

THE MATRIX MODEL



Early Recovery Skills Group Handouts

**INTENSIVE OUTPATIENT
ALCOHOL & DRUG TREATMENT PROGRAM**

Revised and Expanded

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Scheduling: Is It Important?

Scheduling is a difficult and tedious thing to begin doing if you're not used to it. It is, however, an important part of the recovery process. People who abuse or become addicted to alcohol or other drugs typically do not schedule their time.

1. Why is it necessary?

If you begin your recovery in a hospital or residential facility, you have the structure of the program and the building to help you stop using. As an outpatient, you have to build that structure around yourself as you continue functioning in the world. Your schedule is your structure.

2. Do I need to write it down?

Absolutely. Schedules that are in your head are too easily revised. If you write your schedule down while your rational brain is in control and then follow it, you will be doing what you *think* you should be doing (rational brain) instead of what you *feel like* doing (lower brain).

3. What if I am not an organized person?

Learn to be. Use your electronic device or buy a schedule book and work with your therapist. It is vital to treating your substance use disorder. Remember, your rational, higher brain plans the schedule. If you follow the schedule, you won't use. Your lower brain can generate out-of-control behavior. If you go off the schedule, your lower brain may be taking you back to drinking or using drugs.

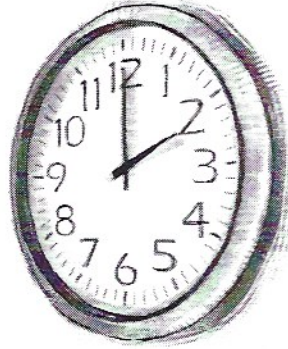
4. Who decides what I schedule?

You do! You may consider suggestions made by your therapist or family members, but the final decision is yours. Just be sure you *do* what you wrote down. Changes should be limited as much as possible.

5. Can I schedule in blocks of time instead of in hours?

Yes. Some people who have difficulty scheduling hour-by-hour find it easier to begin with bigger blocks of time. Instead of deciding what you are going to be doing each hour, simply determine what you will do in the morning, in the midday, in the afternoon, and in the evening. (Block Scheduling Cards are provided as handout 2B.) Gradually, you may be able to move to scheduling your activities within those blocks of time more specifically.

SCHEDULING: IS IT IMPORTANT? | *continued*



With practice, most people can schedule a twenty-four-hour period and follow it. If you can, you are on your way to gaining control of your life. If you cannot, talk with your therapist about how to increase the structure of your treatment program.

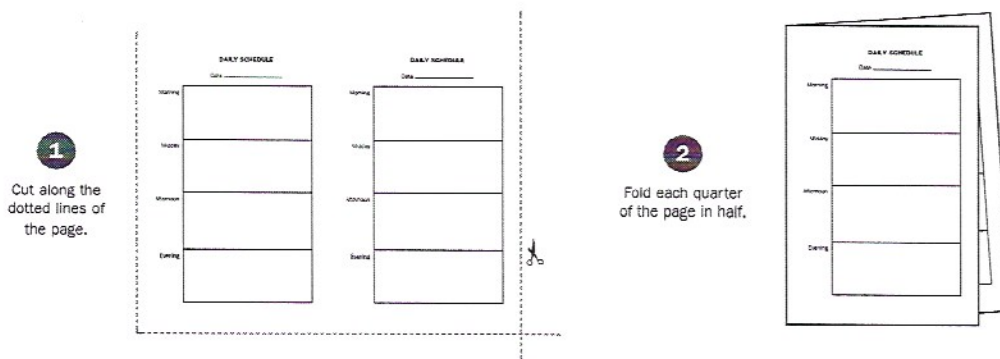
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Block Scheduling Cards: Instructions for Therapist

Some people in early recovery prefer to schedule their day in larger blocks of time, rather than hour by hour. For example, a person who works a full day starting at 8 a.m., then attends a 7 p.m. recovery support meeting, might prefer this approach. With Block Scheduling Cards, each day is planned in four blocks: morning, midday, afternoon, and evening.

To offer this option to your group, first follow these instructions to make Block Scheduling Cards. Each card is a small folder that shows four days. About the size of a credit card, they're easy to carry in a pocket, wallet, or purse. To make the cards, you'll need a photocopier and a pair of scissors. Follow these steps:

- On the next two pages, you'll find layouts of eight small daily schedules with blocks of time marked for morning, midday, afternoon, and evening.
- Photocopy these pages two-sided, so the same layout appears back to back.
- Cut each photocopy along the dotted lines as shown in step 1 below, dividing each sheet into quarters.
- Fold each quarter in half into a small "book" as shown in step 2 below, with one daily schedule on each "page."
- Repeat to make as many four-day schedules as are needed. Each double-sided page makes four cards, covering 16 days. For a 16-week program, each participant will need 28 cards. That's 7 back-to-back sheets, cut and folded.



Daily/Hourly Schedule

DATE	DATE	DATE
7:00 am: _____	7:00 am: _____	7:00 am: _____
8:00 am: _____	8:00 am: _____	8:00 am: _____
9:00 am: _____	9:00 am: _____	9:00 am: _____
10:00 am: _____	10:00 am: _____	10:00 am: _____
11:00 am: _____	11:00 am: _____	11:00 am: _____
12:00 noon: _____	12:00 noon: _____	12:00 noon: _____
1:00 pm: _____	1:00 pm: _____	1:00 pm: _____
2:00 pm: _____	2:00 pm: _____	2:00 pm: _____
3:00 pm: _____	3:00 pm: _____	3:00 pm: _____
4:00 pm: _____	4:00 pm: _____	4:00 pm: _____
5:00 pm: _____	5:00 pm: _____	5:00 pm: _____
6:00 pm: _____	6:00 pm: _____	6:00 pm: _____
7:00 pm: _____	7:00 pm: _____	7:00 pm: _____
8:00 pm: _____	8:00 pm: _____	8:00 pm: _____
9:00 pm: _____	9:00 pm: _____	9:00 pm: _____
10:00 pm: _____	10:00 pm: _____	10:00 pm: _____
11:00 pm: _____	11:00 pm: _____	11:00 pm: _____

Notes:

Reminders:



Triggers

Triggers are people, places, objects, feelings, and times that cause cravings. For example, if every Friday night you cash a paycheck, go out with friends, and use alcohol or other drugs, the triggers would be the following:

- Friday night
- After work
- Money
- Friends who use
- The bar or club

Your lower brain associates these triggers with substance use. As a result of constant triggering and using, one trigger can cause you to move toward alcohol and other drug use. The trigger→thought→craving→use cycle feels overwhelming.

An important part of treatment involves stopping the craving process. The first and easiest way to do this is:

1. **Identify the triggers.**
2. **Prevent exposure to triggers whenever possible** (for example, do not handle large amounts of cash if that is a trigger for you).
3. **Deal with triggers in a different way** (for example, schedule exercise and a Twelve Step or community support meeting for Friday nights).

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Remember, triggers will affect your brain and cause cravings even though you have decided to stop using alcohol and other drugs. Your intentions to stop must therefore translate into behavior changes, which steer you clear of possible triggers.

1. What are some of the strongest triggers for you?

2. What particular triggers might be a problem in the near future?

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

Calendar

MONTH _____	Saturday					
	Friday					
	Thursday					
	Wednesday					
	Tuesday					
	Monday					
	Sunday					



Trigger → Thought → Craving → Use

The Losing Argument

If you decide to stop drinking or using, but then end up moving toward alcohol or other drugs anyway, your brain gives you permission by using a process we call relapse justification. An argument starts inside your head: your rational self versus your addiction. You feel as though you are in a fight, and you must come up with many reasons to stay sober. Your addiction is really just looking for an excuse, a relapse justification. The argument inside you is part of a series of events leading to alcohol and other drug use. How often in the past has your addiction lost this argument?

Thoughts Become Cravings

Craving does not always occur in a straightforward, easily recognized form. Often the thought of using passes through your head with little or no effect. It takes effort to identify and stop a thought. However, allowing yourself to continue thinking about alcohol or other drug use is choosing to start a relapse. The farther the thoughts are allowed to go, the more likely you are to relapse.

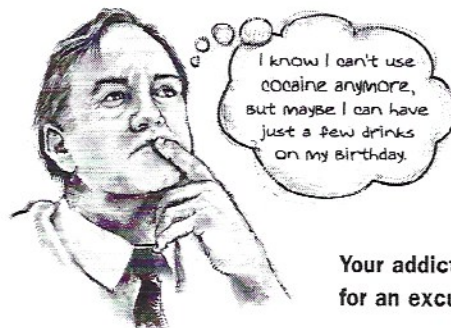
The Automatic Process

During addiction, triggers, thoughts, cravings, and use all seem to run together. However, the usual sequence goes like this:

Trigger → Thought → Craving → Use

Thought Stopping

The key to success in dealing with this process is not to let it get started. Stopping the thought when it first begins prevents it from building into an overpowering craving. It is important to do it as soon as you recognize the thoughts occurring.

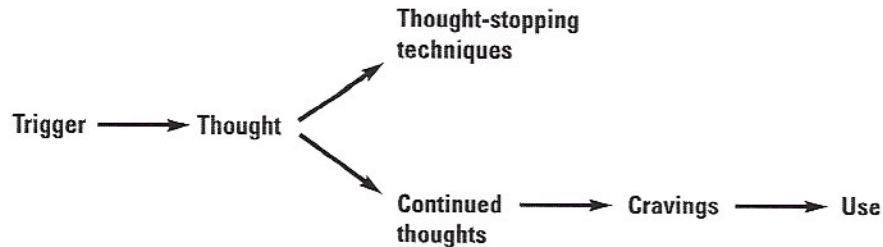


Your addiction is really just looking for an excuse, a relapse justification.

Thought-Stopping Techniques

A New Sequence

To get recovery started, it is necessary to change the trigger-use sequence. Thought stopping provides a tool for breaking the process. The process looks like this:



You make a choice. It is not automatic.

Thought-Stopping Techniques

Try the techniques described below and use those that work best for you.



Visualization: Picture a switch or a lever in your mind. Imagine yourself actually moving it from *on* to *off* to stop the thought about alcohol or other drugs. Have another picture ready to replace those thoughts. You may have to change what you are doing to make this switch.



Snapping: Wear a rubber band loosely on your wrist. Each time you become aware that you're thinking about alcohol or other drugs, snap the band and say "no!" to those thoughts. Have another subject ready to think about—one that is meaningful and interesting to you.



Relaxation: Feelings of hollowness, heaviness, and cramping in the stomach may be cravings. These can often be relieved by breathing in deeply (filling your lungs with air) and breathing out slowly. Do this three times. You should be able to feel the tightness leaving your body. Repeat this whenever the feeling returns.

Meditating or praying: Some people find that these are effective forms of thought-stopping.



Call someone: Talking to another person provides an outlet for your feelings and allows you to hear your own thinking process. Have phone numbers of supportive, available people always with you so you can find someone to listen at any time.

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*Allowing thoughts to develop into cravings is making a choice.
You can choose to stop those thoughts instead.*



External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you used alcohol or other drugs. Place a zero next to the ones in which you never have used alcohol or other drugs.

- | | |
|--|--|
| <input type="checkbox"/> When home alone | <input type="checkbox"/> While cooking |
| <input type="checkbox"/> When home with friends | <input type="checkbox"/> When carrying money |
| <input type="checkbox"/> At a friend's home | <input type="checkbox"/> After going past a dealer's residence |
| <input type="checkbox"/> At parties | <input type="checkbox"/> Texting certain people |
| <input type="checkbox"/> At sporting events | <input type="checkbox"/> Calling friends who use |
| <input type="checkbox"/> At movies | <input type="checkbox"/> When with alcohol or other drug-using friends |
| <input type="checkbox"/> At bars/clubs | <input type="checkbox"/> After going past a liquor store |
| <input type="checkbox"/> At the beach | <input type="checkbox"/> After payday |
| <input type="checkbox"/> At concerts | <input type="checkbox"/> Before going out to dinner |
| <input type="checkbox"/> At the park | <input type="checkbox"/> Before breakfast |
| <input type="checkbox"/> When I gain weight | <input type="checkbox"/> At lunch break |
| <input type="checkbox"/> Before a date | <input type="checkbox"/> While at dinner |
| <input type="checkbox"/> During a date | <input type="checkbox"/> After passing a particular freeway exit |
| <input type="checkbox"/> After seeing the doctor, dentist, or pharmacist | <input type="checkbox"/> While traveling (airports, airplanes, hotels, etc.) |
| <input type="checkbox"/> Near a pharmacy | <input type="checkbox"/> At school |
| <input type="checkbox"/> Before, during, or after sexual activities | <input type="checkbox"/> While driving |
| <input type="checkbox"/> Before work | <input type="checkbox"/> In certain neighborhoods |
| <input type="checkbox"/> During work | <input type="checkbox"/> While Internet browsing |
| <input type="checkbox"/> After work | |
| <input type="checkbox"/> During the weekend | |
| <input type="checkbox"/> Late at night | |

2. List any other settings or activities in which you frequently used alcohol or other drugs.

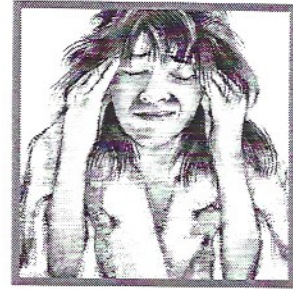
EXTERNAL TRIGGER QUESTIONNAIRE | *continued*

3. List activities or situations in which you would *not* use alcohol or other drugs.

4. List people you could be with and not use alcohol or other drugs.

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Internal Trigger Questionnaire

1. During recovery, there are often certain feelings or emotions that trigger the brain to think about using alcohol or other drugs. Read the following list of emotions and check which of them might trigger (or used to trigger) thoughts of using for you.

- | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Passionate | <input type="checkbox"/> Irritated |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Criticized | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Neglected | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Excited |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Pressured | <input type="checkbox"/> Jealous |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Depressed | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Insecure | <input type="checkbox"/> Exhausted |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Overwhelmed |

2. I thought about using when I felt . . . (List an emotion not included in the list above.)

3. In the list above, circle the emotional states or feelings that have triggered your use of alcohol or other drugs recently.
4. Has your use in recent weeks/months been
- Primarily tied to emotional conditions?
- Routine and automatic without much emotional triggering?
5. Have there been recent times when you were trying not to use, but a specific change in your mood clearly resulted in your using? (For example, you got in a fight with someone and used in response to getting angry.)
- Yes No

INTERNAL TRIGGER QUESTIONNAIRE | *continued*

If yes, describe:

6. Go back to the Trigger Chart from your previous session and enter your emotional, internal triggers.



Twelve Step Introduction

What Is the Twelve Step Program?

In the 1930s, Alcoholics Anonymous (AA) was founded by two men who were unable to deal with their own alcoholism through psychiatry or medicine. They found there were a number of specific principles that helped people overcome their addictions, and they formed Alcoholics Anonymous (AA) to introduce people with substance use disorders to these principles of self-help. The AA concepts have been adapted for other drug addictions, and even to compulsive behaviors such as gambling, overeating, and compulsive sexual behaviors.



What people with a substance use disorder have found is that talking with “fellows”—people struggling with the same disorder—can provide enormous support and help to one another. For this reason, these groups are called *fellowships*, where participants show concern and support for one another through mutual sharing and understanding.

Do I need to attend Twelve Step meetings?

If outpatient treatment is going to work for you, it is essential to establish a network of support in your community for your recovery. Attending treatment sessions without going to Twelve Step meetings or other appropriate community support groups may produce a temporary effect, but without involvement in self-help programs, it is unlikely you will develop a truly successful recovery. Matrix Model patients should attend at least one Twelve Step or community support meeting per week during their treatment. Many successfully sober people initially go to ninety meetings in ninety days. The more one participates in treatment and Twelve Step or community support meetings, the greater the chance for recovery. Research has shown that people who are in a formal treatment program like the Matrix Model, and also attend community support groups do better in treatment than those who don't attend support groups.

Can I go to CA, AA, MA, CMA, or NA?

Yes. Although each type of meeting focuses somewhat on a different substance (CA focuses on cocaine, AA on alcohol, MA on marijuana, CMA on methamphetamine, and NA on narcotics), the basic principles are the same. Many people with cocaine problems prefer AA for a variety of reasons. The important thing is to feel comfortable and get as much out of the meeting as possible.

TWELVE STEP INTRODUCTION | *continued*

Are all meetings the same?

No. There are different types of Twelve Step meetings: (1) *Speaker meetings* feature a recovering person telling his or her personal story of alcohol and other drug use and recovery. (2) *Topic meetings* have discussions on a specific topic such as fellowship, honesty, acceptance, or patience. Everyone is given a chance to talk, but no one is forced to do so. (3) *Step/Tradition meetings* are special meetings where the Twelve Steps and Twelve Traditions (another component of Twelve Step programs) are discussed. (4) *Big Book meetings* focus on reading a chapter from the book, *Alcoholics Anonymous* (also known as the Big Book), which is often a story about someone's personal experience or a recovery-related topic.

Who can join?

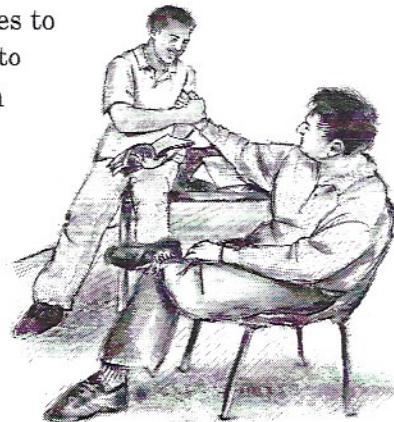
Nobody really "joins" Twelve Step programs. They are not organizations that have dues, leaders, and membership lists. People who have a desire to stop using alcohol or other drugs simply go to meetings.

Are Twelve Step programs religious?

No. None of the Twelve Step programs are religious, but spiritual growth is considered a part of recovery. However, the spiritual choices participants make are very personal and individual. The concept of a Higher Power is discussed, but each person decides what *Higher Power* means to him or her. There are atheists as well as religious people in Twelve Step programs.

How do I find a meeting?

You can search the AA, CA or NA websites, or call these program's phone numbers (found in the phone book) to find out when and where meetings are scheduled. Directories are also available that list meetings by cities, addresses, and meeting times as well as give information about each meeting (who the speaker will be, whether there is a Step study, and whether it is a nonsmoking meeting, a men's or women's meeting, or a LGBTQ meeting, for example). Another way to find a good meeting is to ask someone who goes to Twelve Step meetings. If you are still unsure of how to find a support group in your community, consult with your group co-leader or your therapist.



What Are Twelve Step Sponsors?

The first few weeks and months of recovery can be challenging. Many things may happen that are confusing and frightening. During this difficult period, there will be many times when recovering

TWELVE STEP INTRODUCTION | *continued*

people need to talk about problems and fears. A sponsor can help guide the newcomer through this process.

What do Twelve Step sponsors do?

1. Sponsors help the newcomer by answering questions and explaining the Twelve Step recovery process.
2. Sponsors agree to be available to talk and listen to their sponsees' difficulties and frustrations, and to share their own insights and solutions.
3. Sponsors make recommendations and suggestions for problems their sponsees are having. These recommendations come from their personal experiences with long-term sobriety.
4. Sponsors are people with whom addiction-related secrets and guilty feelings can be easily shared. They agree to keep these secrets confidential and to protect the newcomer's anonymity.
5. Sponsors warn their sponsees when they get off the path of recovery. Sponsors are often the first people to know when their sponsees experience a slip or relapse. Thus, sponsors often push their sponsees to attend more meetings or get appropriate help for problems.
6. Sponsors often give their sponsees guidance in working through the Twelve Steps of AA, CA, NA, and other groups.

How do I choose a sponsor?

Selecting a sponsor is easy. The newcomer simply asks someone to be his or her sponsor. Select a sponsor who seems to be living a healthy and responsible life and who seems to have the kind of healthy recovery you want.

Some general guidelines for selecting a sponsor include the following:

1. A sponsor should have several years of sobriety from all alcohol and other drugs.
2. A sponsor should have a healthy lifestyle and not be struggling with addiction.
3. A sponsor should be an active and regular participant in Twelve Step meetings. Also, a sponsor should be someone who actively "works" the Twelve Steps.
4. A sponsor should be someone to whom you can relate. You may not always agree with your sponsor, but you need to be able to respect your sponsor.

TWELVE STEP INTRODUCTION | *continued*

5. You should choose a sponsor with whom you are not likely to become sexually or romantically interested.
6. Sponsors and sponsees should never engage or be involved in commercial or business activities together.

Alternatives to Twelve Step Programs

There are alternatives to Twelve Step groups that are not based on the concept of a Higher Power. Although these alternatives have different philosophies, they generally offer a self-help approach that focuses on personal responsibility, personal empowerment, and strength through a sober social network. Some of these alternatives might include faith-based recovery, White Bison, SMART Recovery, or other secular recovery groups.

There are also recovery groups within church or temple settings that are based on the faith of the members who attend and specify the Higher Power as God. People who attend these meetings sometimes attend Twelve Step groups at the same time.

Questions for Discussion

1. Have you ever been to a Twelve Step meeting? If so, what was your experience?
2. Do you plan to attend any Twelve Step meetings? If so, where? When?
3. How might you make use of Twelve Step meetings to stop using?
4. Have you ever been involved in another type of community recovery support program? If so, what was your experience?

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Road Map for Recovery

Recovery from alcohol and other drug use

is not a mysterious process. After the substance use stops, the brain goes through a biological readjustment. This readjustment process is essentially a “healing” of the brain chemistry changes that were caused by substance use. It is important for people in recovery to understand why they may experience some physical and emotional changes in their thinking process during the beginning stages of recovery.

The Stages

Withdrawal Stage

During the first days after substance use is stopped, some people experience difficult symptoms. The extent of the symptoms is often related to the amount, frequency, and type of substances used.

For *stimulant users*, the first three to ten days can be accompanied by drug craving, depression, low energy, difficulty sleeping, increased appetite, and difficulty concentrating. Although stimulant users do not experience the same severity of physical symptoms as alcohol users, the psychological symptoms of craving and depression can be quite severe.

People who drink *alcohol* in large amounts usually have the most severe symptoms. These symptoms can include nausea, low energy, anxiety, shakiness, seizures, depression, emotionality, insomnia, irritability, difficulty concentrating, and memory problems. These symptoms typically last three to five days, but they can last up to several weeks. Some people must be hospitalized to detoxify safely.

For *opioid and sedative users*, the seven- to ten-day period of withdrawal (longer for benzodiazepine users) can be physically uncomfortable and may require hospitalization or medication. For people addicted to these substances, it is essential to have a physician closely monitor withdrawal. Along with physical discomfort, many people experience nervousness, insomnia, depression, and difficulty concentrating. Successfully completing withdrawal from these substances is a major achievement in early recovery.

For *marijuana users*, withdrawal symptoms include insomnia, restlessness, loss of appetite, depression, shakiness, and irritability. Marijuana stays in the body longer than most drugs, and withdrawal effects may be subtle and last longer than withdrawal from other drugs.

ROAD MAP FOR RECOVERY | *continued*

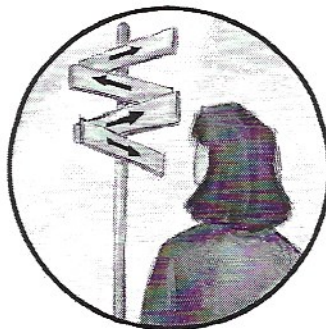
Early Abstinence: Honeymoon

For *stimulant users*, this four- to five-week period is called the honeymoon. Most people feel quite good during this period and often feel “cured.” This period should be used as an opportunity to establish a good foundation for recovery because the honeymoon is not the end of the recovery process. If the energy, enthusiasm, and optimism felt by substance users during this period are directed into recovery activities, it can be tremendously positive for the future success of their recovery effort.

For *alcohol users*, the next four to five weeks is a period where the brain is recovering. This can be a complex period with both “honeymoon” feelings and negative feelings. Thinking may be unclear, concentration may be poor, nervousness and anxiety may be troubling, sleep is often irregular, and, in many ways, life can feel too intense.

For *opioid and sedative users*, there is essentially a gradual normalization during this period. In many ways, the process is similar to the alcohol recovery timetable. Slow, gradual improvement in symptoms is evidence that recovery is progressing.

For *marijuana users*, a strong psychological dependence on the drug is often developed and may result in intense cravings at cessation of use. While symptoms of withdrawal and early abstinence may not be as noticeable with marijuana as with alcohol or some other drugs, it is believed that many people relapse to prevent the occurrence of symptoms. Because marijuana is stored in the body, its effects may be felt for days or weeks following use. Habitual use of this drug interferes with memory, speech, comprehension, and decision-making ability, all of which continue to be noticeably affected during early recovery.



ROAD MAP FOR RECOVERY | *continued*

Protracted Abstinence: “The Wall”

From six weeks to four months after alcohol and other drug use is stopped, a variety of annoying and troublesome symptoms may be experienced. These symptoms are caused by the continuing healing process in the brain. They are experienced mostly as emotional or thinking difficulties. They are often subtle but can affect a patient’s functioning. It is important to be aware that some of the feelings during this period are the result of brain chemistry, and, if alcohol and other drugs are avoided, they will pass. Most common are symptoms of depression, irritability, difficulty concentrating, low energy, and a general lack of enthusiasm. Relapse risk goes up during this period. Patients must focus on staying sober one day at a time. Exercise can help tremendously during this period. For most people with a substance use disorder, completing this phase of recovery is a major achievement. Although the Wall is a difficult stage to go through, it is an indication that the brain is healing.



Readjustment

After 120 days, the brain has substantially recovered. Now the recovering person’s major job is developing a life that includes activities and fulfillment that support continued recovery. Although the difficult start-up of the recovery process is over, hard work is needed to improve and maintain a healthy quality of life.

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Five Common Problems in Early Recovery: New Solutions

Everyone who attempts to stop alcohol and other drug use runs into situations that make it very difficult to maintain sobriety. The following chart lists five of the most common situations encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for dealing with these situations.

PROBLEM	NEW ALTERNATIVE
<p>Using friends and associates</p> <ul style="list-style-type: none"> Continued association with old friends or friends who use can cause triggering. 	<ul style="list-style-type: none"> Try to make new friends at Twelve Step meetings, community support groups, or other spiritual recovery groups. Try new activities that will increase your chances of meeting sober people. Plan activities with sober friends or family members.
<p>Anger or irritability</p> <ul style="list-style-type: none"> Small events can create feelings of anger that seem to preoccupy the thinking process. 	<p>Tell yourself the following:</p> <ul style="list-style-type: none"> Recovery involves a healing of brain chemistry. Moods will be affected; it's a natural part of recovery. Exercise helps. Talking to a therapist or a supportive friend helps.
<p>Alcohol in the home</p> <ul style="list-style-type: none"> Even if you decide to stop drinking, it doesn't mean everyone else in your house will decide to stop. 	<ul style="list-style-type: none"> Get rid of all alcohol and other drugs, if possible. Ask others if they would refrain from drinking and using at home for a while. If you continue to have a problem, consider moving out for a while. Discuss with your therapist.
<p>Boredom or loneliness</p> <ul style="list-style-type: none"> Stopping alcohol or other drug use often means many usual activities and people must be avoided. 	<ul style="list-style-type: none"> Put new activities in your schedule. Go back to activities you enjoyed before your substance use disorder took over. Develop new friends at Twelve Step or other community support meetings. Consider exchanging telephone numbers.

FIVE COMMON PROBLEMS IN EARLY RECOVERY: NEW SOLUTIONS | *continued*

PROBLEM	NEW ALTERNATIVE
<p>Special occasions</p> <ul style="list-style-type: none">• Parties, dinners, business meetings, weddings, holidays, and other events can be difficult without alcohol and other drugs.	<ul style="list-style-type: none">• Have a plan for answering questions about why you are not drinking or using.• Have your own transportation to and from events.• Leave if you get uncomfortable or start feeling deprived.• Bring your own nonalcoholic beverages.

1. Are any of these issues likely to be a problem for you in the next few weeks? If so, which ones?

2. How will you deal with them?

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Try to make new friends at Twelve Step meetings or other spiritual recovery groups.



Alcohol Arguments

Have you been able to stop using alcohol completely? For people addicted to cocaine, methamphetamine, opiates, or prescription drugs, alcohol use is often not seen as a problem. At about six weeks into the recovery process, many people return to alcohol use. Has your lower brain played with the idea? These are some of the most common arguments against stopping the use of alcohol:

“I came here to stop using drugs, not to stop drinking.”

Drug treatment includes stopping alcohol as well as other drug use. It is part of recovery from addiction.

“In the past I’ve drunk and not used drugs, so it shouldn’t make any difference now.”

Drinking over time greatly increases the risk of relapse. A single drink does not necessarily cause relapse any more than a single cigarette causes lung cancer. However, with continued drinking, the risks of relapse are greatly increased.

“Drinking actually helps. When I have cravings, a drink calms me down and the craving goes away.”

Alcohol interferes with the chemical healing in the brain. Continued alcohol use eventually intensifies cravings, even if one drink seems to reduce cravings.

“I’m not an alcoholic, so why do I need to stop drinking?”

If you’re not addicted to alcohol, you should have no problem stopping alcohol use. If you can’t stop, maybe alcohol is more of a problem than you realize.

“I’m never going to use drugs again, but I’m not sure I’ll never drink again.”

Make a commitment to total abstinence and choose a period of time that feels comfortable to you. Give yourself the chance to make a decision about alcohol with a drug-free brain. If you reject alcohol abstinence because “forever” scares you, then you’re justifying drinking now and risking a relapse.

ALCOHOL ARGUMENTS | *continued*

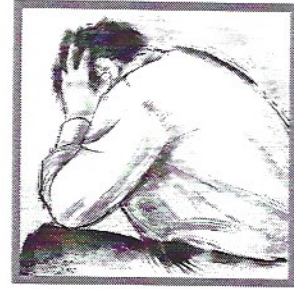
Answer the following questions:

1. Has your lower brain presented you with other justifications for drinking alcohol?
(If yes, what are they?)

2. How are you planning to deal with alcohol issues in the future?

...





Thoughts, Emotions, and Behavior

Addiction changes the way people think, how they feel, and how they behave. How do these changes affect the recovery process?

Thoughts

Thoughts happen in the rational part of the brain. They are like pictures on the TV screen of the mind. Thoughts can be controlled. As you become aware of your thoughts, you can learn to change channels in your brain. Learning to turn off thoughts of substance use is a very important part of the recovery process. It is not easy to become aware of your thinking and to learn to control the process, but with practice it gets easier.

Emotions

Emotions are feelings. Happiness, sadness, anger, and fear are some basic emotions. Feelings cannot be controlled, and they are neither good nor bad. It is important to be aware of your feelings. Talking to family members, friends, or a therapist can help you recognize how you feel. Some feelings are more pleasant than others, but it is normal to have all kinds of emotions. Alcohol and other drugs can change your emotions by changing the way your brain works. During recovery, emotions are often still mixed up. Sometimes you feel irritated for no reason or great even though nothing wonderful has happened. It is difficult to control or choose your feelings, but you can control what you do about them.

Behavior

What you do is called behavior. Work is behavior. Play is behavior. Going to treatment is behavior, and using alcohol and other drugs is behavior. Behavior can result from an emotion, from a thought, or from a combination of both. A substance use disorder can flood your thoughts and push your emotions toward alcohol or other drug use. This very powerful, automatic process has to be brought back under control for recovery to occur. Structuring your time, attending recovery meetings, and engaging in new activities are all ways of regaining control. The goal in recovery is to learn how to manage both your thinking and feeling self and behave in ways that are best for you and your life.

...



Addictive Behavior

As alcohol and other drug use increases, the user tries to keep normal life under control. This often gets harder and harder. Finally, the user does desperate things to try to continue to appear normal. Sometimes these behaviors *only* occur when people are using or moving toward using. Learning to recognize when one or more of these behaviors is beginning to happen will help you know when to start fighting extra hard to move away from relapse.

**Which of these behaviors do you think are related to your substance use?
Check all that apply.**

- Lying
- Stealing
- Being irresponsible (not meeting family/work commitments)
- Being unreliable (being late for appointments, breaking promises, and so on)
- Being careless about health and grooming (wearing “using” clothes, stopping exercise, eating a poor diet, having a messy appearance)
- Getting sloppy in housekeeping
- Behaving impulsively (without thinking)
- Behaving compulsively (too much eating, working, sex)
- Changing work habits (working more, less, or not at all; changing jobs; changing hours)
- Losing interest in things (recreational activities, family life)
- Isolating (staying by yourself much of the time)
- Missing or being late for treatment
- Using substances other than the one that was most problematic for you.
- Increasing, decreasing, or stopping the use of prescribed medications without a physician’s direction.
- Other (list) _____

What are the actions/behaviors you are doing that are moving you forward in your recovery?

It's important to recognize when you're moving *back* toward substance use and when you're moving *forward* in your recovery.



Twelve Step Tips

Alcoholics Anonymous has developed some short sayings that help people in their day-to-day efforts to stay sober. These concepts are often useful tools in learning how to establish sobriety. Anyone in recovery can benefit from them.

One Day at a Time

This is a key concept in staying sober. Don't obsess about staying sober forever; just focus on today.

Turn It Over

Sometimes people in recovery jeopardize their progress by tackling problems that cannot be solved. Finding a way to let go of certain issues so you can focus on staying sober is a very important skill.

Keep It Simple

Learning to stay sober can get complicated and seem overwhelming if you let it. In fact, there are some very simple concepts involved. Don't make this process difficult. Keep it simple.

Take What You Need and Leave the Rest

Not everyone benefits from every part of recovery meetings. It is not a perfect program. However, if you focus on the parts you find useful rather than on the ones that bother you, you will probably find the program has something for you.

Bring Your Body, the Mind Will Follow

The most important aspect of recovery programs is attending the meetings. It takes a while to feel completely comfortable. Try different meetings, try to meet people, read the materials—just go and keep going.

HALT

This acronym is familiar to people in recovery programs. It is a shorthand way of reminding recovering people that they are especially vulnerable to relapse when they are too hungry, angry, lonely, or tired.

Hungry

Angry

Lonely

Tired

TWELVE STEP TIPS | *continued*

Hungry: When people are using, they often neglect their own nutritional needs. Recovering people need to relearn the importance of eating regularly. Being hungry can cause changes in body chemistry that make people less able to control or defend themselves from relapse. Often the person feels anxious and irritable but doesn't associate the feelings with hunger. Eating regularly increases emotional stability.

Angry: This emotional state is probably the most common cause of relapse to substance use. Learning to deal with anger in a healthy way is difficult for many people. It is not healthy to act out anger with no regard for consequences. Nor is it healthy to hold it in and try to pretend it doesn't exist. Talking about anger-producing situations and how to handle them is an important part of recovery.

Lonely: Recovery is often a lonely process. Relationships have sometimes been lost because of the addictive process. Some are regained; many are not. People with substance use disorders may have to give up friends who drink and use when they enter recovery. The feelings of loneliness are real and painful. They make people more vulnerable to relapse.

Tired: Sleep disorders are often a part of early recovery. Frequently, recovering people have to give up medicinal sleep aids they used in the past. Being tired is often a trigger for relapse. Feeling exhausted and low on energy leaves people very vulnerable and unable to function in a healthy way.

...

1. How often do you find yourself in one or more of these emotional states?

2. What could you do differently to avoid being so vulnerable?

T H E M A T R I X M O D E L



Early Recovery Skills Group Handouts

**INTENSIVE OUTPATIENT
ALCOHOL & DRUG TREATMENT PROGRAM**

Revised and Expanded

Richard A. Rawson, Ph.D., Jeanne L. Obert, M.F.T., M.S.M.,
Michael J. McCann, M.A., and Walter Ling, M.D.

Hazelden®

Early Recovery Skills Group Handouts

DATE
COMPLETED

Session 7: Thinking, Feeling, and Doing

Handout 15: Thoughts, Emotions, and Behavior

Handout 16: Addictive Behavior

Session 8: Keep It Simple, Silly (KISS)

Handout 17: Twelve Step Tips





Scheduling: Is It Important?

Scheduling is a difficult and tedious thing to begin doing if you're not used to it. It is, however, an important part of the recovery process. People who abuse or become addicted to alcohol or other drugs typically do not schedule their time.

1. Why is it necessary?

If you begin your recovery in a hospital or residential facility, you have the structure of the program and the building to help you stop using. As an outpatient, you have to build that structure around yourself as you continue functioning in the world. Your schedule is your structure.

2. Do I need to write it down?

Absolutely. Schedules that are in your head are too easily revised. If you write your schedule down while your rational brain is in control and then follow it, you will be doing what you *think* you should be doing (rational brain) instead of what you *feel like* doing (lower brain).

3. What if I am not an organized person?

Learn to be. Use your electronic device or buy a schedule book and work with your therapist. It is vital to treating your substance use disorder. Remember, your rational, higher brain plans the schedule. If you follow the schedule, you won't use. Your lower brain can generate out-of-control behavior. If you go off the schedule, your lower brain may be taking you back to drinking or using drugs.

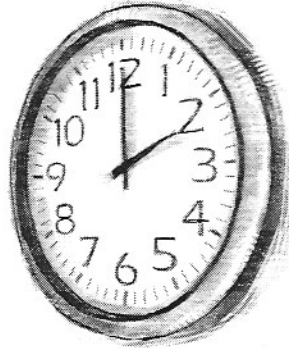
4. Who decides what I schedule?

You do! You may consider suggestions made by your therapist or family members, but the final decision is yours. Just be sure you *do* what you wrote down. Changes should be limited as much as possible.

5. Can I schedule in blocks of time instead of in hours?

Yes. Some people who have difficulty scheduling hour-by-hour find it easier to begin with bigger blocks of time. Instead of deciding what you are going to be doing each hour, simply determine what you will do in the morning, in the midday, in the afternoon, and in the evening. (Block Scheduling Cards are provided as handout 2B.) Gradually, you may be able to move to scheduling your activities within those blocks of time more specifically.

SCHEDULING: IS IT IMPORTANT? | *continued*



With practice, most people can schedule a twenty-four-hour period and follow it. If you can, you are on your way to gaining control of your life. If you cannot, talk with your therapist about how to increase the structure of your treatment program.

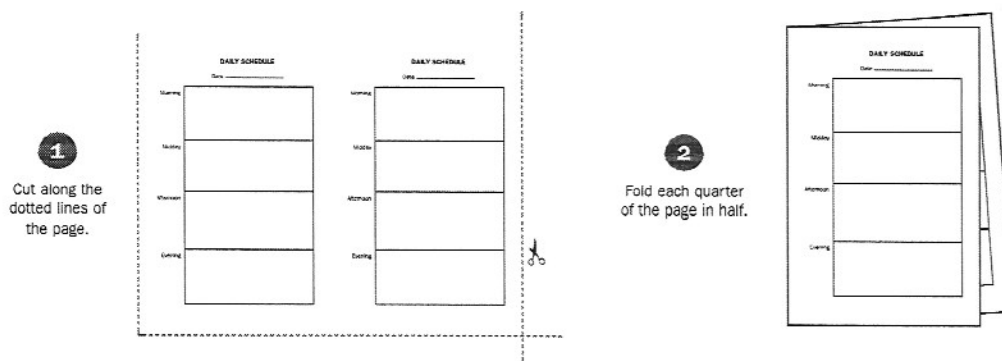
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Block Scheduling Cards: Instructions for Therapist

Some people in early recovery prefer to schedule their day in larger blocks of time, rather than hour by hour. For example, a person who works a full day starting at 8 a.m., then attends a 7 p.m. recovery support meeting, might prefer this approach. With Block Scheduling Cards, each day is planned in four blocks: morning, midday, afternoon, and evening.

To offer this option to your group, first follow these instructions to make Block Scheduling Cards. Each card is a small folder that shows four days. About the size of a credit card, they're easy to carry in a pocket, wallet, or purse. To make the cards, you'll need a photocopier and a pair of scissors. Follow these steps:

- On the next two pages, you'll find layouts of eight small daily schedules with blocks of time marked for morning, midday, afternoon, and evening.
- Photocopy these pages two-sided, so the same layout appears back to back.
- Cut each photocopy along the dotted lines as shown in step 1 below, dividing each sheet into quarters.
- Fold each quarter in half into a small "book" as shown in step 2 below, with one daily schedule on each "page."
- Repeat to make as many four-day schedules as are needed. Each double-sided page makes four cards, covering 16 days. For a 16-week program, each participant will need 28 cards. That's 7 back-to-back sheets, cut and folded.

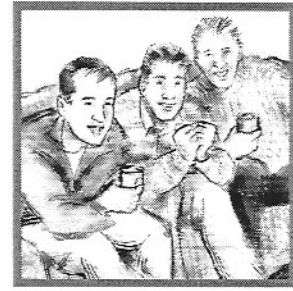


Daily/Hourly Schedule

DATE	DATE	DATE
7:00 am: _____	7:00 am: _____	7:00 am: _____
8:00 am: _____	8:00 am: _____	8:00 am: _____
9:00 am: _____	9:00 am: _____	9:00 am: _____
10:00 am: _____	10:00 am: _____	10:00 am: _____
11:00 am: _____	11:00 am: _____	11:00 am: _____
12:00 noon: _____	12:00 noon: _____	12:00 noon: _____
1:00 pm: _____	1:00 pm: _____	1:00 pm: _____
2:00 pm: _____	2:00 pm: _____	2:00 pm: _____
3:00 pm: _____	3:00 pm: _____	3:00 pm: _____
4:00 pm: _____	4:00 pm: _____	4:00 pm: _____
5:00 pm: _____	5:00 pm: _____	5:00 pm: _____
6:00 pm: _____	6:00 pm: _____	6:00 pm: _____
7:00 pm: _____	7:00 pm: _____	7:00 pm: _____
8:00 pm: _____	8:00 pm: _____	8:00 pm: _____
9:00 pm: _____	9:00 pm: _____	9:00 pm: _____
10:00 pm: _____	10:00 pm: _____	10:00 pm: _____
11:00 pm: _____	11:00 pm: _____	11:00 pm: _____

Notes:

Reminders:



Triggers

Triggers are people, places, objects, feelings, and times that cause cravings. For example, if every Friday night you cash a paycheck, go out with friends, and use alcohol or other drugs, the triggers would be the following:

- Friday night
- After work
- Money
- Friends who use
- The bar or club

Your lower brain associates these triggers with substance use. As a result of constant triggering and using, one trigger can cause you to move toward alcohol and other drug use. The trigger→thought→craving→use cycle feels overwhelming.

An important part of treatment involves stopping the craving process. The first and easiest way to do this is:

1. **Identify the triggers.**
2. **Prevent exposure to triggers whenever possible** (for example, do not handle large amounts of cash if that is a trigger for you).
3. **Deal with triggers in a different way** (for example, schedule exercise and a Twelve Step or community support meeting for Friday nights).

• • •

Remember, triggers will affect your brain and cause cravings even though you have decided to stop using alcohol and other drugs. Your intentions to stop must therefore translate into behavior changes, which steer you clear of possible triggers.

1. What are some of the strongest triggers for you?

2. What particular triggers might be a problem in the near future?

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	

DAILY SCHEDULE

Date _____

Morning	
Midday	
Afternoon	
Evening	



Trigger → Thought → Craving → Use

The Losing Argument

If you decide to stop drinking or using, but then end up moving toward alcohol or other drugs anyway, your brain gives you permission by using a process we call relapse justification. An argument starts inside your head: your rational self versus your addiction. You feel as though you are in a fight, and you must come up with many reasons to stay sober. Your addiction is really just looking for an excuse, a relapse justification. The argument inside you is part of a series of events leading to alcohol and other drug use. How often in the past has your addiction lost this argument?

Thoughts Become Cravings

Craving does not always occur in a straightforward, easily recognized form. Often the thought of using passes through your head with little or no effect. It takes effort to identify and stop a thought. However, allowing yourself to continue thinking about alcohol or other drug use is choosing to start a relapse. The farther the thoughts are allowed to go, the more likely you are to relapse.

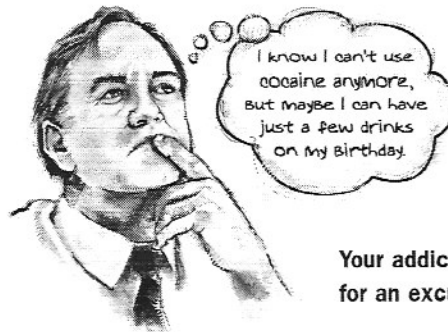
The Automatic Process

During addiction, triggers, thoughts, cravings, and use all seem to run together. However, the usual sequence goes like this:

Trigger → Thought → Craving → Use

Thought Stopping

The key to success in dealing with this process is not to let it get started. Stopping the thought when it first begins prevents it from building into an overpowering craving. It is important to do it as soon as you recognize the thoughts occurring.

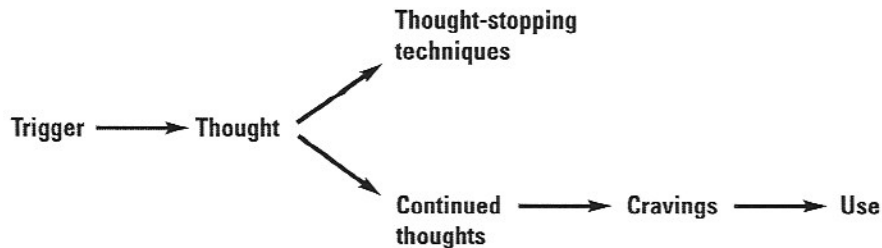


Your addiction is really just looking for an excuse, a relapse justification.

Thought-Stopping Techniques

A New Sequence

To get recovery started, it is necessary to change the trigger-use sequence. Thought stopping provides a tool for breaking the process. The process looks like this:



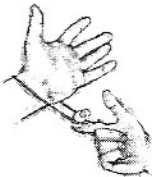
You make a choice. It is not automatic.

Thought-Stopping Techniques

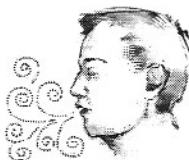
Try the techniques described below and use those that work best for you.



Visualization: Picture a switch or a lever in your mind. Imagine yourself actually moving it from *on* to *off* to stop the thought about alcohol or other drugs. Have another picture ready to replace those thoughts. You may have to change what you are doing to make this switch.



Snapping: Wear a rubber band loosely on your wrist. Each time you become aware that you're thinking about alcohol or other drugs, snap the band and say "no!" to those thoughts. Have another subject ready to think about—one that is meaningful and interesting to you.



Relaxation: Feelings of hollowness, heaviness, and cramping in the stomach may be cravings. These can often be relieved by breathing in deeply (filling your lungs with air) and breathing out slowly. Do this three times. You should be able to feel the tightness leaving your body. Repeat this whenever the feeling returns.

Meditating or praying: Some people find that these are effective forms of thought-stopping.



Call someone: Talking to another person provides an outlet for your feelings and allows you to hear your own thinking process. Have phone numbers of supportive, available people always with you so you can find someone to listen at any time.

...

*Allowing thoughts to develop into cravings is making a choice.
You can choose to stop those thoughts instead.*



External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you used alcohol or other drugs. Place a zero next to the ones in which you never have used alcohol or other drugs.

- | | |
|--|--|
| <input type="checkbox"/> When home alone | <input type="checkbox"/> While cooking |
| <input type="checkbox"/> When home with friends | <input type="checkbox"/> When carrying money |
| <input type="checkbox"/> At a friend's home | <input type="checkbox"/> After going past a dealer's residence |
| <input type="checkbox"/> At parties | <input type="checkbox"/> Texting certain people |
| <input type="checkbox"/> At sporting events | <input type="checkbox"/> Calling friends who use |
| <input type="checkbox"/> At movies | <input type="checkbox"/> When with alcohol or other drug-using friends |
| <input type="checkbox"/> At bars/clubs | <input type="checkbox"/> After going past a liquor store |
| <input type="checkbox"/> At the beach | <input type="checkbox"/> After payday |
| <input type="checkbox"/> At concerts | <input type="checkbox"/> Before going out to dinner |
| <input type="checkbox"/> At the park | <input type="checkbox"/> Before breakfast |
| <input type="checkbox"/> When I gain weight | <input type="checkbox"/> At lunch break |
| <input type="checkbox"/> Before a date | <input type="checkbox"/> While at dinner |
| <input type="checkbox"/> During a date | <input type="checkbox"/> After passing a particular freeway exit |
| <input type="checkbox"/> After seeing the doctor, dentist, or pharmacist | <input type="checkbox"/> While traveling (airports, airplanes, hotels, etc.) |
| <input type="checkbox"/> Near a pharmacy | <input type="checkbox"/> At school |
| <input type="checkbox"/> Before, during, or after sexual activities | <input type="checkbox"/> While driving |
| <input type="checkbox"/> Before work | <input type="checkbox"/> In certain neighborhoods |
| <input type="checkbox"/> During work | <input type="checkbox"/> While Internet browsing |
| <input type="checkbox"/> After work | |
| <input type="checkbox"/> During the weekend | |
| <input type="checkbox"/> Late at night | |

2. List any other settings or activities in which you frequently used alcohol or other drugs.

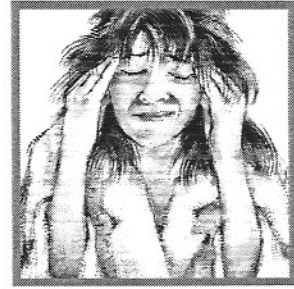
EXTERNAL TRIGGER QUESTIONNAIRE | *continued*

3. List activities or situations in which you would *not* use alcohol or other drugs.

4. List people you could be with and not use alcohol or other drugs.

...





Internal Trigger Questionnaire

1. During recovery, there are often certain feelings or emotions that trigger the brain to think about using alcohol or other drugs. Read the following list of emotions and check which of them might trigger (or used to trigger) thoughts of using for you.

- | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Passionate | <input type="checkbox"/> Irritated |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Criticized | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Neglected | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Excited |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Pressured | <input type="checkbox"/> Jealous |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Depressed | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Insecure | <input type="checkbox"/> Exhausted |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Overwhelmed |

2. I thought about using when I felt . . . (List an emotion not included in the list above.)

3. In the list above, circle the emotional states or feelings that have triggered your use of alcohol or other drugs recently.

4. Has your use in recent weeks/months been

- Primarily tied to emotional conditions?
 Routine and automatic without much emotional triggering?

5. Have there been recent times when you were trying not to use, but a specific change in your mood clearly resulted in your using? (For example, you got in a fight with someone and used in response to getting angry.)

- Yes No

INTERNAL TRIGGER QUESTIONNAIRE | *continued*

If yes, describe:

6. Go back to the Trigger Chart from your previous session and enter your emotional, internal triggers.



Twelve Step Introduction

What Is the Twelve Step Program?

In the 1930s, Alcoholics Anonymous (AA) was founded by two men who were unable to deal with their own alcoholism through psychiatry or medicine. They found there were a number of specific principles that helped people overcome their addictions, and they formed Alcoholics Anonymous (AA) to introduce people with substance use disorders to these principles of self-help. The AA concepts have been adapted for other drug addictions, and even to compulsive behaviors such as gambling, overeating, and compulsive sexual behaviors.



What people with a substance use disorder have found is that talking with “fellows”—people struggling with the same disorder—can provide enormous support and help to one another. For this reason, these groups are called *fellowships*, where participants show concern and support for one another through mutual sharing and understanding.

Do I need to attend Twelve Step meetings?

If outpatient treatment is going to work for you, it is essential to establish a network of support in your community for your recovery. Attending treatment sessions without going to Twelve Step meetings or other appropriate community support groups may produce a temporary effect, but without involvement in self-help programs, it is unlikely you will develop a truly successful recovery. Matrix Model patients should attend at least one Twelve Step or community support meeting per week during their treatment. Many successfully sober people initially go to ninety meetings in ninety days. The more one participates in treatment and Twelve Step or community support meetings, the greater the chance for recovery. Research has shown that people who are in a formal treatment program like the Matrix Model, and also attend community support groups do better in treatment than those who don't attend support groups.

Can I go to CA, AA, MA, CMA, or NA?

Yes. Although each type of meeting focuses somewhat on a different substance (CA focuses on cocaine, AA on alcohol, MA on marijuana, CMA on methamphetamine, and NA on narcotics), the basic principles are the same. Many people with cocaine problems prefer AA for a variety of reasons. The important thing is to feel comfortable and get as much out of the meeting as possible.

TWELVE STEP INTRODUCTION | *continued*

Are all meetings the same?

No. There are different types of Twelve Step meetings: (1) *Speaker meetings* feature a recovering person telling his or her personal story of alcohol and other drug use and recovery. (2) *Topic meetings* have discussions on a specific topic such as fellowship, honesty, acceptance, or patience. Everyone is given a chance to talk, but no one is forced to do so. (3) *Step/Tradition meetings* are special meetings where the Twelve Steps and Twelve Traditions (another component of Twelve Step programs) are discussed. (4) *Big Book meetings* focus on reading a chapter from the book, *Alcoholics Anonymous* (also known as the Big Book), which is often a story about someone's personal experience or a recovery-related topic.

Who can join?

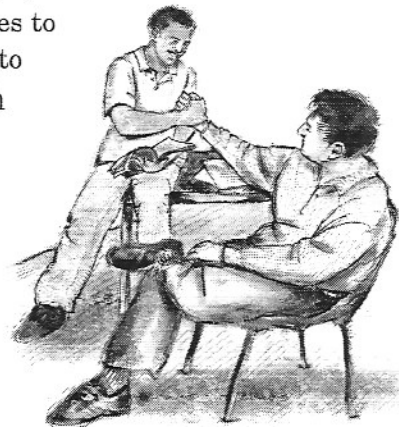
Nobody really "joins" Twelve Step programs. They are not organizations that have dues, leaders, and membership lists. People who have a desire to stop using alcohol or other drugs simply go to meetings.

Are Twelve Step programs religious?

No. None of the Twelve Step programs are religious, but spiritual growth is considered a part of recovery. However, the spiritual choices participants make are very personal and individual. The concept of a Higher Power is discussed, but each person decides what *Higher Power* means to him or her. There are atheists as well as religious people in Twelve Step programs.

How do I find a meeting?

You can search the AA, CA or NA websites, or call these program's phone numbers (found in the phone book) to find out when and where meetings are scheduled. Directories are also available that list meetings by cities, addresses, and meeting times as well as give information about each meeting (who the speaker will be, whether there is a Step study, and whether it is a nonsmoking meeting, a men's or women's meeting, or a LGBTQ meeting, for example). Another way to find a good meeting is to ask someone who goes to Twelve Step meetings. If you are still unsure of how to find a support group in your community, consult with your group co-leader or your therapist.



What Are Twelve Step Sponsors?

The first few weeks and months of recovery can be challenging. Many things may happen that are confusing and frightening. During this difficult period, there will be many times when recovering

TWELVE STEP INTRODUCTION | *continued*

people need to talk about problems and fears. A sponsor can help guide the newcomer through this process.

What do Twelve Step sponsors do?

1. Sponsors help the newcomer by answering questions and explaining the Twelve Step recovery process.
2. Sponsors agree to be available to talk and listen to their sponsees' difficulties and frustrations, and to share their own insights and solutions.
3. Sponsors make recommendations and suggestions for problems their sponsees are having. These recommendations come from their personal experiences with long-term sobriety.
4. Sponsors are people with whom addiction-related secrets and guilty feelings can be easily shared. They agree to keep these secrets confidential and to protect the newcomer's anonymity.
5. Sponsors warn their sponsees when they get off the path of recovery. Sponsors are often the first people to know when their sponsees experience a slip or relapse. Thus, sponsors often push their sponsees to attend more meetings or get appropriate help for problems.
6. Sponsors often give their sponsees guidance in working through the Twelve Steps of AA, CA, NA, and other groups.

How do I choose a sponsor?

Selecting a sponsor is easy. The newcomer simply asks someone to be his or her sponsor. Select a sponsor who seems to be living a healthy and responsible life and who seems to have the kind of healthy recovery you want.

Some general guidelines for selecting a sponsor include the following:

1. A sponsor should have several years of sobriety from all alcohol and other drugs.
2. A sponsor should have a healthy lifestyle and not be struggling with addiction.
3. A sponsor should be an active and regular participant in Twelve Step meetings. Also, a sponsor should be someone who actively "works" the Twelve Steps.
4. A sponsor should be someone to whom you can relate. You may not always agree with your sponsor, but you need to be able to respect your sponsor.

TWELVE STEP INTRODUCTION | *continued*

5. You should choose a sponsor with whom you are not likely to become sexually or romantically interested.
6. Sponsors and sponsees should never engage or be involved in commercial or business activities together.

Alternatives to Twelve Step Programs

There are alternatives to Twelve Step groups that are not based on the concept of a Higher Power. Although these alternatives have different philosophies, they generally offer a self-help approach that focuses on personal responsibility, personal empowerment, and strength through a sober social network. Some of these alternatives might include faith-based recovery, White Bison, SMART Recovery, or other secular recovery groups.

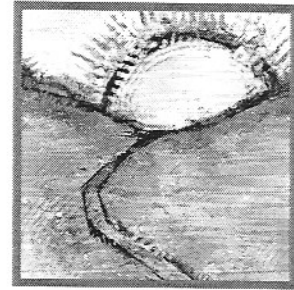
There are also recovery groups within church or temple settings that are based on the faith of the members who attend and specify the Higher Power as God. People who attend these meetings sometimes attend Twelve Step groups at the same time.

Questions for Discussion

1. Have you ever been to a Twelve Step meeting? If so, what was your experience?
2. Do you plan to attend any Twelve Step meetings? If so, where? When?
3. How might you make use of Twelve Step meetings to stop using?
4. Have you ever been involved in another type of community recovery support program? If so, what was your experience?

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Road Map for Recovery

Recovery from alcohol and other drug use

is not a mysterious process. After the substance use stops, the brain goes through a biological readjustment. This readjustment process is essentially a “healing” of the brain chemistry changes that were caused by substance use. It is important for people in recovery to understand why they may experience some physical and emotional changes in their thinking process during the beginning stages of recovery.

The Stages

Withdrawal Stage

During the first days after substance use is stopped, some people experience difficult symptoms. The extent of the symptoms is often related to the amount, frequency, and type of substances used.

For *stimulant users*, the first three to ten days can be accompanied by drug craving, depression, low energy, difficulty sleeping, increased appetite, and difficulty concentrating. Although stimulant users do not experience the same severity of physical symptoms as alcohol users, the psychological symptoms of craving and depression can be quite severe.

People who drink *alcohol* in large amounts usually have the most severe symptoms. These symptoms can include nausea, low energy, anxiety, shakiness, seizures, depression, emotionality, insomnia, irritability, difficulty concentrating, and memory problems. These symptoms typically last three to five days, but they can last up to several weeks. Some people must be hospitalized to detoxify safely.

For *opioid and sedative users*, the seven- to ten-day period of withdrawal (longer for benzodiazepine users) can be physically uncomfortable and may require hospitalization or medication. For people addicted to these substances, it is essential to have a physician closely monitor withdrawal. Along with physical discomfort, many people experience nervousness, insomnia, depression, and difficulty concentrating. Successfully completing withdrawal from these substances is a major achievement in early recovery.

For *marijuana users*, withdrawal symptoms include insomnia, restlessness, loss of appetite, depression, shakiness, and irritability. Marijuana stays in the body longer than most drugs, and withdrawal effects may be subtle and last longer than withdrawal from other drugs.

ROAD MAP FOR RECOVERY | *continued*

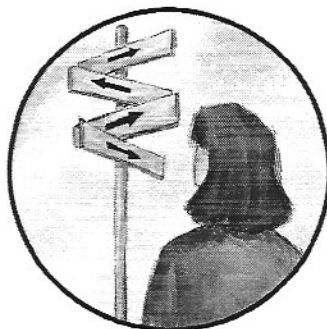
Early Abstinence: Honeymoon

For *stimulant users*, this four- to five-week period is called the honeymoon. Most people feel quite good during this period and often feel “cured.” This period should be used as an opportunity to establish a good foundation for recovery because the honeymoon is not the end of the recovery process. If the energy, enthusiasm, and optimism felt by substance users during this period are directed into recovery activities, it can be tremendously positive for the future success of their recovery effort.

For *alcohol users*, the next four to five weeks is a period where the brain is recovering. This can be a complex period with both “honeymoon” feelings and negative feelings. Thinking may be unclear, concentration may be poor, nervousness and anxiety may be troubling, sleep is often irregular, and, in many ways, life can feel too intense.

For *opioid and sedative users*, there is essentially a gradual normalization during this period. In many ways, the process is similar to the alcohol recovery timetable. Slow, gradual improvement in symptoms is evidence that recovery is progressing.

For *marijuana users*, a strong psychological dependence on the drug is often developed and may result in intense cravings at cessation of use. While symptoms of withdrawal and early abstinence may not be as noticeable with marijuana as with alcohol or some other drugs, it is believed that many people relapse to prevent the occurrence of symptoms. Because marijuana is stored in the body, its effects may be felt for days or weeks following use. Habitual use of this drug interferes with memory, speech, comprehension, and decision-making ability, all of which continue to be noticeably affected during early recovery.



ROAD MAP FOR RECOVERY | *continued*

Protracted Abstinence: “The Wall”

From six weeks to four months after alcohol and other drug use is stopped, a variety of annoying and troublesome symptoms may be experienced. These symptoms are caused by the continuing healing process in the brain. They are experienced mostly as emotional or thinking difficulties. They are often subtle but can affect a patient’s functioning. It is important to be aware that some of the feelings during this period are the result of brain chemistry, and, if alcohol and other drugs are avoided, they will pass. Most common are symptoms of depression, irritability, difficulty concentrating, low energy, and a general lack of enthusiasm. Relapse risk goes up during this period. Patients must focus on staying sober one day at a time. Exercise can help tremendously during this period. For most people with a substance use disorder, completing this phase of recovery is a major achievement. Although the Wall is a difficult stage to go through, it is an indication that the brain is healing.



Readjustment

After 120 days, the brain has substantially recovered. Now the recovering person’s major job is developing a life that includes activities and fulfillment that support continued recovery. Although the difficult start-up of the recovery process is over, hard work is needed to improve and maintain a healthy quality of life.

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Five Common Problems in Early Recovery: New Solutions

Everyone who attempts to stop alcohol and other drug use runs into situations that make it very difficult to maintain sobriety. The following chart lists five of the most common situations encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for dealing with these situations.

PROBLEM	NEW ALTERNATIVE
<p>Using friends and associates</p> <ul style="list-style-type: none"> Continued association with old friends or friends who use can cause triggering. 	<ul style="list-style-type: none"> Try to make new friends at Twelve Step meetings, community support groups, or other spiritual recovery groups. Try new activities that will increase your chances of meeting sober people. Plan activities with sober friends or family members.
<p>Anger or irritability</p> <ul style="list-style-type: none"> Small events can create feelings of anger that seem to preoccupy the thinking process. 	<p>Tell yourself the following:</p> <ul style="list-style-type: none"> Recovery involves a healing of brain chemistry. Moods will be affected; it's a natural part of recovery. Exercise helps. Talking to a therapist or a supportive friend helps.
<p>Alcohol in the home</p> <ul style="list-style-type: none"> Even if you decide to stop drinking, it doesn't mean everyone else in your house will decide to stop. 	<ul style="list-style-type: none"> Get rid of all alcohol and other drugs, if possible. Ask others if they would refrain from drinking and using at home for a while. If you continue to have a problem, consider moving out for a while. Discuss with your therapist.
<p>Boredom or loneliness</p> <ul style="list-style-type: none"> Stopping alcohol or other drug use often means many usual activities and people must be avoided. 	<ul style="list-style-type: none"> Put new activities in your schedule. Go back to activities you enjoyed before your substance use disorder took over. Develop new friends at Twelve Step or other community support meetings. Consider exchanging telephone numbers.

FIVE COMMON PROBLEMS IN EARLY RECOVERY: NEW SOLUTIONS | *continued*

PROBLEM	NEW ALTERNATIVE
<p>Special occasions</p> <ul style="list-style-type: none">• Parties, dinners, business meetings, weddings, holidays, and other events can be difficult without alcohol and other drugs.	<ul style="list-style-type: none">• Have a plan for answering questions about why you are not drinking or using.• Have your own transportation to and from events.• Leave if you get uncomfortable or start feeling deprived.• Bring your own nonalcoholic beverages.

1. Are any of these issues likely to be a problem for you in the next few weeks? If so, which ones?

2. How will you deal with them?

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Try to make new friends at Twelve Step meetings or other spiritual recovery groups.



Alcohol Arguments

Have you been able to stop using alcohol completely? For people addicted to cocaine, methamphetamine, opiates, or prescription drugs, alcohol use is often not seen as a problem. At about six weeks into the recovery process, many people return to alcohol use. Has your lower brain played with the idea? These are some of the most common arguments against stopping the use of alcohol:

“I came here to stop using drugs, not to stop drinking.”

Drug treatment includes stopping alcohol as well as other drug use. It is part of recovery from addiction.

“In the past I’ve drunk and not used drugs, so it shouldn’t make any difference now.”

Drinking over time greatly increases the risk of relapse. A single drink does not necessarily cause relapse any more than a single cigarette causes lung cancer. However, with continued drinking, the risks of relapse are greatly increased.

“Drinking actually helps. When I have cravings, a drink calms me down and the craving goes away.”

Alcohol interferes with the chemical healing in the brain. Continued alcohol use eventually intensifies cravings, even if one drink seems to reduce cravings.

“I’m not an alcoholic, so why do I need to stop drinking?”

If you’re not addicted to alcohol, you should have no problem stopping alcohol use. If you can’t stop, maybe alcohol is more of a problem than you realize.

“I’m never going to use drugs again, but I’m not sure I’ll never drink again.”

Make a commitment to total abstinence and choose a period of time that feels comfortable to you. Give yourself the chance to make a decision about alcohol with a drug-free brain. If you reject alcohol abstinence because “forever” scares you, then you’re justifying drinking now and risking a relapse.

ALCOHOL ARGUMENTS | *continued*

Answer the following questions:

1. Has your lower brain presented you with other justifications for drinking alcohol?
(If yes, what are they?)

2. How are you planning to deal with alcohol issues in the future?

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Thoughts, Emotions, and Behavior

Addiction changes the way people think, how they feel, and how they behave. How do these changes affect the recovery process?

Thoughts

Thoughts happen in the rational part of the brain. They are like pictures on the TV screen of the mind. Thoughts can be controlled. As you become aware of your thoughts, you can learn to change channels in your brain. Learning to turn off thoughts of substance use is a very important part of the recovery process. It is not easy to become aware of your thinking and to learn to control the process, but with practice it gets easier.

Emotions

Emotions are feelings. Happiness, sadness, anger, and fear are some basic emotions. Feelings cannot be controlled, and they are neither good nor bad. It is important to be aware of your feelings. Talking to family members, friends, or a therapist can help you recognize how you feel. Some feelings are more pleasant than others, but it is normal to have all kinds of emotions. Alcohol and other drugs can change your emotions by changing the way your brain works. During recovery, emotions are often still mixed up. Sometimes you feel irritated for no reason or great even though nothing wonderful has happened. It is difficult to control or choose your feelings, but you can control what you do about them.

Behavior

What you do is called behavior. Work is behavior. Play is behavior. Going to treatment is behavior, and using alcohol and other drugs is behavior. Behavior can result from an emotion, from a thought, or from a combination of both. A substance use disorder can flood your thoughts and push your emotions toward alcohol or other drug use. This very powerful, automatic process has to be brought back under control for recovery to occur. Structuring your time, attending recovery meetings, and engaging in new activities are all ways of regaining control. The goal in recovery is to learn how to manage both your thinking and feeling self and behave in ways that are best for you and your life.

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Addictive Behavior

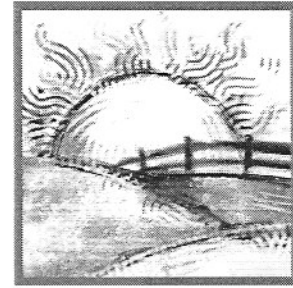
As alcohol and other drug use increases, the user tries to keep normal life under control. This often gets harder and harder. Finally, the user does desperate things to try to continue to appear normal. Sometimes these behaviors *only* occur when people are using or moving toward using. Learning to recognize when one or more of these behaviors is beginning to happen will help you know when to start fighting extra hard to move away from relapse.

**Which of these behaviors do you think are related to your substance use?
Check all that apply.**

- Lying
- Stealing
- Being irresponsible (not meeting family/work commitments)
- Being unreliable (being late for appointments, breaking promises, and so on)
- Being careless about health and grooming (wearing “using” clothes, stopping exercise, eating a poor diet, having a messy appearance)
- Getting sloppy in housekeeping
- Behaving impulsively (without thinking)
- Behaving compulsively (too much eating, working, sex)
- Changing work habits (working more, less, or not at all; changing jobs; changing hours)
- Losing interest in things (recreational activities, family life)
- Isolating (staying by yourself much of the time)
- Missing or being late for treatment
- Using substances other than the one that was most problematic for you.
- Increasing, decreasing, or stopping the use of prescribed medications without a physician’s direction.
- Other (list) _____

What are the actions / behaviors you are doing that are moving you forward in your recovery?

It’s important to recognize when you’re moving *back* toward substance use and when you’re moving *forward* in your recovery.



Twelve Step Tips

Alcoholics Anonymous has developed some short sayings that help people in their day-to-day efforts to stay sober. These concepts are often useful tools in learning how to establish sobriety. Anyone in recovery can benefit from them.

One Day at a Time

This is a key concept in staying sober. Don't obsess about staying sober forever; just focus on today.

Turn It Over

Sometimes people in recovery jeopardize their progress by tackling problems that cannot be solved. Finding a way to let go of certain issues so you can focus on staying sober is a very important skill.

Keep It Simple

Learning to stay sober can get complicated and seem overwhelming if you let it. In fact, there are some very simple concepts involved. Don't make this process difficult. Keep it simple.

Take What You Need and Leave the Rest

Not everyone benefits from every part of recovery meetings. It is not a perfect program. However, if you focus on the parts you find useful rather than on the ones that bother you, you will probably find the program has something for you.

Bring Your Body, the Mind Will Follow

The most important aspect of recovery programs is attending the meetings. It takes a while to feel completely comfortable. Try different meetings, try to meet people, read the materials—just go and keep going.

HALT

This acronym is familiar to people in recovery programs. It is a shorthand way of reminding recovering people that they are especially vulnerable to relapse when they are too hungry, angry, lonely, or tired.

Hungry

Angry

Lonely

Tired

TWELVE STEP TIPS | *continued*

Hungry: When people are using, they often neglect their own nutritional needs. Recovering people need to relearn the importance of eating regularly. Being hungry can cause changes in body chemistry that make people less able to control or defend themselves from relapse. Often the person feels anxious and irritable but doesn't associate the feelings with hunger. Eating regularly increases emotional stability.

Angry: This emotional state is probably the most common cause of relapse to substance use. Learning to deal with anger in a healthy way is difficult for many people. It is not healthy to act out anger with no regard for consequences. Nor is it healthy to hold it in and try to pretend it doesn't exist. Talking about anger-producing situations and how to handle them is an important part of recovery.

Lonely: Recovery is often a lonely process. Relationships have sometimes been lost because of the addictive process. Some are regained; many are not. People with substance use disorders may have to give up friends who drink and use when they enter recovery. The feelings of loneliness are real and painful. They make people more vulnerable to relapse.

Tired: Sleep disorders are often a part of early recovery. Frequently, recovering people have to give up medicinal sleep aids they used in the past. Being tired is often a trigger for relapse. Feeling exhausted and low on energy leaves people very vulnerable and unable to function in a healthy way.

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1. How often do you find yourself in one or more of these emotional states?

2. What could you do differently to avoid being so vulnerable?
