

## 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 X \_\_\_\_\_ Date X \_\_\_\_\_

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## 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 4<sup>TH</sup>

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

# COUNT THE COST WORKSHEET – WHAT ARE MY LOSSES?

DIRECTIONS: ON EACH OF THE LINE ON THIS SHEET, PUT A NUMBER THAT BEST REPRESENTS THE AMOUNT OR NUMBER OF TIMES THAT YOU HAVE EXPERIENCED A LOSS IN THE AREA INDICATED.

- \_\_\_\_\_ arrests / citations / tickets
- \_\_\_\_\_ time spent in jail / prison
- \_\_\_\_\_ time on the shelf / over head
- \_\_\_\_\_ late to work or left early
- \_\_\_\_\_ days missed at work
- \_\_\_\_\_ job or jobs lost
- \_\_\_\_\_ missed promotions
- \_\_\_\_\_ lack of productivity
- \_\_\_\_\_ missed opportunities
- \_\_\_\_\_ quit school
- \_\_\_\_\_ disciplined at school
- \_\_\_\_\_ loss of respect
- \_\_\_\_\_ loss of trust
- \_\_\_\_\_ time away from partner
- \_\_\_\_\_ time away from children

- \_\_\_\_\_ embarrassment
- \_\_\_\_\_ guilt
- \_\_\_\_\_ shame
- \_\_\_\_\_ reputation
- \_\_\_\_\_ hiding it from family
- \_\_\_\_\_ hiding it from friends
- \_\_\_\_\_ no sober leisure activities
- \_\_\_\_\_ not able to have feelings
- \_\_\_\_\_ out of touch with feelings

**LOSSES THAT YOU CAN THINK OF YOURSELF:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Fines \_\_\_\_\_
- Court costs \_\_\_\_\_
- Probation fees \_\_\_\_\_
- Attorney fees \_\_\_\_\_
- Towing fees \_\_\_\_\_
- Storage fees \_\_\_\_\_
- Interlock fees \_\_\_\_\_

- Repair bills \_\_\_\_\_
- Restitution \_\_\_\_\_
- Increased insurance Cost: \_\_\_\_\_
- SR 22 bond \_\_\_\_\_
- Lost wages at work \_\_\_\_\_
- Cost of alternative Transportation \_\_\_\_\_
- Assessment cost \_\_\_\_\_
- Tox screen fees \_\_\_\_\_
- Cost of treatment \_\_\_\_\_

- ALCOHOL costs \_\_\_\_\_
- POT costs \_\_\_\_\_
- OPIATES costs \_\_\_\_\_
- PILLS costs \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

When presenting your losses in group, try to be aware of as many of the things that have gotten away from you that are important to you, whether they are persons, places or things, possessions, or just things that you cannot do any more. It is a loss to not just get into your car and go where you want to go.

The purpose of this exercise is to stay in touch with the pain so that it is less likely that we will want to add to this list ever again.



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

