

Higher Education



My Career Capstone Sharing 28 Years of Drug & Alcohol Abuse Counselor Knowledge
To Prepare the Next Generation of Counselors to Reduce the Scourge of Addiction
James Ehrenfels

Session 2 - Spirituality & Addiction

These Materials are Used in Session 2. Jim will Refer to the Page Numbers in the Lower Left Corner.

Learn More at www.JamesE-HigherEducation.com

An Exercise In Denial: (Jim will give instructions)

**FINISHED FILES ARE THE RESULT OF YEARS OF
SCIENTIFIC STUDY COMBINED WITH THE
EXPERIENCE OF MANY YEARS.**

WELCOME

INTENSIVE OUTPATIENT (IOP) PROGRAM

You are a client of the Clermont Recovery Center because you are sick with a chronic addiction- that is a harmful dependency on a chemical substance, which interferes with your daily life.

Because your condition is chronic, you cannot be cured. But you can be treated successfully.

Our treatment objective is two fold: to arrest your disease and help you recover your health.

Rehabilitation- that is, organizing a new way of life with new patterns of thinking and behaving- is your primary purpose in treatment. Upon satisfactory completion of treatment, you will be able to lead a normal life, free from mood-altering drugs, provided you embrace and continue the program offered to you while a client.

Your unreserved cooperation is essential to your recovery. Mere compliance- going through the motions without personal motivation- will leave you sick.

You will find the atmosphere friendly and the staff understanding of your disease and problems. You will gain much support from other clients and will be able to contribute much toward their recovery also.

THE INTENSIVE OUTPATIENT PROGRAM (IOP)

Clients in this Intensive Outpatient Program group will attend groups on Monday, Wednesday and Thursday from 9:00am – Noon for at 6- 8 weeks. You will then go to Relapse Prevention care and attend groups twice weekly : for at least 12 weeks. Finally, you will attend Peer Support once weekly for a few weeks.

There are four essential elements of treatment in the Intensive Outpatient Program. The first of these is **EDUCATION**. Through lectures, class exercises, and homework assignments you will receive accurate and current information concerning the nature and dynamics of your progressive and chronic disease and the physical, social, and personality deterioration that accompany it. You will gain a basic understanding of a method for achieving and maintaining a comfortable way of life free from further dependence on mood –altering drugs.

The second element is **GROUP THERAPY**. Repeated experiences in-groups of people who suffer from the same disease provide you with encounters designed to confront and break down defense mechanisms and negative attitudes, which accompany chemical dependency. Group therapy enables you to recognize and accept who you are and which specific attitudes and behaviors must be modified in order to live comfortably without dependence on mood-altering drugs.

The third element is **INDIVIDUAL AND FAMILY COUNSELING**. Particular life problems vary from person to person, and other members of your family are always involved in the disruption caused by your illness. Therefore, both individual and family counseling are viewed as essential to your recovery. Clients in the Intensive Outpatient Program are expected to schedule appointments for individual counseling about every other week. To successfully complete the IOP program, you need to also have members of your personal support system, such as spouses, family members, or close friends learn about and attend ALANON or attend an Individual Session with you.

The final element of treatment is **ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, RR, AV, RU** or other outside 12-step type support groups. Twice weekly attendance of AA (or NA) is a requirement of the Intensive Outpatient Program. This will expose you to the most successful model of recovery in the world. Your continued recovery will be, to a large extent, dependent upon your adopting the twelve-step process of recovery developed by AA.

We offer you the opportunity to recover from your illness, and we hope that you will take advantage of it.

**INTENSIVE OUTPATIENT PROGRAM
GENERAL CLIENT GUIDELINES**

All clients enrolled in IOP have individualized treatment plans. However, the following guidelines apply to all IOP participants.

1. **Missed Appointments** – Two missed appointments, for any reason, can result in discharge from IOP. In most situations, each missed appointment will result in a missed appointment charge and a urine screen. Excused misses are for a documented family death or medical emergency. Work is not an acceptable excuse for missing an appointment. Your counselor will provide documentation for employer if necessary. Reports to referral sources will note attendance.
2. **Fees** – All counseling fees are due at the time the service is delivered. Other fees such as missed appointments and urine screens are due within two weeks. Failure to comply with your financial contract may result in discharge and return you to your referral source. There are no approved discharges until outstanding fees are paid.
3. **Prescription Drugs** – Please inform your counselor of any medications you are taking. Certain medications prohibit one from participating in IOP.
4. **Relapses** – All relapses must be reported at the first counseling session (group or individual) following the use. Treatment works best when relapses are freely reported rather than discovered by the means of a urine screen.
5. **Toxicology Screens** – Urine or breathalyzer screens are administered randomly. You are expected to submit specimens within two hours of the request. Failure to do so is considered non-compliance and may result in discharge. Generally, screens are given every two weeks. Payment is due within two weeks.
6. **Individual Appointments** – These appointments are considered critical to the treatment process. Individuals allow you to address issues that may be difficult to bring up in group. Individuals are scheduled a minimum of one hour each two week period. You will be expected to arrange time off work to attend. Missed individual appointments will prolong your treatment experience and may lead to an unsuccessful discharge.
7. **Self Help** – ALL IOP participants must attend self-help meetings (AA, NA, AV, RR etc...) at least 2 times per week. A self-help sponsor must be obtained by the time one steps down to Continued Care Group. Written documentation of these activities may be required. Failure to comply will result in discharge from IOP.
8. **Treatment Plans** – are the agreed upon directions for each individual client in treatment. Each client is expected to participate in the development of and the agreed activities identified in the TX plan. Failure to progress may result in termination from the program.
9. **Family Involvement** – We strongly believe the participation of a significant person from your life is essential to and a vital part of your recovery. Therefore, we require some kind of participation from a significant person in your life. Family group needs to be attended on Thursdays by this significant person. If this is not possible, other arrangements must be made with your counselor. These other arrangements can include family counseling sessions.
10. **Progress Toward Recovery** – You will be responsible for progress toward abstinence along with the attitude and life style changes that accommodate recovery. Failure to actively participate in your problem resolution may result in discharge. Change is difficult and requires work on your part. We do not "give up" on any individual attempting to help him/her self. However, there are situations that may require more intensive intervention than IOP allows.

The Recovery Center is committed to providing an environment where you may explore your self and your relationship with chemicals. We will help you explore choices that may benefit you. Ultimately you are responsible for your experience at the Recovery Center and the results.

By signing below you agree to follow the above guidelines and participate in your treatment.

Client Signature _____ Date _____

The Addict and Over-The-Counter Medicines

Caution: Avoid Any Product Containing Alcohol or "PG" (Paragoric) !!

Avoid Products Advertised To Help You Sleep, Wake You Up, Calm You Down or Make You Lose Weight!!

Always Read Labels. If You Have Any Questions, Consult A Pharmacist and Be Sure To Tell Him of Your Addiction.

Recommended Over-the Counter Products for Recovering Chemically Dependent People

PAIN

Acetaminophen (Tylenol)
Aspirin
Ecotrin (enteric coated aspirin)
Ascriptin (aspirin and Maalox)
Nuprin
Advil
Ibuprofen

ALLERGY SYMPTOMS

Antihistamines (Chlor-trimeton, Dimetane)
Antihistamine plus Decongestant
(Sudafed Plus, Actifed, Drixoral long acting,
Chlor-trimeton, Tylenol Sinus or generic
Substitute.)
Antihistamine plus aspirin
(Coricidin (PLAIN))

NASAL CONGESTION

Oral Decongestant (Sudafed, Sudafed S A long
Acting, Afrinol long acting)

NASAL DECONGESTANT AND HEADACHE

Decongestant plus acetaminophen (Tylenol Sinus)

SORE THROAT

Spray/Gargle (Chloraseptic, Cepastat sugar free)
Lozenge (Cepacol, Cepastat sugar free, Chloroseptic)

COUGH

Suppressant- used to stop cough
(Liquid Delsym)
Lozenge (Sucret Cough Control,
Mediquel Chewy Cough Squares)
Suppressant plus Anesthetic
(Chloroseptic Cough Control, Spec-T
Sore Throat/Cough Suppressant, Vicks
Formula 44 Cough Control Discs, Vicks
Cough Silencers)

DIARRHEA

Kaopectate, Kaopectate Concentrate
Imodium

CONSTIPATION

Natural Fiber Laxative (Metamucil,
Hydrocal sugar free, Fiberall, Citracil,
Fiber One tabs)

WORKSHEET ON TRIGGERS

WHAT ARE THE THINGS IN THE PAST THAT HAVE SET YOU OFF TO DRINKING
OR DRUGGING? WHAT COULD IN THE PRESENT? OR IN THE FUTURE?
WHAT ARE THE SITUATIONS, TIMES, EVENTS, IN WHICH IT WOULD
BE MORE LIKELY THAT YOU WOULD DRINK OR DRUG?
(CIRCLE THE ONES THAT APPLY TO YOU)

WORK: NIGHT BEFORE, IN AM, AT LUNCH, ON BREAKS, AFTER WORK

SEASON OF THE YEAR: WINTER, SPRING, SUMMER, FALL

WEEK: SUN. MON. TUES. WED. THURS. FRIDAY SATURDAY

SPORTS: WATCHING THEM ON TV OR PARTICIPATING IN THEM YOURSELF

FISHING BOWLING DARTS POOL HORSESHOES

SOFTBALL BASEBALL FOOTBALL BASKETBALL

NASCAR _____

EVENTS: WEDDINGS COOKOUTS LABOR DAY FIREWORKS

FAMILY REUNIONS PICNICS HOLIDAYS JULY 4TH

THANKSGIVIGN CHRISTMAS NEW YEARS _____

FAMILY/RELATIONSHIPS: BREAK UP OF A RELATIONSHIP DIVORCE

DEATH SERIOUS ILLNESS MONEY PROBLEMS WIFE

SIGNIFICANE OTHER CHILDREN PRESENT RELATIONSHIP

FRIENDS: OLD HIGH SCHOOL FRIENDS FROM THE NEIGHBORHOOD

WORK ASSOCIATES SPORTS PARTNERS _____

PROJECTS: CUTTING GRASS PAINTING WORKING IN THE GARAGE

WORKING AROUND THE HOUSE IN DOOR HOME PROJECTS

FEELINGS: ANGER SAD FEAR DOUBT WORRY SUCCESS SHAME GUILT

STRESS ANXIETY PHYSICAL PAIN EMOTIONAL PAIN HALT-B

1. In what ways were you preoccupied with alcohol or drugs? Such as: Thinking about, looking forward to, planning to use, hiding use, etc...

2. What were the destructive behaviors that resulted from your use of alcohol and drugs? Physical and emotional behaviors?

3. In what ways did you attempt to control or stop your use of drugs and alcohol? Were you successful? List past periods of abstinence, previous treatment or of sobriety.

4. Have you ever experienced loss of memory or blackouts as a result of your use of drugs or alcohol? Please list as many as you are now sure of.

5. What does unmanageable mean to you? "... and our lives had become unmanageable."

6. In what ways had your life become physically unmanageable? Including illness, injuries, hospitalization, etc.

7. In what way had your life become emotionally unmanageable? Including mood swings, fear, shame, guilt, feelings about yourself and others etc...

8. In what ways was your life spiritually unmanageable? Including loss of joy in living, having a sense of purpose and dedication.

9. How has your life become financially unmanageable? Including debt, fines, increased insurance, court and lawyer cost.

10. What are the legal consequences of your use of drugs and alcohol? Include charges, jail sentence, fines, etc...

11. How did your standards and values change as a result of drugs or alcohol?

12. In what way was your life socially unmanageable? (Include your family life.) Including isolation, rejection, loneliness, blaming, holding grudges, etc...

13. In what ways was your occupation unmanageable as a result of drugs or alcohol? Include missed days, lost jobs, change in productivity, job changes, etc...

14. In what way was your sex life unmanageable? Including feelings about yourself as a man or woman, sexual desire, promiscuity, etc...

15. In what ways were your thoughts or feelings about yourself unmanageable? Including self-image, self-esteem, etc...

16. Can you use alcohol and drugs safely? Why or why not?

17. Do you feel you are an alcoholic or chemically dependent person? Why or why not?

AFFIRMATION LIST

| | | | |
|-------------|-------------|---------------|---------------|
| Acceptable | Empathetic | Joyful | Self Assured |
| Accepting | Energetic | Kind | Serene |
| Active | Faithful | Knowledgeable | Serious |
| Adventurous | Flexible | Likeable | Sexy |
| Assertive | Focused | Loveable | Spiritual |
| Aware | Forceful | Loving | Spontaneous |
| Balanced | Forgiving | Motivated | Strong |
| Beautiful | Free | Open | Sympathetic |
| Calm | Funny | Optimistic | Talented |
| Capable | Generous | Outgoing | Tolerant |
| Caring | Giving | Patient | Trusting |
| Cautious | Happy | Peaceful | Trustworthy |
| Centered | Healthy | Perceptive | Truthful |
| Cheerful | Honest | Persevering | Understanding |
| Clean | Hopeful | Playful | Wealthy |
| Clear | Humorous | Positive | Wise |
| Committed | Imaginative | Powerful | _____ |
| Confident | Insightful | Relaxed | _____ |
| Courageous | Intelligent | Reliable | _____ |
| Creative | Interested | Resourceful | _____ |
| Dedicated | Interesting | Respectful | _____ |
| Dependable | Intuitive | _____ | _____ |
| Determined | Inventive | _____ | _____ |
| Dynamic | _____ | _____ | _____ |

SELF-ESTEEM EXERCISE: DIRECTIONS

From the list of words above or your own ideas of the following steps:

- A. Make a list of 10 positive traits that you see in yourself (Keep it to yourself – don't share it yet)
- B. Ask 2 other people to make a list of 5 to 10 things that they see positive in you
- C. On the date assigned in your treatment plan – ask the group for positive traits they see in you.
- D. Share your list of 10 things that you made in "A" above.

Week # 5

Write a Good-Bye Letter to Your Drug/s of Choice (including Alcohol)

It must include the following:

- A. How the relationships started and how it felt at the beginning
- B. How the relationship progressed- good and bad times
- C. How things got gradually worse and what the damage to you was
- D. When and how you realized it was over
- E. Why you never want to be together again
- F. Final good-bye; good riddance; go to _____, you _____. You may use as much strong (foul) language as you want.
- G. One side of page at least.

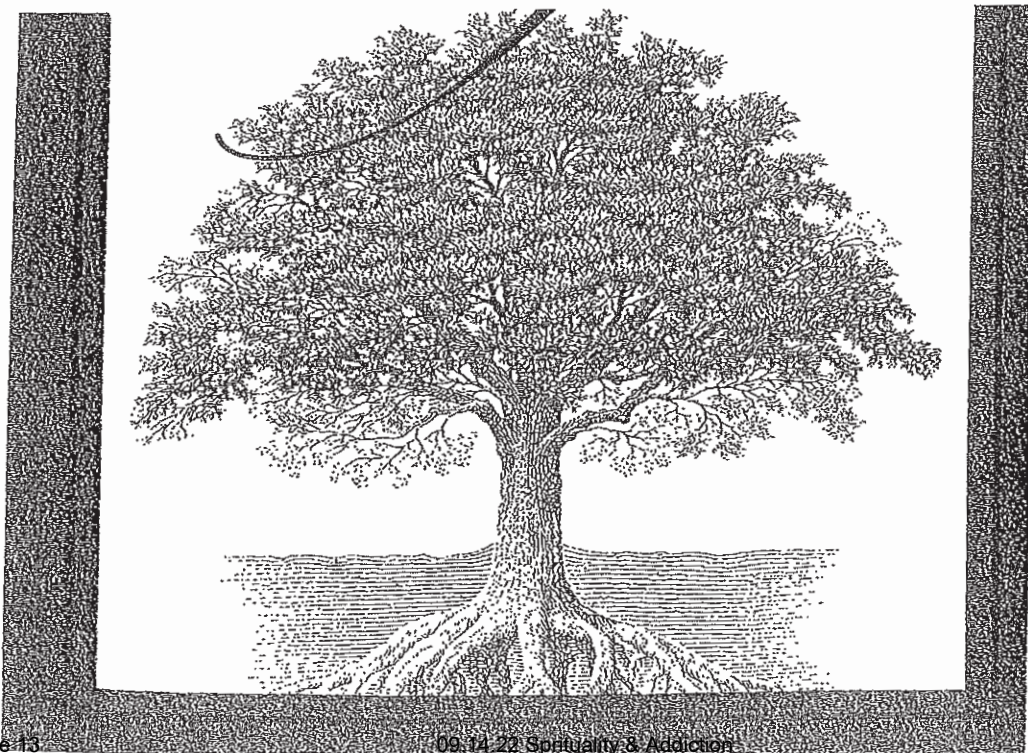
Week # 6

Your disease (addiction) is like a tree and what is behind your addiction is the roots of the tree (underground), which are hard to see. What do you think the roots of your addiction are?

Your assignment for week #6 is to make a report in group- the topic is something that you and I can arrive at together, that get as close to the roots you can get to.

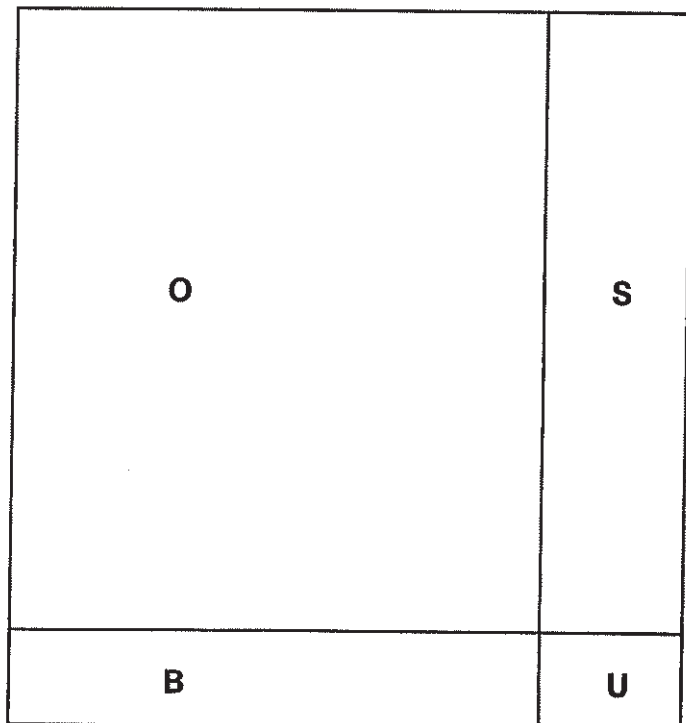
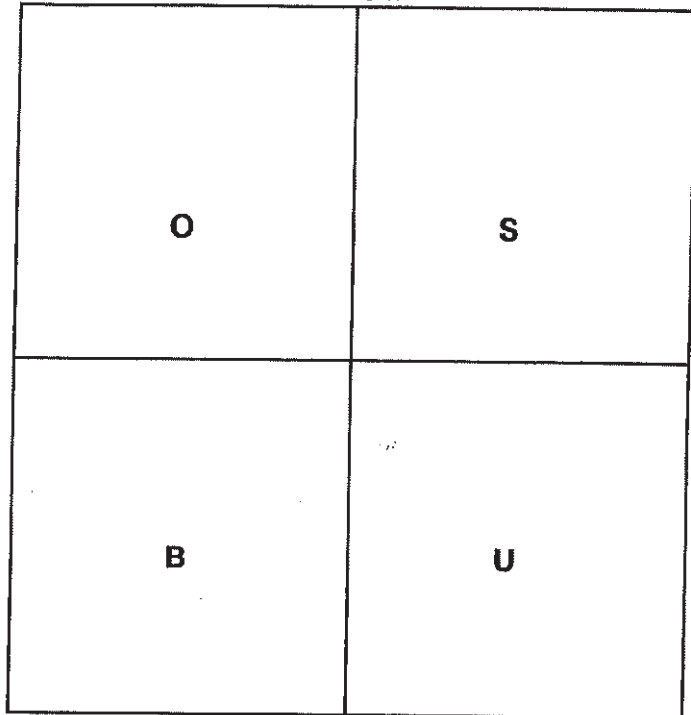
Some topics that have been popular in the past are:

| | | |
|----------------------|----------------|--|
| Anger | Grief and Loss | Communication |
| Abuse | Relationships | Summary of a Movie |
| Summary of a Booklet | Stress | Boundaries |
| Dysfunctional Family | Mini Lead | Story of a Famous Person in Recovery That You Admire |



**HOW HIGH-RISK CHOICES CREATE CONFUSION
EXERCISE 6.6**

THE JOHARI WINDOW*



The Open Arena is what we and others know about us.

The Secret Arena is what we know about ourselves that others do not know.

The Blind Arena is what others know about us that we do not know.

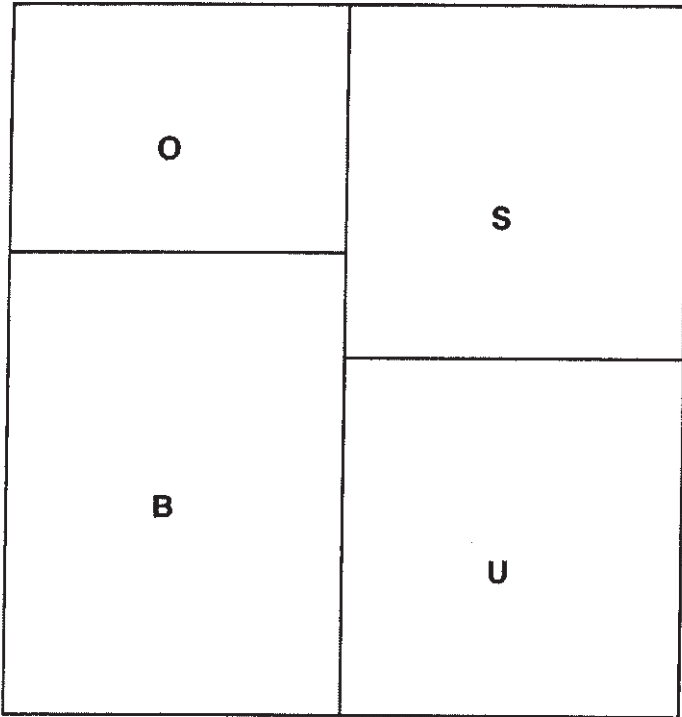
The Unconscious Arena is what we do not know about ourselves and others do not know either.

With Personal Growth...

The Open Arena Gets Much Larger.

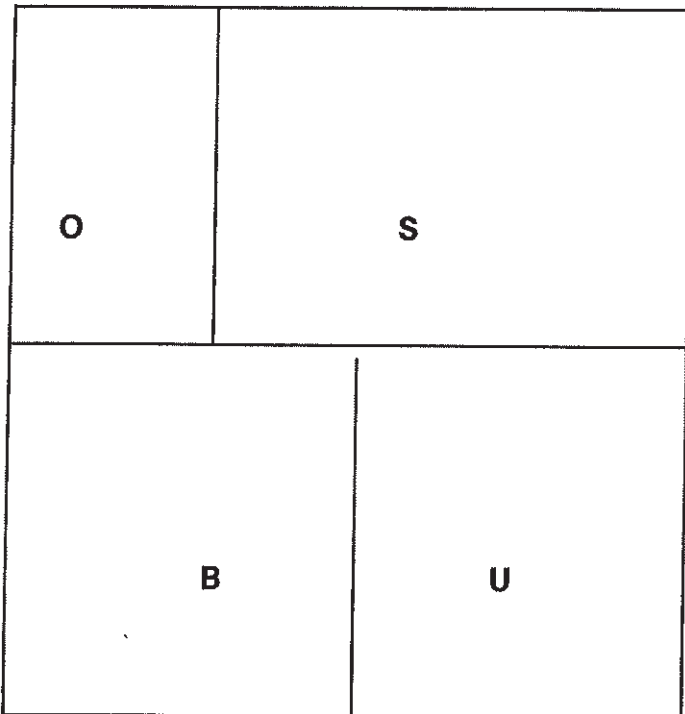
*Adapted from P.C. Hanson, A Model for Soliciting and Giving Feedback, in J. William Pfeiffer and John E. Jones (Eds.) 1973 Annual Handbook for Group Facilitators, San Diego, Ca: Pfeiffer & Company, 1973. Used with permission.

PHASE TWO



In Phase 2 When Social Dependence Is Present...

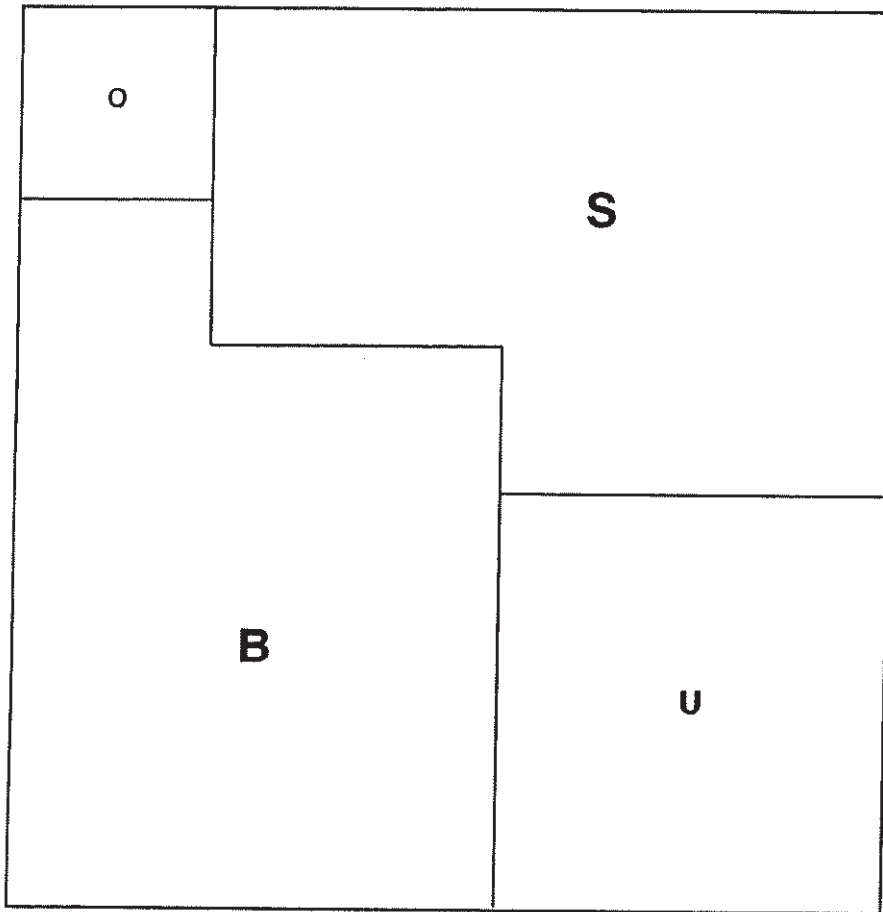
The Blind Area grows the biggest.



In Phase 2 When Social Dependence Is not present...

The Secret Area grows the biggest.

PHASE 4

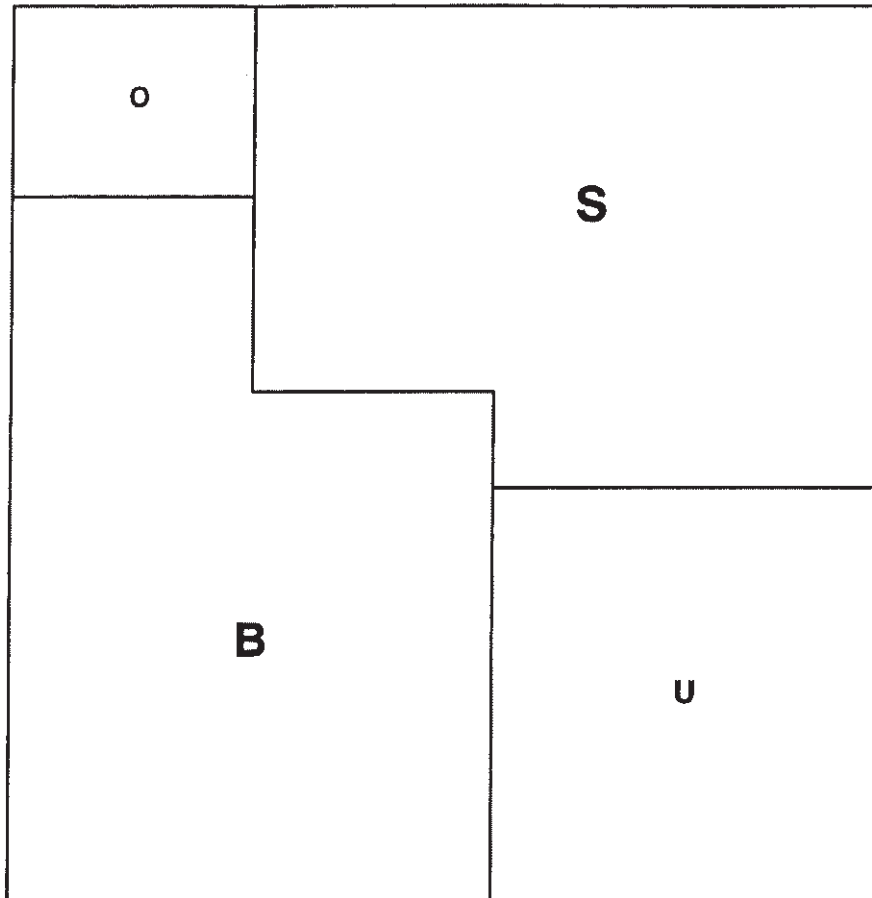


ALCOHOLISM OR DRUG ADDICTION

In Phase 4 the Blind and the Secret Areas grow very large. The Open area shrinks even more.

MY OWN JOHARI WINDOW

What does your Johari Window look like? What is in each area?



IN YOUR SECRET AREA...

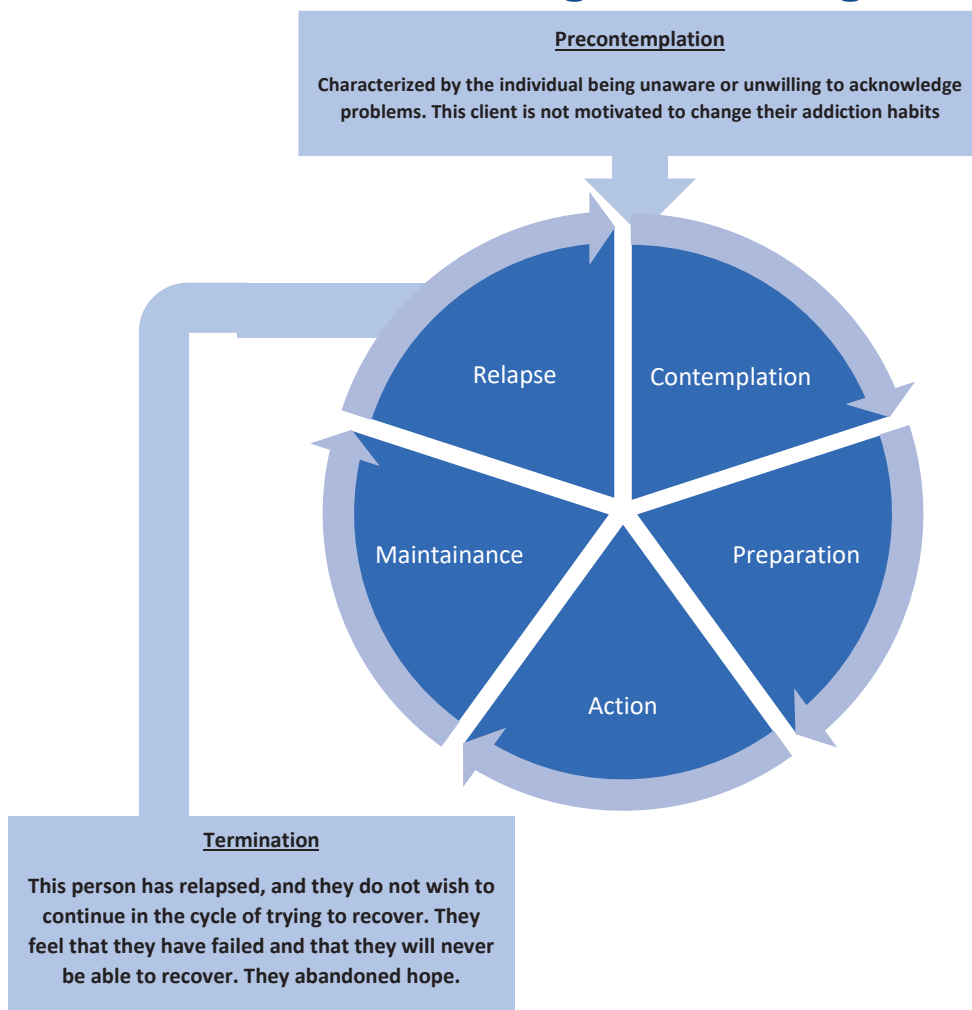
- A. Write down 1 or 2 things about your alcohol or drug use that most people don't know. (Include painful feelings.)
- B. Think of someone who knows you, cares about you, and will be honest with you. (This person should not be in your drinking or drug using group.) Are you willing to share something from your Secret Area with this person? If so, write his or her initials in your Secret Area, and draw an arrow to your Open Area. (It stays secret until you tell.)

IN YOUR BLIND AREA...

- A. Write down 1 or 2 times when you did not pay a price for an alcohol or drug problem because someone covered it up or made excuses for you (enabling).



Stages of Change



Contemplation- it is characterized as ambivalence. Individuals are willing to examine the problems associated with use and consider the implications of change, although they may not take any constructive action. Clients may choose to increase use, decrease use, discontinue use, or change drugs.

Preparation- Ambivalence is resolved. Individuals want to make changes; however, they may not be aware of what steps to take to make changes occur. Attitude change has led to a commitment to a drug free lifestyle. Abuse clients may not be making a commitment to change to a drug free lifestyle. Abstinence may not be their goal.

Action-client is acting on commitment to change period this is particularly stressful stage. If motivation to change lessens, relapse symptoms are likely to appear.

Maintenance-this stage is characterized by six months of abstinence. Client is active in a sober support system such as a comma and a comma AV, RR, spiritual affiliation, recovering family members. Client sees self as recovering and is continuing to act on changes-

Relapse- a normal part of recovery. Often occurring when a person is not actively involved in any form of group counseling or support network. Relapse often occurs when a person returns to their own environment and old destructive friends and old habits. the goal is to get active again in the recovery process and begin the process anew.

Stages of Change (Prochaska & DiClemente)