

**THE MATRIX MODEL FOR
CRIMINAL JUSTICE SETTINGS**



Individual and Conjoint Session Handouts

**INTENSIVE ALCOHOL & DRUG
TREATMENT PROGRAM**

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Individual and Conjoint Session Handouts

DATE
COMPLETED

Session 1: Orientation

Handout 1: Service Agreement and Consent

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continued



Individual and Conjoint Session Handouts

DATE COMPLETED	
_____	<u>Session 9: Second Family Contract</u>
_____	Handout 16: Helping Checklist for Family Members <i>(Middle Stage of Recovery)</i>
_____	<u>Session 10: Heartfelt Matters</u>
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_____	Handout 20: Relapse Analysis Chart
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_____	Handout 21: Assuming My Role in the Family <i>(Middle Stage of Recovery)</i>
_____	Handout 22: Changes in My Relationship

Service Agreement and Consent

It is important that you understand the kinds of services you will be provided and the terms and conditions under which these services will be offered.

I, _____, am requesting treatment from the staff of _____.
(PARTICIPANT NAME) (TREATMENT CENTER)
As a condition of that treatment, I acknowledge the following items and agree to them. I understand the following (*please initial each item*):

- _____ 1. **The Program:** The treatment program I am agreeing to participate in is based on the *Matrix Model for Criminal Justice Settings*. The program staff believes the treatment strategies employed provide a useful intervention for substance use disorders and criminal justice problems, but no specific outcome can be guaranteed.
- _____ 2. **Rules of Participation:** Treatment participation requires some basic ground rules. These conditions are essential for a successful treatment experience. Violations of these rules can result in treatment termination. I agree to the following (*please circle the letter before each item to show you agree*):
- a. It is necessary to arrive on time for appointments. Upon each visit, I should be prepared to take a urine and/or breath alcohol test.
 - b. Conditions of treatment require *abstinence from all alcohol and other drug use for the entire treatment program* and no further violations of the law. If I am unable to make this commitment, I will discuss other treatment options with the program staff.
 - c. I will discuss any alcohol or other drug use and thoughts of criminal activity with the staff and group while in treatment.
 - d. Treatment consists of individual and group sessions. I will give twenty-four hours' notice if it is necessary to reschedule individual appointments. *Group appointments cannot be rescheduled, and attendance at them is extremely important.* I will notify my therapist of group meeting absences in advance. Telephone notification will be made for last-minute absence or lateness.
 - e. Treatment will be terminated if I attempt to sell or encourage alcohol or other drug use by other participants.
 - f. I understand that graphic stories of alcohol or other drug use or criminal activity will not be allowed.

SERVICE AGREEMENT AND CONSENT | *continued*

- g. I will not become involved romantically or sexually with other offenders or participants.
- h. I understand that it is not advisable to be involved in any business transactions with other participants.
- i. All matters discussed in group sessions and the identity of all group members are absolutely confidential and will not be shared with nonmembers.
- j. All treatment is voluntary. When I decide to terminate treatment, I will discuss this decision with the staff, and advise my probation/parole officer or court.

_____ 3. **The Teaching Facility:** Services are provided by psychologists, licensed marriage and family therapists, master's-level therapists in training, or other certified addiction staff professionals. All nonlicensed/certified therapists are supervised by a licensed/certified therapist trained in the treatment of substance use disorders.

_____ 4. **Consent to Videotape/Audiotape:** To help ensure the high quality of services and training at this facility, therapy sessions may be audiotaped or videotaped for training purposes. The participant and, if applicable, the participant's family consent to observation, audiotaping, and videotaping for these purposes.

_____ 5. **Confidentiality:** All information disclosed within these sessions is strictly confidential and may not be revealed to anyone outside the facility staff without the written permission of the participant or the participant's family. The only exceptions are when disclosure is required or permitted by law. Those situations typically involve substantial risk of physical harm to oneself or to others, or suspected abuse of children or the elderly.

_____ 6. **Cooperation:** Accomplishing treatment goals requires the cooperation and active participation of offenders and their families. Very rarely, lack of cooperation by a participant may substantially interfere with the facility's ability to effectively render services to the participant or to others. Under such circumstances, services may be discontinued for the participant.

The participant certifies that he or she has read, understood, and accepted this Service Agreement and Consent. This agreement and consent covers the length of time the participant is involved in treatment activities at this facility.

PARTICIPANT SIGNATURE

DATE



Your Brain and Addiction

To understand and deal with addiction, think of your brain as having two very powerful yet different parts:

1. The higher, rational brain: this is the decision-making part of your brain.
2. The lower, emotional part of the brain: this is your pleasure center.

When you first decide to use alcohol or other drugs, you make that choice in the *higher* brain. You weigh the positives and negatives of using.

But when you use, the pleasurable feelings occur in the *lower* brain.

Over time, more and more bad things happen as a result of your substance use. Maybe you decide to quit. You use your higher brain to make that decision, but then you find that you *can't stop*—because your lower brain overrides your higher brain at a critical moment.

What happens at that moment?

You feel a craving—a strong urge to use the substance. These lower-brain cravings can overpower the rational decision to stop using.

How does this happen?

When a person's been using regularly for a while, a “triggering” effect starts. Certain people, places, and things—situations related to using the substance—can trigger a craving in the lower brain. When this happens, the lower brain takes control. Even if the person had decided to quit, at that moment it seems perfectly OK to use “one more time” or “just a little bit.”

Why does that matter?

The triggered reaction in the lower brain can't be directly controlled—it's automatic, like a reflex. No amount of good intentions, promises, or commitments will reduce the strength of the cravings. If you're around those triggering people, places, or situations, you will likely use again, even if you sincerely want to stop using.

The good news is that in recovery you can start using your higher, rational brain to plan your schedule and *avoid these high-risk situations*. (You can also make backup plans for unexpected high-risk situations. This program will cover that, too.) Using your rational brain, you can move from addiction to recovery.

YOUR BRAIN AND ADDICTION | *continued*

What can you do about this?

In recovery, you can take these steps:

1. Change your behavior so you avoid situations that will trigger cravings.
2. Start some new, healthy habits and behaviors instead.
3. Reassume higher brain control of what you do by scheduling your time and planning your day—every day.

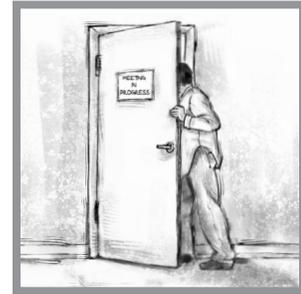
Continuing to use alcohol or other drugs, even when terrible things happen as a result, is often seen by family, friends, and even the user as “bad, crazy, or stupid.” But when we understand the brain’s automatic, triggered cravings, it’s easy to see why addiction can’t stop simply as a result of a decision, a promise, or the best intentions.

Understanding how addiction affects the brain helps make sense of your past behavior. And it provides the key to your first steps in recovery.

Does this two-part view of the brain make sense to you? Why?

In the past, have you tried to stop using and failed? What happened?

What could you have done differently, in light of what you know now about the brain?



Orientation to the Matrix Model for Criminal Justice Settings

Many of us in the criminal justice system have already taken part in some kind of treatment program. And for some of us, it might have felt confrontational or judgmental. If that was true for you, you're not alone.

But the Matrix Model program is different. It takes a positive approach to treatment, offering us a chance to change our lives by better understanding our addiction to alcohol or other drugs. More than that, it also gives us a chance to deal with our own thinking patterns: the habits of mind that led us into the criminal justice system. The Matrix Model takes a structured, integrated approach to both of these areas: addiction and criminal thinking.

What can you expect? For starters, you can count on these three facts:

1. In this program, you can expect to be treated in a respectful manner that supports you in the work of recovery.
2. Staff members will not be confrontational, but they may speak directly and frankly when teaching specific skills.
3. Staff members will discuss the program with you in advance, including time frames, rules, and what to expect in group sessions.

Much of the program takes place in group sessions of various kinds. But first let's look at the **Individual and Conjoint sessions**. In the **individual** sessions, you'll meet one-on-one with a therapist. Here you can discuss topics you might not want to talk about in a group. You can feel comfortable discussing these issues privately. And if you're ever in a crisis situation, or in danger of relapsing to substance use, individual sessions can be a big help. In the **conjoint** sessions, your family members or other people in your support system will be invited to join you in meeting with the therapist, if possible. You'll choose who those people might be. As you look at your own addiction and criminal behaviors, these people will learn about your efforts and can offer their own insights and support. You'll also learn about medication-assisted treatment, if applicable.

Now let's look at the group meetings you'll be a part of, too.

In the **Early Recovery group**, you and your peers will learn some basic facts about addictions—also called “substance use disorders”—and criminal thinking.

ORIENTATION TO THE MATRIX MODEL FOR CRIMINAL JUSTICE SETTINGS | *continued*

You'll start to identify your own "triggers" and risk factors that lead you to trouble.

You'll also be in a **Relapse Prevention group**. Here, you'll learn skills for staying sober and crime-free for the long term. If you use these skills and the group's support, you'll find that you can better manage the feelings, triggers, and other challenges that get in the way of your recovery.

At the same time, **Family Education group** meetings will bring you some new viewpoints. You and your peers may be joined by members of your families or support systems to learn more about substance use disorders and criminal behaviors. You'll all learn new skills in the process.

A bit later in recovery, you'll join an **Adjustment group**. By then, you'll be thinking more clearly and you'll have better judgment. As you look ahead, you may be wondering what to do about employment, housing, and other challenges, especially when you have a criminal record. This can be a frustrating time, but in this group you'll discuss these problems and learn skills for finding solutions and managing your emotions in a healthy way.

The **Social Support group** will help keep you connected to your support system as you move out of formal treatment and into aftercare. You'll be able to stay in touch with the people you've gone through recovery with, and you'll strengthen that network, too.

The Matrix Model program also includes random drug screens. Commonly used in many treatment settings, this tool helps show how you're doing in recovery. A negative test result suggests you're doing well in abstaining from alcohol and other drugs. A positive result will raise questions: What relapse prevention skills might help? What can we change about your recovery program? But remember: a positive test might have legal consequences for you, too.

This program takes personal courage and hard work, but the rewards can be great. If you've had a bad experience with treatment in the past, we invite you to keep an open mind. You are worth it. If you communicate honestly about yourself, it will be easier to find solutions, learn skills, and find out how recovery can change your whole outlook on life.

ORIENTATION TO THE MATRIX MODEL FOR CRIMINAL JUSTICE SETTINGS | *continued*

Please answer these questions to help us get started.

If you've been in treatment in the past, did you have a pleasant, unpleasant, or mixed experience?

What did you find unpleasant or unhelpful about your past treatment experience(s)?

What were the positive parts of those experience(s)?

What would you like to accomplish and learn from this new treatment experience?

Is there anything you feel we need to know about you that would help with your treatment experience?





My Current Needs

For some recovering offenders, it's hard to get fully involved in the treatment process. You're trying to meet your basic needs: housing, food, employment, money. Maybe you've just been released from jail or prison, or maybe you're still incarcerated. And if you're early in your recovery, your brain may still be affected by your addiction, making it hard to handle many problems at once. That will improve with time as the brain heals. But for now, please help the program staff understand your challenges so we can work with you on possible solutions and resources.

Mark the items you feel are your biggest challenges right now:

- housing
- food
- employment
- managing the legal requirements of the criminal justice system
- being around people who can be a problem for me (list their first names here, and your relationship to them) _____

- family relationships or other family situations
- trouble with supervision, probation, parole, court, or judges
- transportation to treatment and other program activities
- child care
- money for treatment and legal fees
- pressure from antisocial friends
- I don't think I have a problem with substances or criminal behaviors
- other challenges (list them here): _____

• • •

*Now that you've named your top challenges,
we can begin to look at solutions and resources.*



Why Did I Do It?

Why do people start using alcohol and other drugs?

Why do they start acting on criminal impulses? Because there's a short-term payoff. It *does* something for them, at least for a while. If we're going to understand ourselves better, we need to identify just why we've used substances and engaged in criminal behaviors. What did we get out of it? Please answer these questions.

My drug(s) of choice:

I used substances because they...

- helped with my anxiety and panic attacks
- helped me fit in with my friends
- helped with my depression
- made me feel better about myself
- helped me cope with my life problems
- provided an escape—I could forget about things for a few minutes.
- helped me forget about past abuse or trauma
- helped with my attention-deficit/hyperactivity disorder (ADHD)
- made my friends think I was more fun and social when I used or drank
- helped me get more done
- helped me think more clearly
- gave me courage to engage in criminal activity with others
- were fun
- other (please explain here):

I engaged in criminal activity because...

- I needed the money.
- it was a way to get my drugs.

WHY DID I DO IT? | *continued*

- _____ I found the risk was a rush.
 - _____ I liked getting away with something.
 - _____ It paid my bills to keep my home, car, or other needs.
 - _____ I didn't have any other skills.
 - _____ I felt pressure from my peers to do it.
 - _____ I felt that society owed me something.
 - _____ I didn't think that stealing from someone was a problem.
 - _____ Other
-

But in the end, people often *lose* many good things in life as a result of substance use and crime. What have you lost as a result?

- | | |
|--------------------------------------|---|
| _____ home | _____ freedom, due to probation, parole or court mandates |
| _____ car | _____ ability to enjoy life |
| _____ family | _____ money |
| _____ children | _____ other (please list) |
| _____ job | _____ |
| _____ good friends | _____ |
| _____ self-respect | _____ |
| _____ confidence | _____ |
| _____ freedom, due to prison or jail | _____ |

• • •

With this understanding, we can begin to look at healthier ways to meet your needs without resorting to substance use and criminal behaviors. You can begin to learn new coping skills.



The Helping Checklists

The Helping Checklists were designed in response to family members asking, “How can I help in this recovery process?”

The treatment model clearly defines what the person with a substance use disorder needs to do and how he or she needs to change during recovery. The checklists provide a way for family members to clarify what role they can play in the process. The lists contain suggestions that have come from families with successful recoveries. When used properly, they can strengthen relationships and greatly increase the probability of a healthy recovery.



The treatment activities are designed to be used at specific stages of the recovery process. Both family members and offenders recovering from substance use disorders and criminal behaviors have different needs at different stages of recovery, so it is important to use the suggestions that correspond to the beginning or middle stage of the recovery process. A more advanced checklist can be made for the post-treatment stage (beyond four months).



The recovering participant and family member(s) should read the suggested activity and decide whether it might be appropriate. In making that decision, the participant needs to decide what is helpful to him or her and express that opinion. The family member needs to decide if he or she is willing to help in that specific way. If so, the activity is checked and becomes part of their mutually agreed-upon contract. Additional items can be added if both parties and the therapist agree the items would be beneficial to the recovery process.



The final product of this session will be a mutually derived contract for recovery. Participants and their families can take the agreement home and use it regularly to help focus the recovery process for all concerned.





Helping Checklist for Family Members (Beginning Stage of Recovery)

1. Family members: Check any items you are willing and/or able to do to help.
2. Treatment participant: Check any items that you feel would be helpful to you.
3. Then, together, note the items checked by both family members *and* the patient. Use them to form a helping contract.

Family Participant

- | | | |
|-----|-----|---|
| ___ | ___ | 1. I will let you talk to me about cravings and feelings of wanting to use or drink, and when you have thoughts about criminal behavior. |
| ___ | ___ | 2. I will let you wake me during the night to talk when you cannot sleep. |
| ___ | ___ | 3. I am willing to remind you of the reasons for stopping substance use and criminal thinking when you forget. |
| ___ | ___ | 4. I will walk away from you if you abuse me. |
| ___ | ___ | 5. I am willing to try to tolerate and accept withdrawal symptoms as a medical condition. |
| ___ | ___ | 6. I will help you avoid triggers to use, drink, or participate in criminal activity. |
| ___ | ___ | 7. I will remind myself that I am choosing to be here and to help. I know I am not being coerced into staying. |
| ___ | ___ | 8. I will decide with you whom to tell about this and when. |
| ___ | ___ | 9. I will try to remember that none of our other problems are as important right now as dealing with your addiction and criminal behaviors. |

HELPING CHECKLIST FOR FAMILY MEMBERS | *continued*

Family Participant

- ___ ___ 10. I am willing to attend treatment sessions when I am invited.

- ___ ___ 11. I will let you have activities and appointments that do not include me without being anxious.

- ___ ___ 12. I am willing to practice talking about issues instead of ignoring them or arguing.

- ___ ___ 13. I will encourage continuing treatment above all else.

- ___ ___ 14. I will try to be angry at the addictions, not at you, the addicted person.

- ___ ___ 15. Other (list below)

Other:

...



Alcohol, Other Drugs, and Sex

Alcohol and other drugs affect parts of the brain that control both sexual behavior and sexual pleasure.

At the beginning of your substance use:

Check the statements below that were ever true for you.

- _____ Alcohol or other drugs increased sexual pleasure.
- _____ Alcohol or other drugs helped sex last longer.
- _____ Alcohol or other drugs allowed me to do things sexually that I might not do without them.
- _____ Alcohol or other drugs helped me meet people.
- _____ Alcohol or other drugs made me less anxious in new sexual encounters.
- _____ Alcohol or other drugs added excitement to an existing relationship.

Some people experience some of the above sexual effects from substance use in the beginning. As addiction gets worse, less pleasant things often begin to happen.

Near the end of your substance use:

Did you experience any of the following? Check the statements that were true for you.

- _____ I had continued ability to prolong sexual activity with a decrease in pleasure from the experience.
- _____ I had increased and more bizarre sex (looking for pleasure).
- _____ Thinking about sex and substances became more exciting than the real thing.
- _____ I had difficulty achieving erection (males) or orgasm (females).
- _____ Substance use replaced sex.
- _____ I had no interest in sexual activity.

All of these experiences are common when people use alcohol and other drugs in connection with sex. Prolonged or chronic substance use moves people away from sexual pleasure faster.

ALCOHOL, OTHER DRUGS, AND SEX | *continued*

Many people notice that thinking about sex is a trigger for alcohol and other drug use. If that is true for you, be aware that you will need to avoid both the substance use and the sexual triggers, at least for a while. Check which of the situations below may still be dangerous for you.

Are you getting triggered by any of the following?

_____ **Arousal**

Viewing Internet sites, downloading sex-related apps, viewing pornographic material, going to strip clubs, or seeking out prostitutes can result in arousal and then craving. It is difficult to fight this one-two punch with a brain that has been impacted by alcohol and other drugs.

_____ **Bars, clubs**

Many people miss the social scene that went along with using and try to return to the same places where alcohol or other drugs and sex were used together—planning *not* to use alcohol or other drugs. Returning to relationships or places where this connection occurred often results in powerful triggers and, eventually, substance use.

_____ **Alcohol**

Using alcohol makes your rational brain less able to win over your addicted brain. It also may increase the power and the number of cravings for other drugs or compulsive behaviors.

_____ **Secret sex**

Secret sexual activities can be a trigger during recovery. One of the reasons for this is that such activity may involve lying, cheating, and so on. These behaviors are often characteristic of people with substance use disorders.

_____ **Dysfunction**

It can take some time after stopping alcohol or other drug use to experience pleasurable, normal sex again. During the Wall stage, it is not unusual for many people to lose all interest in sex. For some people, it's difficult not to get anxious about this.

• • •

Normal sexual functioning usually returns as the recovery process continues. The triggering occurs less often and with less power as the length of sobriety increases. With patience and care, sex and substance use can be separated.



Recovery Checklist

Treatment requires a lot of motivation and a great deal of commitment. To get the most from treatment, it is necessary to change many old habits and replace them with new behaviors.

Check all the things you do (or have done) since entering treatment:

- | | |
|---|---|
| <input type="checkbox"/> Schedule on a daily basis | <input type="checkbox"/> Use thought stopping for cravings |
| <input type="checkbox"/> Visit a physician for a checkup | <input type="checkbox"/> Attend individual/family sessions |
| <input type="checkbox"/> Eliminate all paraphernalia | <input type="checkbox"/> Attend educational lectures |
| <input type="checkbox"/> Avoid alcohol users | <input type="checkbox"/> Attend early recovery and relapse prevention groups |
| <input type="checkbox"/> Avoid all other drug users | <input type="checkbox"/> Attend Twelve Step or other spiritual or community support meetings |
| <input type="checkbox"/> Avoid past criminal friends | <input type="checkbox"/> Get a sponsor or other sober mentors |
| <input type="checkbox"/> Avoid bars/clubs | <input type="checkbox"/> Exercise on a daily basis |
| <input type="checkbox"/> Stop using alcohol | <input type="checkbox"/> Discuss your thoughts, feelings, and behaviors promptly and honestly with your therapist |
| <input type="checkbox"/> Stop using all other drugs | <input type="checkbox"/> Avoid or limit Internet time and/or sites |
| <input type="checkbox"/> Pay financial obligations | |
| <input type="checkbox"/> Identify behaviors related to alcohol or other drug use | |
| <input type="checkbox"/> Eliminate triggering contacts from cell phones and computers | |
| <input type="checkbox"/> Avoid other triggers (when possible) | |

1. What other things are you doing for yourself that do not appear above?

RECOVERY CHECKLIST | *continued*

2. Which of the new behaviors are easiest for you to do?

3. Which of the new behaviors take the most effort for you to do?

4. Which of the behaviors on the list have you not done yet? Why not?

...





Looking at My Fears

At first, many of us don't want others to know what makes us feel vulnerable or afraid. But in fact, this concern holds us back in life, and it keeps us from moving forward in our recovery. Maybe in the past we learned to hide our feelings and be tough in order to survive—whether we were incarcerated, in a gang, or with other antisocial peers. But this means of coping doesn't help our recovery. We all have vulnerabilities, fears, and other emotions. All of us. And we can move forward only if we understand them and share them with others. In fact, that takes true courage.

You may be tired of using and criminal activity. But you may also be afraid: *What will recovery be like? What if I can't change? What will people think of me if I do change?* These fears and questions are natural and normal. So take a look at them. Understanding your fears, and why you have them, are a huge step toward change.

Please answer these questions. Your answers will help your therapist work with you, and they might give you good food for thought, too.

What fears or vulnerabilities do you have as a result of your past incarceration, being around anti-social peers, or other types of peer pressure?

What tricks did you learn to protect yourself from appearing vulnerable or afraid?

What things scare you or concern you about stopping your criminal activity?

What things scare you or concern you about stopping your substance use?

• • •

*Looking at your fears is a huge step, and you should commend yourself.
Now you can move forward and begin to make positive life changes.*



Alcohol and Other Drug Dreams during Recovery

Early Recovery

Alcohol and other drug use interferes with normal sleeping. When the using stops, many people experience frequent and intense dreams. The dreams seem very real and frightening. They are a normal part of the recovery process, and you are not responsible for whether you use in the dream. Exercise seems to help lessen dream activity.

Middle Recovery

Using dreams are less frequent for most people during the middle of the first six months of recovery. When they do occur, however, they can create powerful feelings that last well into the following day. It is important to be extra careful to avoid relapse on days following powerful dream activity. Often, dreams during this period are about deciding to use or choosing not to use, and they can indicate how you feel about those choices.

Late Recovery

Dreaming during this period is very important and can be very helpful in warning the recovering addict. Sudden dreaming about alcohol or other drug use can be a clear message that there is a problem and the dreamer is more vulnerable than usual to relapse. It is important to review your life situation and correct any problems you discover. Listed below are some helpful actions people take when dreams begin. Add to the list things that would help you in this situation.

1. Exercise
2. Go to Twelve Step or other recovery support groups
3. Call a therapist
4. Talk to sober friends
5. Take a break
6. Stay away from alcohol or other drugs
7. _____
8. _____

• • •

There are few warning signals of relapse—don't ignore the ones you get!



Participant Status Review

Participant name: _____

Date: _____

Rate how satisfied you are with the following areas of your life:

	VERY DISSATISFIED	SOMEWHAT DISSATISFIED	NEUTRAL	SOMEWHAT SATISFIED	VERY SATISFIED
1. Career/work	-10	-5	0	+5	+10
2. Friends	-10	-5	0	+5	+10
3. Family	-10	-5	0	+5	+10
4. Primary relationships	-10	-5	0	+5	+10
5. Alcohol use/cravings	-10	-5	0	+5	+10
6. Other drug use/cravings	-10	-5	0	+5	+10
7. Self-esteem	-10	-5	0	+5	+10
8. Physical health	-10	-5	0	+5	+10
9. Psychological well-being	-10	-5	0	+5	+10
10. Sexual fulfillment	-10	-5	0	+5	+10
11. Spiritual well-being	-10	-5	0	+5	+10
12. Criminal behaviors	-10	-5	0	+5	+10

Answer the following questions and then discuss one of these issues with your therapist:

1. Which of the above areas have improved the most since you entered treatment?

2. What are your weakest areas and how are you planning to improve them?

3. What would need to change for you to be satisfied with the neutral or dissatisfied areas?



The Wall Checklist

Most people experience the Wall approximately forty-five to sixty days after stopping substance abuse.

People stopping the use of alcohol or other drugs often experience this syndrome (sometimes termed *protracted abstinence*). The timetable for the onset of the Wall may differ with various classes of substances.

The Wall can be a physical condition similar to withdrawal, a subtle uneasiness, or something in between. It is important to recognize the Wall, not be afraid of it, and continue the behaviors that have kept you alcohol- and other drug-free. The Wall is part of the recovery process and should be a signal for you that you are getting better.

• • •

► The items listed below are Wall symptoms. Check the ones you are experiencing.

- | | |
|---|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Canceling treatment appointments |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Missing appointments without calling |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Coming up with reasons for stopping treatment |
| <input type="checkbox"/> Low energy | <input type="checkbox"/> Lack of interest in anything (apathy) |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Spending a lot of time alone |
| <input type="checkbox"/> Not finishing things | <input type="checkbox"/> Stopping exercise |
| <input type="checkbox"/> Alcohol cravings | <input type="checkbox"/> Not structuring time |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Returning to triggers |
| <input type="checkbox"/> Other drug cravings | <input type="checkbox"/> Being around users |
| <input type="checkbox"/> Other drug use | <input type="checkbox"/> Feeling hopeless |
| <input type="checkbox"/> Feeling negative about treatment | <input type="checkbox"/> Poor memory |
| <input type="checkbox"/> Not working your program | <input type="checkbox"/> Fuzzy thinking |
| <input type="checkbox"/> Thinking about past mistakes | <input type="checkbox"/> Eating junk food |
| <input type="checkbox"/> Relationship problems | |
| <input type="checkbox"/> Not caring about staying sober | |

► *If you checked five or more items, you may be experiencing some effects of the Wall.*



My Safety Plan

Recovery can be a rocky road at times. Even if we truly want to stop our substance use and criminal behavior, feelings and situations sometimes arise that test our commitment. We might feel pulled back to our old ways. So we need a backup plan: what will we do when those feelings and situations come up?

As you thought about the Wall, you identified some personal triggers. Now let's set up a specific safety plan you can put in place if you feel at risk of reverting to old ways. Triggers might be feelings like depression, anxiety, hopelessness, anger, fear, happiness, or overconfidence. They might also be situations like meeting old substance-using friends, going to holiday gatherings, or feeling pressure from antisocial peers. Think about your triggers, your backup supports, and fill out the safety plan below.

My current triggers are:

This is my safety plan if I feel at risk for substance use or criminal thinking/behavior:

I will call/contact:

Phone number/email:

I will call/contact:

Phone number/email:

I will call/contact:

Phone number/email:

My safe places are:

The thought-stopping technique I will use is:

I know that when _____ happens, I need to talk with treatment staff and let them know I am using my safety plan.



Understanding Our Risk Factors

We've identified some of our own risk factors for criminal behaviors and substance use so we can manage them better.

It also helps to think a bit about where those risk factors might have come from.

The better we understand them, the better we can handle them. Our childhood and teen years are often part of the picture. Social peer pressure and family attitudes and values also play a role. Think back and, as far as you can remember, please give the answers to these questions.

How old were you when you first used substances? _____

What was the substance or substances? _____

What emotions did you feel when you used substances for the first time?

Did your family know about your substance use at the time? ___ Yes ___ No

If so, what was your family's response? _____

How old were you when you first broke the law? _____

What was the offense? _____

Did you get caught? ___ Yes ___ No

What emotions did you feel when you first broke the law?

Did your family know about your criminal activity at the time? ___ Yes ___ No

If so, what was your family's response? _____

UNDERSTANDING OUR RISK FACTORS | *continued*

What other offenses have you committed? _____

As a child and/or teen, did you have a tough time at school? ____ Yes ____ No

Why? _____

Do you think your past relationships had an impact on your substance use or criminal behaviors? ____ Yes ____ No

Have your past employment experiences been negative? ____ Yes ____ No

Why? _____

What have been your feelings about judges, courts, probation, parole, and the court system? _____

What has influenced those feelings? _____

Do you think the people currently in your life support your recovery from substances and criminal behaviors? ____ Yes ____ No

If not, why? If so, how?



Helping Checklist for Family Members (Middle Stage of Recovery)

1. Family members: Check any items you are willing and/or able to do to help.
2. Treatment participant: Check any items that you feel would be helpful to you.
3. Then, together, note the items checked by both family members and the participant. Use them to form a helping contract.

Family Participant

- | | | |
|-----|-----|--|
| ___ | ___ | 1. I will continue to participate in this recovery program even when it is inconvenient or uncomfortable. |
| ___ | ___ | 2. I will help you think of new things to do and places to go that do not involve alcohol, other drugs, or exposure to criminal activity. |
| ___ | ___ | 3. I will go with you to exercise. |
| ___ | ___ | 4. I will take time for myself whenever I need to in order to maintain my own peace of mind. |
| ___ | ___ | 5. I will tolerate emotional changes in you as part of recovery, as long as they are not abusive towards me. |
| ___ | ___ | 6. I will listen supportively to you, try to understand what you're going through, and be willing to talk to you about my feelings. |
| ___ | ___ | 7. I will ignore any threats you make regarding using substances or engaging in criminal activity, knowing you have to decide that for yourself. |
| ___ | ___ | 8. I will not act as a police officer with regard to whether you have used alcohol or other drugs. |
| ___ | ___ | 9. I will do one nice thing for myself every day. |

HELPING CHECKLIST FOR FAMILY MEMBERS | *continued*

- ___ ___ 10. I will make every effort not to fall into our old negative patterns of behavior.

- ___ ___ 11. I will remember that I am responsible only for my own behavior, not for yours.

- ___ ___ 12. I will try to find outlets to enrich my own life and not expect you to make me happy.

- ___ ___ 13. I will learn to live with the mood swings that are a normal part of your recovery and avoid being afraid that you might relapse.

- ___ ___ 14. Other (list below)

Other:





Emotions and Recovery

These are some feelings or emotions:

Excitement	Surprise	Satisfaction
Anger	Insecurity	Fear
Jealousy	Loneliness	Fulfillment
Happiness	Joy	Disappointment
Frustration	Depression	Security
	Boredom	

Alcohol and other drugs can be used to strengthen some emotions and block out others. Substance use disorders scramble emotions. People may become extremely happy when there is no particular reason for joy. The joy is produced chemically. When alcohol or other drug use stops, depression often occurs whether or not there are real “reasons” for the depression. Life becomes a mixture of “real” emotions and chemically produced emotions. It is impossible to tell if the emotions are real or chemically produced. They all feel very real.

During the recovery process, getting used to normal emotions takes time. Emotions no longer swing from the intense highs to deep lows. Recovery means getting used to a middle range of emotions. Within the middle range, it becomes possible to feel satisfying, less powerful emotions such as the following:

- Enjoyment from taking a walk
- Pride from a child’s performance
- Satisfaction from a successful day’s work
- Sadness over an ended romance
- Comfort from a spouse’s embrace

The recovering person still has the capacity to feel intense pleasure; pain still results from feelings like loneliness and depression. However, during recovery, life regains some middle ground. Not every event is an extravaganza. Not every problem is a crisis. Talk with your therapist about some middle-range feelings you’ve had lately and what caused them.

Post-treatment Evaluation

Recovery requires specific actions and behavioral changes. Before you end your treatment experience, it is important to set new goals and construct a plan to actively pursue a different lifestyle. This handout will help you develop a plan and identify the steps necessary for reaching your goals.

When?				
What steps do you need to take?				
Where would you like to be?				
Where are you now?				
Subject	Family 	Work/career 	Friendships 	Financial/ legal obligations 

POST-TREATMENT EVALUATION | *continued*

When?				
What steps do you need to take?				
Where would you like to be?				
Where are you now?				
Subject	Education 	Exercise 	Leisure activities 	Self-help groups: Twelve Step, spiritual meetings, or community support participation

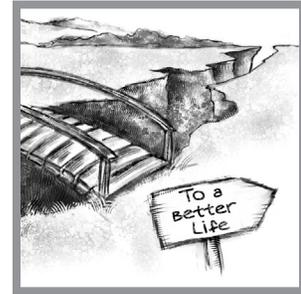
*Give a copy of this plan to your therapist so it can go in your treatment chart.
You may take the original and refer to it often.*

PARTICIPANT SIGNATURE

DATE

THERAPIST SIGNATURE

DATE



Continuing Care Plan

Recovery is a lifelong process. Stopping alcohol and other drug use and beginning a new lifestyle can be achieved during the first four months of treatment. Developing an awareness of what mooring lines hold your recovery in place is an important part of that process. The mooring lines change after the initial phase of the recovery process. It is very important that you decide what to do for your recovery in the months following treatment. You and your therapist can use the information below to help you decide. Then outline your plan on the next page.

Group Work

You should participate in at least one regular recovery group every week following treatment. This program offers a Social Support group. Other recovery groups are sometimes available in the community.

Individual Therapy

Individual sessions with an addiction therapist might be helpful. You may choose this time to enter therapy with another professional, to return to therapy with the professional who referred you for treatment, or to continue to see your present therapist.

Couples Therapy

It is often advisable at this point for couples to begin seeing a marriage counselor together to work on relationship issues.

Self-Help, Spiritual Meetings, or Other Community Recovery Support

Attendance at self-help or other spiritual meetings is a critical part of the recovery process. Usually, it works best to go to the same meetings each week. It is essential to have an active program in which you involve yourself in the ongoing process of recovery.





Relapse Analysis Chart

When does a relapse episode begin? It's not when the actual substance use occurs. Usually there are signs and patterns days or weeks in advance that warn you of the danger of relapse. Identifying your own “pre-use patterns” helps you interrupt the episode and make adjustments to avoid substance use and a full relapse. On the chart below, note events occurring during the week immediately preceding the relapse being analyzed.

Sample chart shown below.

Health habits status	For best use of space, write your responses horizontally.	
Thoughts before relapse		
Actions before relapse		
Alcohol or other drug-related behaviors		
Events during treatment		
Personal events		
Feelings relative to the above events		

RELAPSE ANALYSIS CHART | *continued*

Health habits status		Feelings relative to the above events	
Thoughts before relapse			
Actions before relapse			
Alcohol or other drug-related behaviors			
Events during treatment			
Personal events			



Assuming My Role in the Family

(Middle Stage of Recovery)

In the adjustment phase of treatment, people often try to move back into their traditional places in the family. As parents, they may feel the need to quickly assume their role and set boundaries, disciplining their children. This may be awkward and create friction because they may not have been in a parental role for a long time, due to their substance use and/or criminal behaviors. For some, jail or prison may have kept them away from their family for long periods of time. Recovering offenders sometimes try to “pick up where they left off.” They may feel comfortable doing so, but the family may not. Family members may have some strong reactions to this new situation.

In the following list, check the statements that apply to you and your family since your recovery.

- My children aren't sure how to approach me.
- Other family members keep their distance.
- I feel like I need to discipline and set boundaries now that I'm home and doing better.
- Communication has improved.
- Communication has become worse.
- Because of my past domestic violence, my family still does not trust me to manage my emotions.
- I no longer use, but family members still use and that's hard for me.
- My significant other was helpful in my recovery but now seems uninterested in what I'm doing.
- I feel like I don't know my family any more.
- I'm a parent, and I need to return to that role.

ASSUMING MY ROLE IN THE FAMILY | *continued*

_____ We're all having problems with me being sober and back at home.

_____ As a family, we're getting along better than we ever have.

_____ Some of my old using buddies and anti-social peers are still friends of my family, and they visit.

_____ Since my recovery, I communicate better and discuss my feeling appropriately with my family.

_____ Others (list below):

Remember, treatment staff will help you manage the new feelings and emotions around returning to your family and adjusting to your family role in sobriety. These are common issues for people newly in recovery.





Changes in My Relationships

As we grow in recovery, our cognitive functioning improves. As our brain heals, we think better, have better judgment, and are clearer in most aspects of our lives. Reality comes into sharper focus. And that often affects how we see our relationships, perhaps especially with a spouse or romantic partner. We may be moving ahead to a new life without substance use and criminal behaviors, but the significant other may still be in the same old place.

Please answer these questions about changes in your relationships.

How do you feel about your current relationships and your recovery?

What do you think has changed in your relationships since you've been in recovery?

Do you think your significant other has changed during your recovery?

___ Yes ___ No

If so how? _____

What do you think are the challenges with your current relationships?

In the past, how did you handle problems with your relationships?

- | | | |
|-------------------|--------------------------------------|--------------|
| ___ Arguing | ___ Yelling | ___ Violence |
| ___ Isolation | ___ Leaving the situation | |
| ___ Substance use | ___ Involvement in criminal activity | |

From all the things you have learned over the past weeks, what are you going to do differently to manage your relationships?
