

The Changes Group for Co-Occurring Disorders

Welcome to the Changes Group. This group looks at how substance misuse can interact with psychiatric disorders, and how to make the changes necessary to improve your life. We are not here to judge you or to tell you what you should be doing, but rather to support you with education and realistic strategies around your issues.

There are a few group guidelines to help the group run smoothly. These are:

1. Please turn off any electronic devices (phones, pagers, anything that makes noise).
2. Feel free to ask questions and give your opinions and speak about your own experience.
3. Each person is in a different place as far as the changes they are making. We ask that you not tell other group members what they should be doing.
4. Leaders will direct the sessions to cover material and be inclusive of all members.
5. Let the group leader know of any specific needs you might have. Group leaders have information about different resources available both within and outside of Kaiser.
6. Confidentiality: do not discuss any information about other patients outside of group.

Orientation Handouts

The Nature of Co-Occurring Substance Abuse and Psychiatric Disorders

- o What Are Co-Occurring Disorders
- o Table of How Substances and Psychiatric Disorders Interact
- o Self-Assessments (DSM-V Criteria, BAM, AOQ, Life Areas Assessment)

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What Are Co-Occurring Disorders (COD)?

A person who has a psychiatric or emotional problem and also misuses alcohol or other drugs is said to have “co-occurring disorders”. Psychiatric and substance use disorders interact with each other and this complicates the recovery process. Rather than seeing one problem as causing the other and thus only addressing one problem, to recovery fully, a person needs to address both problems.

Either disorder may emerge first or they may occur together. Most people don’t know that substance abuse can cause or worsen psychiatric problems, because the short-term effects are pleasurable or relieving. Some people are also more vulnerable to negative effects from substances than others.

Co-occurring disorders are more common than you might think. According to a report by the American Medical Association:

- 37% of all alcohol abusers and 53% of drug abusers also have at least one serious mental health problem.
- Of all people diagnosed with a mental health problem, 29% have a substance use disorder.

Understanding the risk factors and treatments effective for co-occurring disorders is essential for developing an effective treatment plan. Learning your personal profile helps with deciding what is the best course of action for you. This program is designed to both help you understand your problems and provide treatment that best targets those problems.

How Does The Co-Occurring Disorders Program Work?

No one plans to have psychiatric or substance abuse problems. It takes courage to look at these issues and to then address them.

We start by giving you assessment tools and feedback about the results in order to help you understand what you are experiencing and how it can be approached.

We then collaborate to set individual treatment goals and monitor your progress toward those goals. These may be revised as you go along in treatment.

We then engage you in our skills-building program aimed at helping you reach your goals. We also provide a safe and supportive environment to develop a healthy and balanced life.

We want to be part of your team working toward creating health and well-being in your life. Welcome to the Co-Occurring Disorders Program!

TABLE OF DRUG-SPECIFIC EFFECTS ON PSYCHIATRIC SYMPTOMS

Drug	Effects of Alcohol/Other Drugs		Psychiatric Symptoms
	Short-Term	Long-Term	
			(Depression, Bipolar, anxiety, PTSD, Schizophrenia, Cognitive Problems, Self-Sabotaging Behaviors)
Alcohol	Euphoria Decrease anxiety Increase sociability Increase aggression Impaired judgment Disinhibition Increase self-destructive acting out Take edge off	Multiple physical problems Alcohol-induced depression Alcohol-induced anxiety Sleep problems Withdrawal (can be fatal) Social problems (relationships, legal, violence, etc) Cognitive problems Nutritional problems	Increase depression over time Increase anxiety over time Trigger / increase auditory/visual hallucinations Poor judgment leads to increase in self-sabotaging behaviors 5-6x increase in suicide Interfere with medication
Marijuana	Euphoria Perceptual changes Increase appetite Impair short-term memory May calm <i>or</i> increase anxiety Decrease agitation	Increase depression Increase anxiety Memory deficits Amotivational syndrome Anhedonia (inability to feel pleasure) Increase problems with emotion management in young people with affect regulation problems	Long-term: 4x chance of depressive symptoms, especially anhedonia and suicidality In vulnerable people: trigger panic attacks In vulnerable people: trigger brief psychotic episode and increased expression of schizophrenia Teen girls have 2-3x chance of developing depression with use of 1-2x/week. Poorer outcomes in bipolar disorder than those not using.
Stimulants	Euphoria Increase alertness / energy Increase sociability Insomnia Weight loss	Paranoid thinking Auditory/visual hallucinations Emotional instability Sleep disorders Poor judgment associated with increase in HIV transmission Cognitive impairments Damage neurocircuits causing depression and anxiety	Increase paranoia, thought disorders Emotional instability Psychotic symptoms triggered/increased Manic episode triggered / increased Cause / increase depression Cause / increase anxiety Interfere with medication

TABLE OF DRUG-SPECIFIC EFFECTS ON PSYCHIATRIC SYMPTOMS

Drug	Effects of Alcohol/Other Drugs		Psychiatric Symptoms
Opiates	Euphoria Relieve physical pain Relieve emotional pain	Withdrawal extremely distressful Overdose potential increases dramatically with sedative-hypnotics	Increase depression Increase anxiety
Sedatives / Hypnotics	Euphoria Relaxation response induced	Addiction Withdrawal (can be fatal) Mood lability (unstable moods) Increasing memory problems	Increase depression Interfere with cognitive abilities
Psychedelics and Club Drugs (LSD, mushrooms, mescaline)	Euphoria Perceptual distortions/hallucinations (either pleasurable or distressing) Feel creative Unpredictable effects	Depression Anxiety Psychosis Many are not what they are being sold as being.	Trigger psychotic episodes especially in vulnerable people Cause depression Cause anxiety Poor judgment leads to self-sabotaging behaviors
PCP Deleriants Ketamine Inhalants	Euphoria Numb feelings Lower inhibitions Hallucinations / sensory distortions Aggressiveness Increase risk of traumatic injury Increase in self-harm High doses can lead to coma/death	Permanent neurological damage Severe social damage Psychosis	Increase suicide risk Increase in mood problems Ongoing psychosis Cognitive Impairment
Analog or “synthetic” Drugs; “Research chemicals” “N-bomb”	Variable effects dependent upon drug being mimicked. Often sold as other more mainstream drugs or cut into Ecstasy.	Psychosis Violence Brain damage Often are manufactured overseas with no oversight.	Variable and unpredictable Now seeing severe negative effects with synthetic marijuana and “bath salts” “flakka”. Seizures, death. Synthetic heroin associated with Parkinson’s outbreak (paralysis) due to faulty manufacture

Life Problem Areas Assessment

Life areas assessment rating: How much are each of these areas a problem for you? How much do you feel alcohol or drug use contribute to the problem? How much do you feel mental health problems contribute?

How much of a problem? Rate 0 - 5

0 = no problem, 1 = little problem, 2 = minor problem, 3 = somewhat of a problem,
4 = major problem, 5 = overwhelming problem

How much alcohol or drug use contributes: Rate on 0-5 scale,

0 = no contribution, 1 = a little contribution, 2 = somewhat contributes, 3 = fair contribution,
4 = mostly contributes, 5 = completely contributes

How much psychiatric problems contribute

0 = no contribution, 1 = a little contribution, 2 = somewhat contributes, 3 = fair contribution,
4 = mostly contributes, 5 = completely contributes

Life area	How much of a problem?	Substance-Related Contribution Rating	Mental Health Contribution Rating	Comments
Family relationships				
Spouse/partner				
Parenting				
Work				
Financial				
Physical Well-Being				
Emotional Well-Being				
Friendships				
Self-Esteem				
Spirituality				
Other (specify)				

Questions for Reflection

What is most important for you to address right now?

What areas make you think that alcohol or drug use may be a problem for you?

What is there about your drinking or using that you or others might see as reasons for concern?

What things make you think that mental health issues may be a problem for you?

What is there about your behaviors that others might see as reasons for concern?

If you don't make any changes, what do you think might happen?

What changes would be most helpful to make to improve your life?

If you could successfully make changes, how would things be different for you?

Change Plan Worksheet

My current problem that I would like to address is:
The changes I would like to make related to this are:
The most important reasons why I want to make these changes are:

Assessing my change process: what would change look like if I'm getting better, staying the same or getting worse?

	GOAL:
+2 (much better)	
+1 (better)	
0 (status quo)	
-1 (worse)	
-2 (much worse)	

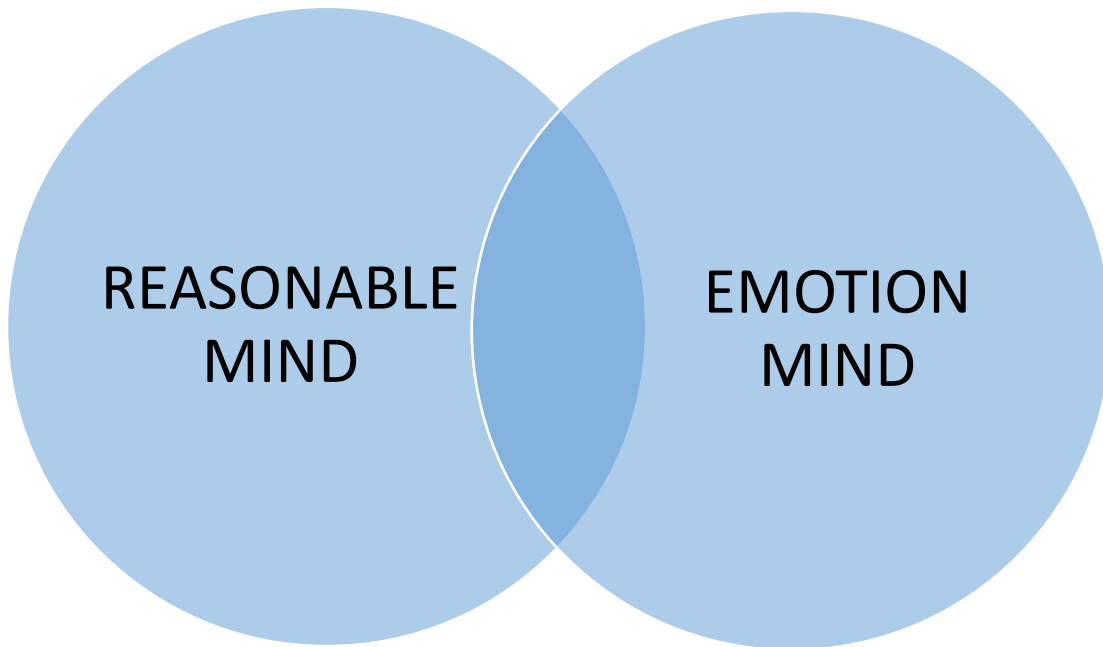
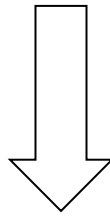
GOALS WORKSHEET

Success in attaining goals is based in making a consistent effort with right-sized steps and using appropriate support. Be specific with your goal, have or obtain good information, use appropriate support to help you, create multiple options for success, and validate the progress you have made as you go along in the process. All of these are possible steps to develop in creating successful change.

Goal:
What are some steps or options that will help me toward my goal? (Get suggestions from others)
The ways other people can help me are:
I will know that my plan is working if:
Some things that could interfere with my plan are:
What is the first step that I will take toward my goal? Be specific about what, when, where, who else is to be involved.
I will evaluate and adjust my plan (when and with whom):

MINDFULNESS STATES OF MIND

**WISE
MIND**



MINDFULNESS HANDOUT:

Mindfulness Skills – Awareness of thoughts, physical sensations, and feelings without reacting to them. The key skill is *noticing*.

Taking Hold of Your Mind: “What” Skills

OBSERVE

- **JUST NOTICE THE EXPERIENCE.** Notice without getting caught in the experience. Experience without reacting to your experience.
- Have a “Teflon Mind” letting experiences, physical sensations, feelings and thoughts come into your mind and slip right out.
- Control your attention, but not what you experience. Push away nothing. Cling to nothing.
- Notice what comes through your SENSES – your eyes, ears, nose, skin, tongue. See others’ actions and expression.

DESCRIBE

- **PUT WORDS ON THE EXPERIENCE.** When a thought or feeling arises, or you do something, acknowledge it. For example, say in your mind, “Sadness has just enveloped me” . . . or . . . “Stomach muscles tightening” . . . or . . . “A thought “I can’t do this” has come into my mind” . . . or . . . “Walking, step, step, step. . . .”
- **PUT EXPERIENCES INTO WORDS.** Describe to yourself what is happening. Put a name on your feelings. Call a thought just a thought, a feeling just a feeling. Don’t get caught in the content.

PARTICIPATE

- Enter into your experiences. Let yourself get involved in the moment, letting go worrying. **BECOME ONE WITH YOUR EXPERIENCE, COMPLETELY FORGETTING YOURSELF.**
- **ACT INTUITIVELY** from wise mind. Do just what is needed in each situation – a skillful dancer on the dance floor, one with the music and your partner, neither willful nor sitting on your hands.
- Actively **PRACTICE** your skills as you learn them until they become part of you, where you use them without self-consciousness. **PRACTICE:**
 1. Changing harmful situations
 2. Changing your harmful reactions to situations.
 3. Accepting yourself and the situation as they are.

Adapted from: *Skills Training Manual for Treating Borderline Personality Disorder* by Marsha Linehan. C.1993, The Guilford Press, p. 112

MINDFULNESS HANDOUT:

Taking Hold of Your Mind: “How” Skills

NON-JUDGMENTALLY

- See but **DON'T EVALUATE**. Take a nonjudgmental stance. Just the facts. Focus on the “what is” not the “good or “bad”, the “terrible” or “wonderful,” the “should” or “should not.”
- **UNGLUE YOUR OPINIONS** from the facts, from the “who, what, when, and where.”
- **ACCEPT** each moment, each event as a blanket spread out on the lawn accepts both the rain and the sun, each leaf that falls upon it.
- **ACKNOWLEDGE** the helpful, the wholesome, but don't judge it. Acknowledge the harmful, the unwholesome, but don't judge it.
- When you find yourself judging, **DON'T JUDGE YOUR JUDGING**.

ONE-MINDFULLY

- **DO ONE THING AT A TIME**. When you are eating, eat. When you are walking, walk. When you are in a group or a conversation, focus your attention on the very moment you are in with the other person. When you are thinking, think. When you are worrying, worry. When you are planning, plan. When you are remembering, remember. Do each thing with all of your attention.
- If other actions, other thoughts or strong feelings distract you, **LET GO OF DISTRACTIONS** and go back to what you are doing – again and again and again.
- **CONCENTRATE YOUR MIND**. If you find you are doing two things at once, stop and go back to one thing at a time. To help with concentration, slow down!

EFFECTIVELY

- **FOCUS ON WHAT WORKS**. Do what needs to be done in each situation. Stay away from “fair “ and “unfair,” “right” and “wrong,” “should” and “should not.”
- **PLAY BY THE RULES**. Don't “cut off your nose to spite your face.”
- Act as **SKILLFULLY** as you can, meeting the needs of the situation you are in. Not the situation you wish you were in; not the one that is just; not the one that is more comfortable; not the one that...
- Keep your eye on **YOUR OBJECTIVES** in the situation and do what is necessary to achieve them.
- **LET GO** of vengeance, useless anger, and righteousness that hurts you and doesn't work.
- **LET GO** of useless shame, self-criticism and self-pity that hurts you and doesn't work.

Practicing Mindfulness Worksheet *(adapted from Marra, Depressed and Anxious)*

Please focus on an urge to drink or use, craving or high-risk situation)

Event: _____

PHYSICAL REACTION:

Pay attention to your emotions. Where can you feel it? How is it being expressed in your body? Do your muscles tense or relax? What else do you feel?

SELF-TALK:

What are you saying to yourself? What are you reacting to, and what does it mean to you?

ACTION URGES:

What do you want to do, even if you aren't acting on it?

BEHAVIOR:

Notice your behavior that actually expresses the feeling. What are you doing?

JUDGMENTALISM:

Pay attention to your tendency to judge. How are you judging?

OBSTACLES:

What obstacles did you notice that may have kept you from fully experiencing your experience?

WHAT I LEARNED ABOUT MINDFULNESS THAT CAN HELP ME:

Problem Solving

Describe the problem: (Be sure to check the facts to be sure you have the right problem situation!)

How I have difficulty handling this situation:

Identify your goal in solving the problem:

- What needs to happen or change for you to feel OK?
- Keep it simple, and choose something that can actually happen

Brainstorm lots of solutions: (Do not be critical of any solutions at first. Use others for suggestions.)

Choose a solution that fits the goal and is likely to work. (Do pros and cons to compare solutions.)

Put the solution into action. Take the first step, then the next step.... How can others help you?)

Evaluate your responses.

What did you do that was helpful?

What could you have done differently?

Tell yourself something positive about your being in the process of change (be positive, be patient).

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Stages of Change

Stage of Change	Goal
Precontemplation	To develop recognition that a problem exists
Contemplation	Figuring out how much of a problem exists (resolving ambivalence)
Preparation	Doing things to help in their recovery process. Identifying obstacles to recovery and developing ways to address them.
Action	Learn to cope effectively with high-risk situations Accept recovery from both psychiatric and substances as a part of one's life. Integrate use of a support system. Learn to manage stress effectively.
Maintenance	Establish a balanced lifestyle. Continue to grow and develop in life.
Relapse	Don't give up! Learn from it.

Do You Want To Change?

Precontemplative:

- Do I believe that I have a problem?
- What is the nature of that problem?
- What are the risks associated with these problems?

Contemplative:

- What are the real consequences if I don't change?
- Do I have anything to gain by changing my harmful behaviors?
- How would my life be different if I was able to change these behaviors?

Preparation:

- What do I specifically need to change?
- What are my resources?
- How do I start the change process?

Action:

- What skills do I need to learn / use / improve to be changing?
- What specific and active steps am I taking or need to take to change how I've been?
- What things could undermine my changes and how will I address them?
- Am I beginning to move toward what I want my life to be like?

Relapse:

- What specific steps do I need to take to get back into my recovery?

Stages of Change Worksheet

What problems do I have related to substances?

What problems do I have related to psychiatric problems?

How are these related to each other?

What stage of change am I in for my substance use?

What stage of change am I in for my psychiatric issues?

Putting this information together, what does this mean for me?

Exercise: Decision Table				
	Immediate (Short-Term)		Delayed (Long-Term)	
	Positive	Negative	Positive	Negative
Continue Drinking / Using				
Stop Drinking / Using				

Readiness Ruler

0	1	2	3	4	5	6	7	8	9	10
Not ready <i>From Rollnick</i>			Unsure				Ready			

Rate your readiness to change: ____.

Confidence Ruler

0	1	2	3	4	5	6	7	8	9	10
Not confident <i>From Rollnick</i>			Unsure				Confident			

Rate your confidence in your ability to make the changes you need to make: ____

Addictive Thinking

Addictive thinking involves thinking patterns leading toward drinking / using. It increases the urge to drink or use drugs and denies the pain or problems caused by a return to using. The following are a list of typical kinds of addictive thinking patterns that precede a return to using. Write down how these *specifically* occur for you. Then write challenges to those beliefs and notice how effective they are in effectively countering the addictive thoughts. Practice these challenges on a daily basis so that they really feel more powerful than the addictive thoughts.

- **Euphoric Recall** – focusing on how good it was, living in past memories and ignoring or minimizing the consequences of using.
- **Positive expectations** - focusing on how good it will be to use substances in the future (either short-term or long-term; often “secret plans” to use in the future
- **Relief expectations** – expecting substances to give relief from pain/problems/boredom
- **Obsessing** – unwanted intrusive thoughts/urges focusing on using, often accompanied by physical urges to use substances
- **Self-centered:** I can do what I want
- **Awfulizing abstinence** – thoughts focusing on how miserable/boring it is to be without substances; finding fault with recovery resources
- **Relapse Justifications** are patterns of irrational thinking that create an immediate justification for alcohol or drug use. There are two basic types of relapse justifications: *positive effect* and *negative effect* justifications.

Positive Effect Justifications

- What did you believe that alcohol or drug use would allow you to do or be that you couldn't do or be when you were not drinking or using? What did alcohol or drug use seem to do FOR you that you couldn't do for yourself without it?

Negative Effect Justifications

- What did alcohol or drug use allow you to *stop* doing, escape from, or cope with that you couldn't stop doing when not using? (What did alcohol or drug use give you RELIEF from that you couldn't get for yourself without it?)

Challenging Addictive Thinking

Write down how you engage in this thinking and how to effectively manage it

Euphoric Recall – _____

How can you best manage this style of thinking?

Positive Expectations - _____

How can you best manage this style of thinking?

Relief Expectations - _____

How can you best manage this style of thinking?

Self-Centered - _____

How can you best manage this style of thinking?

Awfulizing Abstinence - _____

How can you best manage this style of thinking?

Challenging Relapse Justifications with Recovery Justifications

What do you want from recovery that is positive that you cannot get if you are drinking or using drugs?

What do you need to learn to cope with in recovery that you cannot cope with while drinking or using drugs?

Interrupting relapse justifications is crucial. Review and practice your strategies and self-talk for interrupting these daily.

Emotionally-driven thinking – thoughts that contribute to feeling emotionally out of control.

- **All-or-nothing thinking:** thinking in rigid terms that leave no room for flexibility “I’ll never get through this”
- **What-if thinking:** focusing on negative outcomes only; associated with panic/anxiety
- **Personalizing:** assuming people’s reactions or situations are about you; lack of emotional boundaries results
- **Blaming:** being stuck in self-blame or blaming others. “Why me?” thinking.
- **Negative filter / Discounting the positives:** looking at what is going wrong with your life rather than what is working and what can be developed.
- **Catastrophizing:** seeing a situation as unrealistically awful
- **Control fallacy:** trying to control things and the belief that you *should* be able to control people, places and things
- **Shoulds:** being locked into patterns of thinking about how things *should* or *shouldn’t* be; the opposite of acceptance.
- **Distorted self-image:** often shame-based beliefs about oneself; comparing oneself to others as better-than or worse-than in some basic way (personality, body, intelligence etc.
- **Faulty Assumptions:** deeply held beliefs about how things are in others or the world without direct evidence that this is so.

These thoughts processes are associated with emotions feeling out of control. Then you develop more effective challenges to those distortions. Using *mindfulness* in order to examine your thinking is very helpful – just notice your thought process, and don’t buy into it or judge it too quickly. The following tips can then be used help in challenging these thinking errors:

- List the **advantages** and **disadvantages** of thinking this way.
- Question yourself: Where did I learn this belief? Is it helpful for me today or is it old baggage from the past?
- Where is the evidence for this?
- Have I checked out this thinking with someone whose opinion I trust?
- What would be a more effective way to think about this situation?
- If my best friend were thinking this, what would I tell him or her?
- Make sure the challenge is realistic – neither sugar-coat a problem nor make it worse than it really is.
- Include a focus on a process that will help you in your recovery, rather than focusing only on how you are feeling in the moment.

Thought Record

Situation (describe the difficult situation):

Feelings triggered (rate intensity 1-10): _____

Automatic Thoughts:

Thinking errors:

Rational Thinking (include more rational thoughts and different ways to manage the situation).

Positive Behaviors to counter negative urges:

Notice how well your new thinking and behaviors worked. Practice these so that they will get stronger. Make copies of this worksheet and use this every day and add to it as you find even better ways of responding to your situations.

Styles of Effective Coping Thoughts

Using specific coping categories can help guide a more effective response to difficult situations. The following are several categories guiding a more positive and effective thinking process:

1. **Cool Thoughts.** These are simple reminders to use your relaxation skills. “Breathe.” “Reduce tension (lower voice, stretch, count to ten, etc)”.
2. **Problem-Solving Thoughts.** Identifying alternative solutions to a problem and to plan forward for potential problems. Skill: describe the problem without blaming. Is there one positive small step in the right direction that you can take?
3. **Escape Routes.** These thoughts remind you to walk away from something that is threatening to your recovery. Withdraw from a situation rather than let it escalate.
4. **Self-confidence Thoughts.** These remind you that you can make positive choices in difficult situations. No matter what happens, you can remain in recovery.
5. **New Explanations.** Identify alternative ways of thinking about people’s or your own problem behaviors.
6. **See the Whole Picture.** Look at the long-term effects of engaging in either negative or positive behaviors – think of the many factors involved that balance facts or events to get unstuck from how things “should” be.
7. **Understand Others’ Points of View.** Take a moment to “walk in the other person’s shoes” and understand and express what their views and feelings are and what they want. Sometimes, agree to disagree and then let it go.
8. **Getting Accurate.** These are self-reminders that encourage you to stay with the facts of a situation without magnifying or exaggerating. Getting accurate can also mean recognizing how a situation is *realistically negative*, but not awful or unbearable.
9. **Preferences, not shoulds.** This category of coping thoughts changes absolute “should” statements into simple preferences. Notice, validate and work toward your preferences without demanding that the world meet them.
10. **People are doing their best.** These coping thoughts remind you that people are trying to survive their own pain and struggles, to manage their life circumstances as best they can.
11. **Affirming thoughts.** These thoughts affirming us of our worth, our positive intentions, our hope, our strengths, our abilities, our connection with others.
12. **Acceptance Thoughts.** These thoughts remind us that a more effective place to come from is accepting what actually is and then working toward changes based on the reality of the situation, rather than fighting against something that doesn’t exist.

Positive Beliefs

1. *I can change.* I don't have to remain a certain way and hold on to qualities in myself that limit my happiness. I can change anything I choose about myself.
2. *I can accept when things go wrong.* If something goes wrong, I do not have to engage in negative self-talk or in negative thoughts. I do not have to limit myself with the anticipation that things might go wrong.
3. *I don't have to make everyone happy.* I do not have to try to make everyone accept me.
4. *I do not have to control everything.* I can remain content in my day even though things do not go the way I want them to. I can accept myself, others, and things the way they are, imperfect with imperfect attributes.
5. *It's okay if I make mistakes.* I am a good person even if I make mistakes. I am only human, with human thoughts and feelings. If I make a mistake, I will acknowledge it and try to fix it if I can, and then forget it.
6. *I can remain flexible.* Flexibility in my thinking will add to my performance and overall well-being. I will always choose to try to view things from different perspectives and to remain open to other alternatives.
7. *It is essential that I try.* Even if I fail at something, it is more important that I tried. Avoidance will hinder my growth as a person and in improving myself.
8. *I am responsible.* I am responsible for my feelings and my actions. I can make choices about how I respond to people, place, things, and my emotions. I do not need to feel helpless I will respect myself rather than blame myself. Blaming myself is not the same thing as taking responsibility for my feelings and my actions.
9. *I am able.* I am able to take care of myself and make the improvements in myself that I choose. I can accept help when needed, but I do not have to depend on someone else to care for me.

Feel free to develop other positive affirmations. Put them on an index card and review them daily. Use mindfulness to help absorb the message you need to hear.

Other positive beliefs:

Stress Reduction Suggestions

1. **Recognize and listen** to signals from your body: changes in eating, sleeping, increased accidents and increased use of alcohol, cigarettes or drugs may indicate unrelieved stress.
2. **Recognize and listen** to your feelings: depression, anxiety, irritability, impatience, forgetfulness, altered sex drive, negativity, and self-doubts can indicate some type of distress coming.
3. **Exercise regularly** to discharge tension and increase physical stamina and overall health.
4. **Nutritious eating and adequate rest** is necessary to restore and replenish our systems and provide the “armor” to combat the debilitating effects of stress.
5. **Learn not to take everything personally** recognize what is and is not your responsibility or within your control.
6. **Learn to accept** what you are not in a position to control; including other people and their behavior.
7. **Develop a space of time or activity that is pleasurable** between stressful demands.
8. **Simplify** as many aspects of your lifestyle as possible; **Avoid** unnecessary complications or complexities.
9. **Remember past achievements** when frustrations or failures occur.
10. **Do not procrastinate** or avoid dealing with painful or difficult problems.
11. **View change as a challenge** to be mastered or as an opportunity for personal growth and learning.
12. **Judge yourself** by your own standards, values, beliefs, and expectations. **Never** judge yourself in relation to others. Remember, we are all unique individuals with different potentials, talents, and abilities.
13. **Ask for help** from family, friends, or a mental health practitioner for specific ways in dealing with difficulties in your life.

Let's be honest, though. The issue probably isn't that we haven't heard most of these suggestions previously. Instead, we seem to have difficulty motivating ourselves to follow-through. So—start small. Begin with just a few.

Daily Activities for Managing Moods

Directions: Select 2-3 of the suggested self-care activities listed and plan goals for this week. Keep it simple, small and doable					
Activities	Goal: What specifically are you planning to do?	When & Where?	Day	Mark an ✓ when done	Mood See "Key" Below
Balanced Diet ➤ Eat Breakfast ➤ Reduce sugar, caffeine and alcohol ➤ Increase Water			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		
Adequate Rest & Relaxation ➤ Establish routines like getting to bed at the same time ➤ Relaxation practice			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		
Pleasurable or Physical Activities ➤ Regular exercise ➤ Activities that you have enjoyed in the past, e.g., friends			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		
Daily Routines ➤ Personal grooming ➤ Tasks inside home, e.g., washing dishes ➤ Tasks outside home, e.g., gardening,			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		
Personal Growth ➤ Do reading relating to treatment ➤ Practice CBT skills introduced in class			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		

*Key: Is your mood after doing the self-care activity **Worse**, **Unchanged**, **Better** or **Much Better**

Building Your Support System

Your social life can be a powerful tool for recovery. With a full and healthy set of relationships, the strengths and satisfactions you need to live a healthy and balanced life can be yours. It is important to have people in your life who understand your issues and can support you in a healthy way.

INFLUENCES ON RECOVERY SUPPORT

Supportive people support your recovery.

They truly care...They listen without judging...They never offer you substances if you ask them not to...they want to help you get better...They believe you about your substance abuse and need for sobriety.

Neutral people neither help nor harm your recovery.

They may be too involved in their own lives to support you.

They may not know how to be supportive, but they are basically good people who don't want to hurt you.

Destructive people harm to your recovery.

They undermine you...They offer you substances after you tell them not to...They abuse you emotionally or physically...They tell you to "just get over it". They blame you, judge you. They criticize your attempts to get treatment....They tell you that you aren't addicted.

A SIMPLE GOAL

Increase the supportive people in your life
and
Decrease the destructive people in your life.

HELPING OTHERS TO HELP YOU –

You may need to educate people about what you need for recovery.

- Give a letter to people in your life telling directly and specifically what you need:
- Please never offer me drugs or alcohol.
- Please do not tell me your opinions about my recovery.
- Please do not ask me to take on new demands right now.
- Please do not criticize me right now. Only supportive statements are helpful to me.
- I need you to respect where I am at right now. It is my recovery process.
- Please do not use drugs or alcohol when you are around me.
- Please do not get "on my case" about going to treatment or AA – I'll go if I want to. OR
- Please remind me to go to treatment or AA – I find that helpful.
- The best way for you to help me is to read about my disorders. I will give you material to read.
- You can help me by going to Al-Anon so that you get more support.

Support Groups

There are many support groups for people recovering from various disorders. For addictive disorders, there are 12-step groups (Alcoholics Anonymous, Narcotics Anonymous, Marijuana Anonymous), secular groups (SMART Recovery), Refuge Recovery (a Buddhist-influenced group), Celebrate Recovery (a Christian-based group) and Dual Diagnosis Anonymous. Groups focusing on psychiatric disorders can be found through the National Alliance for the Mentally Ill (NAMI), which has diagnosis-specific groups as well as support for family and friends.

We encourage you to explore different avenues of support with an open mind. Also, expanding your circle of social support may include formal and informal groups who have shared interests, from sports to hobbies to professional interests to personal growth. People also volunteer and find this very helpful in feeling productive and connected with others.

The following questions are to help guide you to look at your support and how to expand it.

Who is supportive of my recovery?

What can I do to increase my support?

Who is harmful to my recovery?

How can I decrease the any damaging influences in my life?

Notes:

Relapse Prevention

PREVENTION IS MUCH EASIER THAN CRISIS MANAGEMENT!!

What is relapse? A progressive series of events that takes someone from stable recovery to becoming dysfunctional in their recovery

STRESSOR/TRIGGER

INTERNAL DISTRESS: Psychological distress affecting thoughts and feelings and physical symptoms

EXTERNAL DISTRESS: Behavioral distress that affects how we function in the world

“LOSS OF CONTROL”: Believing you have few options and feeling trapped by a narrowed perspective

RELAPSE: Return to old behaviors and habits



1) Typically there are a number of steps that occur before a full relapse

2) You can learn to recognize and intervene at any point before a relapse to prevent a return to unhealthy behavior that keeps you stuck

Warning Signs Progress:

Evade/deny Problem

Stress increases

Compulsive behaviors

Avoid Others

Problems multiply

Evade new problems

How to cope with relapse:

Recognize the problem

Accept responsibility

Detach for perspective

Ask for help

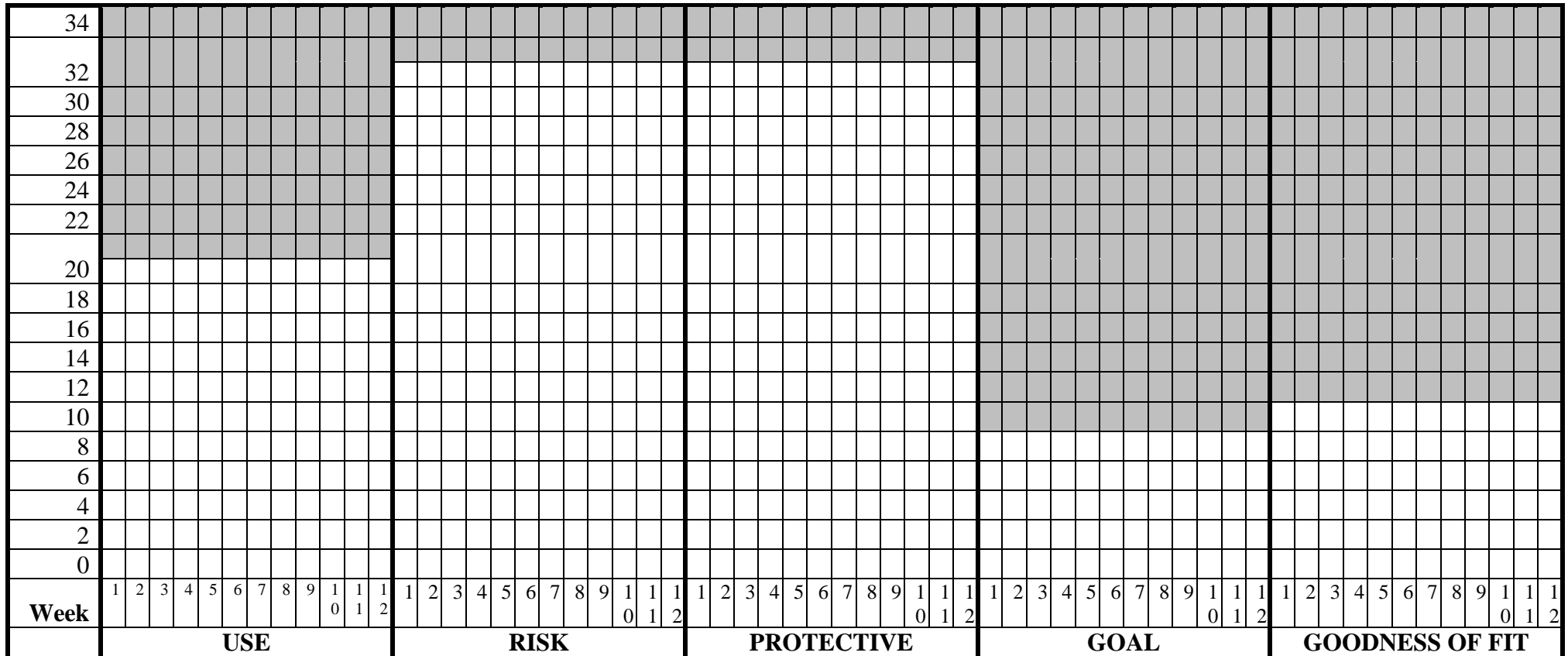
Respond

Daily Activities for Managing Moods

Directions: Select 2-3 of the suggested self-care activities listed and plan goals for this week. Keep it simple, small and doable					
Activities	Goal: What specifically are you planning to do?	When & Where?	Day	Mark an \checkmark when done	Mood See "Key" Below
Balanced Diet ➤ Eat Breakfast ➤ Reduce sugar, caffeine and alcohol ➤ Increase Water			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		
Adequate Rest & Relaxation ➤ Establish routines like getting to bed at the same time ➤ Relaxation practice			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		
Pleasurable or Physical Activities ➤ Regular exercise ➤ Activities that you have enjoyed in the past, e.g., friends			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		
Daily Routines ➤ Personal grooming ➤ Tasks inside home, e.g., washing dishes ➤ Tasks outside home, e.g., gardening,			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		
Personal Growth ➤ Do skills you have learned ➤ Use support system			Sat		
			Sun		
			Mon		
			Tue		
			Wed		
			Thu		
			Fri		

***Key:** Is your mood after doing the self-care activity **Worse**, **Unchanged**, **Better** or **Much Better**

BAM 12-week tracking graph



Week 1 _____
 Week 2 _____
 Week 3 _____
 Week 4 _____

Week 5 _____
 Week 6 _____
 Week 7 _____
 Week 8 _____

Week 9 _____
 Week 10 _____
 Week 11 _____
 Week 12 _____

