understand the importance of adhering to one's recovery goals and how effective this can be in maintaining abstinence from heroin.
21. Reinforce the need for continuing to participate in self-help groups and using the "tools" of recovery on a daily basis.

Very brief review of last session – ask if there are any questions or comments? Check in with each patient and ask if there are any updates from anyone any progress or experiences since last session they would like to share?

Ask group to identify the benefits of on-going participation in a recovery program following completion of professional treatment. Examples include:

- Can receive continued help and support from others in recovery
- Actively working at a program of recovery reduces risk of relapse
- Involvement in recovery, especially support groups, is a constant reminder of the seriousness of addiction and the importance of following the "disciplines" of recovery
- Staying sober puts the recovery person in a position in which he/she can continue to make positive changes in self and lifestyle
- Many problems and issues emerge over time. Participating in a recovery program can make the person feel better prepared to handle these issues or problems

Ask the group to identify "tools" of recovery they now have in their tool bag from participating in group. They can now use these tools on a regular basis:

- Attend NA, SMART, or other self-help meetings
- Attend MAT group or return to MAT group at any point for support and re-education
- Spend time at a recovery club or clubhouse
- Talk with a sponsor or other members of self-help programs
- Share social or recreational activities with sober friends
- Avoid high-risk people, places, or situations when possible
- Attend counseling as needed
- Use techniques learned to fight off negative thoughts and strong cravings
- Use positive affirmations by reminding oneself of the benefits of sobriety and that all the time and effort put forth is worth it
- Get physical exercise

- Attend religious services
- Pray or use whatever higher power you have for strength and support
- Repeat and think about a recovery slogan
- Read specific recovery literature or a meditation guide
- Write in a recovery journal or workbook
- Participate in pleasant activities that don't involve alcohol or other drugs
- Do something nice for someone else as a way of "giving back" – "pay it forward"
- Review one's plan for recovery at the beginning of each day
- Evaluate how the day went to review positive growth and identify problems needing attention
- Regularly review relapse warning signs to catch them early

Provide handouts, review and discuss

Ask group members to provide feedback on their experience with MAT group – was it helpful? Are there topics that could be added? What worked and what didn't? MAT group needs to be ever-evolving and open to continuous improvement to meet the complex needs of MAT group participants.

Recovery Tool Checklist

You improve your chances of staying away from drugs and alcohol if you regularly use your “tools” of recovery. The tools of recovery are the activities you engage in or the steps you take each day to structure your time and keep your recovery a high priority. It is best to use some of your recovery tools every day because they help protect you against relapse.

Your tools of recovery lay the foundation for a drug-free lifestyle. You must actively work your recovery plan if you expect to stay clean and make positive lifestyle changes.

For each day of the week, place a check in the box next to the recovery tools you used for that day. Finish every week for the first 3 months of recovery.

Recovery Tools	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Attend AA, NA, SMART, or other self-help							
Spend time at recovery club or clubhouse							
Talk with sponsor or self-help peers							
Share sober social or recreational activity with friends or family							
Avoid high-risk people, places, or situations							
Use group counseling / talk individually with therapist							
Challenge negative thoughts or strong cravings							
Use positive affirmations by reminding oneself of the benefits of sobriety and that all of the time and effort is worth it							
Get physical Exercise							
Attend religious services							
Pray or use one's higher power							
Repeat and think about a recovery slogan							
Read specific recovery literature or a meditation guide							
Write in a recovery journal or workbook							
Participate in pleasant sober activities							
Do something nice for someone else as a way of “giving back” or “paying it forward”							
Review one's plan for recovery at the beginning of each day							
Evaluate how the day went to review positive growth and identify problems needing attention							
Regularly review relapse warning signs to catch them early							

As a result of using these or other recovery tools, I experienced these benefits this week:

Coping with Stressful Situations

Stressful situations can pose a danger for addicts who are not prepared to handle them. We can usually see stressful situations heading our way well before they arrive. One reason they are so stressful is that we often see them early enough but do little more than worry over them or try to imagine them away until they are right on top of us. In the face of such challenges, we need determination and strength. However, real strength means much more than merely being determined. It means being prepared!

TIPS is an acronym formed from the words “**T**Truth,” “**I**Information,” “**P**Priorities,” and “**S**upport.” Applying **TIPS** principles whenever there’s a difficult situation ahead can help you get through stressful times without resorting to drugs. **TIPS** stands for what you need to get yourself prepared. Here’s how:

- TRUTH:** The first need is to be honest about how you feel. If you are afraid or ashamed or want to get high or hide, whatever, that’s OK. Share it with someone. Keeping things inside will only add to your stress and worry. Sharing it with others will usually bring them closer to you, help relieve the bad feelings, and also allow you to see more clearly what you need to do.
- INFORMATION:** Ignorance is not bliss when your welfare is on the line. What are the facts about the situation? Who? What? When? Where? How? Why? If we’re stressed and nervous, we can neglect to gather accurate information and can distort reality due to fear. It’s a lot easier to cope when you know what you’re coping with.
- PRIORITIES:** Keep your priorities, or purpose, clear. Number one, **don’t use drugs!** Beyond that, in any touch situation, keep your goals simple. For example, at a party you can’t expect to act cool, talk intelligently, dance like a pro, pick up a date, and not drink or get high when you’re uptight. Just staying straight and meeting a new, positive person makes more sense if parties are tough for you. Decide in advance what’s most important and concentrate on those few things.
- SUPPORT:** Use your network of recovery friends. Let them hear your needs and concerns. Ask their advice. They can relate. Is the situation going to be really touch? Ask someone to be with you. Might you be very emotional afterwards, including either very happy or very sad? Ask someone to be with you then, too. If you don’t **have** to face a troubling situation alone, then don’t.

