CREATING A RELAPSE PREVENTION PLAN TO HELP BUILD THE SKILLS NECESSARY TO ABSTAIN FROM SUBSTANCE USE

by

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The procedures in this staff training manual are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
DEDICATION

This thesis is dedicated to my mom who has provided me with continuous support and encouragement through my journey in post secondary.
ABSTRACT

In 2011, 21.6 million Americans needed treatment for a problem related to drugs or alcohol, but only 2.3 million people received treatment (National Institute on Drug Abuse, 2011). Substance abuse is a disease that affects everyone around the individual who has substance dependence. By providing the substance dependent individuals with the tools needed to create a relapse prevention plan, those with substance dependence have a better chance of abstaining from substance use. The product of this thesis was the creation of a facilitator manual for a 13-week relapse prevention group. The “Learning How to Create A Relapse Prevention Plan” was created to aid facilitators in presenting material on how to create a relapse prevention plan within treatment facilities or as out patient treatment. The information gathered for the manual was collected through multiple avenues: the agency staff, through relevant published e-journals, clinical practice sites, and relevant books. Information was also gathered from best practices in the addictions field and from the review of the literature. The manual outlines nine core components identified within the literature. The components of the manual include: meditation, self-monitoring, self-efficacy, coping strategies, establishing and maintaining boundaries, identifying and managing risky thinking and high-risk situations, creating a high-risk map, identifying warning signs of relapse, and discovering a higher power/ spirituality. The program outlined in the manual could not be implemented, and therefore no outcome data (e.g., feedback on the sessions themselves, efficacy of the program as a whole) was collected; in order to ensure that the manual is effective and beneficial, it is recommended that the program outlined in the manual be run as a pilot program.
ACKNOWLEDGEMENTS

I would like to thank a few people who were involved in the creating of this thesis and who contributed to my journey in the BPSYC program.

Looking back on first year and I remember hearing about the “thesis” and it’s pretty much “eat, sleep, breathe thesis” during your fourth year. It seemed like light years away when you’re in first year. Next thing I know, I am meeting my thesis supervisor (Susan Meyers) and I am in my final year. I would like to thank Susan Meyers for all the guidance in creating my manual and thesis, and for also giving me that extra push when I thought I never wanted to edit another document again.

To my mom and sister, who listened to my late night phone calls and gave continuous support and guidance throughout the years, especially during the creation of my thesis and manual. I am forever grateful for all your support and encouragement to never give up, it will never be forgotten.
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Chapter I: Introduction

The American Psychiatric Association (1994) states that drug addiction or substance dependence is a major burden to the individual who is addicted, to those around them, as well as to society as a whole. It is increasingly seen as a chronic, often relapsing brain disease that is mainly characterized by compulsive drug seeking and has impairments in social & occupational functioning. In 2002, substance abuse in Canada cost roughly $40 billion and resulted in tens of thousands of deaths, hundred of thousands of years of productive life lost, and millions of days spent in the hospital (Canadian Center on Substance Abuse, 2011). In North America, between the years 2007-2009, there were roughly 45,000 lives lost due to substance use (United Nations Office on Drugs and Crime, 2012). The 2012 World Drug Report indicates that there are 230 million people in the world that are substance dependent. The above statistics indicate that substance abuse is detrimental to society and to the lives of the people that are substance dependent.

Many people start the process of living a sober life but find it very hard to maintain abstinence. Although many receive treatment and continue seeking help, recovery is not an easy battle, and many fall back into using substances. For those that are in recovery or trying to get into recovery, the use of a relapse prevention plan plays a major role in their life. A relapse prevention plan is an outline of the major areas that one needs to have under control to help keep that individual in recovery. A relapse prevention plan can consist of knowing the warning signs of relapse and how to deal with them, having a structured daily plan to be with people supportive to recovery, managing cravings, managing stress, and identifying high-risk situations and how to deal with them (Alberta Health Services, 2012).

Currently, it appears that there is a need for a program that focuses on creating a relapse prevention plan for those with substance dependence. By providing individuals with a Relapse Prevention Plan Program, it will hopefully help aid them in living an abstinent lifestyle.

Overview

The following chapters of this thesis provide the reader with information on relevant topics related to the thesis. A review of empirically supported data on components of a relapse prevention plan is provided in the Literature Review (Chapter II). Topics covered are: relapse prevention, stress management through meditation and relaxation, addressing cravings, increasing coping skills, increasing motivation, and using spirituality and religion. The structure and major components for the facilitator’s manual for the 13 week program is outlined in the Method section (Chapter III), and the Results section (Chapter IV) will outline the overall manual’s content. Additionally, a Discussion section (Chapter V) outlines the strengths and limitations of the manual, implications and contributions for the behavioural psychology field, recommendations for future research, summary of overall thesis, description of original contribution, and importance of project placed in context of current literature. Finally, the Relapse Prevention Manual itself can be found in the appendices.
Chapter II: Literature Review

Addiction is a chronic relapsing brain disease. It causes compulsive drug seeking behaviour and although there are many consequences, those with an addiction struggle to maintain an abstinence lifestyle (National Institute on Drug Abuse, 2011). For many people, the decision to use drugs is voluntary, but as the person continues to use, their ability to stop using and resist the urge and impulse associated with substances becomes ultimately impossible. Most of society is unable to understand why or how one can become addicted to drugs or alcohol with all the negative consequences associated with them. Most of society believes that those with a substance abuse lack the willpower and morals to stop using, but in reality, addiction is a disease that affects many parts of one’s life, and abstaining from substance use requires more than good will (National Institute on Drug Abuse, 2011).

When people think about someone with an “addiction,” the majority of people in society have a pre-conceived notion that those with substance abuse problems are a certain race, gender, or have a certain job. This stereotype has been shown many times to not be true; addiction affects everyone and does not discriminate. Addiction, as defined by one online dictionary, is “the state of being enslaved by a habit or practice or to something that is psychologically or physically habit-forming, as narcotics, to such an extent that its cessation causes severe trauma” (“Addiction,” 2013). It is nearly impossible to work a recovery program halfway; it is an all or nothing program. Addiction affects every aspect of a person’s life and moving past it requires life-long changes.

Deciding to abstain from substance use is a life long battle for many in recovery. Choosing abstinence is a program that one implements throughout their entire life. Abstinence is defined by an online dictionary as “the act or practice of refraining from indulgence in an appetite, as for certain foods, drink, alcoholic beverages, drugs or sex” (“Abstinence,” 2013).

There are many treatments offered in Ontario for those who want to achieve abstinence; government-funded treatment programs in Ontario are all abstinence-based programs. Types of treatments are:

- Residential/community withdrawal management services: assistance with voluntary withdrawal from alcohol and or drugs. Care is provided in a withdrawal management center (detoxification).
- Residential supportive treatment:
  - Level 1: housing and recovery/support services. Programs run in a residential treatment facility can include: 12-step work, cognitive behavioural therapy, motivational interviewing, coaching for activities
  - Level 2: Housing and accommodation in a drug & alcohol free setting. Services are not offered onsite.
- Community Treatment: meet at least 3 days a week for 2-4 hours a day, major focus is on relapse prevention. Programs run in an intensive outpatient program can include: cognitive behavioural treatment, motivational interviewing, and motivational incentives. (Ontario Substance Abuse Bureau, 2000)
• Community Medical/Psychiatric Treatment: non-residential treatment that works with clients who have a concurrent disorder. This type of treatment can be structured during the day or evening at a community treatment facility.

Relapse Prevention

Relapse Prevention (RP), as defined by Marlatt and Gordon (1985), is a program that uses behavioural skills training, cognitive interventions, and lifestyle change procedures. The goal of RP is to teach individuals how to prepare for and cope with a relapse. Stalcup, Christian, Stalcup, Brown and Galloway (2006) identified addiction as a disease of the pleasure-producing part of the brain. It has four components: loss of control over pleasurable activities, continued use despite adverse consequences, craving (desire to use) and denial (distortions in thinking that protects drug use). Many addicts believe that they will be able to get their addiction under control and use at the recreational level again. This thinking is part of the denial that their addiction is not detrimental to their health and overall quality of life. Stalcup et al. (2006) state that drugs damage the users’ ability to experience normal pleasure and that they are unable to receive joy from daily life activities. For those with substance dependence, sobriety itself becomes unpleasant and dysfunctional, and the risk of relapse is significantly heightened.

Gonzales, Anglin, Beattie, Ong, and Glik (2012) conducted a study to determine why youth and adults were relapsing. They discovered that 90% of participants stated that emotional reasons were why they relapsed (“feeling unable to cope with negative emotions without drugs”); the second most frequent reason given was life stressors (85% of participants stated this as their reason with statements such as “to get away from life stressors”, “to take the stress away”); the third most frequent reason given was cognitive factors 75% (“poor motivation”, “cravings”, “urges”, “low confidence”), the fourth most frequent reason (65%) given was socialization processes, “social networks” and “social norms”); and the last category of responses given (55%) was environmental issues (“access”, “availability”, “cues”, and “triggers”). Gonzales et al. (2012) stated that identifying and dealing with these five core issues were key to preventing relapse.

When identifying the cognitive factors that lead to relapse, understanding motivation to change, cravings/urges, and confidence (self-efficacy) is important. Participants in the study done by Gonzales et al. (2012) stated that they lacked confidence in abstaining from drugs due to life stressors, social cues, and triggers; this points out the importance of stress management.

Addressing Cravings

Stalcup et al., (2006) reviewed the Craving Identification Model (CIM). The CIM model uses feedback from clients to see what has worked in the past for them to achieve and maintain sobriety. For many addicts, relapse occurs when their cravings overpower their tools and strategies of relapse prevention. Cravings, defined by Stalcup et al. (2006) and Levy (2008), are the desire to use. Cravings can elicit feelings of anger, frustration, anxiety, depression, mood swings, and feeling of entitlement (Levy, 2008).
The CIM model follows four principles: A) addicted people relapse because of loss of control over craving; B) craving is caused by four general factors: environmental cues, stress, mental illness, and drug withdrawal symptoms; C) the causes of craving can be predicted, recognized, and analyzed; and D) cravings can be managed with the use of a recovery program (Stalcup et al., 2006). The CIM model combines several treatment methods - control of exposure to environmental cues, establishment of a daily schedule, the use of behaviours that dissipate craving (tools) and treatment of mental health and withdrawal symptoms (use of medication where appropriate). The CIM model identifies tools that help to relieve cravings - exercise, talk, meditation, yoga, and relaxation exercises are among a few.

**Stress management through meditation and relaxation**

Dealing with and managing stress can be handled by many approaches. One of these approaches is meditation. Li, Chen and Mo (2002) introduced qigong meditation in a detoxification center for heroin addicts. Qigong is a type of meditation that is derived from ancient Chinese health practices. It is believed to have therapeutic effects that help to cleanse the body of toxins, restore energy balance, and reduce stress and anxiety which ultimately leads the individual to maintain a healthy and active lifestyle. Li et al. (2002) found that using qigong with heroin addicts accelerated body detoxification, relieved withdrawal symptoms, and reduced anxiety symptoms. They stated that the qigong group showed a more rapid reducing in symptom withdrawal than the other two control groups (medication and no treatment control group). It was hypothesized that Qigong would be effective with this type of population since drug addiction is a brain disorder. It was found that qigong is associated with increased blood flow to the brain, and increased oxygen metabolism in the body. The qigong group’s mean score of symptoms at day one of treatment was significantly lower than in other groups. By day seven, the 34 participants reported no withdrawal symptoms; the other two groups still reported withdrawal symptoms at day 10. Qigong also reduced subjects’ sleeping difficulty. Treatment staff reported that, on average, clients had difficulty sleeping for 10-15 days upon entering treatment. The subjects that were assigned to the qigong group reported minimal sleeping difficulties two to three days after practicing qigong. Medical records identified that, after six days, 67% of subjects in the qigong group who started the program with no sleep were getting five or more hours per night after participating in qigong.

Chen, Comerford, Shinnick, and Ziedonis (2010) introduced qigong into a residential addiction treatment facility and found that the meditation group reported more reduction of cravings in week one and two compared to a stress management and relaxation training group. The authors stated that both groups did, however, show a significant decrease in sleep problems, anxiety, depression, and withdrawal symptoms during treatment. Chen et al. (2010) and Li et al. (2002) have both shown that the use of qigong contributes to success in treatment outcome in the addictions field.

Chen et al., (2009) found that using progressive muscle relaxation with clients with schizophrenia also to be very effective in reducing anxiety. Progressive muscle relaxation training (PMRT) allows participants to be in a relaxed state of mind while being aware of their stress. Chen et al., (2009) compared the differences in anxiety between two groups: the intervention group (PMRT) and the control group. The PMRT group received relaxation training
once per day for 11 days where as the control group received a placebo intervention. The placebo intervention consisted of the participants being led to a therapy chair in the same therapy room at the same time each morning but with no other intervention given. Results for this study showed that those in the PMRT group had significant lower anxiety scores compared to the control group 11 days after the intervention.

The use of meditation has been shown to be effective within many populations in helping to reduce stress and anxiety. The use of meditation and relaxation has also been shown to be very effective in helping those with substance abuse as stated in the studies done by Li et al. (2002) and Chen et al. (2010). Studies conducted on Qigong and those with substance abuse have been shown to be effective in decreasing many symptoms that accompany substance abuse. There are many types of mediation and relaxation skills that are applicable to those with substance abuse but for this literature review only Qigong and Progressive Muscle Relaxation were focused on due to the fact that they were most similar to the types of relaxation being used at the agency.

Increasing Coping Skills

Annis, Schober, and Kelly (1996) indicated that coping skills are important tools to have when creating a relapse prevention plan. Annis et al. (1996) discuss the five stages of change and meeting clients where they are at in recovery. Clients progress through five stages throughout treatment and recovery:

1- pre-contemplation stage: client has been engaged in drinking during the last 30 days and is not considering quitting or adopting reduced drinking limits within the next 30 days,
2- contemplation stage: has been engaged in drinking during the last 30 days but is considering quitting or adopting reduced drinking limits within the next 30 days,
3- preparation stage: client has engaged in drinking during the last 30 days but followed through on at least one quit attempt or one attempt to adopt reduced drinking limits,
4- action stage: client has been continuously abstinent from alcohol during the last 30 days or has successfully adhered to reduced drinking limits during the last 30 days, and
5- maintenance: client has been continuously abstinent from alcohol for more than the last 60 days or has successfully adhered to reduced drinking limits for more than the last 60 days (Annis et al., p.38).

Clients in the action stage were encouraged to use avoidance and social support as coping strategies; clients in the maintenance stage were encouraged to decrease their reliance on external supports (a certain person, medication, or activity) in order to promote self-attribution of control. Clients in the maintenance stage also were encouraged to develop a wide range of coping skills with the use of cognitive and behavioural responses (Annis et al., 1996). To help clients identify triggers and identify how they will cope with triggers, a worksheet was given that was completed weekly. The work sheet allowed clients to identify and describe their trigger and how they can use coping strategies to maintain abstinence.
Stein and Lebeau-Craven (2002), implemented a relapse prevention program that followed the work of Marlatt and Gordon (1985). Homework and handouts were given after each session. Stein and Lebeau-Craven implemented sessions that focused on problematic situations, identifying and coping with specific high-risk situations, and balancing their lifestyle. Group sessions were also implemented and showed that this enhanced motivation to change to build self-efficacy. The results of this study also showed that 32% of clients stated that they benefited from the specific coping skills and that it would aid in their recovery. Sixteen percent also noted a sense of self-reliance or hope in regards to the program. Significant improvements were noted in the clients’ coping skills from pre-test to post-test on recognizing signs of relapse others might notice.

Rohsenow, Monti, Martin, Michalec, & Abrams (2000) also implemented a coping skills training (CST) program which focused on coping with situations that pose a high risk for relapse, frustration, anger, negative feelings, assertiveness skills, social pressure to use, internal pressure from urges, and enhancing positive moods. Although this study was conducted with subjects that were still actively using, results showed that the subjects in only the CST condition maintained a lower frequency of use over a longer period of time than the other conditions (35% at the 3-4 month follow up compared to the 50% in a meditation-relaxation training group at the 3-4 month follow up, compared to 100% at the beginning of treatment). This shows that CST is an effective way to reduce substance use with the use of coping skills.

Rohsenow et al., (2003) conducted a study to determine if the use of Motivational Interviewing (discussed below) and CST reduced the likelihood of relapse and found that CST reduced cocaine and alcohol use for women but only reduced alcohol relapse for men. Subjects in the motivational enhancement treatment (MET) group with lower initial motivation to change reported less cocaine and alcohol use days than subjects in the MET group with higher initial motivation. This finding suggests that the use of MET may only be applicable to clients who show low motivation to change.

Overall, it has shown that increasing a client’s coping skills can aid greatly in creating a relapse prevention plan for those with substance abuse. Increasing coping skills with the use of homework assignments and by providing them with assignments that will prepare them for problematic situations will help increase their opportunity to maintain an abstinent lifestyle.

**Increasing Motivation**

Motivational interviewing (MI) can be used within the five stages of change to help client’s progress through the stages and to help them identify their issues. Motivational Interviewing (Miller & Rollnick, 1991) is a method used to help clients build commitment and ultimately reach a decision to change. MI is very important with those in the early stages of change. MI allows clients to identify their goals and values and make progress to change the behaviours (Stein & Lebeau-Craven, 2002).

The use of MI and cognitive behavioural coping skills training combination could increase the skills needed for substance abusers (Stein & Lebeau-Craven, 2002). In a study done
by Stein and Lebeau-Craven (2002) they stated that clients may be unmotivated to change and that with the use of MI they are able to create discrepancy between their behaviour and their goals. In a study done by Moyers and Houck (2011), the authors implemented motivational interviewing with cognitive behavioural treatments. Their study found that the MI/CBT condition showed higher outcomes compared to a stand-alone MI condition.

**Using Spirituality and Religion**

Many treatment programs for substance use involve the 12-step Alcoholic Anonymous (AA) program. Twelve-step programs emphasize that recovery is driven by surrendering control of one’s life to “God” (Alcoholic Anonymous World Services, 1981; Roman & Blum, 1999, as cited in Neff & MacMaster, 2005). The AA 12-step program remains one of the most common substance abuse treatment modalities. The AA model is based on spiritual principles that are about surrendering to a higher power and cognitive and behavioural rituals (e.g., going to meetings, working the steps, reading the big book, getting a sponsor). White (1998; as cited in Neff & MacMaster, 2005) states that while the steps place heavy weight on the spiritual aspect, AA also heavily weighs behavioural rituals and social process.

Research has shown that religion is associated with lower levels of substance use and abuse (Gorsuch and Butler, 1976; Kendler, Gardner, Prescott, 1997). The 12-step program was determined by Project Match to be more effective in achieving complete abstinence than CBT based treatments (Project MATCH Research Group, 1997). Project Match was a clinical trial that tested the hypothesis that alcoholism treatment outcomes can be improved by matching subgroups of patients to treatments. Project Match had three subgroups- Twelve-Step Facilitation Therapy, Cognitive Behavioural Coping Skills Therapy, and Motivational Enhancement Therapy (Project MATCH Research Group, 1997). Clients who participated in Project MATCH as aftercare in the Twelve-Step Facilitation group fared better than those who participated as outpatients. It was found that, one year after treatment, 46% of aftercare clients in the Twelve-Step Facilitation group were abstaining completely, and 7% of clients were drinking at reduced rates without problems (Project MATCH Research Group, 1997). Also, a study done by Piderman, Schneekloth, Pankratx, Stevens, and Altchuler (2008) found that three weeks of spiritual practices were positively associated with abstinence and self-efficacy at the time of discharge. These studies indicate that the use of spirituality can greatly increase individuals’ chances of abstaining from substances.

Given the above information, the literature has shown that creating a relapse prevention program with the proper tools has the potential to be effective in helping participants abstain from substance use. Creating a relapse prevention program that incorporates the use of motivational interviewing, coping skills training, stress management training though the use of meditation, and the use of spirituality and religion should be effective in aiding participants to reduce substance use and help them prepare to confront relapse. The following Relapse Prevention Program manual incorporated all of the above areas.
CHAPTER III: Methodology

A relapse prevention program manual (Appendix A) was designed for counselors in addictions programs to use in conjunction with their current programs. The manual was created by using best practices that have shown to be effective within the field of addictions. The manual’s sessions were created to be able to allow participants to practice and implement the skills taught.

In order to create the manual, the student researched and gathered best practices, as well as using resources collected from within the agency in which she was doing a placement. The student also gathered information from addiction-related books and through relevant internet websites. The manual was designed to provide the facilitator with the content for each of the 13 sessions, including topics to be covered, group exercises, handouts to be used, and homework assignments to be given.

The manual was designed to help participants identify their environmental cues and triggers for substance use, establish and monitor goals and objectives, establish and maintain boundaries, and learn coping skills. The manual was developed to aid in helping the participant learn how to find a support person/network. It outlined the skills and tools necessary to resist urges and cravings, identify healthy leisure skills, build positive relationships. The manual also consisted of ways of dealing with stress and managing it with the use of meditation.

The sessions were created with both men and women in mind, and all sessions were deemed appropriate for those 18 years of age and older. As for the delivery of the program, the information provided in each session was for participants who are substance dependent and/or alcohol dependent. A manual that focused on abstinence was chosen over other focuses of treatment (e.g. harm reduction) due to the fact that all provincially funded residential programs are based on an abstinence model (Ontario Substance Abuse Bureau, 2000).

Delivering the manual should be done in a group setting with a maximum of 20 participants. A group setting allows the participants to see how other participants use different strategies to manage their addiction. Take home assignments were designed to be assigned at the end of each session and be reviewed at the next-scheduled session. The counsellor could also give verbal and/or written feedback on the progress of the individual.

Table 1 below provides an outline of the sessions contained in the manual, their content, and homework to be assigned within each session. The creation of the manual would best be used within an outpatient closed group setting. Although this manual can be used within an open group setting, the sessions would have to be modified to match where clients are at in their recovery. The facilitator should have knowledge in the addictions field and be able to run a group with little or no supervision. The facilitator should be comfortable running multiple styles of meditation and be open to the differences of men and women in treatment.
| Session One | Overview of program  
|             | Ice breaker  
|             | Establishing group rules  
|             | Relaxation introduction & deep breathing exercise  
|             | Explanation of survey & distribution  
| Session Two | Reading of the day from N.A  
|             | (2nd ed.). Center Cirt, Minn.: Hazelden  
|             | Calm Breathing exercise  
|             | Review of questionnaire  
|             | Self-monitoring and self-efficacy  
|             | Take home assignment: Create a long-term and a short-term goal using the sheet provided.  
| Session Three | Reading of the day  
|             | Deep Breathing Exercise  
|             | Take home assignment review  
|             | Coping Strategies- Social Skills Training  
|             | Take home assignment: Finish the questions in the social skills workbook, and practice using one of the skills taught in today’s session. Write out how it went.  
| Session Four | Reading of the day  
|             | Progressive Muscle Relaxation  
|             | Take home assignment review  
|             | Coping strategies- Coping with Cravings  
|             | Take home assignment: Practice using a coping strategy taught in today’s session  
| Session Five | Reading of the day  
|             | Progressive Muscle Relaxation  
|             | Take home assignment review  
|             | Establishing and maintaining boundaries  
|             | Take home assignment on boundary setting, weekly craving  

<table>
<thead>
<tr>
<th>Session</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Six</td>
<td>Reading of the day, Progressive Muscle Relaxation, Take home assignment review, Introduce risky thinking and harmful beliefs, Take home assignment: Identification of some of risking thinking and harmful beliefs</td>
</tr>
<tr>
<td>Session Seven</td>
<td>Reading of the day, Qigong Meditation, Take home assignment review, Identifying high risk situations and how to deal with them, Take home assignment: Identify a high risk situation and how you used to deal with it and how you would deal with it now</td>
</tr>
<tr>
<td>Session Eight</td>
<td>Reading of the day, Qigong Meditation, Take home assignment review, High-Risk Map planning, Take home assignment: Complete your high-risk map</td>
</tr>
<tr>
<td>Session Nine</td>
<td>Reading of the day, Qigong Meditation, Take home assignment review, Identifying a support person/network, Take home assignments: Plan for seeking support</td>
</tr>
<tr>
<td>Session Ten</td>
<td>Reading of the day, Walking Meditation, Take home assignment review, Identifying warning sign of relapse, Take home assignment: Relapse intervention</td>
</tr>
<tr>
<td>Session Eleven</td>
<td>Reading of the day, Walking Meditation, Take home assignment review, Higher power &amp; Spirituality, Creating your Mandala, Take home assignment: Complete your Mandala</td>
</tr>
</tbody>
</table>
| Session Twelve       | Reading of the day  
|                     | Visualization Meditation  
|                     | Take home assignment review of Mandala & paragraph  
|                     | Creating a Relapse Prevention Plan  
|                     | Take home assignment: Complete your Relapse Prevention plan |
| Session Thirteen    | Reading of the day  
|                     | Visualization Meditation  
|                     | Review Relapse Prevention Plans  
|                     | Schedule time for individual review of RPPs  
|                     | Ending ceremony  
|                     | Celebration! |
Chapter IV: Results

Final Product

The final product of this thesis was the creation of a facilitator manual for a 13-week relapse prevention group (Appendix A). The manual focused on meditation, self-monitoring, self-efficacy, coping strategies, establishing and maintaining boundaries, identifying and managing risky thinking and high-risk situations, creating a high-risk map, identifying warning signs of relapse, and discovering a higher power/spirituality. An outline of the sessions can be reviewed in Table 1 above. This manual may act as a resource for a closed outpatient group or treatment facility group.

Feedback Received

The facilitator manual was reviewed by staff members and the executive director of a long-term, residential treatment facility, Brock Cottage (Brockville, Ontario), to ensure that the manual met specific requirements. These requirements included: exercises and handouts that were written in a manner that all participants would be able to understand (use of simple language, providing examples). Another requirement for the manual was to include information that was necessary for to creating a relapse prevention plan. Verbal feedback from the agency indicated that the manual’s layout, the information provided, and the exercises were suitable for the addiction field. The agency’s staff members did suggest some minor changes to the manual. Changes to the manual included grammar, spelling, use of wording, and modification to exercises to make them more applicable to those in recovery.

Changes to the manual

Based on the staff members’ feedback, changes to the manual were made as noted above. Also, the original plan for the manual included other sessions, but due to time constraints for the creation of the manual, the core components that would form the basis of the manual excluded some of these sessions. The core components were selected with the assistance of the agency supervisors as well as through review of best practices within the addictions field. The sessions that were excluded from the final product were “learning how to have better relationships” as well as extra sessions that would have been used as a review of material on an as needed basis. “Learning how to have better relationships” was partially included within the establishing and maintaining boundaries session (Session 5). The extra sessions that would have been used to review material learned in previous session were modified to have participants discuss this information individually with the facilitator should they have any concerns regarding an exercise. It was also noted that the manual would work best with closed group, but with some modification, the sessions could be implemented with an open group.
Chapter V: Discussion

Summary of Overall Thesis

The aim of this thesis was to create a manual for a closed group addictions relapse prevention program. The following areas were identified as important in improving the lives of those with substance abuse difficulties: meditation as a form of relaxation and self-calming, self-monitoring, self-efficacy, coping strategies, establishing and maintaining boundaries, identifying and managing risky thinking and high-risk situations, avoiding areas that present high risk, identifying warning signs of relapse, and discovering a higher power/spirituality. These areas were chosen with the assistance of the student’s placement agency supervisor and best practices in the addiction field. The current literature guided the creation of particular sessions for this relapse prevention program.

The information gathered for the manual was collected through multiple avenues. The student received information from the agency staff, through relevant online resources, and from addictions-related books. Information was also gathered from best practices and from the review of the literature.

The goal of this thesis was to create a manual that would benefit those in recovery. It would also benefit the facilitator by providing them with valuable information on how to help their clients create a Relapse Prevention Plan. The manual was completed and a copy was left at the placement agency in order to provide them with a ready resource to use in the future.

Implication for the Behavioural Psychology Field

This manual contributes to the behavioural psychology field by providing a resource that gives facilitators and participants evidence-based techniques for on relapse prevention as identified in the literature. Participants that have substance dependence are at high risk of relapse throughout their recovery. By providing the appropriate tools, this risk hopefully can be decreased.

Strengths

A strength of the project is that the information used to create the manual is evidence based and was obtained from external resources and professionals in the addictions field. A further strength to this project is that the components identified within the literature were used within the manual. Another strength of the manual was that it was created with the participants’ understanding in mind. The manual’s readability is at a grade 9 reading level and exercises were chosen according to participant’s level of literacy and took into account that many were struggling with the cognitive effects of severe substance abuse.

Limitations and Challenges

Due to time constraints, the program outlined in the manual was not implemented and could not be evaluated by the facilitator and/or group participants. More time would be required to obtain a proper evaluation regarding the validity and effectiveness of the program pertaining
to relapse prevention. More research needs to be conducted to ensure that the manual’s comprehension is understandable for those in an addictions treatment setting.

Challenges that may arise with the manual are that it is intended as a closed group program and may be difficult to modify for an open group program. A closed group program has only one intake of participants for the full 13-weeks, and open group program has continuous intake into the program. Having continuous intake may present challenges as each session builds onto the final product—the relapse prevention plan. This may present difficulties if there is a new participant at week 11 or week 12 when the program is winding down and participants are creating their relapse prevention plans. Another possible challenge is that it may be difficult to find participants willing to participate in a program that lasts for 13 weeks.

Recommendations for Future Research

As noted, the program outlined in the manual could not be implemented, and therefore no outcome data (e.g. feedback on the sessions themselves, efficacy of the program as a whole) was able to be collected. In order to ensure that the manual is effective and beneficial, it is recommended that the program outlined in the manual be run as a pilot program. It is also recommended that a feedback form be created to ensure that the manual is helping the participant create an effective Relapse Prevention Plan. This could be a simple feedback form in which the facilitator could ask questions in regards to the activities and information in the manual and if they are using the tools provided.

It would also be good to ask questions about comprehension of the information. This could be done with a questionnaire that would be handed out at the final session. Individual meetings can be set up to help fill out the questionnaire if needed. Possible questions that could be included in the questionnaire are: what did you find most valuable about this program, what did you least like about the program, was the information presented in a way you were able to understand, and were the handouts and exercises easy to understand. These questions would help with identifying if the manual is doing what it is supposed to be doing, creating a relapse prevention plan that will aid in the success of being abstinent from drugs and alcohol.
References


Appendix A

Learning How to Create a Relapse Prevention Plan

Developed by: Kaitlyn Wood
Bachelor of Applied Arts in Behavioural Psychology
St. Lawrence College
2012
Facilitator Tips:

This manual has been comprised with a range of core components that have been identified as significantly important when creating a relapse prevention plan. The manual consists of 13 sessions that build on meditation skills, coping strategies, learning how to establish and maintain boundaries, identify risk thinking and warning signs, and connecting with your higher power or spirituality. The manual is intended to be used with males and females with substance dependence. It should be noted that cognitive functioning may be impaired due to substance use and that it may be difficult for some participants to follow along. If there are participants with impaired functioning, the facilitator should note this and adapt the sessions appropriately to accommodate everyone to the best of their ability.

Many participants will be familiar with the components being presented in this program from prior attendance in treatment facilities and other programs. At times, it may be appropriate for these individuals to share their experiences and stories, which in turn will help, build self-confidence as well as aid other group members.

- This manual is intended to be used a closed group program, but--if need be--can be used within an open group setting.

- Note that this manual is designed to help clients create a tailored Relapse Prevention Plan that they can use in their daily lives, but it is possible that participants may still relapse.

- If possible, provide every participant a binder to keep all handouts in. Encourage participants to keep their weekly assignments and any handouts in the binder to be consulted throughout the group and after its end.

- Take home assignments are to be reviewed the following week as a follow up to ensure completion and to help participants understand why they were doing the assignment. Reviewing these assignments in group the following week can also provide other group members with suggestions that they did not consider.
SESSION ONE

Overview of the Program:

Facilitator presents: This program is designed to teach you the skills necessary to develop a personalized relapse prevention plan. The program will be 15 weeks in length with one 90-minute session each week.

Give each participant the Session Outline and review it quickly.

Present: During the next 15 weeks, you will be asked to look at your core issues, and this may have potential to bring up some feelings and emotions that may be unwanted. Please feel open to discuss these with me or within the group, even though it may be difficult. Remember, this is a safe environment where everyone should be able to speak openly, without feeling embarrassed or ashamed.

You notice that we will be covering a variety of topics in the 15 weeks. This will help you develop your own, individual relapse prevention plans. Part of what we will be doing is to have you paying attention to what you do, what you think, and what you feel over this time period.

One thing we will do on a regular basis is to have you keep track of your cravings on a daily basis. This will be completed on a handout that I will explain and hand out next week.

We will also have you keeping track of what you do on a weekly basis to help you identify high risk times for cravings or risky thinking. We will go over this next week as well (These handouts will be included in the “What to print weekly for each participant” which is at the end of this session).

At the end of each session, take home assignments/homework will be handed out or assigned. I would ask that you complete the assignments to the best to your ability as they are to benefit you in your process of recovery. These are different than regular homework since they won’t be graded, handed in, or looked at directly by me. Spelling doesn’t matter!

Group Agenda:
- Overview of program
- Ice breaker
- Establishing group rules
- Relaxation introduction & deep breathing exercise
- Explanation of survey & distribution

Materials needed:
- Flip chart & markers
- Masking tape to put up group rules once created
- One copy for each participant
  - Session outline
  - Interview questions
  - Relaxation instructions
  - Survey

Materials needed:
- Flip chart & markers
- Masking tape to put up group rules once created
- One copy for each participant
  - Session outline
  - Interview questions
  - Relaxation instructions
  - Survey
They are there to help YOU practice what you learn in each session and for YOU to be prepared to talk about how your practice went each week. We will be checking in about how those assignments went for you and discussing this in group.

**ICE BREAKER 😊**

*Introduce Ice Breaker:*

**Why Icebreakers?**

Icebreakers can help people interact and connect with one another in a group setting. Icebreakers can help with:

- Helping a new group get to know each other
- Helping new members to integrate into a group
- Encouraging cooperation
- Encouraging listening to others
- Encouraging working together

*Facilitator presents:* I've talked a lot now. Let's get you folks having a chance to talk and get to know each other!

*Instructions for Facilitator for Interview Game¹:*

1. Split everyone into pairs. Distribute the list of questions and pens/pencils to one person in each pair. The list of questions for this exercise is in the handout section for this session; print TWO copies for each pair.

2. The person with the paper will be given five minutes to ask the questions. After five minutes, have everyone stop asking questions. Switch and have the other person ask the questions.

3. After both people in each pair have asked their questions, go around the room and have each person introduce their partner and the information they received from questions they asked.

**Establishing Group Ground Rules**

*Facilitator presents:* Now we know a little bit more about each other. Let’s look at how we want to move forward with the group. Part of that is setting up clear rules and boundaries for what goes on in the group and how everyone behaves while here. Let’s set up our ground rules. I will write them down on the flipchart here so we can have a record of what they are. [Facilitator writes things down as group members brainstorm. Facilitator ensures

most important ground rules are included—e.g. confidentiality. Be sure to go over bounds of confidentiality and when it will be broken.]

Suggestions are listed below:
- Active participation in group, all members must participate at least once or participation is voluntary. This depends on how you want the group to run
- Do not speak over top of people
- One person speaking at a time
- Try to avoid laughing when someone else is speaking, the person speaking may feel as if you are laughing at them.
- Limit bathroom breaks to before or after the session
- Limit the number of times you have to get up during the group, this may be disruptive to other members
- There is to be no eating during group, this should be done before or after group

**Introduction to Relaxation Techniques**

*Facilitator presents:* Now let's look at the skill we will be looking at this week: learning how to relax. What is RELAXATION? Inner Health Studios (2012) state, “Relaxation is the act of relaxing the mind and body. During a relaxation exercise, ... muscle tension decreases, blood pressure goes down, the mind becomes calm, and the harmful effects of prolonged stress are counteracted” (para. 1-2). The use of relaxation is a great tool to learn and have to help reduce the effects of stress.

The benefits of relaxation are numerous. [*Have the group list some benefits. Some examples are listed below.*]
- Slowing heart rate
- Lowering blood pressure
- Increasing blood flow to major muscles
- Reducing muscle tension
- Improving concentration
- Reducing anger & frustration
- Better sleep
- More energy
- Releases endorphins - a natural chemical that makes you feel happy

*With the group create a chart composed of the types of relaxation techniques the group members have tried in the past.*

During the next 13 weeks we will be looking at five types of relaxation techniques, although there are many to choose from. If you are interested in other types of relaxation, the library is a good resource to get started. The relaxation techniques we will be looking at and trying are:

1) Calm Breathing
2) Progressive Muscle Relaxation
3) Qigong
4) Walking Meditation
5) Visualization Meditation

More information regarding each topic will be explained in future sessions. For the next three weeks, we will be exploring deep breathing.

**Calm Breathing**: 

**Facilitator:** What is “calm breathing”?  
Calm breathing allows you to use a breathing technique that will help you feel less stressed or anxious. Singers, wind instrument players and those that engage in yoga use this type of breathing.

Why is calm breathing important?  
- When we become anxious or stressed we change the way we breathe. By changing the way we breathe we use short, quick, shallows breaths. This can cause you to hyperventilate.
- Changing the way you breathe can cause many symptoms, such as: dizziness, headaches, or a fast beating heart. These symptoms can all cause stress and anxiety.
- Engaging in calm breathing can be practiced anywhere you want. This type of exercise is personal and no one will know you are practicing it.

**Key point:** Calm breathing has the potential to reduce anxiety and stress.

**Script:**  
Calm breathing involves taking smooth, slow, and regular breaths. Sitting upright is usually better than lying down or slouching, because it can increase the capacity of your lungs to fill with air. It is best to ‘take the weight’ off your shoulders by supporting your arms on the side-arms of a chair, or on your lap.  
1. Take a slow breath in through the nose, breathing into your lower belly (for about 4 seconds)  
2. Hold your breath for 1 or 2 seconds  
3. Exhale slowly through the mouth (for about 4 seconds)  
4. Wait a few seconds before taking another breath

**Facilitator:** Gather feedback on this exercise, what they liked, what they didn’t like, why they didn’t enjoy it, why they did enjoy it.

**Homework:**

---

Facilitator presents: Now this is the part where we get to talk about take-home assignments for the first time! What I’d like you to practice at home this week is the deep breathing exercise we just completed. Here are the instructions, just in case you find yourself unsure about what to do. [Hand out a copy of the calm breathing instructions to each participant.]

We also would like you to do some thinking about your lifestyle before coming to treatment. We have a comprehensive survey that will guide you in doing this. This survey asks questions about your diet, physical activity, previous recovery plans, and questions about your day to day life. We’d like you to fill it in before you come to group next time—please bring it in with you when you come to group. [Hand out the survey to everyone.]

All information you fill out on the survey is confidential of course, except under the conditions we discussed earlier—danger to yourself or others, reports of child abuse, etc.

Facilitator asks if there are any questions about plans for future groups, ground rules, homework, etc. Facilitator thanks group members for coming and lets them know that it will be great to see them back next time.
Session 1 Handouts

- Session Outline
- Interview Game Questions
- Calm Breathing Instructions
- Survey
# Sessions Outline

| Session One       | • Overview of program  
|                   | • Ice breaker          
|                   | • Establishing group rules  
|                   | • Relaxation introduction & deep breathing exercise  
|                   | • Explanation of survey & distribution  |
| Session Two       | • Reading of the day from N.A (1998). *Day by day: Daily meditations for recovering addicts.* (2nd ed.). Center Cirt, Minn.: Hazelden  
|                   | • Calm Breathing exercise  
|                   | • Review of questionnaire  
|                   | • Self-monitoring and self-efficacy  
|                   | • Take home assignment: Create a long-term and a short-term goal using the sheet provided.  |
| Session Three     | • Reading of the day  
|                   | • Deep Breathing Exercise  
|                   | • Take home assignment review  
|                   | • Coping Strategies- Social Skills Training  
|                   | • Take home assignment: Finish the questions in the social skills workbook, and practice using one of the skills taught in today’s session. Write out how it went.  |
| Session Four      | • Reading of the day  
|                   | • Progressive Muscle Relaxation  
|                   | • Take home assignment review  
|                   | • Coping strategies- Coping with Cravings  
|                   | • Take home assignment: Practice using a coping strategy taught in today’s session  |
| Session Five      | • Reading of the day  
|                   | • Progressive Muscle Relaxation  
|                   | • Take home assignment review  
|                   | • Establishing and maintaining boundaries  
<p>|                   | • Take home assignment on  |</p>
<table>
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<th>Activities</th>
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| Session Six  | • Reading of the day  
• Progressive Muscle Relaxation  
• Take home assignment review  
• Introduce risky thinking and harmful beliefs  
• Take home assignment: Identification of some of risking thinking and harmful beliefs |
| Session Seven | • Reading of the day  
• Qigong Meditation  
• Take home assignment review  
• Identifying high risk situations and how to deal with them  
• Take home assignment: Identify a high risk situation and how you used to deal with it and how you would deal with it now |
| Session Eight | • Reading of the day  
• Qigong Meditation  
• Take home assignment review  
• High-Risk Map planning  
• Take home assignment: Complete your high-risk map |
| Session Nine  | • Reading of the day  
• Qigong Meditation  
• Take home assignment review  
• Identifying a support person/network  
• Take home assignments: Plan for seeking support |
| Session Ten   | • Reading of the day  
• Walking Meditation  
• Take home assignment review  
• Identifying warning sign of relapse  
• Take home assignment: Relapse intervention |
| Session Eleven| • Reading of the day  
• Walking Meditation  
• Take home assignment review  
• Higher power & Spirituality  
• Creating your Mandala |
<table>
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<th>Session Twelve</th>
<th>Session Thirteen</th>
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<tr>
<td>- Take home assignment:</td>
<td>- Reading of the day</td>
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<tr>
<td>Complete your Mandala</td>
<td>Complete your Relapse Prevention plan</td>
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<tr>
<td>- Reading of the day</td>
<td>- Visualization Meditation</td>
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<td>- Visualization Meditation</td>
<td>- Review Relapse Prevention Plans</td>
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<tr>
<td>- Take home assignment review of</td>
<td>- Schedule time for individual review of RPPs</td>
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<tr>
<td>Mandala &amp; paragraph</td>
<td>Ending ceremony</td>
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<tr>
<td>- Creating a Relapse Prevention Plan</td>
<td>Celebration!</td>
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<tr>
<td>- Take home assignment:</td>
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<tr>
<td>Complete your Relapse Prevention plan</td>
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Interview Game Questions:
Choose some of these questions to ask your partner. You don’t have to get answers to them all, just get some interesting facts about the person you are talking to.

1. What is the worst movie you’ve ever seen?
2. What is your favourite colour?
3. What is your favourite dish?
4. Who is your role model?
5. What is your favourite ice cream flavour?
6. What was your favourite toy when you were a kid?
7. If you were an animal, what animal would you be?
8. What is your favourite sport to play?
9. What is your favourite sport to watch?
10. If you could visit any place in the world, where would you go?
11. Favourite song at the moment?
12. What is your favourite season?
13. What is one thing you are afraid of?
14. Favourite breakfast food?

15. If you could have any super power, what would it be?

16. What is your biggest pet-peeve?

17. What is one food you don't like/ can't stand?

18. What do you like on your pizza?

19. Favourite type of movie?

20. Favourite band/music?
**Calm Breathing**:  

**Script:**

Calm breathing involves taking smooth, slow, and regular breaths. Sitting upright is usually better than lying down or slouching, because it can increase the capacity of your lungs to fill with air. It is best to 'take the weight' off your shoulders by supporting your arms on the side-arms of a chair, or on your lap.

1. Take a slow breath in through the nose, breathing into your lower belly (for about 4 seconds)  
2. Hold your breath for 1 or 2 seconds  
3. Exhale slowly through the mouth (for about 4 seconds)  
4. Wait a few seconds before taking another breath

---

Survey

Instructions: Please answer the following questions to the best of your ability. Think carefully about what you did to manage your recovery during your last efforts to stay sober. Answering these questions with 100% honesty will be a big benefit to you.

All information in the survey will be kept confidential unless you report something that has the potential to be immediately harmful to you or others (e.g. suicidal or homicidal thoughts, child abuse), and at that time we will have to inform others. This will always be discussed with you beforehand.

Name:____________________

1: How often did you attend group or individual counseling sessions before coming here?

_Never (0) _Sometimes (1) _Often (2) _Very often (3)

Please describe the type of counseling you participated in and your personal reaction to that counseling.

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

2. How often did you regularly attend AA or self-help group meetings?

_Never (0) _Sometimes (1) _Often (2) _Very often (3)

A. How many meetings per week did you attend? ____

B. Did you have a home group? ___Yes ___No

C. Please describe your personal reaction to the meetings:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

3. How often did you talk to your sponsor in your Twelve-step self-help group (AA, NA, etc.)? If you did not have a sponsor check never.

_Never (0) _Sometimes (1) _Often (2) _Very often (3)

If you had a sponsor, describe the relationship you had. Include the good & bad points of the relationship.

________________________________________________________________________

________________________________________________________________________

4. How frequently did you eat three well-balanced meals per day?

   _Never (0)   _Sometimes (1)   _Often (2)   _Very often (3)

Describe an average eating plan:

Breakfast:________________________________________________________
Lunch: ____________________________________________________________
Afternoon snack: _________________________________________________
Dinner: __________________________________________________________
Evening Snack: ___________________________________________________
Other: ___________________________________________________________

5. How often did you eat foods high in sugars (candy, chocolate, cakes, etc.)?

   _Very Often (0)   _Often (1)   _Sometimes (2)   _Never (3)

Describe your favourite high sugar or binge foods and how you feel before, during, and after an episode of heavy eating.

________________________________________________________________________

________________________________________________________________________

6. How often did you drink beverages containing caffeine?

   _Very Often (0)   _Often (1)   _Sometimes (2)   _Never (3)

How much caffeine did you consume in a normal day?

   - Cups of coffee ______
   - Cans of caffeinated soft drinks_____
   - Other (specify)_____

7. How often did you notice a change in mood (become more stimulated, energized, alert, or wired) as a result of your use of caffeine?

   _Never (0)   _Sometimes (1)   _Often (2)   _Very Often (3)
8. How often did you use nicotine (including cigarettes, cigars, and smokeless tobacco)?

  _Very Often(0)   _Often (1)   _Sometimes(2)   _Never(3)

9. How often did you exercise at least three times per week for a minimum period of 20-30 minutes?

  _Never(0)   _Sometimes(1)   _Often(2)   _Very Often(3)

Describe your exercise habits:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

10. How often have you used relaxation techniques?

  _Never(0)   _Sometimes(1)   _Often(2)   _Very Often(3)

Please check the type and frequency of relaxation exercises that you used

A. Breathing exercises  _Never  _Sometimes  _Often  _Very Often
B. Muscle relaxation   _Never  _Sometimes  _Often  _Very Often
C. Guided imagery      _Never  _Sometimes  _Often  _Very Often
D. Conscious relaxation of various parts of your body _Never  _Sometimes  _Often  _Very Often

11. How often did you use prayer and meditation on a regular basis to help you recover?

  _Never(0)   _Sometimes(1)   _Often(2)   _Very Often(3)

Please describe the types of prayer and meditation you found more helpful and least helpful:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

12: How often did you attempt to solve problems promptly as they came up?

  _Never(0)   _Sometimes(1)   _Often(2)   _Very Often(3)
A. Describe the types of problems you attempted to solve as they came up.

________________________________________________________________________________________

B. Describe the types of problems you tended to put off solving:

________________________________________________________________________________________

________________________________________________________________________________________

13. How often did you schedule time for recreational activities (activities you consider to be fun)

Never(0)  Sometimes(1)  Often(2)  Very Often(3)

A. Describe the recreational activities you enjoyed the most.

________________________________________________________________________________________

________________________________________________________________________________________

B. Describe the recreational activities you least enjoyed and why you didn’t enjoy them.

________________________________________________________________________________________

________________________________________________________________________________________

14. How often did you schedule time for activities with your family?

Never(0)  Sometimes(1)  Often(2)  Very Often(3)

Describe your current relationship with the members of your family. Describe how your addiction and tendency to relapse has affected your relationship with your family.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
15. How often did you schedule time to spend with friends?

- Never (0)
- Sometimes (1)
- Often (2)
- Very Often (3)

List your current friends you have and how close you feel to them:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

16. How often did you work a regular schedule that didn't interfere with recreational or treatment activities?

- Never (0)
- Sometimes (1)
- Often (2)
- Very Often (3)

Describe your typical work week. If you tend to over work - more than 8 hours per day or 40 hours per week, describe why you worked this hard.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

17. How often did you schedule some quiet time to think and plan your recovery program on a regular basis?

- Never (0)
- Sometimes (1)
- Often (2)
- Very Often (3)

Describe your feelings and reactions to planning periods of quiet time.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
What to print for weekly assignments

- Craving Score
- Activity Schedule
WEEKLY CRAVING SCORE

The weekly craving score is a tool that is to be used for self-monitoring your cravings. The weekly craving score is to be filled out once a day. This is to ensure it accurately monitors your cravings. Use the line below to identify where you fall. (Your rating can fall between two numbers on the scale if you like.)

Date:

0 1 2 3 4 5

No desire to use

Thoughts of using but can cope

Feeling stress, anxiety, negative feelings & having thoughts of using

Urgent thoughts of using, staying in control is a real struggle

I am suffering & on the verge of saying to hell with it and using

It is inevitable that I am going to use

Date:

0 1 2 3 4 5

No desire to use

Thoughts of using but can cope

Feeling stress, anxiety, negative feelings & having thoughts of using

Urgent thought of using, staying in control is a real struggle

I am suffering & on the verge of saying to hell with it and us

It is inevitable that I am going to use
No desire to use  Thoughts of using but can cope  Feeling stress, anxiety, negative feelings & having thoughts of using  Urgent thoughts of using, staying in control is a real struggle  I am suffering & on the verge of saying to hell with it and using  It is inevitable that I am going to use
Date:

0
1
2
3
4
5

No desire to use
Thoughts of using but can cope
Feeling stress, anxiety, negative feelings & having thoughts of using
Urgent thoughts of using, staying in control is a real struggle
I am suffering & on the verge of saying to hell with it and using
It is inevitable that I am going to use

Date:

0
1
2
3
4
5

No desire to use
Thoughts of using but can cope
Feeling stress, anxiety, negative feelings & having thoughts of using
Urgent thought of using, staying in control is a real struggle
I am suffering & on the verge of saying to hell with it and up
It is inevitable that I am going to use
No desire to use

Thoughts of using but can cope

Feeling stress, anxiety, negative feelings & having thoughts of using

Urgent thoughts of using, staying in control is a real struggle

I am suffering & on the verge of saying to hell with it and using

It is inevitable that I am going to use
**Weekly Activity Schedule**

The weekly activity schedule is to help you identify times that are high-risk to you and where you need to keep busy to avoid those high-risk times. Use this sheet to create a schedule for yourself. Do not over fill your schedule as you may become overwhelmed and not follow through.

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SESSION TWO

**Group Agenda:**
- Reading of the day from N.A (1998). *Day by day: Daily meditations for recovering addicts. (2nd ed.).* Center Cirt, Minn.: Hazelden
- Calm Breathing exercise
- Review of questionnaire
- Self-monitoring and self-efficacy
- Take home assignment: Create a long-term and a short-term goal using the sheet provided.

**Materials needed:**
- Flip chart
- Markers
- One copy for each participant
  - Goal Setting Chart
  - Take home assignment: Creating short term & long term goals
  - Craving sheet
  - Activity Schedule

**Reading of the day:**

*Facilitator:* We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

After the reading, have each resident share their feelings about the reading, what they got from the reading, or personal stories.

**Calm Breathing:***

*Facilitator presents:* Today, we will be doing the calm breathing that we learned last week.

*Script:*

If you can, find a comfortable position in your chair, backs up straight. If you feel comfortable you may close your eyes.

1. Take a slow breath in through the nose, breathing into your lower belly (for about 4 seconds)
2. Hold your breath for 1 or 2 seconds
3. Exhale slowly through the mouth (for about 4 seconds)
4. Wait a few seconds before taking another breath

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About 6-8 breathing cycles per minute is often helpful to decrease anxiety, but find your own comfortable breathing rhythm. These cycles regulate the amount of oxygen you take in so that you do not experience the fainting, tingling, and giddy sensations that are sometimes associated with over breathing.

**Review questionnaire from last session:**
*Facilitator* - Conduct a discussion of the survey questionnaire assigned for homework last session. (Does not need to be collected but participants should keep their copies in their binders for reflection at the end of the group. Individual questions do not need to be targeted unless group members raise them for discussion): Was everyone able to finish the questionnaire from the last session? Did you find it easy or hard to fill out? What was easiest for your to think about? What was hardest? Did anyone find anything interesting about himself or herself as you were filling it out? If so, what?

**Self-monitoring:**

*Facilitator presents: What is SELF-MONITORING?* Self-monitoring is the conscious process of watching one’s behaviour and self talk. An individual records the behaviours or thoughts in a journal or notebook. This will allow for the individual to be aware of their distorted thoughts, dysfunctional self-talk. It will allow the individual to assess self-defeating thinking, determine high-risk situations, and identify skill deficits that can lead to a relapse. Being aware of these will allow the individual to make the appropriate changes to their behaviour (self-monitoring exercises Jonas: Mosby’s Dictionary of Complementary and Alternative Medicine. 2005). *(We will be reviewing self-talk in session FOUR)*

Suggestions for things to self-monitor:
- Urges to use
- Negative self-talk
- Bad habits
- Smoking cigarettes
- Use of inappropriate language (swearing)

Choose something that relates to your overall goal - recovery.

**Hand out the SELF-MONITORING SHEET. Tell the group:** The self-monitoring sheet will allow you to keep a detailed record of what you are monitoring and will allow you to see where you need to change your behaviour to make the appropriate modifications. *Go over the example to help explain how to fill out the form***
**Self-Efficacy:**

*Facilitator presents: What is Self-efficacy?*

Self-efficacy is a measure of one’s ability to complete tasks and achieve goals (efficacy. (n.d.). Collins English Dictionary - Complete & Unabridged). In laymen’s terms, it is the belief in our ability to succeed in specific situations.

*Facilitator: [Write this down on the flip chart]*

How does one acquire SELF-EFFICACY?

- *Past performance:* if you have been successful at a particular skill in the past, you will probably believe you will be successful at in the future.

- *Vicarious experiences:* observing others like yourself perform a task.

- *Verbal persuasion:* a friend telling you, “You can do this.”

- *Physiological cues:* if you have experienced sweaty hands, dry mouth or racing heart in an event where you did not succeed and you experience these again, you may not succeed again as you remember failing the first time.

**Goal Setting:**

*Facilitator:* Have the group define what goal setting is to them, why they set goals, and why they are important. These can be written down on the flip chart.

*Facilitator:* By setting goals, you are making commitments to work towards something you want to achieve. Goal setting provides you with direction, feedback, and helps motivate you to have daily purpose.

There are two types of goals

1) Short term: goals you can achieve over a short period of time (a few weeks)
2) Long term: goals you want to achieve over a long period of time (over the next year(s)).

*[Facilitator hands out Take Home Assignment on Goal Setting, and presents:] You will be doing this as a take-home assignment, but let’s look at it a bit first so you will know what to do.*
**Facilitator presents:** When thinking about what goals you want to set, use the **S.M.A.R.T** method.

- **S** - Specific (go to the gym four times a week, not “go to the gym”)
- **M** - Measurable (You can count how many times you go to the gym.)
- **A** - Attainable (Set a goal you can achieve. If you never go to the gym, and you want to start going seven days a week, this is most likely not going to happen. Start with something that you can achieve, maybe two times a week.)
- **R** - Realistic (Choose a goal that is realistic to your lifestyle; take into consideration your current circumstance, abilities, skills, finances.)
- **T** - Timely (Choose a goal that you can achieve in the amount of time you have specified.)

If you achieve your goal, take the time to be proud of the work you have put in. If you did not achieve your goal, review your goals. Maybe they were too hard to achieve in the time specified, maybe it was unrealistic, or maybe it was not measurable. Not meeting your goal does not mean you failed; it just means maybe you need to take another look at what you’re asking of yourself in relation to the goals you selected.

**Facilitator:** [Give each participant a copy of the craving sheet and activity schedule.] Now we are going to go over these handouts. If anyone has any questions while we are reviewing them please let me know.

The weekly craving sheet will be completed daily. It would be best to fill this out in the evening of every night to be able to accurately fill in the form. This is a self-monitoring assignment where you will be able to keep a record of your cravings, should you have any. Feel free to also write what the situation was surrounding your craving. This could be very helpful in the future for knowing what is not a good situation for you.

Does anyone have any questions in regard to this assignment? [Facilitator fields questions from the group.]

The activity schedule will be completed WEEKLY. This handout will be completed for the following week. Fill out this handout realistically. Do not overload your schedule as this can cause too much stress because you may not be able to do everything on your sheet.

Examples of activities could be:
- Library
- Gym
- Church
- Community sports (volley ball, soccer, basketball etc.)
- Volunteering
Does anyone have any questions in regard to this assignment? [Facilitator fields questions from the group.]

Facilitator thanks group members for coming and lets them know that it will be great to see them back next time.
Session 2 handouts

- Self-Monitoring
- Goal Setting Chart
- Craving sheet & Activity Schedule (page 44-49)
- Take Home Assignment: Creating short-term and long-term goals
**Self-Monitoring**

First entry is an example, the self-monitoring sheet will allow you to keep a detailed record of what you are monitoring and will allow you to see where you need to change your behaviour to make the appropriate modifications.

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>WHAT AM I SELF-MONITORING</th>
<th>SITUATION</th>
<th>WHAT WERE YOU THINKING</th>
<th>FEELINGS/EMOTIONS</th>
<th>WHERE DID IT TAKE PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 23/11:30am</td>
<td>smoking</td>
<td>Sitting on the porch smoking with the other residents. Went out to the porch to cool down because my girlfriend just called asking for money for the baby.</td>
<td>-Who does she think she is? -I am in treatment working on myself</td>
<td>-angry, annoyed, frustrated</td>
<td>- inside the house at the phone and then on the porch of the house</td>
</tr>
</tbody>
</table>
Goal Setting Assignment:
Write your long-term goal in the Center. The arrows all point towards the goal. Use the arrows as stepping stones and write down your short-term goals that will lead to your long-term goal.
Take Home Assignment:
Create a long-term and a short-term goal using the sheet provided. Choose a short-term goal that is attainable, your short-term goal is a stepping stone for your long-term goal. Use the S.M.A.R.T method when creating your goals.

Examples of short-term goals are:
- Cut down my smoking to only half a pack a day
- Go to the gym two times a week
- Go for a walk twice a week
- Read a couple chapters of a book
- Don’t go to Tim Horton’s more than five times a week
- Attend AA/NA meetings a minimum of four times a week

Examples of long-term goals are:
- Quit smoking
- To get fit and stay fit
- Go for a walk everyday
- Only go to Tim Horton’s once a week
- Be clean and sober

NOTE:
When thinking about what goals you want to set use the S.M.A.R.T method.

S- Specific (go to the gym four times a week, not “go to the gym”)
M- Measurable (You can count how many times you go to the gym.)
A- Attainable (Set a goal you can achieve. If you never go to the gym, and you want to start going seven days a week, this is most likely not going to happen. Start with something that you can achieve, maybe two times a week.)
R- Realistic (Choose a goal that is realistic to your lifestyle; take into consideration your current circumstance, abilities, skills, finances.)
T- Timely (Choose a goal that you can achieve in the amount of time you have specified.)

If you achieve your goal, take the time to be proud of the work you have put in. If you did not achieve your goal, review your goals. Maybe they were too hard to achieve in the time specified, maybe it was unrealistic, or maybe it was not measurable. Not meeting your goal does not mean you failed it just means maybe you need to take another look at what you’re asking of yourself in relation to the goals you selected.
SESSION THREE

Reading of the day:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

After the reading, have each resident share their feelings about the reading, or what they got from the reading, or personal stories.

Calm Breathing:

Today is the last week we will be doing the calm breathing. Next week we will be moving on to another type of meditation.

If you can, find a comfortable position in your chair, backs up straight. If you feel comfortable, you may close your eyes.

1. Take a slow breath in through the nose, breathing into your lower belly (for about 4 seconds)
2. Hold your breath for 1 or 2 seconds
3. Exhale slowly through the mouth (for about 4 seconds)
4. Wait a few seconds before taking another breath

Materials needed:
- Flip chart
- Markers
- One copy for each participant
  - Social Skills Workbook (5 pages)
  - Take home assignment
  - Craving sheet
  - Activity schedule

Group Agenda:
- Reading of the day
- Deep Breathing Exercise
- Take home assignment review
- Coping Strategies- Social Skills Training
- Take home assignment: Finish the questions in the social skills workbook, and practice using one of the skills taught in today’s session, write out how it went.


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Take home assignment review:

*Facilitator:* Please pull out your craving sheets for the last week; how is this assignment going? Have you been able to fill it out accurately? Is anyone feeling lost about the assignment or confused?

Now let’s look at your weekly activity schedule. How are you finding this activity? Is it easy for you to find things to do? Are you struggling trying to keep yourself busy? What are some things that people have put down on their activity schedule?

*Facilitator:* Pull out your goal setting assignment. What type of goals did you make? How are you going to work towards this goal? Did you have trouble picking a goal? What made it easy? What parts were more difficult?

**Social Skills Training Introduction:**

*Facilitator:* Hand out the five pages of the social skills workbook to each member of the group.

*Facilitator presents:* Having social skills and knowing how to use them is very important in life. Using social skills is part of everyday life and being able to use them to your advantage is even more beneficial. Some people are born natural talkers and sociable but others need some practice on learning to approach people and how to talk to someone.

This part of the group will help you learn how to engage in a conversation. We will discuss how to express your feelings (comfortable & uncomfortable), and we’ll talk about learning how to handle criticism and use it to your advantage.

*Facilitator note:* Have the participants read the handouts. After the participants have read a section, ask if anyone has any questions or concerns relating to that topic. Can anyone relate to this? Have they tried it before? How did it work for them? After each discussion, participants can fill in 1-2 of the questions on the page and complete the rest for their take home assignment. Remind them to complete their craving sheet and activity schedule as well.

*Facilitator thanks group for coming and lets members know that s/he hopes to see them next session.*
Session 3 handouts

- Social Skills Workbook (5 pages)
- Craving sheet & Activity Schedule (page 44-49)
- Take Home Assignment: engaging in conversation using the skills taught in today’s session
EXPRESSING YOUR FEELINGS

COMFORTABLE FEELINGS

Expressing comfortable feelings can be a challenging task for some people. It may be because you have never been told something comfortable, so in turn you do not know how to tell someone else something comforting. Being able to express comfortable feelings will not only make the other person feel important and valued but will also make you feel good about yourself.

The easiest way to express comfortable feelings is through a compliment. There are THREE steps to follow when giving a compliment.

1. **BE SPECIFIC:** Tell the other person exactly what you like.

   **Example:** You did a great job today working on your assignments. I really appreciate all your hard work.

2. **SAY THE PERSON’S NAME:** Using the person’s name gives the compliment more meaning and makes it unique to them.

   **Example:** Andrew, you did a great job today re-organizing the display shelves. I really appreciate all your hard work.

3. **FOLLOW UP WITH A QUESTION:** Many people feel centered out or flustered when they receive a compliment. They will often deny the compliment, “I didn’t work that hard,” or they will downplay the comment, “It was nothing; I was just doing what I was told.” Try to follow up with a question, “How did you get it all to look so neat and organized?” **If the person accepts the compliment, simply say, “You’re welcome.”** (Woititz & Garner, 1990)

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EXPRESSING UNCOMFORTABLE FEELINGS

Learning to express your uncomfortable emotions can be even harder, but is very useful when trying to explain how you feel. Expressing your uncomfortable emotions and feelings will not only help you but will also help the other person in understanding why you feel that way.

People tend to run into difficulties when they don’t express their feelings but instead suppress them. Feelings and emotions will continue building up until one day you just explode. At this point you are no longer mad or frustrated at one thing, it is about multiple things. By expressing your feelings the appropriate way you will be able to avoid that build up and will be able to get them off your mind right away.

When you are ready to discuss the situation the other person may not always be available, this session will outline some techniques to. These could be: writing in your journal, and meditation or deep breathing exercises. You can also ask the person to set time aside for when you could talk the situation over. This helps set it in stone, and lets you and the other person know that it will not go unnoticed.

Follow these FOUR steps to help express your feelings.

1. Speak up about irritations, even if you feel they are small. The small ones are usually the ones that build up.
   - Don’t bottle up your feelings. This causes more problems in the future.

2. Take a time-out if you need to.
   - If you feel you are getting angry, take a few minutes to re-compose. You can also excuse yourself from the conversation to go for a walk to calm down. Let the other person know that this is creating feelings of frustration, and you need to take a few minutes.

3. Be clear and direct
   - Let the other person know exactly how you feel and why you feel that way.

4. Own your feelings
   - Use “I” statements
     - I feel angry when you make plans with me and then cancel them.
     [Using I means you are taking ownership of your own feelings.]

• Avoid using “YOU” statements
• You make me feel angry and annoyed when you make plans and then cancel. [Using YOU means you are blaming them for how you feel.]

**ENGAGING IN A CONVERSATION**

When starting a conversation, start with something simple. It could be about the weather, a movie, or a situation you both have experienced or are going to experience. You can start with asking a question, voicing an opinion, or stating a fact. ¹⁰

• Now that you have decided what you are going to say and how you are going to say it, try the exercise below and write out how you would begin a conversation in the following situations.

1. At the gym, you are waiting for someone to finish using a piece of equipment you aren’t quite sure how to use correctly.
   *You say:*______________________________________________________________

2. While out for a walk, you spot someone walking a ______ (your favourite type of dog).
   *You say:*______________________________________________________________

3. At the grocery store, you see a neighbour who needs help carrying her groceries to her car.
   *You say:*______________________________________________________________

4. At the laundromat, you notice someone struggling to fold their sheets by themselves.
   *You say:*______________________________________________________________

5. Standing in line at the movie theater, someone asks you if you have seen _____ movie.
   *You say:*______________________________________________________________

6. While waiting for the bus, someone asks you if you know what time the bus is coming at since they are not from around here.
   *You say:*______________________________________________________________

HANDLING CRITICISM

Everyone has a hard time handling criticism whether it is positive or negative. Learning how to handle criticism is a great skill to know. But knowing how to handle criticism is a skill that takes time to learn.

When receiving criticism, ask yourself, “Is this meant to help me or be destructive?” If you have a hard time figuring this out, try the following THREE steps:

1. Who was it that gave me the criticism? Was it someone important to me or was it someone off the street who I don’t know?

2. How was it given? Was the criticism given in a non-threatening way or was it given in a threatening way?

3. Why was it given? Was it given for my benefit? Or to hurt me?

Practice using the above three steps. Think of a time when you were given criticism and go through the above steps. Write out the answer for each step. This will help you see the situation laid out on paper\(^{11}\).

1. Who was it that gave me the criticism? Was it someone important to me or was it someone off the street who I don’t know?

2. How was it given? Was the criticism given in a non-threatening way or was it given in a threatening way?

3. Why was it given? Was it given for my benefit? Or to hurt me?

Now that you have written out a situation, do you feel you over-reacted to the situation or did you handle it appropriately?

If you over-reacted, what could you have done differently? How could you have handled the situation better? The space below is provided for you to write out your answer.

If you feel yourself getting angry and starting to not think clearly about the situation, take a **TIME-OUT**. This will help you regain composure and be able to take another look at the situation (without having your emotions running high).

Things you could say to someone when the criticism is something you don’t like could be, “Okay, let me think about that, and I will get back to you” or “Thank you for the feedback, but I would like to think about that and get back to you.”

Try the next few examples. Write out what you would say if you needed to take a time-out.

1. That is the ugliest shirt I have ever seen.
   Your response:
   ___________________________________________________________
   ___________________________________________________________

2. I can’t believe you just said that; that was so stupid.
   Your response:
   ___________________________________________________________
   ___________________________________________________________

3. You are the worst friend I have ever had.
   Your response:
   ___________________________________________________________
   ___________________________________________________________

4. No wonder you never got that job, you’re stupid.
   Your response:
   ___________________________________________________________
   ___________________________________________________________

5. You are such a failure; you will never get this right.
   Your response:
   ___________________________________________________________
   ___________________________________________________________

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**Take Home Assignment:**

Complete the handouts that were given in the Social Skills workbook.

Try engaging in conversations using the skills learned in group. Write down how it went, how you felt, or anything you could have done differently.

If a situation comes up where you have negative feelings, try expressing yourself in an appropriate manner. Write down how it went, how you felt after, or anything you could have done differently.
SESSION FOUR

Group Agenda:
- Reading of the day
- Progressive Muscle Relaxation
- Take home assignment review
- Coping strategies- Coping with Cravings
- Take home assignment: Practice using a coping strategy taught in today's session

Materials needed:
- Flip chart
- Markers
- CD
- Relaxation music
- One copy for each participant
  - Coping with Cravings
  - Take home assignment: Practice using a coping strategy taught in today’s session (identifying triggers, using self-talk, thought stopping)
  - Craving sheet
  - Activity schedule

Reading of the day:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

After the reading, have each resident share their feelings about the reading, what they got from the reading, or personal stories.

Progressive Muscle Relaxation

Facilitator presents: The Center for Clinical Interventions (n.d.) states that “One of the body’s reactions to fear and anxiety is muscle tension. This can result in feeling ‘tense’, or can lead to muscle aches and pains, as well as leaving some people feeling exhausted” (para. 1).

Muscle tension has been linked to stress and anxiety. When we tense our muscles we are letting our body know that there is a possibility of a dangerous situation. When we tense our muscles we may also clench our teeth, our shoulders become tight, or we may experience tightness all over our body. We are now going to do an exercise to help you target any tension in your body and try to release it.

Note to the Facilitator: Speak slowly and deliberately, using lower voice tones. Ask the participants if it is alright to dim or turn off the lights (depending on current lighting). Ask them to get comfortable in their chairs to begin. Soft relaxation music may be played during this exercise.
Instruct the group: When tensing the muscle group described, keep the muscle tensed for approximately 5 seconds, then relax for approximately 10 seconds.

Facilitator presents:

**SCRIPT**

If I could get everyone sitting up with their backs straight up in their chair, feet resting on the floor. If you feel comfortable to do so, you can close your eyes.

1. Take three deep abdominal breaths, exhaling slowly each time, imagining the tension draining out of your body.

2. Clench your fists. Hold for 10 seconds, before releasing and feeling the tension drain out of your body (for 15 seconds).

3. Tighten your biceps by drawing your forearms up toward your shoulders and make a muscle with both arms. Hold, then relax.

4. Tighten your triceps (the muscles underneath your upper arms) by holding out your arms in front of you and locking your elbows. Hold, then relax.

5. Tense the muscles in your forehead by raising your eyebrows as high as you can. Hold, then relax.

6. Tense the muscles around your eyes by clenching your eyelids shut. Hold, then relax. Imagine sensations of deep relaxation spreading all over your eyes.

7. Tighten your jaws by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold, then relax.

8. Tighten the muscles in the back of your neck by pulling your head way back, as if you were going to touch your head to your back. Hold, then relax.

9. Take deep breaths and focus on the weight of your head sinking into whatever surface it is resting on.

10. Tighten your shoulders as if you are going to touch your ears. Hold, then relax.

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11. Tighten the muscles in your shoulder blades by pushing your shoulder blades back. Hold, then relax.

12. Tighten the muscles of your chest by taking in a deep breath. Hold, then relax.

13. Tighten your stomach muscles by sucking your stomach in. Hold, then relax.

14. Tighten your lower back by arching it up (don’t do this if you have back pain). Hold, then relax.

15. Squeeze the muscles in your thighs. Hold, then relax.

16. Tighten your calf muscles by pulling your toes towards you. Hold, then relax.

17. Tighten your feet by curling them downwards. Hold, then relax.

18. Mentally scan your body for any leftover tension. If any muscle group remains tense, repeat the exercise for those muscle groups.

19. Now imagine a wave of relaxation spreading over your body.

When you are ready, open your eyes. (Give a couple of minutes for this and then turn the lights back on)

Facilitator: Check in with group members to see how they are feeling. How did doing this relaxation exercise compare to the one they did last time? Give each member a script so that they can practice at home as needed.

Take home assignment review:

Facilitator: Now we are going to review how your take home assignment went from last week. Does anyone have any questions, concerns, or problems? What are some things you found helpful or unhelpful? Did you find it hard to start conversations? If so, what was the hardest part?

Facilitator: Please pull out your craving sheets for the last 2 weeks; how is this assignment going? Are you finding it easy to fill out? Are you able to find time to fill it out? Is anyone feeling lost about the assignment or confused? Looking at your sheets for the last 2 weeks are you noticing a pattern in your cravings? Are they decreasing, increasing? Are they happening at certain times/locations?

Now let’s look at your weekly activity schedule. How are you finding this activity? Is it easy for you to find things to do? Are you struggling trying to keep yourself busy? What are some things that people have put down on their activity schedule?
Coping with Cravings Workbook:

*Facilitator:* Hand out the Coping with Cravings package

**Understanding Cravings:** Have someone read the text of the page; this can be done by one person or a few participants. Have the group identify what a craving is like for them. How are you bothered by your craving? How long does it last? How have you tried coping with it before?

**Identifying Triggers:** Have the group fill this handout out during the session. If they do not complete it, it can be done for a take home assignment. *(Allow 10 minutes for this.)*

**Coping Strategies for Managing Cravings:** Have someone read the text of the page; this can be done by one person or a few participants. Have the group identify strategies they have used in the past and reasons why those strategies may or may not have worked for them.

**Changing self-talk from negative to positive:** Have someone read the text of the page; this can be done by one person or a few participants. *(Allow 10 minutes for this)*

**Negative Thought Stopping:** Have someone read the text of the page; this can be done by one person or a few participants. *Facilitator:* Has anyone tried this in the past? How did it work for you? What strategies did you try?

*Facilitator:* Remind the group to complete the craving form and activity schedule and to practice using a coping strategy taught in today’s session.

*Facilitator thanks group for coming and lets members know that s/he hopes to see them next session.*
Session 4 handouts

- Progressive Muscle Relaxation Script
- Coping with Cravings
- Craving sheet & Activity Schedule (page 44-49)
- Take Home Assignment: Practice using a coping strategy taught in today's session
Progressive Muscle Relaxation Script

SCRIPT\textsuperscript{14}

1. Take three deep abdominal breaths, exhaling slowly each time, imagining the tension draining out of your body.

2. Clench your fists. Hold for 10 seconds, before releasing and feeling the tension drain out of your body (for 15 seconds).

3. Tighten your biceps by drawing your forearms up toward your shoulders and make a muscle with both arms. Hold, then relax.

4. Tighten your triceps (the muscles underneath your upper arms) by holding out your arms in front of you and locking your elbows. Hold, then relax.

5. Tense the muscles in your forehead by raising your eyebrows as high as you can. Hold, then relax.

6. Tense the muscles around your eyes by clenching your eyelids shut. Hold, then relax. Imagine sensations of deep relaxation spreading all over your eyes.

7. Tighten your jaws by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold, then relax.

8. Tighten the muscles in the back of your neck by pulling your head way back, as if you were going to touch your head to your back. Hold, then relax.

9. Take deep breaths and focus on the weight of your head sinking into whatever surface it is resting on.

10. Tighten your shoulders as if you are going to touch your ears. Hold, then relax.

11. Tighten the muscles in your shoulder blades by pushing your shoulder blades back. Hold then relax.

12. Tighten the muscles of your chest by taking in a deep breath. Hold, then relax.

13. Tighten your stomach muscles by sucking your stomach in. Hold, then relax.

14. Tighten your lower back by arching it up (don’t do this if you have back pain). Hold, then relax.

15. Tighten your buttocks by pulling them together. Hold, then relax.

16. Squeeze the muscles in your thighs. Hold, then relax.

17. Tighten your calf muscles by pulling your toes towards you. Hold, then relax.

18. Tighten your feet by curling them downwards. Hold, then relax.

19. Mentally scan your body for any leftover tension. If any muscle group remains tense, repeat the exercise for those muscle groups.

20. Now imagine a wave of relaxation spreading over your body.
COPING WITH CRAVINGS

Understanding Cravings:

It is important to know that having cravings are normal. It does not mean something is wrong or that you want to resume drug use. Cravings are impulsive, spontaneous urges that are experienced by those in recovery.

Cravings can come from a variety of triggers—being around the people you normally use with, dreams, depression, anxiety, having money or getting paid, TV shows, certain locations, social situations, or hearing others talk about their addiction. Knowing how to handle your craving is the key to abstain from using. Cravings may also elicit physical symptoms such as sweating, restlessness, and pacing. Cravings are temporary and will pass with the use of appropriate coping strategies. Do note that cravings will decrease in frequency and severity as you move through your sobriety.

Identifying Triggers:

A TRIGGER is: anything that serves as a stimulus and initiates or precipitates a reaction or series of reactions. In simpler terms, a trigger is anything that starts a chain of events.

Identifying triggers for some may elicit unwanted feelings or cravings; some may become overwhelmed. A trigger can lead to a relapse if the recovering person does not have the appropriate coping strategies to work through the craving.

The identifying triggers worksheet will allow you to look at your own life and write out your triggers. Being able to identify your triggers will allow you to be more aware of the things you need to modify and to stay away from. The Identifying Trigger handout is outlined on the next page.
IDENTIFYING TRIGGERS
This handout will allow you to look at all aspects of your life to help identify the triggers that contribute to your using. Being aware of your triggers can help set you up for success to try to avoid those situations.

<table>
<thead>
<tr>
<th>FINANCIAL</th>
<th>EXTERNAL EVENTS</th>
<th>WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples: money, unpaid bills, child support</td>
<td>Examples: housing location, celebrations, weekends, drug using friends</td>
<td>Examples: stress, lay-offs, unemployed, problems with boss/co-workers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER:</th>
<th>PAST ISSUES</th>
<th>CURRENT PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>anything else that is not listed on the worksheet</td>
<td>Examples: ex-partners, broken promises, death of loved one, childhood memories, neglect, abuse</td>
<td>Examples: relationship issues, parents/siblings, medical issues, custody issues</td>
</tr>
</tbody>
</table>
Coping Strategies for Managing Cravings

Talk about your craving: Talk to a counsellor, your sponsor, a member at NA/AA, a close friend or family member. Talking to someone about your cravings can relieve a lot of stress and anxiety. It can also help to talk to others about your cravings and hear how they are managing their cravings. You are not the only one who experiences cravings.

Go to a self-help meeting (NA/AA): Going to a meeting can help take your mind off the craving. It can also provide the opportunity to discuss your cravings with other members.

Engage in an activity: Create a list of activities you could do if you have a craving. This could be going for a walk, a jog, listening to music, or going out with a good friend.

Think of the positive things about staying clean/sober: For example, healthy lifestyle, better relationships, higher self-esteem, or achievement for staying clean/sober for “X” amount of time.

Remember the negative consequences of drinking and drug use: For example, family problems, work problems, financial problems, or health problems.

Change your daily patterns: Get up at a different time; change the order of the events you do (shower, eating, reading the newspaper); change driving patterns (take a new route to work or to where ever your going (this will be talked about more in session EIGHT).

Take a support person with you to events: This will allow you to have someone you can rely on to help you though a craving should one happen. They can “watch out” for you, get you out of situations they know are not healthy for you, and hold you accountable for your actions.

Write out your thoughts or feelings: This will enable you to get your feelings out of your head which can help ease anxiety, stress, or tension. Putting your thoughts out on paper can be very powerful if you do not feel comfortable telling someone just yet.
**Using Self-Talk:**

Automatic thoughts are thoughts you are usually unaware of. Automatic thoughts associated with cravings are usually exaggerated thoughts of “I need to use now or else I will die.”

*Negative Thoughts:* Defeating thoughts that make you feel worthless. Negative self-talk brings your self-esteem down and has a major impact on your actions.

*Positive Thoughts:* Allow you to feel more confident in your abilities; they can reassure you’re that you can do it.

Our actions are inspired by our thoughts. If we can change the way we think, we can start to change our actions.

Identifying negative thoughts allows you to change them to positive self-talk and allows you to normalize the craving. This will let you “play the tapes through”. Playing the tape through means think through your thoughts. “Am I really going to die if I don’t use? What will happen if I do use? What are the consequences if I use? What will happen if I don’t use?”

*Normalizing the craving:* Understanding that cravings are sometimes intense and uncomfortable, but a lot of people experience them, and they are manageable with the right tools.
**CHANGING YOUR SELF-TALK FROM NEGATIVE TO POSITIVE**

When experiencing a situation, you can either have negative self-talk or positive self-talk. Negative self-talk is defeating thoughts that put you down and makes you feel worthless. Positive self-talk is encouraging thoughts (e.g. you are capable of completing a task); they help us cope. This chart will allow you to lay out your thoughts and show you where you need to make changes.

The first line has been done as an example.

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>FEELINGS</th>
<th>NEGATIVE SELF-TALK</th>
<th>POSITIVE SELF-TALK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Going to a job interview</td>
<td>Nervous, scared</td>
<td>I will never get this job, I am so stupid</td>
<td>I have the skills needed for this job, I am a hard worker</td>
</tr>
</tbody>
</table>
Negative Thought Stopping

Stopping negative thoughts can be difficult. Once you get a negative thought in your head, the thoughts can just keep building up to the point where you are beating yourself up. Thought stopping is a technique that puts an immediate stop to the negative thought. You can do this by internally yelling STOP, picturing a STOP sign, or you could wear an elastic band and gently snap it on your wrist and say STOP.

The Five R’s- Negative Thought Stopping Procedure

**Recognize** - Recognizing that you are having a negative thought is a critical first step in learning to control negative thoughts. Consciously increasing your awareness and vigilance with regard to negative thinking will aid in the recognition and control of counter-productive and self-destructive thinking. You must be "on guard" to recognize the first signs of negative thinking in order to crush that thought before it has a chance to fully form and strongly take hold of your conscious mind.

**Refuse** - You must refuse to allow the negative thought to continue and gain strength by some positive and defined action (e.g. visualize a STOP sign in your mind’s eye; snap a rubber band across your wrist every time you have a negative thought; etc.). You must do something to disrupt the negative image and/or thought in order to prevent it from growing stronger. By doing this, you begin the process of shifting your mind away from the negative thought.

**Relax** - Use any of a number of techniques that can help you to relax: take a deep, controlled breath; use a verbal trigger to shift your thoughts and feelings to a relaxing image; etc. When you are relaxed, the effect of mental programming is more powerful and you are ensuring that the next step in this 5-step procedure will have an increased potential to be effective.

**Reframe** - The 4th step in the Negative Thought Stopping procedure serves to complete a mental shift toward images and thoughts that are consistent with your best performance. Replace the negative thought with a positive image or thought. "I AM in control of my thoughts and actions, I can **choose** to respond and think the way I want to." "I’ve been here before and done this before, so I know I can do it again." “This is part of the process that I

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have chosen." Use imagery to 'see' and 'feel' the performance you want to achieve and how you want to BE as you achieve it.

**Resume** - Continue your activities with a sense of confidence and control. You will always enjoy strong sense of confidence if you tie this mindset to a personal commitment to always give nothing but your best effort, regardless of the situation or outcome. The degree of effort you apply to the challenges that you face on an ongoing basis is totally, 100% within your control. It is one of the few things that is, in fact, fully within your control. Think about what you are like when you perform with excellence and what you want to achieve, and develop your confidence by always applying your best effort to achieve it.

The next time you feel negative thoughts grabbing hold, use these **Five R’s** to effectively change your thought patterns.
Take Home Assignment

During the next week, practice using one of the strategies listed (identifying triggers, using self-talk, thought stopping). Write in a journal or notebook what strategy you tried, how it worked out, did it work, what you liked about it, what you didn't like about it, and things you could do differently next time.
Session FIVE

Agenda:
- Reading of the day
- Progressive Muscle Relaxation
- Take home assignment review
- Establishing and maintaining boundaries
- Take home assignment on boundary setting, weekly craving sheets, weekly activity schedule

Materials:
- Flip Chart
- Markers
- CD player
- Relaxation Music
- One copy for each participant:
  - Establishing Boundaries Diagram
  - Boundary Take Home Assignment
  - Craving Schedule
  - Activity Schedule

Weekly Reading:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

After the reading, have each resident share their feelings about the reading, or what they got from the reading, or personal stories.

Progressive Muscle Relaxation

Facilitator presents: This is the second week we will be doing the progressive muscle relaxation exercise.

Note to the Facilitator: Speak slowly and deliberately, using lower voice tones. Ask the participants if it is alright to dim or turn off the lights (depending on current lighting). Ask them to get comfortable in their chairs to begin. Soft relaxation music may be played during this exercise.

Instruct the group: Remember when tensing the muscle group described- keep the muscle tensed for approximately 5 seconds, then relax for approximately 10 seconds.
Facilitator presents:

SCRIPT

If I could get everyone sitting up with their backs straight up in their chair, feet rested on the floor. If you feel comfortable to do so, you can close your eyes.

1. Take three deep abdominal breaths, exhaling slowly each time, imagining the tension draining out of your body.

2. Clench your fists. Hold for 10 seconds, before releasing and feeling the tension drain out of your body (for 15 seconds).

3. Tighten your biceps by drawing your forearms up toward your shoulders and make a muscle with both arms. Hold, then relax.

4. Tighten your triceps (the muscles underneath your upper arms) by holding out your arms in front of you and locking your elbows. Hold, then relax.

5. Tense the muscles in your forehead by raising your eyebrows as high as you can. Hold, then relax.

6. Tense the muscles around your eyes by clenching your eyelids shut. Hold, then relax. Imagine sensations of deep relaxation spreading all over your eyes.

7. Tighten your jaws by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold, then relax.

8. Tighten the muscles in the back of your neck by pulling your head way back, as if you were going to touch your head to your back. Hold, then relax.

9. Take deep breaths and focus on the weight of your head sinking into whatever surface it is resting on.

10. Tighten your shoulders as if you are going to touch your ears. Hold, then relax.

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11. Tighten the muscles in your shoulder blades by pushing your shoulder blades back. Hold then relax.

12. Tighten the muscles of your chest by taking in a deep breath. Hold, then relax.

13. Tighten your stomach muscles by sucking your stomach in. Hold, then relax.

14. Tighten your lower back by arching it up (don’t do this if you have back pain). Hold, then relax.

15. Squeeze the muscles in your thighs. Hold, then relax.

16. Tighten your calf muscles by pulling your toes towards you. Hold, then relax.

17. Tighten your feet by curling them downwards. Hold, then relax.

18. Mentally scan your body for any leftover tension. If any muscle group remains tense, repeat the exercise for those muscle groups.

19. Now imagine a wave of relaxation spreading over your body.

   When you are ready, open your eyes. (*Give a couple of minutes for this and then turn the lights back on*)

**Homework Review:**

*Facilitator:* Now we are going to review how coping with cravings went from last week. Does anyone have any questions, concerns, or problems? What are some things you found helpful or unhelpful? Did you find it hard to manage your cravings? If so what was the hardest part? What strategy did a few of you use? Did you notice any difference in completing the craving sheet while working on coping with cravings? If it was different, how was it different? (*Discuss for approximately 5-10 minutes.*)

Now let’s look at your weekly activity schedule. How are you finding this activity? Is it easy for you to find things to do, are you struggling trying to keep yourself busy? What are some things that people have put down on their activity schedule? (*Discuss this for approximately 5 minutes.*)

**Establishing and Maintaining Boundaries:**

*Facilitator presents:* The topic for our discussion today is about setting and maintaining boundaries. Let’s start off with a bit of a game to see what we are talking about.
SETTING BOUNDARIES GAME

Facilitator Instructions:
- Divide participants into pairs.
- Ask each group to stand roughly 20 feet apart.
- Tell participant A to begin walking slowly towards participant B without making any noise.
- When participant B feels that participant A has come close enough, participant B will put their hand up and say STOP. Then switch and repeat with other partner.

Facilitator then leads discussion on the exercise, using the questions below as a starting point:

Things to think about when you said STOP:
- Did I say STOP at the time I thought I would? Or were they closer or further away?
- How did it feel when I said STOP and established MY OWN boundaries?
- How did it feel to respect someone else’s boundaries?

Following discussion, facilitator presents and gives out Establishing Boundaries Handout:

Boundaries are imaginary lines that protect you emotionally and physically. Boundaries are limits you create and set on how others can treat you and act around you. Setting boundaries allows you to develop responsibility and ensures you are taking control of your OWN life. It is a way of letting others know that you have self-respect, self-worth, and will not allow others to define you.

Setting appropriate boundaries will allow you to be to voice your opinion without feeling guilty or ashamed for not wanted to do something. It is okay to put your needs first sometimes.

Boundary setting is NOT about getting the other person to change; it is about letting them know what you will stand for and what you will not stand for.

Facilitator then presents [Write out the steps on flipchart or whiteboard as you go over them]:

80
**Essential Boundary Setting Steps:**

Gahrmann (2003) identified 7 steps in setting boundaries:

1. Self-Awareness: Identify where boundaries need to be created. What may people no longer do around you, do to you, or say to you? (Be realistic)

2. Inform: Let the person know what are unacceptable behaviors and expressions within your relationship. Communicate without blaming. Verbalize your boundaries.

3. Request: Calmly tell each person very specifically what you want them to stop doing or saying.

4. Follow-Up: Let them know how they are doing on meeting your requests/

5. Demand: Warn them about possible consequences if they continue ignoring your request. Enforce your boundaries.

6. Consequences: Follow through with the consequence if that person is still not accepting your boundaries. Determine which battles are worth fighting and which are worth letting go; walk away without any further comment if necessary. Set consequences that impacts the other person more than you.

7. Respect others’ boundaries: Stop violating other people's boundaries. Be aware and respectful of other people's boundaries. (para. 14)

**Facilitator presents:** Are there any questions on how we go about setting boundaries with other people? I am going to ask you to do a take-home assignment that will let you look at how you set boundaries with others. The way you will do it is like this. [Hand out the Boundary Take-Home Assignment and go over the three steps to complete it. Answer any questions from the group.]

If you ______________________________ (a description of the behaviour you find unacceptable for your life)

I will ________________________________ (a description of what action you will take to protect and take case of yourself)

If you continue this behaviour _____________________ (a description of what steps you will take to protect the boundary you have set) (Burney, R. (n.d.))
Other Take-Home Assignments:

**Facilitator:** [Hand out the week’s craving score sheet, then present:] Remember, the weekly craving sheet is a tool that is to be used for self-monitoring your cravings. To ensure it accurately monitors your cravings, please fill it out once a day. Remember to use the line to identify where you feel you are in relation to your cravings. You can mark anywhere on the line, even between numbers.

**Facilitator:** [Hand out the Weekly Activity Schedule and ask participants to fill this in for a take home assignment, to review the following week, then present:] Once again, the weekly activity schedule is to help you identify times that are high-risk to you and where you need to keep busy to avoid those high-risk times. Use this sheet to create a schedule for yourself; do not over fill your schedule as you may become overwhelmed and not follow through. [If appropriate, say:] Maybe pair up with someone in the group you feel comfortable with to do buddy activities; this will not only help you avoid the high risk time but will also give you companionship.

**Facilitator thanks group for coming and lets members know that s/he hopes to see them next session.**
Session 5 Handouts

- Establishing Boundaries Diagram
- Craving sheet & Activity Schedule (page 44-49)
- Boundary Take Home Assignment
GROUP DISCUSSION:
What are boundaries?
Why do we need them?

BOUNDARY

Emotional & physical space between you and another person

Limit or line which you will not allow anyone to cross because of negative impact

Emotional & physical space you need in order to be the "real" you without feeling pressure to be someone you are not

Emotional and physical distance you can maintain between you and another so you do not become overly involved or attached

clearly defined limits within which you are free to be yourself with no restrictions placed on you

established set of limits over your physical and emotional well-being which you expect others to respect
Boundary Take Home Assignment: Use the following format to set boundaries. (Burney, R. (n.d.))

If you ________________________________ (a description of the behaviour you find unacceptable for your life)

I will ________________________________ (a description of what action you will take to protect and take care of yourself)

If you continue this behaviour ________________________________ (a description of what steps you will take to protect the boundary you have set)

Think of TWO relationships that you could set new boundaries in and use the above format as if you were talking to the other person you are setting boundaries with.

Situation ONE
A) If you

________________________________________________________________________________________________________

(a description of the behaviour you find unacceptable for your life)

B) I will

________________________________________________________________________________________________________

(a description of what action you will take to protect and take care of yourself)

C) If you continue this behaviour

________________________________________________________________________________________________________

(a description of what steps you will take to protect the boundary you have set)

Situation TWO
A) If you

________________________________________________________________________________________________________

(a description of the behaviour you find unacceptable for your life)

B) I will

________________________________________________________________________________________________________

(a description of what action you will take to protect and take care of yourself)

C) If you continue this behaviour

________________________________________________________________________________________________________
(a description of what steps you will take to protect the boundary you have set)
SESSION SIX

Group Agenda:
- Reading of the day
- Progressive Muscle Relaxation
- Take home assignment review
- Introduce risky thinking and harmful beliefs
- Take home assignments:
  - Identification of some of risky thinking and harmful beliefs

Weekly Reading:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

- After the reading, have each resident share their feelings about the reading, what they got from the reading, or personal stories.

Progressive Muscle Relaxation

Facilitator: This is the last week we are going to be doing Progressive Muscle Relaxation. Next week we will be starting a new meditation.

Note to the Facilitator: Remember to speak slowly and deliberately, using lower voice tones. Ask the participants if it is ok to dim or turn off the lights (depending on current lighting). Ask them to get comfortable in their chairs to begin. Soft relaxation music may be played during this exercise.

Instruct the group: Remember when tensing the muscle group described, keep the muscle tensed for approximately 5 seconds, and then relax for approximately 10 seconds.

Materials needed:
- Flip chart
- Markers
- CD player
- Relaxation Music
- Computer or DVD Player with YouTube video cued up
- YouTube video- Louise Marks- Breaking the Addiction Cycle
- One copy for each participant
  - What is risky thinking
  - Craving sheet
  - Activity schedule

Group Agenda:
- Reading of the day
- Progressive Muscle Relaxation
- Take home assignment review
- Introduce risky thinking and harmful beliefs
- Take home assignments:
  - Identification of some of risky thinking and harmful beliefs

Weekly Reading:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

- After the reading, have each resident share their feelings about the reading, what they got from the reading, or personal stories.

Progressive Muscle Relaxation

Facilitator: This is the last week we are going to be doing Progressive Muscle Relaxation. Next week we will be starting a new meditation.

Note to the Facilitator: Remember to speak slowly and deliberately, using lower voice tones. Ask the participants if it is ok to dim or turn off the lights (depending on current lighting). Ask them to get comfortable in their chairs to begin. Soft relaxation music may be played during this exercise.

Instruct the group: Remember when tensing the muscle group described, keep the muscle tensed for approximately 5 seconds, and then relax for approximately 10 seconds.
Facilitator presents:

**SCRIPT**

1. Take three deep abdominal breaths, exhaling slowly each time, imagining the tension draining out of your body.

2. Clench your fists. Hold for 10 seconds, before releasing and feeling the tension drain out of your body (for 15 seconds).

3. Tighten your biceps by drawing your forearms up toward your shoulders and make a muscle with both arms. Hold, then relax.

4. Tighten your triceps (the muscles underneath your upper arms) by holding out your arms in front of you and locking your elbows. Hold, then relax.

5. Tense the muscles in your forehead by raising your eyebrows as high as you can. Hold, then relax.

6. Tense the muscles around your eyes by clenching your eyelids shut. Hold, then, relax. Imagine sensations of deep relaxation spreading all over your eyes.

7. Tighten your jaws by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold, then relax.

8. Tighten the muscles in the back of your neck by pulling your head way back, as if you were going to touch your head to your back. Hold, then relax.

9. Take deep breaths and focus on the weight of your head sinking into whatever surface it is resting on.

10. Tighten your shoulders as if you are going to touch your ears. Hold, then relax.

11. Tighten the muscles in your shoulder blades by pushing your shoulder blades back. Hold then relax.

12. Tighten the muscles of your chest by taking in a deep breath. Hold, then relax.

13. Tighten your stomach muscles by sucking your stomach in. Hold, then relax.

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14. Tighten your lower back by arching it up (don’t do this if you have back pain). Hold, then relax.

15. Tighten your buttocks by pulling them together. Hold, then relax.

16. Squeeze the muscles in your thighs. Hold, then relax.

17. Tighten your calf muscles by pulling your toes towards you. Hold, then relax.

18. Tighten your feet by curling them downwards. Hold, then relax.

19. Mentally scan your body for any leftover tension. If any muscle group remains tense, repeat the exercise for those muscle groups.

20. Now imagine a wave of relaxation spreading over your body.

When you are ready, open your eyes. *(Give a couple of minutes for this and then turn the lights back on)*

**Homework Review:**

*Facilitator:* Now we are going to review how boundary assignment went from last week. Does anyone have any questions, concerns, or problems? What are some things you found helpful or unhelpful? Did anyone set boundaries with either friends or family members over the past week? If so what was the hardest part? What strategy did a few of you use? *(Discuss for approximately 5-10 minutes.)*

*Facilitator:* Please pull out your craving sheets for the last 5 weeks; how is the assignment going? Are you finding it easy to fill out? Are you able to find time to fill it out? Is anyone feeling lost about the assignment or confused? Looking at your sheets for the last 5 weeks, are you noticing a pattern in your cravings? Are they decreasing, increasing, are they happening at certain times/locations? What type of coping strategies are people using to cope with cravings? *(Discuss this for approximately 5 minutes.)*

Now let’s look at your weekly activity schedule. How are you finding this activity? Is it easy for you to find things to do? Are you struggling trying to keep yourself busy? What are some things that people have put down on their activity schedule? *(Discuss this for approximately 5 minutes)*
**Risky Thinking**

Facilitator: Conduct the discussion and write down the participant’s answers on the flip chart. Group Discussion: What is risky thinking when you think about addiction? Have the group come up ideas on what they think it is, and examples of either thinking or decision-making that has led them back to using in the past

Facilitator: **Risky Thinking:** Any thoughts or decisions that have a negative influence on a person’s efforts to achieve or maintain abstinence from substances.

Facilitator: Although people may be motivated to change, their distorted thinking sometimes puts a halt to their progress (example: “I can give up the booze, but I’m not going to stop going to the club after work; it’s where all my friends hand out”).

Facilitator: For those who have achieved a period of abstinence, risky thinking may be a warning sign that may elicit using substances. (More information regarding warning signs will be covered in Session 10.) For those of you who have achieved a period of abstinence, you may start to rationalize your risky-thinking (for example, “I’ve been doing so well, maybe I don’t need all these meetings”) This type of thinking will end up creating temptations around using again, and at this point you will need to identify that you are in a bad situation and that what you have been thinking is risking your abstinence.

Facilitator note: Go around the room and have the group read “John’s Story” (Devine, E., Brief, D., Horton, G., LoCastro, J. (n.d.)). Reading is voluntary, but if no one volunteers to read, you may need to call on people. After reading John’s story, have the group identify the risky thinking. This can be done on a white board or flip chart. Identifying others’ risky thinking may make it easier for participants to identify their own risky thinking.
**Harmful Beliefs**

*Facilitator notes:* The reference for this video is:  
Title: Breaking the addiction cycle  
Author: Mark, Louise  

*Facilitator:* For the remainder of this session, we will be watching a video by Louise Marks called “Breaking the Addiction Cycle” This video will outline how your beliefs influence the decisions you make in your life.

*Facilitator note:* The breaking the Addiction Cycle Video can be accessed from this YouTube link.  
http://www.youtube.com/watch?v=S>JjecKA4abk

After the video have a group discussion about the video.  
Topics of suggestion:  
- What feelings arose watching this video?  
- Could you see you own life in any of the headings in the Cycle? (ie: using ritual, impaired thinking, unmanageability)  
- Did anyone experience any cravings while watching this video? What did you do to reduce these cravings?  
- Looking back on the time spent using substances, can you identify any consequences of your using?

*Take home assignments:*  
Hand out risky thinking take home assignment, and go over it with the group participants to ensure they understand how to do it. Then hand out and remind participants to complete craving sheet and activity schedule

*Facilitator thanks group for coming and lets members know that s/he hopes to see them next session.*

---

18 CL Productions (producer). (1994). *Breaking the addiction cycle* [VHS].
Session 6 Handouts

- Identifying Risky-Thinking: John’s Story
- Craving sheet & Activity Schedule (page 44-49)
- Risky-Thinking Take Home Assignment
Identifying Risky Thinking
Please note that this story is fictional and is not representative of anyone's personal life.

**John’s Story**

As you read the following story, think about the risky thinking and decisions that led up to John’s cocaine use.

John is a 37-year-old divorced male who has remained drug-free for 6 months after several years of abusing cocaine and alcohol. He is an active participant in an outpatient therapy group once each week, and attends A.A. a few times per month. After being detoxed and participating in an inpatient program, he returned to work full-time and has been able to maintain his job. He has had a steady girlfriend for about 3 months, and sees her several times each week.

John receives a paycheck every two weeks. He usually heads straight for his bank, which is close to his home and deposits the check immediately, withdrawing only a few dollars to carry in his pocket. On this particular day, John was worried that he would not be able to make it to his own bank in time and decided to cash his check at the bank next door to his office. Although the bank next door to his work was more convenient than his own, John was convinced he should not open an account there because they did not give interest on checking accounts. He made this decision even though he never had enough money to earn interest. John bought some money orders to pay his bills, but was still left with $100.00 in cash. He planned to deposit the cash in his own bank as soon as possible, but by the time he drove home, his own bank was closed.

John was feeling pretty anxious when he got home because he was going to court the next day to face a preliminary hearing on a theft charge that his old boss has filed against him. He had not spoken to a lawyer and had put off calling one all week because he imagined that it would be too expensive. He didn’t feel that he should have to go through this since he wasn’t working there anymore, and he had hoped his old boss would let him off the hook because he wasn’t using drugs anymore.

John was planning to go out to dinner that evening with his girlfriend to take his mind off the hearing. However, she called at the last minute and said she was too tired. He thought about telling her how much he needed company to get through this ordeal, but decided not to say anything. He felt annoyed, rejected, and angry with all women. He tried to watch a football game, but couldn’t concentrate so he tried to go to sleep early that night.

John found that he couldn’t sleep that night, and finally got up at 1:00am. He decided to go out to get cigarettes and the only store he knew of was in the old neighborhood where he used to buy cocaine. He drove to this store and noticed some people looked high on cocaine hanging around, but he didn’t stay long.

---

John was still not tired so he decided to stop in and see a friend that lived nearby. He knew that this friend got high sometimes but told himself that he would just turn around and leave if he felt tempted or if his friend offered him any drugs. He told himself that he really needed someone to talk to and that this was a good friend who might help him out.

When John got there, there were several women in the apartment. One of the women who he found very attractive asked him if he wanted a hit of a joint she was smoking and before he knew it, it was in his mouth. He told himself that he didn’t need to worry, that cocaine but not marijuana was his problem. He started thinking that he needed something to help him relax and that he deserved a reward for putting up with this much he needed company the night before his hearing. He thought to himself, “If she had not canceled our date, I would not be smoking pot with this other woman.” John asked this woman if she was interested in taking him home for the night. When she said yes, and told him how much she liked cocaine, John realized that the $100 was still in his wallet, and he decided to buy some for her.

**By the next morning John had used cocaine.**
Risky Thinking Take Home Assignment

Read through the Risky thoughts section and under the Alternative thoughts section think of something you could say to yourself to change the risky thinking into a realistic thought. The first couple are done as examples.

<table>
<thead>
<tr>
<th>Risky Thoughts</th>
<th>Alternative Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing your control</td>
<td></td>
</tr>
<tr>
<td>“I can be with people using and stay sober”</td>
<td>“The risk is too great to chance it”</td>
</tr>
<tr>
<td>“I think I can control this”</td>
<td></td>
</tr>
<tr>
<td>“I won't let it get out of hand this time”</td>
<td></td>
</tr>
<tr>
<td>Giving up your control</td>
<td></td>
</tr>
<tr>
<td>“Whatever happens, happens”</td>
<td>“I have control of whether I use”</td>
</tr>
<tr>
<td>“I can’t stop myself”</td>
<td></td>
</tr>
<tr>
<td>“This is who I am, why fight it”</td>
<td></td>
</tr>
<tr>
<td>Giving up your fight</td>
<td></td>
</tr>
<tr>
<td>“Screw it”</td>
<td></td>
</tr>
<tr>
<td>“I can pay the price”</td>
<td></td>
</tr>
<tr>
<td>“I just don’t care”</td>
<td></td>
</tr>
<tr>
<td>Delaying your progress</td>
<td></td>
</tr>
<tr>
<td>“I will worry about it tomorrow”</td>
<td></td>
</tr>
<tr>
<td>“After this, I’m really going to stop”</td>
<td></td>
</tr>
<tr>
<td>“I can always get into treatment again”</td>
<td></td>
</tr>
<tr>
<td>Rationalizing why you should use</td>
<td></td>
</tr>
<tr>
<td>“It’s free, I can’t pass that up”</td>
<td></td>
</tr>
<tr>
<td>“I will use eventually, so why miss out now”</td>
<td></td>
</tr>
<tr>
<td>“If I use one more time, I may be even”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thinking that the sacrifice is too great</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It’s not fair that I can’t use”</td>
</tr>
<tr>
<td>“Sobriety is going to be miserable”</td>
</tr>
<tr>
<td>“I’m never going to be happy again”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Underestimating your coping skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>“This is more than I can handle”</td>
</tr>
<tr>
<td>“This will only get worse is I don’t use”</td>
</tr>
<tr>
<td>“Resisting this craving is impossible”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thinking that you’ve earned it</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I've been good for awhile”</td>
</tr>
<tr>
<td>“I deserve a reward”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fooling yourself with positive recall</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The buzz will feel so good”</td>
</tr>
<tr>
<td>“Nothing feels as good as...”</td>
</tr>
</tbody>
</table>
SESSION SEVEN

Weekly Reading:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

After the reading, have each resident share their feelings about the reading, what they got from the reading, or personal stories.

Qigong
(How do I say it: Qi pronounced Chee, Gong pronounced gung)

Facilitator: Has anyone heard of Qigong? Can anyone guess what it is?

Facilitator: Qigong: Is healing with energy medicine from China. It is a combination of using breathing techniques, gentle movement, and meditation to cleanse, strengthen, and circulate the life energy. In the past, it has been called nei gong (inner work) and dao yin (guiding energy).

Qigong can be practiced standing or seated. Qigong has been shown to improve posture, respiration, induce the relaxation response, cause favorable changes in blood chemistry, improve self-awareness, and concentration. Research has also shown that it can be beneficial for those with asthma, arthritis, headaches, pain, and chronic fatigue.

Facilitator can write these down on the flip chart: There are FOUR areas of Qigong:

1) Healing Qigong: is the preventive and self-health aspect of Chinese medicine. It teaches us how to control our reactions to stress so that life events do not cause of harm (high blood pressure, frustration, anxiety).

Materials needed:

- Flip chart & markers
- One copy for each participant
  - Common high-risk situations
  - My high-risk situations are…
  - Plan for dealing with high-risk situations
  - Tips for dealing with high-risk situations
  - Take home assignment
  - Craving sheet
  - Activity schedule

Group Agenda:

- Reading of the day
- Qigong Meditation
- Take home assignment review
- Identifying high risk situations and how to deal with them
- Take home assignment: identify a high risk situation and how you used to deal with it and how you would deal with it now

Materials needed:

- Flip chart & markers
- One copy for each participant
  - Common high-risk situations
  - My high-risk situations are…
  - Plan for dealing with high-risk situations
  - Tips for dealing with high-risk situations
  - Take home assignment
  - Craving sheet
  - Activity schedule
2) External Qi Healing: You learn to “tap” into a well of healing energy in nature and “funnel” it through your body. Includes exercises that increase sensitivity to energy fields.

3) Sports Qigong: In sports and martial arts, it is the key to strength, stamina, coordination, speed, flexibility, balance, and resistance to injury. It can help to improve performance in just about any sport.

4) Spiritual Qigong: Helps with self-awareness, tranquility, and harmony with nature. This type of Qigong evolved from Taoism and Buddhism.

**Facilitator:** For the next THREE weeks we will be practicing Spiritual Qigong.

**Facilitator note:** There is a guide on Youtube, which is recommended to be able to fully understand each of the movements presented: “Qigong 7 minutes for Health by Lee Holden.” The link to the website is attached.

http://www.youtube.com/watch?v=cXfKWm2QBAE
The video can be played on a computer or TV in a large area where there is room to move around. Have the participants follow along with the video.

**Homework Review:**

**Facilitator:** Now we are going to review how the risky thinking assignment went from last week. Does anyone have any questions, concerns, or problems? What are some things you found helpful or unhelpful? What type of risky thinking did you encounter? How did you respond to it? What alternate thoughts did you use to manage these risky thoughts? Did you find it hard to replace your risky thinking with alternate thoughts that were not risky? *(Discuss for approximately 5-10 minutes.)*

**Facilitator:** Please pull out your craving sheets for the last 6 weeks; how is the assignment going? Are you finding it easier to fill out now that you have been doing it for 6 weeks? Looking at your sheets for the last 6 weeks, are you noticing a pattern in your cravings? Are they decreasing, increasing? Are they happening at certain times/locations? What are your usual triggers? *(Discuss this for approximately 5 minutes.)*

Now let’s look at your weekly activity schedule. Have you changed your schedule up since the first few you did? Are you finding your schedule is working well for you, are you struggling trying to keep yourself busy? What are some things that people have put down on their activity schedule? *(Discuss this for approximately 5 minutes.)*
**High Risk Situations**

*Facilitator:* Ask the group to define what a high-risk situation related to substance use is. This can be done on a white board, flip chart, or verbally.

*Facilitator presents:* High-risk situations are situations that make us want to use alcohol or drugs. A high-risk situation for one person may not be a high-risk situation for another. High-risk situations are personal and vary from person to person. Once in a high-risk situation, some people end up making excuses as to how we got into the situation and try to put the blame on someone else.

Identifying high-risk situations can be difficult for you, as it requires you to take a look at your life and your previous relapses. Looking back on previous relapses, you have to be able to see what situation/experience provoked the relapse, and if it would be a potentially high-risk situation again.

*Facilitator:* Hand out the “Common high-risk situation list” and have each participant go through the list and check off their high-risk situations. Once they have identified their high-risk situations, hand out the “My high risk situations are...” handout. *Present:* Filling out the “Common high-risk situations list” will allow you to identify your high risk situations; the “My high-risk situations are...” handout will allow you to write out the specific situation with a way to manage the high-risk situation. (Give approximately 20 minutes to work on these sheets.)

**Note to participants** Everyone in the group may have different high risk situations; something that is high risk for one participant may not be a high risk for another participant.

*Facilitator:* Conduct a group discussion on high-risk situations and how participants have dealt with these situations in the past. *(If it appears that the group is unsure what to talk about go through the “common high-risk situation list” and pick a few that would be the most common ones the group probably would have experienced and ask if anyone has experienced this, what happened, and how they handled the situation).*
Facilitator notes: Hand out “Plan for dealing with high-risk situations” and “Tips for dealing with high-risk situations” (Have the participants read thorough these pages aloud; you may have a few participants read or just one depending on the group dynamics.)

Facilitator: The plan for dealing with high-risk situations will be able to act as a plan for you for when you are dealing with a high-risk situation. This handout will help you establish a plan to manage your high-risk situations.

The tips for dealing with high-risk situations are steps you can take to help deal with a high-risk situation. Not all of these tips will work for everyone, as everyone’s situation is different. Are there any others that are not listed that could help when dealing with high-risk situations? (These can be written on the flip chart or have the participants write them on the handout.)

Take Home Assignment:

Facilitator: [Hand out the take home assignment. Take 5 minutes to review this to ensure everyone understands what is being asked.] This take home assignment will list four of your high-risk situations and identify two ways for coping with each situation that will help you maintain your abstinence. (Refer back to the coping strategies in session 5 for suggestions.) As a reminder, please complete your craving sheet and activity schedule.
Session 7 Handouts

- Common high-risk situations
- My high-risk situations are...
- Tips for dealing with high risk situations
- Plan for dealing with high-risk situations
- Craving sheet & Activity Schedule (page 44-49)
- Take home assignment
Common High-Risk Situations

Review this list of common high-risk situations and highlight the situations that relate to you

1. **Negative Feelings, Attitudes and Thoughts or Behaviors**
   a. Anger expression problems (for example: holding anger in, expressing it inappropriately or violently).
   b. Anxiety or nervousness.
   c. Boredom or lack of constructive leisure interests.
   d. Denial ("I don't have an alcohol/drug problem")
   e. Depression
   f. Excessive or impulsive behavior (for example, gambling too much, overeating, spending too much money, overworking, excessive sex).
   g. Exhaustion or fatigue
   h. Feeling helpless or hopeless
   i. Guilt
   j. Impatience with recovery plan. ("things don't seem to be moving fast enough")
   k. Lack of meaning in life (nothing seems important)
   l. Loneliness or isolating yourself from others.
   m. Overconfidence about sobriety ("I've got this thing licked; I'll 'never' use alcohol or drugs again.")
   n. Painful memories (for example, from combat experience, death of a loved one, or from experiences growing up in a troubled family).
   o. Preoccupation with alcohol or drugs.
   p. Resentment towards others
   q. Self-pity
   r. Shame
   s. Thinking alcohol or drugs are needed in order to "have fun".
   t. Unusual or disturbing thought.
   u. Other:

2. **Social Pressures to Use alcohol or Drugs**
   a. Being invited to a social or recreational event where alcohol or drugs are likely to be used (parties, picnics, ball games, weddings, etc.)
   b. Being invited to a bar or club
   c. Difficulty refusing alcohol or drugs offered by others
   d. Difficulty being around others who are using alcohol or drugs
   e. Difficulty being around others who are intoxicated or "high"
   f. My social group consists mainly of others who misuse alcohol or drugs.
   g. Other:

3. **Sobriety Plan or Treatment Related Problems**
   a. Feelings that treatment is not helping me
   b. Feeling that I don't want to be involved in treatment

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c. I seem to remain involved in recovery activities only for short periods of time.
d. Not going to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings regularly.
e. Not working my individualized recovery plan; for example, not staying out of bars; not completing my daily inventory; not working at making changes I agreed to as part of my recovery, etc.
f. Not getting my family involved in recovery activities.
g. Other:

4. **Problems in Relationships with Other People**
   a. Argumentative with others
   b. Difficulty meeting people or developing new relationships
   c. Difficulty trusting others
   d. I have no friends and tend to be a loner
   e. My friends consist mainly of others who misuse alcohol or drugs.
f. My spouse or parent has an alcohol or drug problem.
g. Sexual problems (for example, fears of sober sex; impotence; lack of control over sexual feelings or behaviors; inappropriate sexual behaviors.)
h. Specific stresses or problems in a relationship (for example, "I just can’t seem to get along with my parents or my spouse," "I can’t seem to handle my responsibilities as a parent like I should.")
i. Other:

5. **Urges, Cravings, Temptations, or Testing My Control**
   a. Being around others in certain places such as bars or parties makes me feel like using alcohol or drugs.
b. Having alcohol or drugs in my home tempts me.
c. I purposely put myself in alcohol or drug use situations to see if I can avoid using.
d. I sometimes get an urge or craving to use alcohol or drugs without anything seeming to trigger this off.
e. I try to have a few drinks (or drugs) to see if I can control my use.
f. The sight or smell of alcohol or drugs sometimes triggers and urge or craving to use.
g. The sight or smell of certain things in my environment, which remind me of using alcohol or drugs, sometimes triggers an urge or craving.
h. Other:

6. **Other High-Risk situations.**
   a. Difficulty handling evenings or weekends.
b. Difficulty handling stress or anxiety.
c. Difficulty solving problems without getting overwhelmed.
d. Feeling good about my life and myself.
e. Lack of constructive ways of spending my days.
f. Lack of hobbies or leisure time interests.
g. Physical pain or problems.
h. Wanting to celebrate special occasions (holidays, birthdays, etc.)
i. Other:
My High Risk Situations are...22

Identifying & Managing High-Risk Situations

Identifying situations where you might lapse into old behaviours (e.g., you might really want to use alcohol and/or other drugs) can help you avoid trouble and stay on track with the changes you are making.

Consider the last few times that something you did got you into trouble. Next, think about times when you didn’t get into trouble. What was different? Your answers may be able to help you avoid trouble in the future. Use the chart below to identify high-risk situations and brainstorm ways you might deal with them.

My high-risk situations are ...

...linked to these places (e.g., Pete’s house):

________________________________________________________________________
________________________________________________________________________

I can avoid these places or make them safer by...

________________________________________________________________________
________________________________________________________________________

...linked to these particular times (e.g., weekends, parties):

________________________________________________________________________
________________________________________________________________________

I can make sure these times don’t get me into trouble by...

________________________________________________________________________
________________________________________________________________________

...tied to these people (e.g., Pete):

________________________________________________________________________
________________________________________________________________________

I can make my relationships with these people safer by...

________________________________________________________________________
________________________________________________________________________

...tied to these emotions (e.g., anger, boredom, depression, stress):

________________________________________________________________________
________________________________________________________________________

I can learn to handle these emotions better by...

________________________________________________________________________
________________________________________________________________________

Tips for Dealing with High-Risk Situations

- Plan ahead, plan ahead, plan ahead. Have structure in your life.
- If you find yourself in a dangerous situation, GET OUT! Don’t wait; don’t make excuses for being there, GET OUT!
- Avoid your high-risk places; it’s NOT about “testing” yourself.
- Avoid people who you used with or who will influence to use.
- Talk openly and honestly with others about cravings.
- Have at least 5 phone numbers of supportive people you can call when confronted with danger.
- Make sure you have sober support with you when facing unavoidable high risk situations.
- Have an escape plan or have alternative activities ready in case plans fall through.
- Be aware of personal relapse triggers and high risk situations.
- Think positively in the face of danger, go to a meeting!

---

Plan for High-risk Situations

The following may serve as a guide to help you form your personal Relapse Prevention Plan. Answer each question to the best of your ability.

Figure out the high-risk situations that might lead you to start drinking, using drugs.

1. What days are you most likely to start to drink, use drugs?

2. What times of the day are you most likely to start drinking, using drugs?

3. In what locations are you most likely to start to drink, use drugs or gamble?

4. Who are you most likely to start drinking, using drugs with?

5. What moods or feelings are most likely to lead you to start drinking, using drugs?

6. a) What positive things do drinking, using drugs do for you?

   b) List some high-risk situations that may result from the above.

---

7. For each high-risk situation, think of three things you can do to handle the situation so you won’t start to drink, use drugs or gamble to feel good.

Here is an example high-risk situation: Staff party where there will be drinking.

**Plan 1.** Order a non-alcoholic drink before joining the group.
**Plan 2.** Arrange to leave the party early.
**Plan 3.** Have three responses ready for when you are asked if you want a drink.
Take home assignment—High Risk Situations

List 4 of your high-risk situations and identify 2 ways for coping with each situation that will keep you from relapsing. Do not just write, “I would leave the situation” this is assumed the correct thing to do.

High-risk situation________________________________________________________

1.  
2.  
3.  

High-risk situation________________________________________________________

1.  
2.  
3.  

High-risk situation

1.

2.

3.

High-risk situation

1.

2.

3.
SESSION EIGHT

Reading of the day:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone you know who is comfortable reading aloud).

After the reading, have each resident share their feelings about the reading, what they got from the reading, or personal stories.

Qigong Relaxation Meditation:

Facilitator: As you can remember from last week’s meditation we will be doing Qigong again.

**Conduct the Qigong meditation the same as the previous week**

Take home assignment review:

Facilitator: Now we are going to review the “plan for high-risk situations” and the “high-risk take home assignment”. How did everyone find these exercises? Was everyone able to figure out what their high-risk situations are? Did you learn anything new about your high-risk situations? If so, what did you learn? As for the high-risk take home assignment, what type of coping strategies did people put down for high-risk take home assignment? Did anyone experience one of their high-risk situations and use the skills learned in the previous sessions?

Facilitator: Please pull out your craving sheets for the last SEVEN weeks; have you noticed a different in your cravings? What triggers have you identified and what coping strategies are you using?
Now let’s look at your weekly activity schedule. How are you finding this activity? Is it easy for you to find things to do, are you struggling trying to keep yourself busy? Throughout this exercise, have you identified new times where you need to keep busy? Has this been an important exercise for you to do weekly? If so, what do you find important about it? If not, have you done it anyway? Why?

High Risk Map Planning:

Facilitator: Has anyone ever heard of map planning? [At this point, if no one has heard of it explain what it is (a definition is given below). If people have heard of it, have them give their description of what it is.]

High-Risk Map planning: is a detailed map that outlines different routes you can take to get to where you are going. These different routes will help you manage your high-risk situations. The map will help you set out manageable steps, coping strategies, emergency tips, and phone numbers.

Facilitator: [Hand out example of map planning. Have the group start their map planning during the session. Dedicate at least 30 minutes of the group to this. Their take home assignment will be to finish their map(s). Put out multiple sizes of paper, markers, pencil crayons, crayons, rulers, pencils.]

Facilitator presents instructions for creating the map:

Your map can be as detailed as you need it to be, this is YOUR map. Feel free to draw trees and walkways. Use colours to color-code your routes as in the example. When creating your high-risk map, choose a scenario that you know is problematic for you due to locations, homes of particular people, places where you used to get your substances, etc. You could choose to create a map for going to the mall, grocery store, coffee shop, etc.

Try to make the “NEW ROUTE” realistic (you are not going to drive an hour out of your way to get to the grocery store, but do not put yourself in a high-risk situation). The whole idea of this assignment is to create alternate routes to help you get to your end destination safely, without putting yourself into a high-risk situation where it could lead you to use again.

Take Home Assignments:

Facilitator: Your take home assignment for today will be to finish your high-risk map planning. If you finished your map during the session today, create another one for another situation. Please bring your maps with you to the next session, as we will be reviewing these. Also, remember to complete your craving sheet and weekly activity schedule, as we will continue to review these weekly for any changes.
Session 8 handouts

- Map Planning example
- Craving sheet & Activity Schedule (page 44-49)
Emergency tips
- If I feel triggered call my sponsor or family/friend,
- Try deep breathing if I feel anxious
- If deep breathing does not work go to a safe place (church, sponsors house, AA/NA meeting, friend/family member's house)

Important phone numbers
- Sponsor
  - XXX-XXXX-XXXX
- Family member/friend
  - XXX-XXXX-XXXX

Map to the grocery store

X = high risk situation
- New route to grocery store
- Old route to grocery store

Grocery store
Church
Family/friends house
Mall
Sponsors house
PARK where I've used
Convenience store where I bought money
Dealers house
LCBO
My house
SESSION NINE

Group Agenda:
- Reading of the day
- Qigong Meditation
- Take home assignment review
- Identifying a support person/network
- Take home assignments

Materials needed:
- Flip chart
- Markers
- One copy for each participant:
  - Types of Support
  - My Supports in Recovery
  - Take home assignment: Plan for seeking support
  - Craving sheet
  - Activity Schedule

Reading of the day:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for recovery Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

After the reading, have each resident share their feelings about the reading, what they got from the reading, or personal stories.

Qigong Meditation:

Facilitator: As you can remember from last week’s meditation, we will be doing Qigong again.

**Conduct the Qigong meditation the same as the previous week**

Take Home Assignment Review:

Facilitator: Could I get everyone to pull out their high-risk maps they created last session and for the take home assignment. How did everyone find these? Did anyone have trouble creating an alternate route? Why was this difficult? Did anyone have trouble deciding what type of map to draw (e.g. they had too many high-risk situations to choose from)? How did you end up choosing the situation you did? If you feel that these high-risk maps really benefited you, feel free to create more during your spare time.

Facilitator: Please pull out your craving sheets for the last EIGHT weeks; have you noticed a difference in your cravings from the previous weeks? Have you tried any new coping strategies? If yes what were they? How did it work out for you?
Now let’s look at your weekly activity schedule. Are you finding yourself looking for new activities to participate in? Have you expanded your activities to include ones you haven’t tried yet? Are you creating your activity schedule with the intent of doing certain activities with certain people? Have you found a certain activity you love doing and will continue doing?
Identifying your support person/network

Facilitator: Have the group define what support means to them. After they have defined support have them list what supports are. Write their answers on the flip chart.

**Suggestions for supports:**
- Self-help groups (e.g. NA, CA, AA, GA)
- Spiritual or religious affiliations (e.g. church, religion-based groups/clubs, non-denominational spiritual centers)
- Personal relationships (friends and family)
- Neighbours
- Co-workers
- Community service agencies (e.g. Tri-county mental health & addictions, Frontenac mental health)
- Professional help (e.g. outpatient counseling)

Facilitator: Group discussion: Why do we need supports in our lives? Are they important, not important?

Facilitator: Having a strong support system can be very helpful in recovery. Having a support system of people and networks that understand what you are trying to achieve can be very helpful to you. By letting these people know what you are trying to achieve will allow you to be the person you want to be. This will also help set boundaries and allow for your supports to look out for you.

If you do not have supports in place, it can make it very hard for you to maintain abstinence. Supports can help you solve problems related to unemployment, loss of housing, finances, managing money, etc. They can also help you cope with painful emotions (death of a loved one, stress, etc).

Facilitator: Now that we have established a good list of supports, we are going to go through them in more detail. This will give you a better understanding of why these supports are beneficial to helping you maintain an abstinent lifestyle. [**Hand out the “Personal & External Supports”**] Reading the handout can be done by the members of the group; have multiple people read to get the participants involved. Facilitator: Are there any questions, concerns about the type of supports we just discussed? [Facilitator helps clarify any.] Does anyone want to share about some of their supports and how it has helped them?

Facilitator: So now that we have gone through the types of supports in more detail, I want everyone to write down their supports they currently have. (HAND OUT “My Supports in Recovery”) Don’t worry if you cannot fill all the circles in. You will have 15 minutes to work on this. [After completion:] How did everyone find this handout? Were you able to
identify your supports? Did you have trouble identifying them? What type of supports did people identify?

Facilitator: Hand out the “Plan for seeking support”, “Weekly craving sheets”, and “Weekly activity schedule”. The Plan for Seeking Support handout will be your take home assignment for this session. It looks at expanding your social supports. You will be identifying new supports you would like and how you might go about getting these supports. If you need more boxes, feel free to add more. When looking at this handout, the last box is “Plan for getting this support.” This can mean going to an open house at a community support, attending a meeting with a friend, going to local agencies and asking them what type of supports they can offer and if they know of other agencies that can offer support, and so on.

Also, as a reminder, remember to fill out your craving sheet and activity schedule for next week, as we will continue to review these weekly.
Session 9 Handouts

- Personal & External supports
- My supports in recovery
- Plan for seeking support
- Craving sheet & Activity Schedule (page 44-49)
Personal & External supports

Self-Help groups (AA, NA, GA, CA):

These groups are peer-led and depend on the participants sharing their experiences and helping each other. Self-help groups may be effective because they provide a new support system for a client. In these groups, you can compare their reactions to people who have had similar experiences and count on people for support when they need it most. These meetings offer suggestions on how to change as well as a message of hope.

Belonging to a group may reinforce the decisions that the person is making to change and members of the group who have long-term sobriety may help serve as role models for someone who is new to abstinence.

Spiritual or religious affiliations (church, religion-based groups/clubs, non-denominational spiritual centers):

Being involved in faith-based practices, religious groups, and spiritual organizations can help with providing one with a sense of belonging without alcohol or drugs. Many groups also ask for participation in activities; this also provides a sense of belonging and appreciation. Involvement with religious groups can also help set out guidelines for living an alcohol or drug free lifestyle.

Personal relationships (friends and family):

Sober friends can have a major impact on someone who is in the early stages of recovery, as they have a unique bond with the person and can understand and relate to the other person’s situation. Sober friends may be able to provide moral support and encouragement as well as other information pertaining to recovery. One may be able to relate to a sober friend more than a non-sober friend because they have shared a certain type of struggle in their life.

There may also be people in one’s life from his or her family or longstanding friends that are abstinent but do not have a problem with alcohol or drugs. One may benefit from these relationships in terms of obtaining emotional support, sharing leisure activities, or getting help with problem-solving as long as the family member or friend is able to respect one’s desire to change and does not attempt to sabotage this (e.g., by using in front of the client).

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Community service agencies:

One may not be able to focus on recovery if one is extremely distressed with issues of not being able to have the basic needs such as food or housing. There may be local agencies in one’s community that can assist with situations that may arise. Local agencies may be able to provide support with emergency housing, financial matters, employment, or transportation. Helping address these issues will allow the client to continue to focus on achieving and maintaining abstinence.
Plan for Seeking Support

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<th>How this support will help</th>
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SESSION TEN

Reading of the day:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading a loud).

After the reading, have each participant share their feelings about the reading, what they got from the reading, or personal stories.

Walking Meditation:

Facilitator: Ask the group if they have heard of walking meditation. Has anyone tried it?

Facilitator explains: Walking mediation is simply meditating while walking! Walking meditation has been found in both Taoist and Buddhist traditions. This type of meditation has the benefits of both exercise and meditation. I will lead us through one.

Instructions for walking meditation

1- Stand up and relax your abdominal muscles. Take several deep belly breaths. Feel your abdomen expand and contract with each breath. Repeat the word “in” with each inhalation and “out” with each exhalation.

2- Without controlling your breathing too much, try to arrange it so that one of your feet touches the ground at the beginning of each “in” breath and each “out” breath. [Facilitator

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Group Agenda:

- Reading of the day
- Walking Meditation
- Take home assignment review
- Identifying warning sign of relapse
- Take home assignment: Relapse intervention

Materials needed:

- Flip chart
- Markers
- One copy for each participant
  - Walking Meditation
  - Potential warning signs of relapse
  - Take home assignment: common warning signs & Relapse intervention

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demonstrates.] Now see how many steps it seems natural to take during each inhalation and each exhalation.

3- Count your steps in time with your breathing as you walk. If you are taking three steps during each inhalation and exhalation, mentally say to yourself, “in...two...three. Out...two...three. In...two...three...” and so on. Your breaths “in” may be longer or shorter than your “out” breaths and therefore may accommodate either more or fewer steps. Your step count may vary from breath to breath. Just pay attention and re-adjust your walking to the “ins” and “outs” of your breathing as needed.

4- As with all meditations, when thoughts or images interrupt your counting, just let them pass by and then return to your walking and counting and breathing.

5- Instead of counting, pay attention to the sensations of walking, try to concentrate on your feet and lower legs. Notice which muscles contract and which relax as you lift your legs up and down. Which part of your foot touches the ground first (heel or toe)? Pay attention to how your weight shifts from one foot to the other. What are the feelings in your knees as they bend and straighten? Also, pay attention to the ground. What is its texture? Is it hard or soft? Do you notice any stones or cracks? How does the sensation of walking on grass differ from that of walking on a sidewalk?

Take home assignment review:

*Facilitator:* Now we are going to review the “**plan for seeking support.**” How did everyone find this exercise? What type of supports did some of you list? Did anyone have trouble deciding what type of supports they would like to have?

*Facilitator:* Please pull out your craving sheets for the last NINE weeks; are you still seeing a difference in your cravings? Have they changed at all? Are you able to see a pattern? Are you noticing any new triggers? What coping strategies are you implementing?

Now let’s look at your weekly activity schedule. Is it getting easier to find activities to do to keep busy? What type of activities have you changed since you started this exercise?
Warning Signs of Relapse

Facilitator presents: The steps to relapse may not always be noticed right away, but looking back on your relapse, you will notice a change in your attitude, feelings, and behaviours, which ultimately lead to resuming drugs or alcohol.

It is important to recognize the following warning signs and take action to keep them from progressing into a full-blown relapse. Listed below are 11 signs that can lead you to a relapse if not dealt with immediately. Let’s read through them. [Pass out the handout and have members of the group read aloud though the handout. Choose volunteers first or if no one volunteers, pick group members who are comfortable with reading. After a few subheadings, ask for feedback (past experiences, can they now see where they went wrong with their recovery, etc.). Continue the discussion throughout the reading of the warning signs.]

Buddy, T (2012) identified warning signs of relapse:

Change in Attitude - For some reason, you decide that participating in your recovery program is just not as important as it was. You may begin to return to what some call "stinking thinking" or unhealthy or addictive thinking. Basically, you are not working your program as you did previously. You feel something is wrong, but can’t identify exactly what it is.

Elevated Stress - An increase in stress in your life can be due to a major change in circumstances or just little things building up. Returning to the "real world" after a stint in residential treatment can present many stressful situations. The danger is if you begin over-reacting to those situations. Be careful if you begin to have mood swings and exaggerated positive or negative feelings.

Reactivation of Denial - This is not denial that you have a drug or alcohol problem, it’s denial that the stress is getting to you. You try to convince yourself that everything is OK, but it’s not. You may be scared or worried, but you dismiss those feelings, and you stop sharing those feelings with others. This is dangerous because this denial is very similar to denial of drug addiction or abuse.

Recurrence of Post Acute Withdrawal Symptoms - Anxiety, depression, sleeplessness and memory loss can continue long after you quit drinking or doing drugs. Known as post acute withdrawal symptoms, these symptoms can return during times of stress. They are dangerous because you may be tempted to self-medicate them with alcohol or drugs.

Behavior Change - You may begin to change the daily routine that you developed in early sobriety that helped you replace your compulsive behaviors with healthy alternatives. You

might begin to practice avoidance or become defensive in situations that call for an honest evaluation of your behavior. You may begin using poor judgment and causing yourself problems due to impulsive behavior without thinking things through.

**Social Breakdown** - You may begin feeling uncomfortable around others and making excuses not to socialize. You stop hanging around sober friends or you withdraw from family members. You stop going to your support group meetings or you cut way back on the number of meetings you attend. You begin to isolate yourself.

**Loss of Structure** - You begin to completely abandon the daily routine or schedule that you developed in early sobriety. You may begin sleeping late or ignoring personal hygiene or skipping meals. You stop making constructive plans, and when the plans you do make don't work out, you overreact. You begin focusing on one small part of life to the exclusion of everything else.

**Loss of Judgment** - You begin to have trouble making decisions or you make unhealthy decisions. You may experience difficulty in managing your feelings and emotions. It may be hard to think clearly and you become confused easily. You may feel overwhelmed for no apparent reason or not being able to relax. You may become annoyed or angry easily.

**Loss of Control** - You make irrational choices and are unable to interrupt or alter those choices. You begin to actively cut off people who can help you. You begin to think that you can return to social drinking and recreational drug use and you can control it. You may begin to believe there is no hope. You lose confidence in your ability to manage your life.

**Loss of Options** - You begin to limit your options. You stop attending all meetings with counselors and your support groups and discontinue any pharmacotherapy treatments. You may feel loneliness, frustration, anger, resentment and tension. You might feel helpless and desperate. You come to believe that there are only three ways out: insanity, suicide, or self-medication with alcohol or drugs.

**Take home assignment**

*Facilitator: Hand out today’s take home assignment (Common Warning Signs and Relapse Intervention). Today’s take home assignment will be completing the “Relapse Intervention” handout. The common warning signs handout outlines possible things that are the start of a relapse. The Relapse Intervention handout will allow you to write out what your signs are of a relapse and what you can do when you notice that you are slipping in your recovery. Just a reminder to complete your craving handout and your weekly activity schedule as well.*

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Session 10 handouts

- Walking Meditation Guide
- Warning Signs of Relapse
- Craving sheet & Activity Schedule (page 44-49)
- Take Home Assignment
Instructions for walking meditation

1- Stand up and relax your abdominal muscles. Take several deep belly breaths. Feel your abdomen expand and contract with each breath. Repeat the word “in” with each inhalation and “out” with each exhalation.

2- Without controlling your breathing too much, try to arrange it so that one of your feet touches the ground at the beginning of each “in” breath and each “out” breath. [Facilitator demonstrates.] Now see how many steps it seems natural to take during each inhalation and each exhalation.

3- Count your steps in time with your breathing as you walk. If you are taking three steps during each inhalation and exhalation, mentally say to yourself, “in...two...three. Out...two...three. In...two...three...” and so on. Your breaths “in” may be longer or shorter than your “out” breaths and therefore may accommodate either more or fewer steps. Your step count may vary from breath to breath. Just pay attention and re-adjust your walking to the “ins” and “outs” of your breathing as needed.

4- As with all meditations, when thoughts or images interrupt your counting just let them pass by and then return to your walking and counting and breathing.

5- Instead of counting pay attention to the sensations of walking, try to concentrate on your feet and lower legs. Notice which muscles contract and which relax as you lift your legs up and down. Which part of your foot touches the ground first? (heel or toe) Pay attention to how your weight shifts from one foot to the other. What are the feelings in your knees as they bend and straighten? Also pay attention to the ground. What is its texture? Is it hard or soft? Do you notice any stones or cracks? How does the sensation of walking on grass differ from that of walking on a sidewalk?

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Warning Signs Of Relapse

Change in Attitude - For some reason, you decide that participating in your recovery program is just not as important as it was. You may begin to return to what some call "stinking thinking" or unhealthy or addictive thinking. Basically, you are not working your program as you did previously. You feel something is wrong, but can't identify exactly what it is.

Elevated Stress - An increase in stress in your life can be due to a major change in circumstances or just little things building up. Returning to the "real world" after a stint in residential treatment can present many stressful situations. The danger is if you begin over-reacting to those situations. Be careful if you begin to have mood swings and exaggerated positive or negative feelings.

Reactivation of Denial - This is not denial that you have a drug or alcohol problem, it's denial that the stress is getting to you. You try to convince yourself that everything is OK, but it's not. You may be scared or worried, but you dismiss those feelings, and you stop sharing those feelings with others. This is dangerous because this denial is very similar to denial of drug addiction or abuse.

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Behavior Change - You may begin to change the daily routine that you developed in early sobriety that helped you replace your compulsive behaviors with healthy alternatives. You might begin to practice avoidance or become defensive in situations that call for an honest evaluation of your behavior. You may begin using poor judgment and causing yourself problems due to impulsive behavior without thinking things through.

Social Breakdown - You may begin feeling uncomfortable around others and making excuses not to socialize. You stop hanging around sober friends or you withdraw from family members. You stop going to your support group meetings or you cut way back on the number of meetings you attend. You begin to isolate yourself.

Loss of Structure - You begin to completely abandon the daily routine or schedule that you developed in early sobriety. You may begin sleeping late or ignoring personal hygiene or skipping meals. You stop making constructive plans, and when the plans you do make don't work out, you overreact. You begin focusing on one small part of life to the exclusion of everything else.

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**Loss of Judgment** - You begin to have trouble making decisions or you make unhealthy decisions. You may experience difficulty in managing your feelings and emotions. It may be hard to think clearly and you become confused easily. You may feel overwhelmed for no apparent reason or not being able to relax. You may become annoyed or angry easily.

**Loss of Control** - You make irrational choices and are unable to interrupt or alter those choices. You begin to actively cut off people who can help you. You begin to think that you can return to social drinking and recreational drug use and you can control it. You may begin to believe there is no hope. You lose confidence in your ability to manage your life.

**Loss of Options** - You begin to limit your options. You stop attending all meetings with counselors and your support groups and discontinue any pharmacotherapy treatments. You may feel loneliness, frustration, anger, resentment and tension. You might feel helpless and desperate. You come to believe that there are only three ways out: insanity, suicide, or self-medication with alcohol or drugs.

**Relapse** - You attempt controlled, "social" or short-term alcohol or drug use, but you are disappointed at the results and immediately experience shame and guilt. You quickly lose control, and your alcohol and drug use spirals further out of control. This causes you increasing problems with relationships, jobs, money, mental and physical health. You need help getting sober again.
Take home assignment\textsuperscript{32}  

COMMON WARNING SIGNS

Changes in Behaviour
- Hanging out with people who use
- Not going to rehabilitation programmes or support groups (such as NA/AA)
- Taking other drugs including alcohol
- Arguing with others for no apparent reason
- Not being honest with those around you
- Doing things that are self destructive, i.e. shoplifting, hanging out with people that make you feel bad
- Not filling your days and spending a lot of time feeling bored

Changes in Attitude
- Not caring about yourself
- Becoming really negative about life and how things are going

Going Back to Your Old Ways of Thinking
- Thinking that you deserve a reward for being clean for a period of time
- Thinking that you could just have one bag and that it would be alright
- Thinking that you are ‘cured’ and you no longer need to be careful of your triggers

Changes in Feelings or Moods
- Feeling unusually stressed
- Feeling depressed or angry
- Feeling invincible and unusually happy

**RELAPSE INTERVENTION**

**PART 1 – Your Relapse Warning Signs**

i.e.  
- Stopped going to NA meetings.  
- Was feeling really angry with everyone around me.  
- Was thinking negative thoughts a lot of the time.  
- Starting avoiding my family.  
- Fantasised about using as a reward.

**PART 2 – What to do when you notice your warning signs – Relapse Interventions**

i.e.  
- Make myself speak to my sponsor.  
- Talk to a counsellor about my feelings of anger.  
- Take some time out to do something for me.  
- Open up to someone I trust about my feelings.
SESSION ELEVEN

Reading of the Day:

*Facilitator:* We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

After the reading, have each resident share their feelings about the reading, what they got from the reading, or personal stories.

Walking Meditation

*Facilitator note:* Please use walking meditation script from previous week.

*Facilitator:* Toady we will be continuing the Walking Meditation. This is the same exercise as last week. Next week we will be doing a visualization meditation.

Take home assignment review:

*Facilitator:* Now we are going to review the “Relapse Intervention” exercise that you did as your take home assignment. How did everyone find this exercise? What type of warning signs did people identify? *(See if there are any common warning signs among participants.)* What type of plans did you put in place in case you experience a warning sign?

*Facilitator:* Please pull out your craving sheets for the last TEN weeks; are you still using the same coping techniques? Have you tried any new ones? Are they any coping techniques you would want to try for next week?

Now let’s look at your weekly activity schedule. How much has your schedule changed since you started this exercise? Why has it changed?
Higher Power & Spirituality:

Facilitator presents: What is Spirituality?:
The University of Maryland Medical Center (n.d) states, “Spirituality can be defined in many ways. These include: a belief that a power operating in the universe is greater than oneself, a sense of interconnectedness with all living creatures, and an awareness of the purpose and meaning of life and the development of personal, absolute values. ...many believe that that personal spirituality can be developed outside of religion. Acts of compassion and selflessness, altruism, and the experience of inner peace are all characteristics of spirituality.” (para. 1)

Facilitator: Please note that the intent of this session is not imposing spirituality, but to offer a variety of spiritual options that you can consider.

At this point, ask the group “What does spirituality mean to you”?

The answers can be written on a flip chart in a list or in a web format as outlined below
Facilitator: Spirituality practices tend to improve coping skills and social support, promote feelings of optimism and hope, promote healthy behaviour, reduce feelings of depression and anxiety, and encourage a sense of relaxation.

Hand out the “what is spirituality” handout. Have a member of the group read it aloud and have each member fill in the two questions on the bottom of the page, if any participants would like to share what they put down for the TWO questions they can; if not, that is ok as well.

Creating a Mandala
Materials needed for this assignment:
- sample Mandalas
- paper, ruler, eraser
- pencils, crayons, pencil crayons, markers

Facilitator notes: Hand out sample Mandalas for participants to review if they are unsure of what to draw.

Facilitator: What is a Mandala?

A Mandala is typically a circular artwork that incorporates spiritual concepts. The world Mandala means “circle” They are often symmetrical and geometrical in design. Each element, each colour, each direction has a particular meaning to them. This can be linked to spirituality because, like Spirituality, it is what you make of it. It can be just about anything as long as you believe in it. Creating a Mandala can potentially bring out your creative spirituality and learn a lot about your spirituality (Wikipedia, 2012).

Wikipedia states that Mandalas may be used to establish a sacred space, or help one get into a state of meditation. According to the psychologist David Fontana, its symbolic nature can help one “to access progressively deeper levels of the unconscious, ultimately assisting the mediator to experience a mystical sense of oneness with the ultimate unity from which the cosmos in all its manifold forms arises” (Wikipedia, 2012. Pg. 6).

Your Mandala can be broken up into multiple sections or can be one large picture. It is up to you how you draw your Mandala.
You will be given 1 hour to work on your Mandala, and it will be assigned as your take home assignment to finish.
A Mandala can help you
- Gain insight into yourself; harmonize your body, mind, and soul
- Harmonize your body, mind, and soul
- Calm the mind into a meditative state
- Increase focus and concentration
- Express and enhance your creative imagination
- Foster physical and emotional healing
Things you can draw on your Mandala:
- Crosses
- Star of David
- Pentacles
- Yin yang symbols
- squares
- circles
- just about anything you want that is appropriate you can draw on your Mandala.

Take home assignment
Facilitator: Today’s assignment will be finishing your Mandalas. Along with finishing your Mandala, please write a brief paragraph outlining why you decided to draw what you did and how it defines you and your spirituality. Next session you will have the chance to share your Mandala and your paragraph so please bring them to the next session. Just a reminder: Please complete your craving handout and your weekly activity schedule.
Session 11 handouts

- What is Spirituality
- Creative Art- Mandala Samples
- Craving sheet & Activity Schedule (page 44-49)
- Take Home Assignment
What is Spirituality?

Aspects of Spirituality: Handout 1

What is Spirituality?

We often hear the phrase body, mind, and spirit — but what does spirit mean? Spirituality can be experienced in many ways. It is an ancient concept, grounded in many different cultures, practices, ideas and belief systems.

Consider some of these:

* Relating to the human spirit or soul
* Not of physical dimension
* Of or relating to religion
* Not concerned with the material
* Concerned with the inner self, not with an external reality
* Involves faith and trust without proof
* A system of beliefs and values in the absence of proof
* Connection with a greater purpose or higher power
* It is a source of peace and comfort
* Is found in the honest self, the creative self
* A path to enlightenment
* Is something you can practice and learn
* It is the thing that integrates us
* A place free of judgment and burden
* It brings our “shadow” side into the light
* It is a source of inner energy
* Is about healing
* Without it, we are empty vessels

Try and think of some more, the list is practically endless ....

What does spirituality mean to you?

Samples of Mandalas\textsuperscript{34}


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Take home assignment

Finish your Mandala and write a paragraph about it.

- Discuss what you drew, why you drew it, and how it defines you and your spirituality. Next session you will have the chance to share your Mandala and your paragraph so please bring them to the next session.
SESSION TWELVE

**Group Agenda:**
- Reading of the day
- Visualization Meditation
- Take home assignment review: Mandala & paragraph
- Creating a Relapse Prevention Plan
- Take home assignment: Complete your Relapse Prevention Plan

**Materials needed:**
- Flip chart
- Markers
- CD player
- Relaxation music
- One copy for each participant
  - Visualization Meditation
  - Relapse Prevention
  - Take home assignment: Relapse Prevention Plan
  - Craving sheet
  - Activity Schedule

**Reading of the day:**

Facilitator: We are going to start the session off with the reading of the day from the "Day-by-Day Daily Meditations for Recovering Addicts". Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

After the reading, have each participant share their feelings about the reading, what they experienced from the reading, or personal stories.

**Visualization Meditation:**

*Facilitator presents:* For our relaxation/meditation today, we will be doing a visualization meditation. During the meditation, there will be periods of long silence. If you feel that you are unable to remain still and quiet, I ask that you rest your head down and let the others continue their meditation. If at any time thoughts enter while in meditation just allow them to freely pass and resume your meditation.

*Instructions for facilitator:*
- Use a calm, soft voice.
- Speak slowly.
- Feel free to play relaxation music lightly in the background.

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Facilitator's Script:

If I could have everyone sitting with their backs up straight in their chair, feet resting on the floor. If you feel comfortable to do so, you can close your eyes. I want you to begin by taking a few deep breaths to calm yourself and bring your mind to the present moment. Begin to visualize a place or space where you can be at peace. This could be a sandy beach, a quiet library, a spot deep within a forest, or perhaps a large sitting room with a fireplace. This space can be your sanctuary. (Pause for roughly 2-4 minutes)

Take a deep breath in hold it for a few seconds, and release (repeat this step TWICE)

As you begin to see your sanctuary, enter into that space with your whole self. Choose to sit down in your space, to stand, or to walk around it. Look around and take in every detail. Notice the sights (trees, sand, books). Notice the sounds (waves, wind, crackling of the fire). Notice the smells (flowers, saltwater, smoke). Simply enjoy your space. (Pause for roughly 6-8 minutes)

Take a deep breath in. Hold it for a few seconds, and release (repeat this step TWICE). When you are ready, open your eyes.

Facilitator gives each participant a copy of the visualization meditation sheet to take home.

Take home assignment review:

Facilitator: Now we are going to review the “Mandalas” everyone made. (Have each participant show their Mandala and read their paragraph aloud.) How did everyone feel creating these? Were you comfortable thinking about your spirituality or uncomfortable? What made you most comfortable or uncomfortable?

Facilitator: Please pull out your craving sheets for the last ELEVEN weeks; now that you have 11 week’s worth of data, what have you noticed about your cravings?

Now let’s look at your weekly activity schedule. It has been 11 weeks since you started this exercise, how much did you change your schedules week to week? Were they routine (did you do the same things every week?). Have you made any new contacts/friends in the community?
Relapse Prevention:

Facilitator: A relapse prevention plan lays out what you plan to do to stay clean and sober. It will take into account your triggers, high-risk situations, coping strategies, and supports. Everyone’s relapse prevention plan will be unique to them since each person’s situation is different.

Having a plan already laid out can make it easier for you to overcome those moments where you feel as if you might go use again. Having your plan written down also makes it more tangible. Go over each question of the relapse prevention plan and have the participants give some suggestions as you go through each question.

For facilitator:

Hand out My Relapse Prevention Plan. Participants can start this assignment in-group; give approximately 20 minutes to work on it. Circulate throughout the group, helping participants if they have questions or are having difficulty understanding any part of the assignment. Encourage them to look back at their past take home assignment material to develop their plans.

Take Home Assignments:

Facilitator: The relapse prevention plan also will be the take home assignment. Let participants know that they will likely need to complete their plans at home. Also, let them know to remember to complete their craving sheet and activity schedule.

Let the participants know that as a group you will be going over the relapse prevention plans with them next session so they should complete these for next week. Let them know that you will also be able to schedule individual sessions with them, in the week following the group, to discuss their relapse plans with them individually if they would like to do so. Scheduling those sessions will be up to you and how much time you have available for that individual work.

Facilitator: Next week is our last session, and we will be having a small celebration at the end to congratulate you on your completion of the program. You are welcome to invite friends and family members to join the celebration. Coffee and light refreshments will be provided. (Decide on a time that is best suited for the group and let them know what the time will be for family and friends to join.)
Session 12 handouts

- Visualization Guide
- Craving sheet & Activity Schedule (page 44-49)
- Take Home Assignment: My Relapse Prevention Plan
Visualization Meditation

Script:
If I could have everyone sitting with their backs up straight in their chair, feet resting on the floor. If you feel comfortable to do so, you can close your eyes. I want you to begin by taking a few deep breaths to calm yourself and bring your mind to the present moment. Begin to visualize a place or space where you can be at peace. This could be a sandy beach, a quiet library, a spot deep within a forest, or perhaps a large sitting room with a fireplace. This space can be your sanctuary. (Pause for roughly 2-4 minutes)

Take a deep breath in hold it for a few seconds, and release (repeat this step TWICE)

As you begin to see your sanctuary, enter into that space with your whole self. Choose to sit down in your space, to stand, or to walk around it. Look around and take in every detail. Notice the sights (trees, sand, books). Notice the sounds (waves, wind, crackling of the fire). Notice the smells (flowers, saltwater, smoke). Simply enjoy your space. (Pause for roughly 6-8 minutes)

Take a deep breath in. Hold it for a few seconds, and release (repeat this step TWICE). When you are ready, open your eyes.

---

My Relapse Prevention Plan

An important component of your recovery is creating a Relapse Prevention Plan. Having a plan in place can help to reduce the likelihood of relapse. All the assignments given during this program can be used to help you fill out your relapse prevention plan.

Name______________

Date ______________

I plan to prevent my relapse by using the following strategies:

Who are my supports and what number can I contact them at?
The good and bad things about my substance use are:

GOOD

BAD

How many meetings will I go to each week? Where will these take place?

What are my high-risk situations?

How will I handle these high-risk situations?
What are my warning signs of relapse?

What coping strategies will I use if I find myself in a stressful situation?

These are the activities I enjoy doing:

If I do, in fact, relapse, I will immediately contact:

__________________
SESSION THIRTEEN

Group Agenda:
• Reading of the day
• Visualization Meditation
• Review Relapse Prevention Plans
• Schedule time for individual review of RPPs
• Ending ceremony
• Celebration!

Materials needed:
• CD player
• Relaxation music
• Handouts:
  o How Likely am I to use the Relapse Prevention Plan rating scale
• Certificate of completion, awards
• Coffee, snacks

Reading of the day:

Facilitator: We are going to start the session off with the reading of the day from the “Day-by-Day Daily Meditations for Recovering Addicts”. Would someone like to read today? (If no one offers to read, pick someone who you know is comfortable reading aloud).

After the reading, have each resident share their feelings about the reading, what they experienced from the reading, or personal stories.

Visualization Meditation:

Facilitator: please use the visualization meditation script from the previous session.

Review of Prevention Plans:
Facilitator: If I could get everyone to get out their relapse prevention plans they completed last week, we will be going over them as a group. Ask the participants if anyone would like to share what they included in their plan; they can go over each question or do an overview. (This could be helpful for other participants as it may help suggest ideas they did not think of.) Have the participants share what they included in their plans. Does anyone have any similarities? Did anyone have any difficulties completing their plan? What did you find so easy or difficult about it?

Facilitator note: Hand out the rating scale “How likely am I to use the Relapse Prevention Plan I created for myself?”. Have participants fill it out in the session (approximately 5 minutes) and then review it as a group. Have each participant identify where they classified themselves on the scale and why they put themselves at that rating.

Scheduling of individual times to Review Relapse Prevention Plans:
Facilitator note: If participants would like to review their plan in more detail individually let them know that at the end of the session you can set up a time that accommodates both your schedules. Also let them know that this is not mandatory, but if working individually works best for some individuals that is okay.

Ending Ceremony:
Facilitator: I would like to thank everyone for participating in this program. Remember to use your supports and the tools you learned in this program. If at any point you feel unsure what to do, go back to your binder and review the material that was given out during the 12 weeks. (At this point, hand out completion certificates to each participant. These can be tailored how you would like- there is no template.)

Celebration:
Facilitator note: Set out coffee, light refreshments. Welcome the participant’s friends and family. If the participants give permission, hang up their Mandalas for their guests to see.
Session 13 handout

- Rating Scale “How Likely am I to use the Plan I created for myself”
Rating Scale “How Likely am I to Use the Plan I Created for Myself”

Name:

Date:

0  1  2  3  4  5

Wont ever use it    It would be my last resort    I might use it depending on the situation    Undecided if I would or not    I will use it the majority of the time    I will use it everyday to remind myself
References


Reading of the day from N.A (1998). Day by day: Daily meditations for recovering addicts. (2nd ed.). Center Cirt, Minn.: Hazelden


Appendix B: Permission to Use Materials
If this is a result of course work, we would have no objection to the use of this material in your work and in any copies necessary to meet college requirements.

Please give a standard credit to the source for the material in question.

Fred Courtright
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Rights Agency for Health Communications, Inc.

> It will not be a published book, I created a Relapse Prevention Manual for > my placement project- The manual was printed and left at the Agency and > there will be a copy left on file at the St.Lawrence College Library. It > is a Thesis that I have written along with a Relapse Prevention Manual. > > I am looking to get permission to include/modify > "Expressing negative feelings" > "Engaging in a Conversation" > "Handling Criticism"

> I have modified the examples from the book to match a scenario the clients > I was working with might encounter.

> I unfortunately do not have the book on hand to let you know what pages > those are on in the "Lifeskills for Adult Children"

> Let me know if this is what you are looking for.

> Kaitlyn
Subject: RE: permission to use

From: AnxietyBC (info@anxietybc.com)

To: woodkaitlyn@gmail.com;

Date: Monday, December 3, 2012 1:33:49 PM

Good morning Ms. Wood,
You can use the calm breathing instruction if you don't change anything and that we are properly sourced, good luck with the manual. It would be great to see the results of your efforts, regards, Arto

AnxietyBC
604 525-7566

AnxietyBC™ is a non profit organization, focused on increasing awareness and promoting education and evidence-based treatments related to anxiety disorders.
Hello Kaitlyn,

Thank you for your inquiry concerning the ‘Identifying and Managing High Risk Situations’ worksheet. You are welcome to include this worksheet in the manual you are creating, provided appropriate credit is given to the Centre for Addictions Research of BC and the University of Victoria.

All the best with your thesis and the manual.

Sincerely,

Bette Reimer
Research Associate
Centre for Addictions Research of BC |
University of Victoria | 909 - 510 Burrard Street | Vancouver, BC V6C 3A8
Telephone: 604.408.7753 x224 | Fax: 604.408.7731 |

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You may use/print out my workbook for free with 2 provisions: you must keep the copyright intact, and if you have recommendations for improving it, you must forward them to me so that we can all benefit from the changes.

I wish you well in your work on your thesis.

I would also be very interested to read what you put in your thesis as I have not taken the time to look at the more recent research on the topic.
Hi Kaitlyn,

The masbirt manual is intended to be semi public domain- meaning you are free to use but not to monetize. Please read the reproduction notice on the first page to see all the exclusions. If you don't violate any of them you are good to go. Can you tell me what university you are from and how you heard about my treatment manual?
Thanks. Eric
Sent from my iPhone
Hi Kaitlyn

The cocaine relapse worksheets are available to download free of charge from our website www.saolproject.ie but you may not alter or edit them. However if you wished to create your own relapse worksheets using ours as a guideline, that is no problem.

Best of luck

Ger O'Rourke
Hello Kaitlyn,

By all means, you are welcome to use the 5R material in your dissertation manual if it is helpful.

Kind regards,
Jacques Dallaire

Sent from my iPad
Kaitlyn,

Thank you for reaching out. Yes, you have my permission to adapt the exercise for your manual.

Best of luck on your thesis.

-James

On Wed, Nov 21, 2012 at 2:22 PM, Kaitlyn Wood <woodkaitlyn@ymail.com> wrote:

Hi,

I am a student in the B.A.A Behavioural Psychology program, and am currently writing my thesis and creating a Relapse Prevention Manual. Within this manual I am incorporating visualization meditation as one of my exercise. I am inquiring about getting permission to modify your "exercise 6 visualisation" within the manual.

Please let me know if this is possible,

Thank you

Kaitlyn Wood
Hi Kaitlyn,
Certainly that would be fine.
Best of luck in the thesis.

Regards,
Mark Deady

On 29/11/2012, at 5:10 AM, "Kaitlyn Wood" <woodkaitlyn@ymail.com> wrote:

Hi Mark,
I am a student in the B.A.A Behavioural Psychology program, and am currently writing my thesis and creating a Relapse Prevention Manual. Within this manual I am incorporating a progressive muscle relaxation as one of my exercise. I am inquiring about getting permission to use "appendix R: Progressive Muscle Relaxation Script" from the Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (National Comorbidity Clinical Guidelines project).

Please let me know if this is possible,

Thank you

Kaitlyn Wood
Subject: [Mind Tools] Re: Permissions Request from Public Site

From: Jag Saluja (notifications-support@mindtools.zendesk.com)

To: woodkaitlyn@ymail.com

Date: Tuesday, December 4, 2012 3:57:54 AM

## Please do not write below this line ##

Ticket #15495: Permissions Request from Public Site

---

Jag Saluja, Dec 04 08:57 (GMT):

Dear Kaitlyn

Thank you for your enquiry, and for your interest in Mind Tools.

We are delighted to give you permission to reproduce the article ‘Personal Goal setting’ from URL: http://www.mindtools.com/page6.html, in print 5 copies in Relapse Prevention Manual.

Could you please ensure that you include the Mind Tools Copyright message in the material being reproduced, as well as link to this article’s location on the Mind Tools website.

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If you have any further questions or need any more help please just click ‘reply’ to this email.

Best wishes!

Jag
Dear Kaitlyn

Thank you for taking an interest in the work of CCI.

Your request has been reviewed by the Director of CCI and you have been given permission from CCI to use our materials in keeping with the following conditions:

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We hope that this work may benefit your clients

With kind regards

Centre for Clinical Interventions

Psychotherapy | Research | Training

223 James Street, Northbridge Western Australia 6003
Tel: (08) 9227 4399 | Fax: (08) 9328 5911

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Kaitlyn Wood
Hi Robert, I am currently writing a thesis and creating a Relapse Prevention manual and I am inquiring about some information on your website "http://joy2meu.com/Personal_Boundaries.htm" I am looking to get permission to reprint the following outline within the relapse prevention manual I am creating for my thesis. There are basically three parts to a boundary. The first two are setting the boundary – the third is what we will do to defend that boundary. If you – a description of the behavior we find unacceptable (again being as descriptive as possible) I will – a description of what action you will take to protect and take care of your self in the event the other person violates the boundary. If you continue this behavior – a description of what steps you will take to protect the boundary that you have set. Please let me know at your earliest convenience.

Kaitlyn Wood
Setting Personal Boundaries – protecting self www.joy2meu.com Learning how to set personal boundaries is the key to Loving self and having healthier relationships with others – article by codependency therapist/inner child healing pioneer/Spiritual Teacher.

Robert Burney
Sure Kaitlyn, you can use it – I just ask that you site where it came from. Sorry I didn’t answer sooner – this ended up in the Other message list.
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Impressum: Internet Service ISRS Robert Steinebrunner Sonnhalde 27 79674 Todtnau D-Germany
Hello Kaitlyn
We're responding to your inquiry:
I am a student at St. Lawrence College in Kingston, Ontario. The program I am in is a 4-year Applied Degree.
I am looking at reprinting this as a handout – “My Plan for High risk Situations”

You have our permission to reprint the AHS material and would appreciate acknowledgement of information origin.
Thank you for contacting us.
Sylvia
Administrative Coordinator
Office of the Executive Director
Addiction and Mental Health, Edmonton Zone
Alberta Health Services
6th floor, 9942-108 Street
Edmonton, AB T5K 2J5
PH: 780 342-7731
December 11, 2012

Kaitlyn Wood
The Brock Cottage
P.O. Box 1265
Brockville, Ontario K6V 5W2

Dear Kaitlyn,

Thank you for requesting information about permission to utilize various aspects of The CENAPS Model of Treatment within your treatment program.

The material you have requested to use, namely the Staying Sober Workshop, Exercise 3A worksheets, as described in your letter, is protected by copyright law and is proprietary information of Terence T. Gorski and The CENAPS Corporation.

However, the use of the materials that you have requested seems to be in the best interest of recovering people and will further advance the development of The CENAPS Model of Treatment. Therefore, permission to utilize these materials in your worksheets for use within your thesis and relapse prevention manual is granted if the following conditions are met:

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If you have any questions, please feel free to call me. Again, thank you for your interest in The CENAPS Model of Treatment. We are very eager and interested in any feedback you may have regarding the Model.

Better Treatment, To More People, At A Lower Cost
Sincerely,

[Signature]

Terence T. Gorski
President and Founder

ACCEPTANCE:
[Signature]
Date: 02/21/13

TTG