Praise for the *Matrix Model for Criminal Justice Settings*

"Treatment engagement and responsiveness have long represented major concerns in correctional programs. The new *Matrix Model for Criminal Justice Settings* does a great job of addressing these by incorporating both substance abuse treatment and criminal thinking models in one easy-to-deliver format."

—Ed Roberts, M.A., LCDC
Program Planning and Implementation Consultant/Trainer
Ed Roberts Consulting, Inc., Galveston, Texas

"I have worked in the field of criminal justice and substance abuse treatment since 1985. I have been providing treatment services to drug courts since 1998 and have used a variety of treatment programs. The *Matrix Model for Criminal Justice Settings* is a wonderful tool for addressing both the substance abuse and criminal thinking aspects for these offenders. The program is designed to work within the structure of the drug court treatment model and allows flexibility for participants entering the program at any time. I look forward to using this program with both my court ordered and voluntary clients."

—Tracy C. Wilson, M.Ed., LPC
Resolutions Counseling Inc., Carrollton, Georgia

"I have been running the Rancho Cucamonga Drug Court for over 16 years, using exclusively the Matrix Model. It has worked outstandingly over the years. The new manual with the focus specifically on criminal justice settings is going to make its use in a drug court setting even more outstanding. Thank you, Matrix Institute!"

—Ronald J. Gilbert
Superior Court Commissioner, Rancho Cucamonga, California

"This curriculum content, lesson plans, and sequencing provide systematic cognitive and behavioral change which covers all the bases. This serves as an immediate plus in promoting the change we all desire."

—David A. Deitch, Ph.D.
Emeritus, Clinical Professor of Psychiatry
Founder and Director, Center for Criminality & Addiction Research, Training & Application

ABOVE AND BEYOND COUNSELING - HOUSTON, TX

THE MATRIX MODEL FOR
CRIMINAL JUSTICE SETTINGS

Therapist's Manual

INTENSIVE ALCOHOL & DRUG
TREATMENT PROGRAM

Donna L. Johnson, I.C.A.D.C., I.C.C.J.P.,
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Preface

The Matrix Institute has been delivering treatment to criminal justice populations since the late 1990s. The Matrix Institute site in Rancho Cucamonga (San Bernardino County, California) has a longstanding drug court program that has been highlighted in national media coverage and is widely recognized as exemplary, earning a formal commendation from the San Bernardino County Board of Supervisors in May 2014. Visitors to the program include a United Nations delegation and numerous providers from throughout the United States and around the world. Matrix Model drug court clinicians have been invited to give presentations on the program at state and national drug court conferences. Over the past several years, the Matrix Model approach has been instituted in other drug court programs across the country.

Donna Johnson, the lead author on this criminal justice adaptation of the Matrix Model, has trained the model in numerous correctional and drug court programs across the country. For example, all of the State of Virginia Department of Corrections centers were trained, along with probation officers.

Prior to using the Matrix Model, Ms. Johnson was working in a drug court setting doing “treatment as usual” with chronic and high-risk clients. Treatment as usual was retaining only 55 percent of the participants, and the relapse rate was about the same. Upon implementation of the Matrix Model with the added “criminal thinking” components, clients began paying attention, staying in treatment, and responding to treatment. In the past, clients were generally resistant to treatment, attending only because they had to. With the Matrix Model, clients began to say, “I am here because I can change my life.” After a few months working with the Matrix Model, the program had an 82 percent retention rate and an 11 percent relapse rate—a significant improvement.

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How to Build a Participant Workbook

For this program, each person in your group needs a "workbook" containing the handouts used throughout the program: written exercises, readings, and other materials. Before the first session, compile copies of all these handouts into a binder or folder for each participant. People in recovery need firm structure, and these workbooks will help them stay organized. In fact, program fidelity for the Matrix Model depends on using these handouts effectively. Here's how to build a workbook:

- Print the participant handouts used in each session. These are provided as separate PDFs as part of your online subscription. To preview the handouts, see the thumbnail views found at the end of each section of the manual.
- Photocopy and compile the handouts into participant workbooks, using binders or folders. Include extra stickers (which can be ordered separately from Hazelden Publishing), calendars, and daily/hourly handouts. Participants may fill out these handouts between sessions.
- Give each participant a workbook upon admission to your program.
- Keep the workbooks at your organization or with the therapist.
- Distribute the workbooks to participants at the beginning of each group session.
- Return the workbooks to participants to keep after they complete the program.

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INTRODUCTION

Welcome to the *Matrix Model® for Criminal Justice Settings*. This program is based on the *Matrix Model: An Evidence-based Intensive Outpatient Treatment Program for Alcohol and Other Drugs*, a comprehensive, individualized program with more than thirty years of research and development.

What Is the Matrix Institute?

The original Matrix Model of intensive outpatient treatment was developed by the Matrix Institute on Addictions, a nonprofit started in 1984 in Los Angeles. Its mission is "to improve the lives of individuals and families affected by alcohol and other drug use through treatment, education, training, and research" by promoting a greater understanding of substance use disorders. Its main goal is to improve the quality and availability of addiction treatment services, providing accurate, empirically based information to health-care providers.

Matrix clinics in the greater Los Angeles area serve as sites for many service grants and research studies conducted by investigators with the UCLA Integrated Substance Abuse Programs (ISAP) and with the National Institute on Drug Abuse (NIDA). The projects conducted at the clinics are designed to carefully study the factors associated with addiction and recovery so we can better understand these processes. The Matrix Institute has also been part of many national trials investigating the effectiveness of various medications for addiction treatment. Participating in this research and disseminating the findings widely are among the Institute's goals. Matrix staff have published extensive information and conducted widespread trainings on a number of subjects regarding addiction treatment.

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What Is the Matrix Model for Criminal Justice Settings?

This comprehensive program is for the treatment of substance use disorders and criminal behavior typically associated with substance use.

Almost two-thirds of the inmates in U.S. prisons and jails meet the *DSM-5* criteria for substance use disorders: 1.5 million out of 2.3 million (*Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association). Another 458,000 have histories of substance abuse; were under the influence at the time of their crime; broke the law to get money to buy drugs; were incarcerated for an alcohol or other drug law violation; or shared some combination of these features (CASA, the National Center on Addiction and Substance Abuse at Columbia University, 2010).

In addition, alcohol and other drugs are significant factors in:

- 78 percent of violent crimes
- 83 percent of property crimes
- 77 percent of public disorder, immigration, or weapon offenses; and probation/parole violations

A structured treatment experience, the *Matrix Model for Criminal Justice Settings* gives offenders with substance use disorders the knowledge and support to abstain from substance use and criminal behavior and start a long-term program of recovery and prosocial life. It is intended for programs treating offenders and mandated populations, such as drug courts, re-entry programs, jail populations, DUI programs, prison treatment programs, court programs, and outpatient programs for these groups.

The program uses materials developed and evaluated by the Matrix Institute, with extra components for treating criminal offenders. Its clinical strategies address basic needs, criminality, anger and hostility, identity issues, resistance, boundaries, and creating a therapeutic alliance (as recommended by SAMSHA TIP 44: Substance Abuse Treatment for Adults in the Criminal Justice System). It also addresses resistance and promotes engagement, developing prosocial activities, peer support, self-management and relapse prevention skills specific to offender populations. Participants learn integrated skills to manage triggers and issues of substance use and criminal behavior.

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The program includes:

- A comprehensive **therapist's manual** for implementing the program, including an optional section on medication-assisted treatment (MAT), which discusses prescription medications for addiction treatment
- **Reproducible handouts**, found in your online subscription; also included is a **PowerPoint presentation** on medication-assisted treatment
- Three **videos** to use with the Family Education group
- Printed **stickers** for participants to track alcohol- and drug-free days on a monthly calendar. These can be ordered separately through Hazelden Publishing under item #4123. You may also use stickers of your own choosing.
- **Medallions** to reward sobriety. These can be ordered separately through Hazelden Publishing under item #968425. You may also use medallions of your own choosing.
- **Training** to ensure fidelity in implementing the program

People with substance use disorders who are involved in the criminal justice system must learn skills to address their substance use—and also the thinking errors that prompt their criminal behavior. Substance use and criminal behavior often trigger each other, so offenders must learn to identify and manage their triggers in these areas. Most treatment programs address and treat the substance use but not the criminogenic risk factors and thinking errors that lead to criminal acts.

Most criminal justice programs, such as drug court and correctional programs, retain offenders for about 12 months. This manual uses a phased system of lesson plans and structure for 32 weeks—about 8 months—covering early recovery, relapse prevention, and adjustment: looking ahead as the offender's mandated time comes to an end.

Offenders often find the adjustment phase tough. It's typically a high-relapse time. Their cognitive skills have improved, but they're facing new challenges. Just like anyone else, offenders want a better life. But they may meet roadblocks: for example, criminal background checks may limit job and housing options. If these frustrating situations aren't anticipated and planned for, they can lead back to substance use and re-offending.

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This manual includes lesson plans and skills for re-entry upon release from prison, jail or other correctional facilities. They address housing, employment, family issues, and financial challenges. They also have built-in assessments that provide the therapist more information about the offender—details often not addressed in the typical substance use assessment. The more the offender participates in the treatment process, the more the sessions will reveal the person's needs and issues that need addressing. The therapist can use this information to motivate and enhance the integrated recovery process.

Ideally, the therapist should be knowledgeable about motivational interviewing and about working with offenders in general. Typically, two categories of people are identified for substance use disorder treatment in a criminal justice program:

1. The offender who has a substance use disorder and commits crimes to support the drug use.
2. The offender who meets criteria for antisocial personality disorder and uses substances.

Offenders in category 1 usually respond well to motivational interviewing, but those in category 2 often see it as a chance to manipulate the therapist and the program rules. (As you're trying to learn their strengths and weaknesses, they're trying to learn yours.) The sessions are designed to help the therapist gauge any antisocial patterns and make treatment decisions accordingly. The "stages of recovery" are key to the Matrix Model. At 32 weeks, this program allows time to use these stages intensively with each offender. This "stagewise approach" is especially relevant during the adjustment phase at the end of the program.

The *Matrix Model for Criminal Justice Settings* was designed as a 32-week program. For best results it should be delivered at that pace, but if necessary, it can be shortened or lengthened. If you must accelerate the program, you can use the extra topics and handouts as additional assignments or one-on-one sessions tailored to each participant.

The *Matrix Model for Criminal Justice Settings* is flexible enough for use in long-term settings such as drug courts and in more traditional outpatient programs for mandated populations. It also helps the offender

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identify current support systems, repair family relationships, and then build additional supports to be used when formal treatment has ended.

The program is delivered in group and individual or conjoint sessions, each with a specific purpose, topic, and goal. These sessions are neither therapy groups nor the confrontational sessions often seen in criminal justice treatment. The goal of these groups is to address important issues in the areas of initial stabilization, abstinence, maintenance, prosocial skills, criminal thinking errors, and relapse prevention skills during the recovery process. The format and goals of each group are described in the first part of this manual. It is highly recommended that the therapist read the relevant section of the manual just before going into group.

Your online subscription contains the participant handouts designed for these groups. To preview the handouts, see the thumbnail images at the end of each section of this manual. The sequence of the material is important to the creation of a treatment dynamic that moves the participant through a systematic recovery process. Although some of the handouts may be useful independently, optimal use is achieved when they are part of a comprehensive treatment experience.

Who Is the Main Audience for the Program?

This program's integrated approach helps adult offenders address substance use disorders and the thinking errors that lead to criminal activity. It meets the needs of drug court programs, re-entry programs, correctional and jail programs, and offenders who are in outpatient programs or mandated for treatment by the courts.

What Is the Format of the Program?

After some initial one-on-one sessions, most of the program is delivered through topic-oriented group sessions: the therapist presents the material, and participants engage through discussion and handouts. Six sets of sessions are covered in this manual, with step-by-step instructions for conducting them: Individual/Conjoint sessions, Early Recovery Skills group, Relapse Prevention group, Family Education group, Adjustment group, and Social Support group. The manual also covers how to arrange for urine analysis and breath-alcohol testing, which are recommended as clinical tools. All of these components are outlined on the next pages.

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Individual and Conjoint Sessions (with supplemental sessions for medication-assisted treatment)

These are ideally scheduled weekly: 8 one-hour meetings over the first 2 months, followed by one each month or as needed.

These sessions orient the participant (conjointly with family members, when possible) to the program's expectations. Rapport is established and some documentation is completed. The sessions address criminal justice issues, addiction's effect on the brain, and thinking errors. Conjoint sessions should be arranged as early in treatment as possible and should continue regularly throughout the program.

For participants who want to explore addiction medications along with psychosocial treatment—or who are already taking these medications—a supplemental set of individual sessions is included. These sessions address the special issues of medication-assisted treatment (MAT) in recovery.

Early Recovery Skills Group

This group ideally meets three times weekly: 22 one-hour group sessions during the first 7 weeks.

In this group, participants learn basic skills to achieve initial sobriety and address the thinking errors that led to their involvement in the criminal justice system. They learn basic cognitive-behavioral tools for abstinence and the value of Twelve Step and other spiritual or self-help participation. The *Matrix Model for Criminal Justice Settings* also adds an Early Recovery session prior to Family Education. This not only gives the program time to address both issues but also provides time frames needed to meet nine treatment hours required by ASAM Level II.5 for Intensive Outpatient.

In these groups, participants start to see how substance use and criminal thinking often trigger

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each other. These early recovery skills are distinct from relapse prevention exercises, which are intended to maintain sobriety and a prosocial lifestyle. If participants become unstable during treatment and begin using again, therapists may choose to place them back in this basic skills group to provide more structure and a refresher course. (In some programs, some participants stay in this group for their entire time in treatment.)

This group includes a co-leader: an offender who has at least three months of sobriety in the Matrix Model treatment experience.

Relapse Prevention Group

This group ideally meets twice weekly: 90-minute group sessions for 23 weeks.

These groups help offenders maintain abstinence and a prosocial lifestyle by delivering information, support, and guidance as they proceed through recovery. For the first 12 weeks, it is critical that these groups be scheduled at the beginning and at the end of the week—with the Family Education group in the middle of the week—to spread the offender's experience evenly throughout the week. This group includes a co-leader, an important element in the group dynamic. He or she should be a graduated participant (or one in the later stages of the program) who is continuing to work a program that other participants can emulate.

Family Education Group

This group ideally meets once weekly: one 90-minute group session for the first 12 weeks.

Ideally, all participants and family members or other key support people (if available) attend the Family Education group. (Participants attend the sessions even if family or a support system cannot attend.) These particular sessions are designed to be interactive, allowing the group leader to include

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the most pressing issues for both offender and family members. Some correctional programs may need to modify these sessions, since the offender and family members may not have weekly access to each other. Modifications can include the mailing of family education materials, or holding family sessions remotely via webcams or other electronic options, offering family members education via phone calls, or by accessing lectures online. The three videos included with this program are used during the group sessions. If the program needs to be adapted to a given culture, it is recommended that the culturally specific topics be included in the Family Education group: for example, topics for Native Americans or veterans; or materials relevant to certain geographic areas or countries outside the United States. A PowerPoint presentation on medication-assisted treatment is also included in your online subscription for use during a Family Education session on this topic.

Adjustment Group

This group ideally meets twice weekly for the last nine weeks of the program: 90-minute sessions during weeks 24–32.

These groups address offender issues common in the adjustment phase of recovery. Anger, employment, and changing family systems are huge issues for criminal justice populations during this phase. These additional lesson plans include skills for anger management and strategies to manage and improve employment, including job interviewing and handling criminal background checks. Thinking errors, values, and attitudes are also discussed. Key concepts used in the treatment of criminal justice populations will be added in a Matrix Model framework to address needs in an integrated manner.

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Social Support Group

This group ideally meets weekly for a 90-minute group session, beginning at week 24.

Participants eligible for this group are those who have attained a stable recovery and have completed 23 weeks or more of the program. This group is designed to help offenders learn resocialization skills in a familiar, safe environment. It is also helpful in preventing possible relapse due to the anxiety of leaving treatment. This group includes a co-leader.

Urine and Breath-Alcohol Testing

All offenders are asked to provide a urine specimen for drug analysis (randomly on a weekly basis or as contracted by drug court or other court services).

Regular urine testing and breath-alcohol testing are part of the structure that helps to control alcohol and other drug use. Testing is a valuable tool that is presented to the offender as something that can assist in recovery and provide accountability. Because urine testing is a key component in treating offender populations, the program setting and legal requirements will determine drug testing protocols.

Drug testing can be used to aid in treatment planning, determining levels of care, and to help gauge compliance with program rules and legal requirements of the courts or other parts of the criminal justice system. Programs have the option of using various types of drug testing (i.e., urine, oral fluids, and hair testing); the choice is based on legal requirements, cost, and the needs of the offender. Testing helps the therapist and offender keep the offender's behavior in line with the recovery process and the legal requirements and responsibilities of the treatment program.

Further discussion and explanation of each of these groups is detailed later in this therapist's manual. Please read these explanations carefully.

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THE MATRIX MODEL FOR CRIMINAL JUSTICE SETTINGS

Intensive Alcohol & Drug Treatment

A 32-Week Individualized Program

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

INDIVIDUAL AND CONJOINT SESSIONS
Once a week for 8 weeks (8 sessions), then once a month or as needed

EARLY RECOVERY GROUP
3 times a week for 7 weeks (22 sessions)

RELAPSE PREVENTION GROUP
2 times a week for 23 weeks (46 sessions)

ADJUSTMENT GROUP
2 times a week for the last nine weeks (18 sessions)

FAMILY EDUCATION GROUP
Once a week for 12 weeks (12 sessions)

SOCIAL SUPPORT GROUP
Once a week for the last nine weeks (9 sessions)

URINE/BREATH-ALCOHOL TESTING
Once a week or more for the whole program

- Twelve Step meeting attendance is encouraged throughout the program.
- Graduated participants may be invited to serve as co-leaders of Early Recovery, Relapse Prevention, and Social Support groups.

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How Is a Typical Week of the Program Scheduled?

This table shows a sample schedule. Note: For the first 12 weeks, it is critical that Relapse Prevention groups be scheduled at the beginning of the week (Monday or Tuesday) and at the end of the week (Thursday or Friday), with the Family Education group in the middle of the week.

Programs operating on shorter treatment times can use the additional sessions as homework assignments; or the therapist can schedule more individual or group sessions in the time available, depending on the participant's needs.

Sample Schedule

Matrix Model for Criminal Justice Settings

Recommended 32-week program (with ongoing support up to one year)

WEEK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday and Sunday
EARLY RECOVERY PHASE						
Weeks **1** through **7**	**6–7** p.m. Early Recovery Skills **7–8:30** p.m. Relapse Prevention	Spiritual or Self-Help Meeting	**6–7** p.m. Early Recovery Skills **7–8:30** p.m. Family Education	Spiritual or Self-Help Meeting	**6–7** p.m. Early Recovery Skills **7–8:30** p.m. Relapse Prevention	Twelve Step/ Spiritual Meeting/Self-Help/ Supports and Other Recovery Activities
Weeks **8** through **23**	**6–7:30** p.m. Relapse Prevention	Spiritual or Self-Help Meeting	**7–8:30** p.m. Family Education (only thru week 14)	Spiritual or Self-Help Meeting	**6–7:30** p.m. Relapse Prevention	
ADJUSTMENT PHASE						
Weeks **24** through **32**	**6–7:30** p.m. Adjustment	Spiritual or Self-Help Meeting	**7–8:30** p.m. Social Support	Spiritual or Self-Help Meeting	**6–7:30** p.m. Adjustment	
Weeks **33** through **52**			**7–8:30** p.m. Social Support			
Random urine testing and breath-alcohol testing conducted weekly. Individual/conjoint sessions held once a week for the first eight weeks and then monthly or as needed.						

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Who Are the Co-leaders?

A participant who has been through the program, or who is about to complete it, serves as a co-leader with the therapist. This person can be enlisted to provide a positive role model and reinforce suggestions and advice on the basis of personal experience. The co-leader may be effective in instances where an offender is resistant to the therapist's input. The co-leader should be directed to speak in the first person and persuade group members by sharing personal experiences, not inviting further debate and discussion.

It is recommended that co-leaders under therapist supervision be used in four of the groups: Early Recovery Skills, Relapse Prevention, Adjustment, and Social Support. In the Early Recovery Skills group, the co-leader is usually a current offender with more than three months of sobriety. The offender must be doing well in the program, not drinking or using drugs, no longer involved in criminal behaviors and actively participating in an outside recovery group or other support. In the Relapse Prevention and Adjustment groups the co-leader is ideally a graduated offender with one year or more of sobriety who meets all the same criteria.

This role also benefits the co-leader. Participants who want to give back in this way are often motivated to participate in Twelve Step meetings or other ongoing recovery activities to meet the qualifications for co-leadership. In the Social Support group, co-leaders should be carefully screened for emotional stability, strength of recovery, and intellectual competency. They should make a six-month commitment to attend regularly. They should also meet with the group leader regularly, either before or after group sessions, to be briefed on the topic and immediate issues with offenders. The goal of becoming a co-leader can be very motivating for offenders in early recovery.

Is Training Necessary to Implement the *Matrix Model for Criminal Justice Settings*?

Fidelity of implementation is vital to attaining an effective outcome. It is strongly recommended that facility administrators, key supervisors, and anyone delivering the program receive training and additional support from the Matrix Institute to ensure efficacy of the model. After completing the basic training, key supervisors can attend an advanced two-day

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training. For more information, please call the Matrix Institute toll-free at 877-422-2353 or 310-478-6006, email **training@matrixinstitute.org**, or visit **www.matrixinstitute.org**. Customers may also contact Hazelden Publishing at 800-328-9000 to arrange Matrix Institute trainings.

The *Matrix Model for Criminal Justice Settings* is a trademarked product and service package. Training is available only from Matrix Institute staff or other certified trainers. There is also a program certification available for agencies that have been trained and who wish to apply for certification from the Matrix Institute. Certified programs will be listed on the Matrix Institute website and will receive regular updates from the Institute. Program implementers, whether certified or not, may not claim to be representatives of the Matrix Model or the Matrix Institute for the purpose of revenue generation or service development, without the explicit permission of the publisher.

How Is Alcohol and Other Drug Testing Set Up?

A common practice in the treatment of substance use disorders, urine testing is a component of the Matrix Model. It provides the offender with another recovery tool and the therapist with important information about the person's progress. (Breath-alcohol testing is used on an as-needed basis as well.) Urine testing can be arranged either through an outside laboratory or with on-site testing. Costs vary depending on the type of analysis and the number of drugs tested for. Outside labs provide specimen containers, arrange for pickup, and usually provide results within three to five days. On-site testing allows for immediate results using one-step cups for collection and testing. Other types of testing available (such as hair or blood testing) tend to be more expensive: for more information on these, check with the Center for Substance Abuse Treatment (CSAT) and the National Institute on Drug Abuse (NIDA).

Because legal requirements vary, some programs will establish their own testing policies and protocols based on those requirements and other factors.

Information on specific issues of drug testing, such as procedures, dealing with a positive urine test, falsified specimens, observed urines, and other concerns, can be found in the Urine and Breath-Alcohol Testing section of this manual.

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What about Relapses?

Relapse does not occur suddenly or unpredictably, although it often feels that way to participants. The therapist needs to understand the context of the relapse to reframe the event for the participant. Many offenders who successfully complete treatment experience a relapse at some point in the recovery process. The critical issue is whether the recovery process continues following the relapse. A relapse does not indicate failure; it should be viewed as an indication that the treatment plan needs adjusting or a certain relapse prevention skill needs review. This approach is recommended for everyone in recovery, including criminal justice populations. Relapse can be a learning process, especially if the offender is forthright in his/her discussion of the relapse. Courts should consider this during the sanction process.

The Relapse Analysis Chart, handout 20 in the Individual and Conjoint sessions, can be used individually with participants when alcohol and other drug use occurs after a period of abstinence or when an offender is relapsing regularly at extended intervals. This chart can help the therapist and the participant better understand the cause of the relapse and identify necessary adjustments to the treatment plan to avoid future relapses. This chart should not be used as a way to interrupt continuing alcohol and other drug use. Instead, use topics from the Early Recovery groups to address these. Should a relapse occur, it can be used as a learning tool and skill building process to keep future relapses from occurring.

Why Is It Important for Participants to Schedule Their Time in Treatment?

Participants recovering in a jail, correctional program, or residential program have the structure of the program, even the confines of the building, to help them stop using. In outpatient treatment, offenders have to build that structure around them as they continue functioning in the world. For that reason, the *Matrix Model for Criminal Justice Settings* helps offenders learn to schedule each day in the Early Recovery Skills group between the current meeting and the next. These schedules (which should include self-help, spiritual, or other community support meetings) become their structure. Participants fill out a Daily/Hourly Schedule at the end of each Early Recovery Skills group to help schedule their time between meetings. Participants having trouble learning

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to schedule hour-by-hour can begin by using the Block Scheduling Cards (also included as a handout) rather than scheduling each hour. In addition, participants should mark each successful recovery day on a calendar by applying "Sober Today" stickers on the days they are free of alcohol and other drugs. For this purpose, each participant receives five Calendar handouts in the Early Recovery Skills group to mark his or her recovery time throughout the program. Offenders who are incarcerated or in a residential program should schedule those days as if they were in the free world or in an outpatient setting. Even while incarcerated, they can learn these planning skills.

How Important Are Twelve Step Support Groups?

For several reasons, the *Matrix Model for Criminal Justice Settings* emphasizes the critical importance of using Twelve Step programs (or other spiritual or self-help support component) in the initial intensive phase of treatment. Twelve Step programs are easy and safe ways to find other people who are doing recovery-oriented activities and provide ongoing social support for the recovery process after the intensive phase of the program ends.

While participants are not denied access to treatment if they are opposed to going to Twelve Step meetings, it is critical to convey the expectation that gaining familiarity with Twelve Step programs (and/or other spiritual or self-help support) is, for many, an essential part of treatment. Studies have shown that people who combine a Twelve Step component of recovery with a cognitive-behavioral program do better at remaining abstinent for the long term. Because professional treatment is time limited, the involvement with a sponsor in a Twelve Step program or developing other spiritual support systems is critical. It is important to educate all offenders entering treatment about the fact that many successful participants place substantial reliance on Twelve Step and other spiritual support programs for emotional guidance and nurturing. (Many correctional and jail programs offer Twelve Step meetings within the correctional setting.)

How Do I Handle Participants Coming and Going or Starting the Program at Different Times?

All groups in this program are open groups, meaning offenders may enter and leave the group on an individual schedule. The structure of the program and the topics included in the various components are arranged to accommodate

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this open structure. Offenders who have been in treatment longer serve as role models for those just entering treatment. The diversity of offenders at different places in the process is a strength of the program.

How Might This Program Differ from What We Are Presently Doing?

The *Matrix Model for Criminal Justice Settings* is an intensive treatment program that addresses not only substance use disorders but also the criminal thinking and behaviors that caused the offender to be engaged in the criminal justice system. The interventions are primarily drawn from cognitive-behavioral concepts. Participants learn skills to manage the targeted behaviors that need change. They learn how their substance use disorder has changed the way their brains function and how the substance use can co-occur with thinking errors, leading to criminal behaviors. The exercises in the program take these neurobiological changes into account.

The disease of addiction is explained in terms offenders can understand, and the group topics help participants understand how to deal with these changes in ways that are most likely to affect long-term sobriety and a pro-social lifestyle. The groups are run as a sequence of one-on-one interactions between the therapist and each participant individually. Interactions between participants and the exploration of participants' feelings are much more limited than in a traditional community-based program. Effective outpatient treatment is quite different from inpatient treatment and different from group therapy. The *Matrix Model for Criminal Justice Settings* materials are specifically designed to help programs deliver effective treatment for drug courts, re-entry programs, correctional/jail programs, and outpatient programs treating mandated populations.

Why Are There Special Sessions for Participants Taking Addiction Medications?

In treatment programs that use medication-assisted treatment (MAT), therapists need accurate information on these addiction medicines. There is much misunderstanding and misinformation about them, and the therapist can help clarify what the medications do—and what they don't do. In addition, it is critical that the therapist understand the impact of MAT on recovery in a general sense. In the recovery community, it is not uncommon to encounter

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negative attitudes toward these medications. Providers, significant others, and even the participants themselves often have ambivalence about them and sometimes feel that "real" recovery can be achieved only when medications are not used. Therapists can help dispel myths and misinformation, providing essential guidance and support for MAT participants and their families.

Sometimes people in the criminal justice system restrict or prohibit an offender's use of addiction medicines. Ideally medication decisions should be made by a physician in collaboration with a participant, but the reality is otherwise in some cases.

Therapists can also help MAT participants keep a broad view of what recovery entails. Yes, some medications can be very effective in eliminating cravings or in blocking the effects of alcohol or other drugs. This is desirable, but it can also result in the person seeing little need for behavioral and lifestyle changes. The therapist can help the person understand the need for more than just medication in recovery.

What Special Issues Might Arise When Dealing with Different Cultural Groups?

The use of this program is not limited to certain ethnicities or cultures. The original core Matrix Model program has been used with Asian populations, with Native Americans (both in urban areas and on reservations), with African Americans throughout North America, with all races in South Africa, and in many other cultures. Earlier versions of these manuals, or parts of them, have been translated into Spanish, Thai, and many other languages for use in other parts of the world. The nonconfrontational and motivational style of delivery is respectful and honors individual differences, making it more appealing to people in many cultures than the more confrontational, directive style of many programs now operating in the United States, especially in criminal justice programs. It can also be culturally tailored to a particular population. For instance, Hawaiian practitioners have given participants opportunities to use a cultural tradition called "talk story" in group as a way of integrating the concepts. And the handout illustrations make the material more easily understood by a wide range of cultures and more easily understood by participants cognitively impaired by substance use.

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What about Offenders with Co-occurring Disorders?

These materials are very appropriate for people who have both a substance use and a mental health disorder. The emphasis on structure makes it the treatment of choice for many mental health participants, with or without a co-occurring substance use disorder. Mental health practitioners find it most effective to focus on both disorders simultaneously and concurrently when possible. The most appropriate way to use the materials for participants is to focus on reducing the use of alcohol and nonprescribed drugs while simultaneously tracking compliance with taking prescribed psychiatric medications. Mental health practitioners need to be patient with the slow progress and focus on using a nonconfrontational, motivational presentation style.

Is the Matrix Model Evidence-Based?

The original core Matrix Model has been increasingly recognized as an effective protocol-driven outpatient treatment. Evaluations of the model have been conducted at Matrix Institute sites for over thirty years. It is the only comprehensive treatment program noted by the National Institute on Drug Abuse (NIDA) in *Principles of Drug Addiction Treatment: A Research-Based Guide, Second Edition* (2009). The Matrix Adolescent Treatment Model is recognized in *Treating Teens: A Guide to Adolescent Drug Programs* (2003), published by Drug Strategies, as an exemplary treatment approach. The Matrix Model was tested in the CSAT-sponsored Methamphetamine Treatment Project (Rawson et al. 2004), the largest randomized clinical trial of treatments for methamphetamine use disorders to date. The study reported that in the overall sample, and in the majority of sites, those who were assigned to Matrix Model treatment succeeded in the following:

- They attended more clinical sessions.
- They stayed in treatment longer.
- They provided more methamphetamine-free urine samples during the treatment period.
- They had longer periods of methamphetamine abstinence than those assigned to receive treatment as usual.

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The *Matrix Model for Criminal Justice Settings* uses the evidence-based components of the core Matrix Model program and adds, in an integrated approach, the recommended components for treating offenders who have a substance use disorder.

What Is the Matrix Institute's Experience with Medication-Assisted Treatment?

As it was developing its original treatment program, the Matrix Institute was doing other work that involved medication-assisted treatment (MAT). In the early 1990s the Matrix Institute established an Opioid Treatment Program, which has continued to the present. Shortly thereafter, SAMHSA contracted with the Matrix Institute to write the Technical Assistance Publication 7, "Treatment of Opiate Addiction with Methadone: A Counselor Manual" (McCann et al., 1994). Ten years later the Matrix Institute was contracted by SAMHSA and the Danya Learning Center to author "Buprenorphine Treatment of Opioid Addiction: A Counselor's Guide," (McCann et al., 2004).

Over the past thirteen years, with SAMHSA/CSAT funding, the Matrix Model Intensive Outpatient Treatment Program has incorporated evidence-based interventions along with medication treatment. These interventions have included contingency management, motivational interviewing, Seeking Safety (addressing domestic violence) and Matrix Model groups. The Institute has also been the site for research involving buprenorphine and LAAM, a methadone alternative approved in 1993 by the Food and Drug Administration. Matrix Institute sites have conducted research with naltrexone for opioids and alcohol, acamprosate for alcohol, and a variety of medications for cocaine and methamphetamine dependence. While it is most widely known for the Matrix Model, the Matrix Institute has extensive experience with addiction medicines and counseling as a component of medication-assisted treatment.

Where Can I Learn More about Other Research on the Matrix Model?

The materials that form this treatment model were developed by the Matrix Institute over a thirty-year period of treating people with addictions on an outpatient basis. The treatment materials have evolved from the application of concepts, described in theoretical and applied research efforts, to the

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needs of substance users attempting to stop using alcohol and other drugs. The contents of this intensive treatment manual have been adapted from the following manuals:

- *The Neurobehavorial Treatment Manual*
- *The Matrix Model for the Treatment of Opioid Addiction with Naltrexone*
- *The Matrix Model of Outpatient Treatment for Alcohol Use and Dependency*
- *The Matrix Intensive Outpatient Program: A 16-Week Program for the Treatment of Stimulant Abuse and Dependence Disorders*

This manual contains much of the same content of the stimulant abuse edition, but it is more comprehensive so it can be used in groups of participants who are using more than one single class of substance. The principal authors of the above manuals are Richard A. Rawson, Jeanne L. Obert, Michael J. McCann, and Walter Ling, with significant contributions by Paul Brethen, Patricia Marinelli-Casey, Sam Minsky, Janice Stinson, and Ahndrea Weiner.

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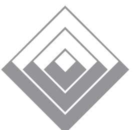
THE MATRIX MODEL FOR
CRIMINAL JUSTICE SETTINGS



Individual and Conjoint Sessions

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INDIVIDUAL AND CONJOINT SESSIONS

The Individual and Conjoint sessions are designed for the therapist to orient the participant and family members/support systems to the expectations of the program; complete the administrative documentation; and establish rapport with the participant to encourage treatment compliance. A Relapse Analysis Chart is included here as an optional session and can be used with participants in an outpatient setting when alcohol and other drug use occurs after a period of abstinence or when a participant is relapsing regularly at extended intervals. Whenever possible, the therapist will utilize these individual sessions as a conjoint session with the participant and his or her spouse, significant other, or family members. Earlier in this manual, suggestions were made about how to involve family members of incarcerated participants.

Goals

The goals for the Individual and Conjoint sessions are the following:

1. Provide participants and their families/support systems with an opportunity to establish an individualized connection with the therapist.
2. Provide a setting where participants and their families can work out crises and determine the course of treatment with the therapist as a guide and coach.
3. Allow participants to discuss their addiction and criminal behavior openly in a nonjudgmental context with the full attention of the therapist.
4. Include significant family member(s) or other supports as early as possible in the treatment process.
5. Provide participants with reinforcement and encouragement for positive changes.
6. Address issues specific to offender populations, such as the thinking errors that can lead to criminal activity.

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Format

Session Structure

- The first eight sessions are scheduled weekly for the first two months. Afterward, one session is scheduled every month or as needed to meet the offender's needs.
- Each session lasts for one hour.
- Each session includes at least one handout.
- Additional sessions may be necessary for some offenders.

Starting Sessions Promptly

With all components of the program, starting the sessions promptly is important. The therapist should make every effort possible to see offenders in a timely manner. It is necessary for offenders to feel that their visit is an important part of the therapist's day. The therapist should try to accommodate participants who have problems arriving on time by scheduling more convenient times and being as flexible as possible in scheduling appointments. Often participants have employment conflicts, transportation, child care issues, and other challenges that need to be addressed when considering appointment times.

Greeting the Participant and Family Members

The therapist should try to greet the offender and escort him or her into the office or meeting space. Generally, if a family member is present, the therapist will see the offender first and then bring the family member into the session a few minutes later. The family member should be greeted along with the offender before the session, and the therapist should explain the procedure to both of them. The therapist should make sure the participant and family member are given an opportunity to describe urgent issues and to unload emotionally charged information. If there is an urgent issue, such as a relapse, this should be addressed immediately with the Relapse Analysis Chart.

Reinforcing Positive Changes

If things appear to be going well, the therapist should strongly reinforce any positive changes in behavior or attitude. For example, a participant who has done well at stopping their alcohol or other drug use and scheduling

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and attending appointments, but who has not exercised, needs to be given unqualified reinforcement for the accomplishments. It could be mentioned that the participant might find benefit from exercise, but the therapist shouldn't become engaged in a struggle over a single area of resistance.

The connection between the participant and the therapist is the most important bond that occurs in treatment. The therapist should use common sense, courtesy, compassion, and respect when interacting with participants but should also use caution and be aware of possible attempts at manipulation; these are common with offender populations.

Philosophy

In the *Matrix Model for Criminal Justice Settings*, the relationship between the therapist and the offender is the primary treatment dynamic. Each offender has one primary therapist who decides when various pieces of the treatment program are added and who is also responsible for integrating material from the various group formats into one coordinated treatment experience. The therapist needs to be familiar with the material to which the offender is currently being exposed in the educational component. The therapist also needs to encourage, reinforce, and discuss the material that is being covered in Twelve Step meetings, other spiritual meetings, or relevant recovery community participation.

The therapist must be able to blend concepts from the program with other recovery material, as well as with psychotherapy/psychiatric treatment, for offenders who are in concurrent therapy. The therapist, and by extension the program, should never be in conflict with Twelve Step (or other spiritual) guidance or with other professionals' involvement. If conflicts arise between program recommendations and another provider's practice, the other professional should be contacted. It is not in the participant's best interest to be put in the middle between conflicting recommendations of two professionals or programs. Releases of information should be signed by the participant in order to ensure a continuity of care between the programs.

The therapist, and by extension the program, should never be in conflict with the recommendations of Twelve Step (or other spiritual support) groups or with other professionals' involvement.

In short, the therapist coordinates all of the pieces of the treatment program. Using these pieces, the therapist constructs a framework that

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supports the offender through a process of recovery. All pieces need to fit together. The participant needs the security of knowing the therapist is aware of all aspects of his or her treatment. Participants with substance use disorders often enter treatment feeling out of control, and criminal behavior leads to involvement with the criminal justice system and additional stressors. They are looking to the program to help them regain control. If the program appears to be a disjointed series of unrelated parts, the participant may not feel the program will help him or her regain control. This can often lead to unsuccessful treatment and/or premature treatment termination.

The participant needs the security of knowing the therapist is aware of and in agreement with all aspects of the treatment.

In both the individual and group sessions, the therapist needs to strike a balance by using the written material and allowing participants enough time to discuss other issues. Too much reliance on the written material will make the offender feel unimportant and discounted. It could interfere with the development of participant-therapist rapport, and the therapist will be viewed as an unfeeling dispenser of information.

On the other hand, without structure some participants may attempt to set their own treatment agendas. Frequently, the material they want to discuss is perceived to be psychodynamically urgent ("I need to get to the root of the problem"), oriented toward someone else being the problem ("If my job or my relationship would improve, I wouldn't have a problem"), or meant to direct the therapist away from important issues ("Let's not talk about alcohol. It's not a problem"). Allowing the participant too much control in setting the individual session agendas may result in important material being neglected. This is also a time when participants may use tactics to avoid issues they don't want to address.

A critical part of the treatment process is giving offenders a set of tools with which to deal effectively with substance use issues and the thinking errors that lead to criminal behaviors.

Concepts critical to the attainment of abstinence must be covered with offenders. Part of the treatment process is giving offenders a set of tools with which to deal effectively with substance use issues and thinking errors that lead to acting on criminal behaviors. Lapsing into open-ended counseling misses the point of providing a structured substance use disorder treatment episode.

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The final issue in conducting these individual sessions is the most difficult to define but is the most important: the development of the therapeutic bond between the therapist and the offender. This relationship is the most important ingredient of the Matrix Model of treatment. Gerald Corey, in *Theory and Practice of Counseling and Psychotherapy* (1982), states:

> Therapists' degree of caring, their interest and ability in helping the client, and their genuineness are factors that influence the relationship. Clients also contribute to the relationship with variables such as their motivation, cooperation, interest, concern, attitudes, perceptions, expectations, behavior, and reactions to the therapist. Counseling or psychotherapy is a personal matter that involves a personal relationship, and evidence indicates that honesty, sincerity, acceptance, warmth, understanding, and spontaneity are basic ingredients of successful outcomes.

Patterson (1973) in *Theories of Counseling and Psychotherapy* stressed the importance of the therapeutic relationship, maintaining that research indicates the effective element in therapy is that relationship. He made the point that the therapist serves as a reinforcer, for the therapist's respect and concern become powerful influences on behavior. The therapist also provides a model of a good personal relationship that others can use for their own growth. Patterson made it clear that therapy cannot be mechanical, and the process cannot be reduced to technique alone, for the personhood of the therapist is crucial. He also states: "The evidence seems to point to the establishment of a particular kind of relationship as the crucial element in counseling or psychotherapy. It is a relationship characterized not so much by what techniques the therapist uses as by what he is, not so much by what he does as by the way he does it" (pages 535–36).

Obviously, the qualities cited in the above quote are important for therapists in all counseling settings. However, they are particularly important and particularly difficult to apply with offenders who have substance use disorders. The mental health field has a bad track record in treating these offenders because most mental health professionals don't understand addiction or how to address criminal thinking. Because of this lack of understanding, the behavior of people with substance use disorders can often feel personally offensive to therapists.

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This program can be challenging because it treats not only substance use but also criminal thinking in a context where the therapist may be accountable to a court, drug court program, or a correctional program. The therapist must be aware of both areas when working with offender populations and maintain appropriate boundaries.

Many people with substance use disorders come to treatment hostile, suspicious, having problems with authority figures, and being resistant to taking direction. Some demonstrate immature, self-destructive, impulsive, and oppositional behavior. The therapist's job is to continue to work with them, often with little thanks or appreciation. Relapse is discouraging, underlying pathology is frequently evident, and the impact of the addiction and criminal behavior on career, family, and relationships may make the situation appear hopeless.

This litany of problems, ambivalence on the part of the participant with a substance use disorder, and the sometimes unappealing qualities of the offender's behavior can often make it difficult for the therapist to stay positive and focused on applying treatment techniques.

Three sets of characteristics appear to thread through almost every major therapeutic approach: accurate empathy, nonpossessive warmth, and genuineness. These must be combined with clear boundaries when working with offender populations.

Add to this the challenges of developing a therapeutic relationship mostly in group settings while also maintaining accountability to a drug court or other criminal justice program. What can easily happen in response to this large array of problems is that the therapist may become overwhelmed and discouraged. This can translate into impatience, and impatience can change "providing direction" into "giving orders." If the offender doesn't comply, the therapist becomes discouraged; if the therapist becomes more strident, the offender becomes more oppositional, and the situation deteriorates.

The therapist can never lose sight of the fact that he or she is the professional delivering a service. Unless the therapist stays focused on delivering a professional service characterized by "empathy, warmth, and genuineness," the treatment episode will certainly be one more in a series of failures experienced by the participant with a substance use disorder.

The therapeutic relationship provides an opportunity for the participant to enter into a safe relationship with a human being who cares about him or

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her. The substance use and subsequent addiction was a response to a set of conditions experienced by an imperfect human being. The criminal behavior often supported the substance use. Each offender has to be viewed with respect and treated with dignity. It is difficult for self-esteem to grow and flourish within a negative, critical environment.

The therapist must try to provide hope, encouragement, and support as well as ensure that the group supports this acceptance. These qualities create the chemistry that makes the Matrix Model treatment process work.

The therapist can never lose sight of the fact that he or she is the professional delivering a service. With offender populations, setting therapeutic boundaries is vital.

In 2013, Miller and Rollnick published the third edition of *Motivational Interviewing* (Guilford Press), a book that outlines a way to think about and work with participants who are in the early stages of change and who are ambivalent about making changes. They combine strategies found in patient-centered counseling, cognitive therapy, systems theory, and social psychology to increase readiness for change. They detail how to provide a nonjudgmental, nonconfrontational, but directive environment to help cultivate change in participants. These authors have outlined the most easily understandable and teachable method to date for helping treatment professionals develop and express unconditional positive regard.
Ambivalence is a universal trait in participants presenting for treatment of substance use disorders. Those therapists who can employ the style described in *Motivational Interviewing* while delivering the Matrix Model will have the most success.

Each offender has to be viewed with respect and treated with dignity.

The conjoint sessions are often crucial to keeping participants in treatment. The importance of a primary relationship to most offenders cannot be overestimated. It is vital that the most significant family member(s) or other supports be included in the treatment process whenever possible. Mailing (or e-mailing) information and following up with phone calls, electronic sessions, or web-based options have worked with correctional programs to enhance this process. Professionals who try to facilitate change without including the relevant family members when they are available may make the recovery process much more difficult for participants. The therapist must remain aware of how the family system is being impacted by the recovery

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process and should include significant family members in part of every individual session whenever possible.

In some treatment settings, family involvement may be challenging especially if a participant is incarcerated in an area far from family members. As noted earlier, some proven alternatives include sending the family information by mail or e-mail, and conducting conjoint sessions by phone. Some programs have used “tele-therapy” with family members and the offender. These alternatives can also be used in outpatient, drug courts, and re-entry programs when family members find it difficult to attend a face-to-face session.

It is vital that the most significant family members or other support systems be included in the treatment process whenever possible.

It is important to also note that the offender defines who family is and can include prosocial friends, faith-based friends, or others they feel can be supportive in their recovery process.

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Guide to Session Implementation

In the *Matrix Model for Criminal Justice Settings*, weekly individual sessions are held for the first two months of treatment, tapering to monthly sessions for the final weeks or as needed for the offender. Extra sessions may be scheduled to deal with an unexpected crisis or to coordinate the program with other treatment resources. *Whenever possible, the therapist will use the individual session as a conjoint session*, particularly the beginning and middle stage Helping Checklist sessions. These sessions must be done with the participant's significant others.

Session 1: Orientation

Service Agreement and Consent

■ HANDOUT 1

Your Brain and Addiction

■ HANDOUT 2

Orientation to the *Matrix Model for Criminal Justice Settings*

■ HANDOUT 3

The initial session, delivered prior to the first group, is designed to ensure that the participant (and family member when possible) has the proper orientation to treatment. The participant and family member meet the therapist, hear about the program, and learn some basics about addiction and the brain.

Some participants may have had prior treatment experiences that were confrontational or harsh. This session shows how the Matrix Model differs from other treatment programs. Participants learn about the program's components, philosophy, and what they can expect from it. They also learn about the idea of developing the "higher brain" in recovery, gaining control over the "lower brain" that is so involved with addiction.

The self-destructive pattern of addictive use can be mystifying for both the user and family. This session helps explain the conditioned cravings that persist despite the user's intentions to stop, necessitating real behavior change. This topic underlies many later program topics such as scheduling, triggers, and thought-stopping. It can be helpful to describe Pavlov's conditioning experiment and parallel the bell-salivation response with the trigger-craving response.

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Session 2: Assessment

My Current Needs

■ HANDOUT 4

In this session participants provide details about their challenges to fully engaging in treatment, then discuss resources and solutions.

Why Do I Do It?

■ HANDOUT 5

Participants examine the apparent short-term benefits of using substances and acting on "thinking errors" that lead to crime. For some, these behaviors may help relieve depression, help them fit in more, make them more social, or give them courage to violate laws, responding to antisocial peer pressure. The handouts will help identify these issues and find alternative coping skills.

Session 3: First Family Contract

The Helping Checklists

■ HANDOUT 6

Helping Checklist for Family Members
[Beginning Stage of Recovery]

■ HANDOUT 7

The purpose of the first conjoint session is to engage the family member in the treatment process, review the expected course of treatment, and start the participant and family member(s) working together in the recovery process. While any anger the family member has must be acknowledged, the suggestions on the Helping Checklist are designed to help people relate in ways that discourage, rather than enable, continuation of the substance use disorder. The result of this session should be a mutually constructed contract to guide the participant and family member or support system through this stage of recovery.

Review the Matrix Model stages of recovery (withdrawal, honeymoon, the Wall, adjustment, resolution) to give the participant and family members or support system a sense of what to expect over the course of treatment. Be careful that they do not become overly fearful of the Wall. Wrap up the session with scheduling and marking time, which are discussed in the Early Recovery Skills group section.

To include discussion of medication-assisted treatment, use the alternate version of this session and its handouts: see page 53.

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Session 4: Opening the Door

Alcohol, Other Drugs, and Sex

■ HANDOUT 8

The purpose of this session is to open the door on a sensitive and important topic. It gives the participant an opportunity to discuss sexual issues in a safe environment. This topic can sometimes be uncomfortable between opposite-sex therapists and participants unless the topic is presented as a natural part of the substance use disorder and recovery process. If sexual activities were not a major part of the participant's substance-use behavior, use the session to get background information on sexual behavior and explore for possible sexually based issues to monitor while in treatment.

Session 5: Making Changes

Recovery Checklist

■ HANDOUT 9

Looking at My Fears

■ HANDOUT 10

This checklist reviews the changes that have been made during the initial stages of treatment. It allows the participant to review progress and to be reminded of areas that may require attention. It simply brings into focus the important elements of the sobriety plan and encourages additional positive changes.

Many participants fear the exposure of their vulnerability. Understanding this can help the therapist address resistance. Sometimes the unknown deters change from occurring. This session will help with identification of those issues.

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Session 6: About Dreams

Alcohol and Other Drug Dreams during Recovery

■ HANDOUT 11

Dreams occur at different times during recovery with varying degrees of significance. The point should be made that some normal neurochemical processes may result in very vivid dreams, especially after stopping methamphetamine, cocaine, or marijuana use. These should not cause alarm, but the dreams require attention. Later in recovery, dreams can be signals of relapse and may require initiation of relapse prevention skills in response.

Session 7: Relapse Prevention

Participant Status Review

■ HANDOUT 12

This review addresses many of the issues of relapse prevention, such as leisure, exercise, relationships, and cravings. The broad spectrum of issues involved in recovery is clearly illustrated in the review. This point should be made explicitly with the reminder that successful relapse prevention requires a periodic review of these areas throughout recovery. There should be a discussion of problem areas and suggestions for improvement. Choose an item from the bottom of the page and discuss that particular question, rather than reading through the participant's issues item by item.

Session 8: A Difficult Period

The Wall Checklist

■ HANDOUT 13

My Safety Plan

■ HANDOUT 14

Understanding Our Risk Factors

■ HANDOUT 15

Participants who are beginning to have Wall-type symptoms may fail to recognize they are in the Wall stage. This checklist helps participants understand the emotional, cognitive, and behavioral manifestations of the Wall so they can more easily accept being in the Wall stage and take measures to deal with it. This biochemical-based period is part of the healing process. When discussing the Wall, it must be remembered that the participant feels his or her emotions and problems as being very real. The participant's feelings should not be discounted by the

continued

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Session 8: A Difficult Period *continued*

message that "it's just the Wall." The Wall is real, and so are the participant's feelings.

This session will help the participant establish a specific safety plan when faced with triggers and emotions such as anger, depression, and antisocial peer pressure. This plan will identify triggers and establish a safety plan: who to call and where to go for safety.

This session will address cognitive risk factors associated with substance use and thinking errors related to criminal behaviors. The participant will identify criminal behaviors, attitudes and values, and antisocial peers or family that have supported their substance use and criminal behavior.

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Session 9: Second Family Contract

Helping Checklist for Family Members
[Middle Stage of Recovery]

■ HANDOUT 16

During this session, there needs to be recognition that healthy intimacy will eventually be a goal, but the first step toward that goal is the development of healthy individuals. The focus now will begin to be on each person's individual issues. This session is designed to encourage and allow that focus to happen.

If the participant is experiencing the Wall, assurance should be given by the therapist that this phase will not last forever. The effect of the Wall on the sex life of a couple may need to be addressed in the same way. If the family member needs help and support in setting limits on how they will and will not support the offender, this session can provide a safe place to do that as well. Participant and the family member should understand there are no "sides" to choose.

To include discussion of medication-assisted treatment, use the alternate version of this session and its handout: see page 55.

Session 10: Heartfelt Matters

Emotions and Recovery

■ HANDOUT 17

In the beginning of this individual session, it is useful to review handout 20 on thoughts, emotions, and behavior (from the Early Recovery Skills Group, Session 7) because it sets the stage for dealing with emotions. The handout for this session introduces feelings and helps participants identify their own feelings. The therapist should review participants' histories and explore where they have had powerful emotions in their lives. Are they afraid of feelings? Can they identify feelings? Have powerful emotions been factors in past relapses? Do they accept that they can't always control feelings, but can control behavior? Participants should be asked how their parents dealt with feelings and what their current family rules are about feelings (anger, sorrow, and so on). There are no right or wrong answers, and the therapist should not be judgmental.

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Session 11: Setting Goals

Post-treatment Evaluation

■ HANDOUT 18

Continuing Care Plan

■ HANDOUT 19

The evaluation of the participant's treatment episode begins with a review of the areas in which significant behaviors have occurred. The status of each of these eight areas is then contrasted with where the participant would like to be in that area of his or her life. This process of looking at the discrepancy between the present situation and clearly defining the participant's goals in each of the same areas often generates motivation to formulate steps to reach those goals. The therapist should encourage the offender to make the goals realistic and help him or her to set realistic timetables for achieving these goals.

This session is the final case management exercise. The earlier case management work of connecting the offender to available community resources will culminate in this plan for using those resources in the future. In addition, items from the Post-treatment Evaluation will now become part of the plan for the immediate future. The therapist will help each offender finish treatment with a clear understanding of what he or she wants to do next in this process and with realistic goals for accomplishing those things.

Session 12: Relapse Analysis (Optional)

Relapse Analysis Chart

■ HANDOUT 20

This session should be interjected whenever it is appropriate in place of another topic. It is to be used when substance use occurs after a period of abstinence, not as a way to interrupt continued use. Continued use can be better controlled by using the topics from the Early Recovery Skills group sessions.

Relapse does not occur suddenly or unpredictably, although it often feels that way to participants. The therapist needs to understand the context of the relapse to reframe the event for the participant. Many people who successfully complete treatment experience a relapse at some point in the process. The critical issue is whether the process continues following the relapse. A relapse does not indicate failure. It should be viewed as an indication that the treatment plan needs adjusting.

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Session 13: Family Matters (Optional)

Assuming My Role in the Family

[Middle Stage of Recovery]

■ HANDOUT 21

Changes in My Relationships

■ HANDOUT 22

Adjustment Phase Section

The sessions and its handouts cover common issues for offenders during the program's Adjustment phase. They are included here so the offender can openly discuss these issues with their family members or support system later, while they are in the Adjustment group and preparing for their reintegration.

For programs that cannot provide a full 32-week treatment with an Adjustment group, the therapist can use these sessions in these Individual/Conjoint sessions to help the offender prepare and learn about these upcoming challenges.

In the Adjustment phase, offenders may want to return to their traditional role in the family. As parents, they may want to return to setting boundaries and other traditional parental roles with their children. If they have been away from the family due to incarceration, they may want to pick up in the role where they left off. This session will provide information on common issues that occur when the incarcerated person rejoins the family, and ways to manage those challenges.

Participants in the Adjustment phase have cognitive improvements: they can think better and make better decisions. During this time they may begin to realize that the relationships they are involved in suddenly don't look or feel the same. Due to the recovery process they have changed, but some family members may still be behaving in older, dysfunctional ways. This session will help the participant identify and manage the new feelings and challenges around this sense of change in relationships.

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ABOVE AND BEYOND COUNSELING - HOUSTON, TX

HANDOUTS: THUMBNAIL VIEWS

Handout 1

Handout 1 • Individual and Conjoint Sessions

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, ______________________________ (PARTICIPANT NAME), am requesting treatment from the staff of ______________________________ (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.

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Handout 2

Handout 2 • Individual and Conjoint Sessions

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.

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Handout 3

Handout 3 • Individual and Conjoint Sessions

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.

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Handout 4

Handout 4 • Individual and Conjoint Sessions

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.

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HANDOUTS: THUMBNAIL VIEWS

Handout 5

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.

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Handout 6

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.

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Handout 7

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 participant. 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.

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Handout 8

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.

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HANDOUTS: THUMBNAIL VIEWS

Handout 9

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:

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

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

____
____
____
____
____

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Handout 10

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.

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Handout 11

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!

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Handout 12

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?

____
____

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HANDOUTS: THUMBNAIL VIEWS

Handout 13

Handout 13 • Individual and Conjoint Sessions

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.

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

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

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Handout 14

Handout 14 • Individual and Conjoint Sessions

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.

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Handout 15

Handout 15 • Individual and Conjoint Sessions

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? ______________________

____

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Handout 16

Handout 16 • Individual and Conjoint Sessions

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.

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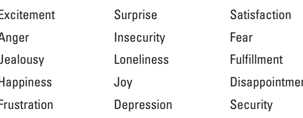
HANDOUTS: THUMBNAIL VIEWS

Handout 17

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.

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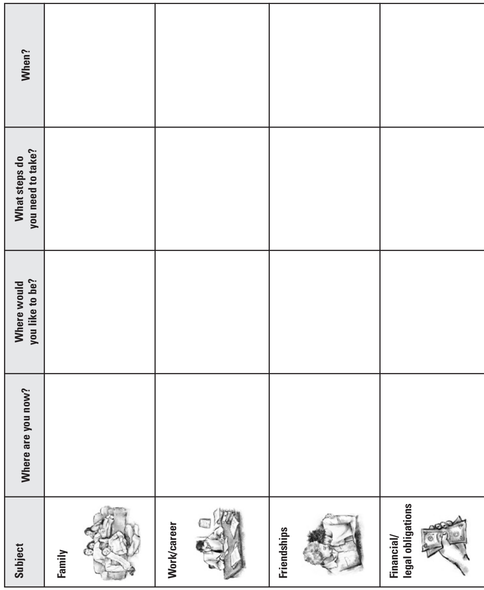
Handout 18

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.



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

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Handout 19

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.

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Handout 20

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.

		Feelings relative to the above events
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		

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HANDOUTS: THUMBNAIL VIEWS

Handout 21

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.

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Handout 22

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?

____

____

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THE MATRIX MODEL FOR
CRIMINAL JUSTICE SETTINGS

Individual and Conjoint Sessions with Medication-Assisted Treatment

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INDIVIDUAL AND CONJOINT SESSIONS WITH MEDICATION-ASSISTED TREATMENT

To discuss the option of medication-assisted treatment (MAT) with offenders and families, make these changes to the Individual/Conjoint sessions:

- **Replace** the "Family Contract" sessions (sessions 3 and 9) with the versions outlined on pages 53 and 55. They include material on MAT, as do the alternate versions of the handouts.
- **Supplement** the Individual/Conjoint sessions with the four extra sessions (and handouts) outlined on pages 53–56.

Goals

The goals for these individual and conjoint MAT sessions are the following:

1. Provide general information about MAT and the specific medications that are available.
2. Allow offenders and their family members an opportunity to express their feelings about the use of addiction medications.
3. Provide support for the MAT component of recovery.
4. Encourage compliance with the instructions of the prescribing physician.
5. Discuss with offenders and their family members the attitudes of others in recovery toward addiction medications and how those attitudes may affect them.
6. Allow offenders to discuss their feelings about taking addiction medications.
7. Allow offenders to discuss their plan for continuing or discontinuing addiction medications.

Philosophy

Due to the broader understanding and acceptance of addiction as a "brain disease," the use of addiction medications has been increasing as a supplement

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to treatment programs such as the Matrix Model. Medications may be helpful or even necessary for some patients working to treat a substance use disorder, and their use does not in any way preclude, diminish, or taint recovery. In some cases, medication may be necessary to open the way to recovery, just as self-help groups do for some people.

The therapist can help provide the offender and family with an accurate perspective on addiction medications. Many people are ambivalent about these medications because of the biases and misunderstandings too often prevalent in the recovery community and even among some treatment providers. The therapist's clear and informed support can contribute greatly to treatment success.

Some medications have an immediate and significant impact on substance use disorders. For example, methadone or buprenorphine can eliminate opioid withdrawal symptoms and the physical need to use illicit opioids in order to be comfortable. When the effects are immediate and impressive, some people may tend to narrowly focus on the medication and discount the need for other action as well. (This is more often the case with opioid medications than with others.)

If this occurs, the therapist needs to help the offender expand his or her view of "recovery" to include the behavioral and lifestyle changes that may not initially seem important for a successful treatment outcome. In the process of emphasizing behavioral change, the therapist should still express support for the use of the medication. It is not a matter of which aspect of recovery is more important, rather an acceptance of the breadth of what is needed for a successful long-term recovery.

Other addiction medications (for example, acamprosate or naltrexone for alcohol) may more subtly reduce craving and make it easier to maintain abstinence. If offenders question the usefulness of these prescribed medications, the therapist should encourage them to follow their physician's directions and continue to work a comprehensive program of recovery.

Overview of Addiction Medications

Therapists should not provide medical advice, but instead should direct offenders to physicians or other such health care providers regarding

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medications and medical care. Still, therapists should be knowledgeable about addiction medicines and understand this component of treatment in order to provide the best possible treatment experience. As of now, there are approved medications for opioid use disorders and alcohol use disorders; medication trials are underway for stimulant use disorders and marijuana use disorders, but no approved medications have been found yet for these drugs.

Overview of Medications for Opioid Use Disorders

Methadone. By far the most researched and widely used medication for opioid use disorders is methadone, which has been in use since the 1960s. An abundance of research supports its effectiveness. Methadone is a long-acting opioid taken orally once each day. It prevents withdrawal, thereby removing the physical need to take other opioids. People who try unsuccessfully to discontinue other opioids (e.g., heroin or opioid prescription painkillers) can be comfortable and stable on methadone, an approach called *opioid substitution treatment* or *opioid replacement treatment*. Methadone is addictive, but because it is taken orally rather than intravenously, it has a much smaller risk of transmitting diseases such as HIV and hepatitis. It is long-acting, which is preferable to an ongoing cycle of use with shorter-acting drugs. For example, heroin users experience a repeated cycle of drug effect and drug withdrawal every six hours around the clock. Methadone slowly enters the system and then stays active at a constant level for 24 hours, allowing the patient to function normally without being sedated and without being sick.

Methadone treatment is available only at specially licensed clinics, and regulations restrict it to people meeting certain requirements. Most people must initially attend the clinic daily for medication. One advantage of methadone treatment is the structure it provides, with regular counseling, urine testing, and close medical supervision. On the other hand, frequent visits can be inconvenient. While some stigma has been associated with methadone treatment, it has usually resulted from some irresponsible providers rather than from the treatment itself.

Buprenorphine. Buprenorphine (Suboxone, Subutex) was approved for use by qualified physicians in 2000. It is also an opioid substitution treatment. Buprenorphine works similarly to methadone, but it is safer, with less potential

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for abuse. It is taken sublingually (under the tongue) daily or every other day as prescribed. There is a ceiling, or upper limit, on its effects, which greatly reduces the risk of accidental overdose.

Another difference is that physicians can prescribe buprenorphine treatment through their own offices, rather than through special clinics. (These doctors must meet certain criteria and be listed on a website maintained by SAMHSA, the Substance Abuse and Mental Health Services Administration.) Because buprenorphine is prescribed, daily visits are not necessary; the prescription can simply be filled at a pharmacy. On the other hand, there is far less structure and no regular contact with a therapist as there is with methadone treatment.

Naltrexone. Oral naltrexone (ReVia, Depade) was approved for the treatment of opioid use disorders in 1984; naltrexone in extended-release, injectable form (Vivitrol) was approved for these disorders in 2010. Unlike methadone and buprenorphine, naltrexone is an opioid antagonist: it works by blocking the effects of opioids. It bonds to the opioid receptors in the brain, but it does not activate them. If a person taking naltrexone uses an opioid such as heroin or oxycodone, it cannot bond to the receptor because it is already occupied by naltrexone. The opioid's effects are blocked; there is no "high." Naltrexone is nonaddictive and can't be abused. It is available in pill form, which is taken daily or every other day as prescribed. It is also available as an intramuscular injection (Vivitrol) that is given once each month. Any physician can prescribe naltrexone; there are no special requirements.

As with buprenorphine, naltrexone treatment is more convenient than methadone, but it provides less structure and no regular contact with therapists. It can prevent relapse with one decision a few times each week (oral naltrexone) or one decision monthly (Vivitrol), instead of many decisions throughout the week or month.

A major difference between naltrexone and the other two medications is that the patient must be completely free of all opioids for 7 to 10 days before taking it; otherwise it will precipitate withdrawal symptoms that can be extremely severe. When on naltrexone, if a person neglects to take the pills or to receive a monthly injection, he or she will become vulnerable to relapse. In addition, there may be a loss of tolerance to opioids, making overdose a

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higher risk once the medication is discontinued. Naltrexone blocks all opioids. If there were an accident or other circumstance requiring opioid pain medication, these medications would be blocked.

Overview of Medications for Alcohol Use Disorders

Disulfiram (Antabuse). Approved for the treatment of alcohol use disorders in 1951, disulfiram works on the principle of deterrence. Taken orally once each day, it interferes with the body's ability to metabolize alcohol, resulting in the buildup of the toxic chemical acetaldehyde. If the patient takes alcohol while on disulfiram, the reaction can range from sweating and facial flushing to nausea, vomiting, dizziness, and (rarely) death; the symptoms depend both on the dosage and the amount of alcohol taken. The anticipation of the possibility of this reaction deters a person from drinking. Disulfiram is nonaddictive and cannot be abused. Any physician can prescribe disulfiram.

One oral daily dose prevents the consumption of alcohol for most people; this means one daily decision as opposed to many decisions throughout the day. Even though disulfiram has the potential to cause physical effects, for most people it is a motivational tool to deter drinking. The reaction, if a patient does drink alcohol, can be extremely severe and possibly dangerous. There is also the concern that alcohol might be ingested accidentally (in desserts, salad dressings, or cold medicines, for example) and cause a reaction.

Naltrexone. Oral naltrexone (ReVia, Depade) was approved to treat alcohol use disorders in 1994; its extended-release injectable form (Vivitrol) was approved for alcohol use disorders in 2006. As noted above, naltrexone is an opioid antagonist. It works by blocking the brain's opioid receptors, which are involved in the experience of pleasure—including some of the pleasurable effects of alcohol. People taking naltrexone report having less craving for alcohol. As with opioid treatment, naltrexone is available in pill form, which is taken daily or every other day as prescribed. It is also available as an intramuscular injection (Vivitrol) that is given once each month. Any physician can prescribe naltrexone for alcohol use disorder treatment.

Naltrexone reduces alcohol cravings, making it easier for some patients to maintain sobriety with one decision a few times each week (oral naltrexone) or one decision monthly (Vivitrol), instead of many decisions throughout the week or month. The patient must be completely free of all opioids for 7 to 10

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days before taking naltrexone, or it will precipitate withdrawal symptoms, which can be extremely severe. This prerequisite is usually much less of an obstacle for alcohol users than for opioid users. As mentioned above, naltrexone blocks all opioid medications—which could be problematic if there were an accident or other circumstance requiring opioid pain medication.

Acamprosate. Approved for the treatment of alcohol use disorders in 2004, acamprosate (Campral) eases some of the discomforts of early recovery. It is not clear how acamprosate works, but it seems to help calm brain activity and the resulting insomnia and anxiety that occur for a time after a person stops drinking. This extended period of discomfort is referred to as “protracted abstinence.” In the Matrix Model it is called “the Wall.” Acamprosate reduces cravings and relapse. It is taken orally, usually three times each day. Any physician can prescribe acamprosate.

One advantage of acamprosate is that it can be taken by patients using opioid painkillers or opioid addiction medications (methadone or buprenorphine) as part of treatment. And there is no risk of a reaction as with disulfiram. It is less convenient in that it must be taken three times each day. Acamprosate has demonstrated less effectiveness than the other alcohol use disorder medications.

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Guide to Session Implementation

As noted earlier, these revisions to the Individual/Conjoint sessions allow for discussion of medication-assisted treatment (MAT). Alternate versions of the Family Contract sessions (3 and 9) are included here on pages 53 and 55, with replacement handouts as well. Also listed here are four unnumbered supplemental sessions, to be added as appropriate, in the order shown. Handouts in this sequence are numbered “MAT-1,” “MAT-2,” and so on.

Session 3: First Family Contract

Medication Awareness Checklist

■ HANDOUT MAT-1

Helping Checklist for MAT Family Members
[Beginning Stage of Recovery]

■ HANDOUT MAT-2 (REPLACES HANDOUT 7)

This session is the same as Session 3 described in the previous section (see page 32), but replace handout 7 with handout MAT-2. It includes MAT questions to review with families of offenders who are not yet taking addiction medications. Supplemental handout MAT-1 is meant to help raise awareness of these medications as an option; it is not intended to provide advice or direction. Briefly describe the medications that are available. Explain that not everyone takes them, but some people find them helpful, and for some they may be essential. Allay concerns about “taking another drug,” with the assurance that these medications are taken under the direction and supervision of a physician. Family members may want to attend the next session (Orientation to Medications) to hear more detailed information about these medications.

For families of people who have already decided to take an addiction medication, there are three additional items on the Helping Checklist addressing these medications. Make sure that family members have an opportunity to express their feelings about the use of these medications, and that they accurately understand the role of these medications in treatment. The therapist should impress upon the family and the offender the importance of everyone working together to make the MAT experience successful.

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Supplemental Session: Orientation to Medications
(Family attendance optional)

Medications in Treatment for Substance Use Disorders: Basic Information

■ HANDOUT MAT-3

Medications for Opioid Use Disorders

■ HANDOUT MAT-4

Medications for Alcohol Use Disorders

■ HANDOUT MAT-5

Many offenders in treatment for alcohol and other drug problems are either unaware of addiction medications or misinformed about them. **This session is for those who are *not* yet taking medication for their substance use disorder.** The therapist provides an overview and describes MAT with the goal of making them aware of the option—*not* to make a recommendation regarding the use of or choice of medication.

For offenders who are already taking these medications, the therapist should direct them to their physicians for this information and advice. In some cases, the physician who is involved in the person's treatment experience will also be prescribing addiction medications. In other cases, this may be two different physicians. If it is two different physicians, they should be in communication with each other.

Supplemental Session: Initial Session for Patients Taking Addiction Medication

Feeling Good about Getting Well

■ HANDOUT MAT-6

There Is More to Recovery Than Medication

■ HANDOUT MAT-7

Medications for substance use disorders have physical effects that the offender will discuss with his or her physician. But the therapist should discuss more general MAT-related matters with the offender in the context of treatment and recovery. Some people feel ambivalent or guilty about using medication. Some feel they don't need to make behavioral changes along with the medication; they may feel the effects of the medication are sufficient to prevent relapse. The goal of this session is to reinforce the difference between "medication-taking" and "drug-taking." Doing whatever helps one's recovery is a good thing, including taking prescribed medication. The therapist should also ensure that the offender is not overly focused on medication to the exclusion of emotional, cognitive, spiritual, and behavioral change. Sometimes medications can be so effective that people do not see the need to do more.

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Supplemental Session: Reactions from Others in Recovery

Staying the Course

■ HANDOUT MAT-8

Other people in Matrix Model treatment or in Twelve Step meetings may express negative opinions about MAT. This often puts the offender taking medications in conflict: "Do I keep the medication a secret, or do I tell the truth and contend with others' negative opinions?" On one hand, honesty is key to recovery. On the other hand, hearing that "you are not really in recovery" or that "a drug is a drug" can be at best confusing and, beyond that, so deflating and damaging that the person may discontinue taking medication. This session serves to anticipate some of these possible reactions and discuss constructive ways to deal with them. The therapist should be clear and unwavering in support of the offender and reinforce following the physician's directions.

Session 9: Second Family Contract

Helping Checklist for MAT Family Members

[Middle Stage of Recovery]

■ HANDOUT MAT-9 (REPLACES HANDOUT 16)

This session is the same as described in the previous Individual and Conjoint sessions (session 9, page 36), but the handout includes three additional items addressing medications. The family should understand that a substance use disorder is a chronic disease that sometimes necessitates taking medication indefinitely. Too often both offenders and families assume that the eventual goal is to stop taking the medication. The therapist should not recommend any specific medication plan (that is for the physician to determine), but should foster an acceptance of all the possibilities. As in the first family session, the therapist should impress upon the family and the offender the importance of everyone working together to make the MAT experience successful. All of the items on the final Helping Checklist contract must be agreeable to both the offender and the family members.

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Supplemental Session: Medication Plan

Your Medication Plan

■ HANDOUT MAT-10

Other Medications

■ HANDOUT MAT-11

The therapist should stress the importance of having a plan for medication use after treatment and of discussing this plan with one's physician. An offender's noncompliance with the physician's direction, unplanned discontinuation of medication, or changes in dosage can be signs of potential relapse. The therapist should also encourage open and honest communication with the physician and therapist. There is a common misconception that the goal should always be to eventually stop taking medication. This is not the case; everyone is different and the goal for each person should be determined by that person in conjunction with his or her physician.

Finally, the therapist and offender should discuss plans for dealing with future situations requiring pain medication, sedatives, or other medications that have abuse potential, particularly those related to the patient's drug of choice. Prescribed medications have the potential to kindle cravings and can lead to relapse. For offenders, the main message for these situations is communication with one's treating physician, addiction medicine physician, and therapist or sponsor.

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HANDOUTS: THUMBNAIL VIEWS

Handout MAT-1

Handout MAT-1 • Medication-Assisted Treatment

Medication Awareness Checklist

This checklist applies only to patients with ***opioid use disorders*** *or* ***alcohol use disorders*** *because, as of now, medications have been approved to treat only these disorders.*

Recovery from substance use disorders can take place in many ways. The Matrix Model intensive outpatient treatment program is one way, Twelve Step groups are another, and addiction medications provide yet another way. Many people are successful in recovery without formal treatment, Twelve Step involvement, or medications, but it is important to be aware of all the options available.

1. Are you aware that medications are available to help treat substance use disorders?

   Yes _____ No _____

2. Do you have an opinion about the use of these medications?

   Yes _____ No _____

   If you do have an opinion, what is it?

   ____

   ____

   ____

   ____

   ____

   ____

3. Have you (the participant) taken medications for your substance use disorder in the past?

   Yes _____ No _____

4. If yes, do you feel the medication helped?

   Yes _____ No _____

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Handout MAT-2

Handout MAT-2 • Medication-Assisted Treatment

Helping Checklist for MAT Family Members

(Beginning Stage of Recovery)

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

Family	Participant	
_____	_____	1. I will allow you to talk to me about cravings and feelings of wanting to use or drink.
_____	_____	2. I will allow you to wake me during the night to talk when you cannot sleep.
_____	_____	3. I am willing to remind you of the reasons for stopping alcohol and other drug use 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 or drink.
_____	_____	7. I will remind myself that I am choosing to be here and to help. I know that 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 this addiction.
_____	_____	10. I am willing to attend treatment sessions when I am invited.
_____	_____	11. I will allow you to have activities and appointments that do not include me without being anxious.

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Handout MAT-3

Handout MAT-3 • Medication-Assisted Treatment

Medications for the Treatment of Substance Use Disorders: Basic Information

Medications have been used to treat substance use disorders for over fifty years. Three have been approved by the Food and Drug Administration for opioid use disorders, and three for alcohol use disorders.

- **Alcohol use disorder medications:** disulfiram (Antabuse), acamprosate (Campral), and naltrexone (ReVia, Depade, Vivitrol)
- **Opioid use disorder medications:** methadone, buprenorphine (Suboxone, Subutex), and naltrexone

Does everyone in recovery need to take one of these medications?
No. Many people are successful in recovery without taking them. Still, everyone with a substance use disorder should be aware of the possible usefulness of these medications.

Who should be taking medications for a substance use disorder?
There is no simple answer to that question, but some considerations are these:

1. Are you having trouble abstaining from substances?

   Yes _____ No _____

   (These medications can help establish consistent abstinence.)

2. Are you experiencing withdrawal symptoms that result in relapse?

   Yes _____ No _____

   (Some of these medications ease these symptoms right away.)

3. Have you tried unsuccessfully to abstain from alcohol and other drugs in the past?

   Yes _____ No _____

   (Maybe a different approach, such as these medications, will result in a different outcome.)

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Handout MAT-4

Handout MAT-4 • Medication-Assisted Treatment

Medications for Opioid Use Disorders

Three medications have been approved to help treat opioid use disorders. If you are considering any of these options, talk with your physician.

Methadone
By far the most researched and widely used medication for opioid use disorders, methadone has been in use since the 1960s.

How does it work?
Methadone is a long-acting opioid taken my mouth once a day. It prevents withdrawal, thereby removing the physical need to take other opioids. Many participants who try unsuccessfully to quit using other opioids (such as heroin or opioid prescription medications) can be comfortable and stable on methadone.

Who can prescribe it?
Methadone is available only at specially licensed clinics. Regulations restrict methadone treatment to people meeting certain requirements. Most participants attend the clinic daily for medication at first.

Why do some people prefer methadone?

- They have had past success with methadone.
- One oral daily dose allows them to function normally.
- They find the structure of frequent clinic attendance to be helpful.
- They cannot tolerate withdrawal.
- Their opioid use disorder is too severe to allow them to benefit from other medications designed for this disorder.

What are the drawbacks of methadone?

- It is addictive.
- It can be abused.
- It is available only in opioid treatment programs (OTPs), which can be inconvenient or restrict travel.

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HANDOUTS: THUMBNAIL VIEWS

Handout MAT-5

Handout MAT-5 • Medication-Assisted Treatment

Medications for Alcohol Use Disorders

Three medications have been approved to help treat alcohol use disorders. If you are considering any of these options, talk with your physician.

Disulfiram (Antabuse)
Disulfiram was approved for the treatment of alcohol use disorders in 1951.

How does it work?
Disulfiram works on the principle of deterrence. Taken orally once each day, it interferes with the body's ability to metabolize alcohol, resulting in the buildup of a toxic chemical. If the patient takes alcohol while on disulfiram, the reaction can range from sweating and facial flushing to nausea, vomiting, dizziness, and (rarely) death; the symptoms depend both on the dosage and the amount of alcohol taken. The anticipation of the possibility of this reaction deters a person from drinking. Disulfiram is nonaddictive and cannot be abused.

Who can prescribe it?
Any physician; there are no special requirements to prescribe disulfiram.

Why do some people prefer disulfiram?

- They have had past success with disulfiram.
- One oral daily dose deters alcohol use for most people; it takes just one daily decision rather than many decisions throughout the day.
- Even though it has the potential to cause discomfort, for most people it is a motivational tool and it deters drinking.

What are the drawbacks of disulfiram?

- If a person does drink alcohol, the reaction can be very severe and possibly dangerous.
- Alcohol might be taken accidentally (it can be found in some cold medicines and in some foods, such as desserts or salad dressings) and cause a reaction.

Naltrexone
Oral naltrexone (ReVia, Depade) was approved to treat alcohol use disorders in 1994; its extended-release injectable form (Vivitrol) was approved for alcohol use disorders in 2006.

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Handout MAT-6

Handout MAT-6 • Medication-Assisted Treatment

Feeling Good about Getting Well

Addiction: A Brain Disease
The brain is an organ, just as the heart and liver are organs. Few people question taking medication for a problem with the heart or liver, but there are often mixed feelings and even negative opinions about taking a medication for addiction—a problem with the brain.

You can't control what others think. But it is important that you have an accurate perspective on addiction medications, and that you feel good about your choice to use a medication as part of your recovery. Answering these questions will help you explore your own perspectives.

1. Do you ever feel you are still "taking drugs" because you are taking an addiction medication?

   Yes _____ No _____

   How do you feel about taking an addiction medication?

   ____
   ____
   ____
   ____
   ____

2. How does your family feel about your taking an addiction medication?

   ____
   ____

3. How do others you know feel about your decision to use addiction medication to assist treatment?

   ____
   ____

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Handout MAT-7

Handout MAT-7 • Medication-Assisted Treatment

There Is More to Recovery Than Medication

How much is your addiction medication helping?
Medications for substance use disorders can have subtle effects or profound effects. If your medication is working quickly and well, it may seem to be the complete answer to your addiction. Withdrawal and cravings may be entirely gone. (Opioid medications such as methadone and buprenorphine may seem to be especially effective.)

How much does your addiction medication contribute to your recovery?

______ Not at all ______ Very little ______ A moderate amount

______ A lot ______ An enormous amount

Why do more?
Relief from withdrawal symptoms and cravings is a big help in recovery. But there are other areas of life affected by addiction that should be addressed, including your emotional life, your cognitive patterns (how you think), your spiritual life, and behavioral patterns (lifestyle changes). Simply stopping substance use without making these other changes is what Alcoholics Anonymous (AA) calls the "white-knuckle sobriety" of a "dry drunk." The substances are gone, but everything else is the same. In this situation the distance to relapse can be very short. It is as if the stage is set for relapse to occur.

Addiction medications are just one piece of the process—sometimes an essential piece—that allows the rest of recovery to happen. They can open the door to the broad personal changes that make for long-term recovery success.

How much do you feel you are doing to grow in each of these areas? What else could you do in each area?

Emotional life (Dealing with feelings)

______ Nothing ______ A little bit ______ A moderate amount

______ A lot ______ As much as possible

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Handout MAT-8

Handout MAT-8 • Medication-Assisted Treatment

Staying the Course

Mixed Messages on Medication
Some people in the recovery community have been slow to accept medications for substance use disorders—for example, some people at self-help meetings, some people in treatment, and even some treatment providers. You might hear messages like these about taking addiction medications in recovery:

- "You're not clean and sober until you stop taking everything."
  (Not true. "Clean and sober" does not apply to medications taken under a physician's supervision.)
- "A drug is a drug."
  (Addiction medications are not the same as illicitly taken drugs.)
- "Medication is a crutch."
  (If you break your ankle, you may need a crutch. If you have a medical condition, whether it is hypertension, infection, or addiction, you may need medication. There is nothing wrong with using any available help to get well.)

What Have You Heard?

Have you heard anyone express such beliefs and opinions?

Yes _____ No _____

If so, what was said, and how did you respond?

____
____

The Twelve Step Program Position on Medication
Even though anti-medication opinions are sometimes heard in Twelve Step meetings, these opinions are not in line with the official positions of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Here are some statements made by these organizations:

> "No A.A. member should 'play doctor'; all medical advice and treatment should come from a qualified physician."
> —*The AA Member: Medication and Other Drugs,* AA, 1984, 2011.

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HANDOUTS: THUMBNAIL VIEWS

Handout MAT-9

Handout MAT-9 • Medication-Assisted Treatment

Helping Checklist for MAT Family Members

(Middle Stage of Recovery)

1. Family members: Check any items you are willing and/or able to do to help.
2. Participants: 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.

Check any of the following you are willing and/or able to do to help. Then talk with the recovering person to see which of those items would be helpful to him or her.

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 drugs and/or alcohol.
_____	_____	3. I will go with you to exercise.
_____	_____	4. I will leave 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 you are not abusive.
_____	_____	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 use, 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.

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Handout MAT-10

Handout MAT-10 • Medication-Assisted Treatment

Your Medication Plan

Plan Ahead

- As you move forward, it is important to **have a plan** for every aspect of your recovery, including taking your addiction medication.
- Whether you plan to take it for a specific period, take it indefinitely (maybe forever), or stop use now, you should **make a plan together with your physician**.
- Many people assume it is always good to stop taking medications eventually. They assume that everyone in recovery should have the goal of being completely "drug free," including stopping their addiction medications. This is not true. The goal should be to **do what is best for you as determined by you and your physician**.

Don't Be Your Own Physician

- Remember, you should never make medication decisions on your own.
- You should never increase, decrease, or stop a medication without your physician's advice and direction.
- In fact, making medication decisions secretly or independently may be a sign of possible relapse.

Your Plan

Have you discussed a medication plan with your physician?

Yes _____ No _____

Do you have a plan? If so, what is it?

____

____

Some Considerations

If you haven't made a plan yet, consider these questions when you talk to your physician:

1. If you have taken addiction medication in the past, how have you done when you stopped?
   (If the answer is "I relapsed," what would be different this time if you stopped the medication?)

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Handout MAT-11

Handout MAT-11 • Medication-Assisted Treatment

Other Medications

In the past, many people in recovery were discouraged from taking medications, particularly for psychiatric conditions or for pain. Why? The concern was that the recovering person would transfer the substance addiction to this other medication, or perhaps slip into abusing the medication. Yes, some medications do have the risk of abuse. But there are ways to reduce the risk without denying necessary medications for conditions that need treatment.

Psychiatric Medications: Cause for Concern

Many psychiatric medications have no abuse potential and can be taken by people in recovery. But these two groups of medications give some cause for concern:

- **Sedatives**. Some medications for anxiety and sleep may have an abuse potential and a risk of addiction.
- **Attention-deficit/hyperactivity disorder (ADHD) medications**. Some of these medications have stimulant properties and can be used inappropriately for that effect.

Pain Medications: Cause for Concern

Some pain medications have no abuse potential (for example, acetaminophen and ibuprofen.) But remember this:

- **Opioid pain medications** do have abuse potential and can lead to addiction. This risk is particularly strong for those with a history of an opioid use disorder.

Managing the Risk

What can you do to reduce the risk of abusing or becoming addicted to medications for other physical or psychological conditions?

- Always **inform your health care professionals** of your substance use disorder (including physicians, dentists, and psychiatrists).
- **Inform your family, therapist, and sponsor** of what you have been prescribed.
- Always **follow your physician's directions** when using these medications.
- **Never increase, decrease, or stop taking medication** without your physician's advice and direction.
- Secretly or independently making medication decisions may be a **sign of possible relapse**.

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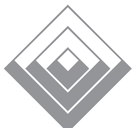

Early Recovery Skills Group

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EARLY RECOVERY SKILLS GROUP

In this group, offenders learn many of the basic skills they need to achieve initial sobriety and develop prosocial behaviors. The Early Recovery Skills group provides an introduction to basic cognitive-behavioral interventions and reinforces the value of Twelve Step or other relevant recovery support participation. These early recovery skills are separate and distinct from relapse prevention exercises. Should a participant become unstable during treatment and begin using regularly, the exercises in this section should be reviewed. Depending on how a participant is doing, therapists may choose to place the person back in this basic skills group as a refresher course and to provide more structure. The therapist should reassure the participant that it is solely a refresher and a way to extend more structure into the treatment plan when needed. This group also includes a co-leader.

Goals

The goals for the Early Recovery Skills group are as follows:

1. Provide a structured place for new participants to learn about recovery skills for a substance use disorder and prosocial behaviors and self-help programs.
2. Introduce participants to basic tools of recovery and aid them in stopping alcohol and other drug use.
3. Introduce recovery support involvement (Twelve Step programs or other appropriate supports) and create an expectation of this participation as a part of treatment.
4. Help participants adjust to participation in a group setting, such as the Relapse Prevention group, the Social Support group, and outside Twelve Step, spiritual, or other recovery support meetings.
5. Allow the participant co-leader to provide a model for gaining initial abstinence.

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6. Provide the participant co-leader with increased self-esteem and reinforce his or her recovery progress.

Format

Session Structure

- Sessions are scheduled three times weekly for seven weeks.
- Each session lasts for one hour.
- The first forty minutes are spent on a topic.
- The last twenty minutes are spent on scheduling and marking sobriety time.
- Each session includes a topic, handouts, and stickers to mark time on calendars.
- Additional sessions may be necessary for some participants.

Selecting a Co-leader

The group is led by a therapist and co-led by a recovering participant (peer mentor). This co-leader is usually a current participant with more than three months of sobriety who must be doing well in the program, not drinking or using drugs, and actively participating in a recovery group. Co-leaders can be identified and recruited from the Relapse Prevention group on a volunteer basis. They can be rotated monthly, or the same co-leader can participate for up to three months.

Meeting with the Co-leader

The therapist and co-leader need to meet for fifteen minutes prior to each group session to discuss the session's topic and any new issues relating to individual participants. *However, no confidential information can be given to co-leaders. They are volunteers and participants, not employees*. They should be instructed to share their own experience (make "I statements") regarding the topic and not attempt to be therapists. At the end of the group session, the therapist should debrief with the co-leader to refocus and stabilize him or her.

**No confidential information can be given to co-leaders.
They are volunteers and participants, not employees.**

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Determining the Size of the Group

The Early Recovery Skills group will typically be small (six to eight people at the maximum) and relatively short (sixty minutes). Because some participants may be unstable, the group must stay structured and on track. It is extremely important for the therapist to stay serious, focused, and not contribute to the high-energy, out-of-control feeling that may be characteristic of the participants.

Beginning the Group

At the beginning, the therapist introduces the purpose of the group: to learn basic sobriety skills. Each participant is introduced and asked to summarize his or her reasons for being in treatment. Give first-time participants several minutes to present their brief histories. Participants giving detailed substance use histories or graphic stories of criminal activity can be interrupted and asked to discuss issues that prompted treatment. Introduce the co-leader as someone who is currently going through the recovery process and who can give a personal account of how the program is working for him or her.

Introducing the Topic

Following this initial orientation, the therapist introduces the topic, reads the handout, and gives an overview of why this topic is important to sobriety. The co-leader relates how this topic was useful during the early stages of his or her recovery. Each participant is asked to describe how he or she is using the skills being discussed. If participants are having problems with these skills, suggestions should be given and advice solicited from other group members. About forty minutes is spent on the group topic.

Scheduling and Marking Sobriety Time

The last twenty minutes of each session are spent discussing the topic of scheduling and marking sober time. For scheduling, each participant, particularly those in an outpatient program, must have a plan for the time between the present meeting and the next meeting. If nothing else, specific meetings can be suggested: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), or other spiritual or self-help meetings. Participants who are disinclined or adverse to spiritual programs can be referred to other programs, such as SMART Recovery, if available in the community. Participants are not encouraged to plan activities with

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each other or with other offenders in early recovery. (Associating with other offenders may also be a violation of probation/parole.) When marking sober time, each participant should mark each successful recovery day on a calendar by applying stickers on the days they are alcohol and drug free.

Ending Group on a Positive Note

The session should end on a positive note by emphasizing some of the benefits each participant may receive from staying sober. Any participants who are moving on can be given several minutes to discuss what benefit the group has provided in their first month of sobriety. After the group ends, any participants who are struggling can meet briefly with the therapist. The co-leader is not to engage in one-on-one counseling at this time.

Dealing with Special Problems

Participants in Early Recovery Skills group have not achieved much sobriety. Therefore, their behavior may require the therapist to intervene and assert control in a strong yet tactful fashion. The following examples illustrate some common situations:

1. **In discussions about self-help program involvement, there are frequently dissenting opinions about the value of participation.**

   The therapist must give a very clear message that the treatment outcome for people who attend self-help or spiritual programs is better than for people who don't attend. The Matrix Institute has conducted several surveys on treatment outcomes and Twelve Step program involvement and has consistently found a strong positive relationship. However, many participants will still argue that they do not find meetings helpful and are not going to attend.

   This resistance to Twelve Step groups or other spiritual involvement or self-help is an important issue. The therapist should acknowledge that it is not uncommon for participants to find such programs uncomfortable initially, but he or she should attempt in as many ways as possible to encourage participants to sample one of the programs. Participants who are resistant to the spiritual aspects of treatment should be encouraged to attend in order to take part in the fellowship. Another option would be non-spiritual self-help such as SMART Recovery, or Rational Recovery.

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Those who feel uncomfortable going to unfamiliar meetings may want to join the co-leader or other group members at meetings. Meetings on-site at the treatment setting or correctional setting can be somewhat less threatening and may be a good place to get acquainted with the program.

Arguing with ambivalent (resistant) participants is counterproductive. Using other group members' or the co-leader's positive experiences with meetings is a much better strategy in addressing resistance. Encourage participants who are proponents of Twelve Step or spiritual meeting attendance to talk about the informal benefits of participation. Social activities, coffee after the meetings, and the availability of others to call in times of trouble can be encouraging aspects of participation for ambivalent members.

Some participants may be willing to attend meetings but are resistant to getting a sponsor and working the Twelve Steps. Use the co-leader and other members to encourage the involvement of participants in these activities. The more involvement in recovery support programs, the stronger the recovery. The use of a sponsor as a coach to the program is an invaluable asset. Participants should choose a sponsor who is accepting of concurrent involvement in professional treatment.

Should the participant continue to be unwilling to attend Twelve Step meetings stress the importance of having continued supports during and after treatment. Have them identify alternative support systems they plan to use. This process often helps in the resistance of developing other support systems.

2. **A participant may be providing suggestions that are inaccurate or possibly dangerous.**

   For example, one of the participants may be taking medication prescribed by a physician, and another participant may suggest that the particular medication is not the best choice. The fellow participant may begin discussing what medications he or she takes and might even suggest a source for the medication to the first participant. The therapist should politely say: "Your experience is interesting, but we need to leave the medication advice to the physicians." Then change the subject in a polite and respectful way while remaining in control of the group.

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3. **In situations where unstable participants are unable to take subtle direction or appropriately limit input, the therapist should say something like: "You are really wound up tonight. Let's make sure everyone gets some airtime. Just listen for a while."**
4. If there is a crisis, the therapist should talk with the participant alone after the group about his or her specific problem or set up an individual session, if necessary.
5. **If a participant is thought to be intoxicated, the therapist should ask the offender to step outside with him or her.**

   If another therapist is available on-site, the intoxicated participant can meet with him or her. If not, the co-leader can continue the group while the therapist attempts to evaluate the intoxicated participant's condition and discuss the circumstances leading to the substance use. Depending upon the degree of intoxication, it may be necessary simply to ensure there is safe transportation home and forgo any discussion of the matter until the next treatment appointment. Avoid confrontation. If using alcohol or other drugs is a violation of parole or a drug court sentence, the therapist may need to report the incident to the appropriate authority.

Use the co-leader and other members to encourage the involvement of participants in spiritual and self-help activities.

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Philosophy

The Early Recovery Skills group is designed to give participants an essential set of skills for establishing abstinence from alcohol and other drugs and pro-social skills. It is essentially a course in Recovery Skills 101. Two fundamental messages are delivered in the group:

1. You can change your behavior in ways that will make it easier to stay sober and continue in a prosocial lifestyle. We are going to give you some tips on how to get started.
2. Treatment activities are one source of information and support. However, to gain fully from treatment, the counseling activities need to be combined with self-help or other recovery support involvement. To familiarize participants with these other programs, an introduction to early recovery topics is combined with self-help or other spiritual involvement.

The Early Recovery Skills group orients participants to the basic skills needed to initiate abstinence and discontinue criminal behaviors. The techniques are behavioral and have a very strong "how-to" flavor. *This group is not designed to be a therapy group.* It is not intended to create a strong bond between group members, although some bonding will occur. An Early Recovery Skills group is designed as a forum in which the therapist can work closely with each participant to to help establish an initial program of recovery. Each group has a clear and definable structure. The structure and routine of the group are essential. With newly admitted participants, this treatment routine is as important as the information discussed.

Each Early Recovery Skills group has a clear and definable structure.

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Guide to Session Implementation

Offenders recovering in a hospital or jail/prison program have the structure of the program, even the building, to help them stop using. In outpatient treatment, participants have to build that structure around them as they continue functioning in the world. For that reason, the *Matrix Model for Criminal Justice Settings* has participants learn to schedule each day in the Early Recovery Skills group between the present meeting and the next. If the treatment setting is in fact a jail or prison, have the participants plan their schedules as if they were in the free world. Their schedules, which should include Twelve Step or other recovery support meetings, become their structure. Participants fill out their Daily/Hourly Schedule handouts or Block Scheduling Cards at the end of each Early Recovery Skills group meeting to schedule their time between meetings. In addition, participants begin to mark each successful recovery day on a calendar by applying "Sober Today" stickers on the days they are free of alcohol and other drugs. For this purpose, each participant receives five Calendar handouts in the Early Recovery Skills group to apply stickers and mark his or her recovery time throughout the program.

For Every Session

During the last twenty minutes of every Early Recovery Skills session, participants fill out the appropriate handout for scheduling and marking time. These give participants a routine way of creating a plan for recovery and monitoring their progress. Remind participants to fill out these Daily/Hourly Schedule and Calendar handouts.

Scheduling

Scheduling: Is It Important?
■ HANDOUT 1

Daily/Hourly Schedule (eight copies)
■ HANDOUT 2A

Block Scheduling Cards
■ HANDOUT 2B

Scheduling helps participants create a structure for their recovery. It gives a road map for staying sober from the end of one session until the beginning of the next. It also helps keep offenders from acting on the thinking errors that lead to criminal behaviors. For each week in the Early Recovery Skills group, participants will need two copies of handout 2A, the Daily/Hourly Schedule. For those who prefer scheduling in blocks of time, the therapist can make Block Scheduling Cards using handout 2B.

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Marking Time

Calendars and Stickers

■ HANDOUT 3

Calendar (five copies)

■ HANDOUT 4

"Sober Today" Stickers (provided with the program materials)

Marking each successful recovery day on a calendar with a sticker keeps the participant aware of day-to-day recovery progress and provides a sense of continuity and accomplishment. Each participant should receive five copies of the monthly calendar and begin marking his or her time with a sticker on the appropriate date for the entire intensive treatment period. At each session, participants should apply Sober Today stickers on the appropriate days. (These stickers come with the purchase of the program.)

Session 1: Stop the Cycle

Triggers

■ HANDOUT 5

Triggers of Criminal Behavior

■ HANDOUT 6

Trigger→Thought→Craving→Use

■ HANDOUT 7

Thought-Stopping Techniques

■ HANDOUT 8

Triggers-Thoughts-Criminal Behavior

■ HANDOUT 9

Ask participants to review their specific trigger situations. Interrupt detailed (graphic) descriptions of substance use episodes or feelings while preparing for use. (These are sometimes called "war stories.") Don't let the session turn into an unstable triggering experience. Focus participants on what they now need to do to avoid triggering situations, or deal with them in a new way. Help devise plans and schedules for those anticipating encounters with triggers on the weekend. This is a potentially volatile topic. Be sure to keep participants focused on how they are now dealing with the situations, not long descriptions of what used to happen. Stress the importance of a plan for behavior change and a strong commitment as opposed to merely good intentions.

This session also allows the participant to identify specific triggers associated with acting on their criminal behaviors. These triggers may have some commonality with substance use, but they may also be completely different.

Allow the co-leader to discuss how the intensity of his or her primary triggers may have decreased since entering treatment. The other participants need to know that these triggering sensations will fade as they move forward in sobriety.

continued

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Session 1: Stop the Cycle *continued*

Thought-stopping is a skill participants can use to block thoughts about alcohol and other drugs and thereby regain control of their thinking process. Cravings do not have to overwhelm them. They can stop or delay cravings by blocking the thoughts.

This same process is used to help the offender stop the thinking process of acting on criminal behaviors in the same way. This session has them identify a thought stopping technique and continue to practice that technique.

Participants need to use this process quickly, before the physiology of the craving gets started. This session helps participants apply this process to the triggers and thoughts that lead to criminal behavior.

Have participants fill out their Daily/Hourly Schedule handouts and mark their sober days on their Calendar handouts.

Session 2: Identifying External Triggers

External Trigger Questionnaire

■ HANDOUT 10

Trigger Chart for Substance Use

■ HANDOUT 11

Trigger Chart for Criminal Behaviors

■ HANDOUT 12

The External Trigger Questionnaire helps identify the external triggers for alcohol and other drug use. It is important to use this form as an exercise to get a thorough picture of the situations, places, and times in which thoughts and cravings may be triggered. Ask about unique triggers that may not be listed on the questionnaire.

Review the need to schedule activities away from these triggering situations. Make sure each individual finishes with a complete list of his or her external triggers. Briefly review how to respond to a trigger situation that seems unavoidable.

The Trigger Chart gives the participant a sense that substance use isn't set off by random events. By changing his or her behavior, the offender reduces the chance of using. Remind participants to list Twelve Step or other recovery support meetings in the "0 percent chance of using" column.

continued

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Session 2: Identifying External Triggers *continued*

This exercise should help increase the participant's understanding of what sets off the use episodes and how to avoid using.

Have participants fill out their Daily/Hourly Schedule handouts and mark their sober days on their Calendar handouts.

The Trigger Chart for Criminal Behavior gives participants the ability to identify safe environments and high-risk situations related to acting on their criminal impulses.

Session 3: Identifying Internal Triggers

Trigger Chart for Substance Use
(from previous session)

■ HANDOUT 11

Internal Trigger Questionnaire

■ HANDOUT 13

These handouts help give a picture of the internal (emotional) states that trigger alcohol and other drug use. Many of the emotions on the questionnaire overlap. It is not critical to cover each emotion; rather, it is important to get a picture of the dominant emotional states that trigger thoughts and cravings. In general, positive states, negative states, or both will trigger use. Reflect back to participants the picture of their emotional triggers and ask whether it is accurate.

By the time you finish, you should have a good idea of what types of emotional reactions trigger cravings and use in each individual. If an individual's use was automatic and not emotionally triggered immediately before treatment entry, ask what triggers existed at an earlier stage of using. Discuss alternative ways to cope with powerful emotional triggers.

At the end of this session, have participants go back to the Trigger Chart and add particularly safe and unsafe internal states. The finished chart will help them visualize their choices in regard to people, places, and things that will cause relapses. It will also show them what individual internal states or emotions are particularly dangerous in terms of relapse potential. The theme of the Trigger Chart

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Session 3: Identifying Internal Triggers *continued*

handout can be summarized this way: Dangerous external triggers should be avoided as much as possible to avoid relapse. Dangerous internal triggers or emotional states, while perhaps unavoidable, require awareness of the risk of relapse and ultimately new coping skills.

Keep a copy of this chart in each participant's file to refer to during the course of treatment.

Have participants fill out their Daily/Hourly Schedule handouts and mark their sober days on their Calendar handouts.

Session 4: Twelve Step or Other Community Support Introduction

Twelve Step Introduction

■ HANDOUT 14

Building Your Supports

■ HANDOUT 15

Participation in community support spiritual activities is an essential part of this treatment experience. Offenders should view their attendance at some type of support meeting as being as necessary as their attendance at Matrix Model treatment meetings. For incarcerated participants, there are often self-help groups available within their facility. If not, recommend that a group be started.

The most widely recognized self-help approach to recovery in the United States since the 1930s has been the Twelve Step program. This spiritually rooted approach to recovery became the basis of programming in many U.S. hospital alcohol programs in the 1960s and 1970s. During this time, Twelve Step meetings proliferated throughout the country. This network of thousands of meetings for all manner of substance users provides a readily accessible resource for many people in recovery. Because of the wide availability of these meetings, a Twelve Step Introduction handout is included in this program.

Other spiritually based or self-help groups (which may be more culturally relevant) are also encouraged and introductory materials for such groups should replace or augment this Twelve Step–specific

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Session 4: Twelve Step or Other Community Support Introduction *continued*

handout. The same applies to appropriate secular recovery groups if available, for those participants who are more inclined to attend these.

Have participants fill out their Daily/Hourly Schedule handouts and mark their sober days on their Calendar handouts.

Support systems are critical for the participant. Supportive people can be involved with the participant in the education process, particularly in Conjoint or Family Group sessions, and relied on when formal treatment has ended. This session will help the participant identify current supports, if any, and begin to develop additional supports that can be key to the recovery process.

Session 5: Your Body Chemistry in Recovery

Road Map for Recovery

■ HANDOUT 16

Road Map for Thinking

■ HANDOUT 17

Depression, sleep disturbances, headaches, and occasional anxiety are all symptoms that continue through the withdrawal period. Remind participants of the biological healing process that is occurring. This will help offenders stay focused on recovery and give them hope for rapid improvement.

Review the biological changes that will be occurring to give participants a sense of what to expect over the course of treatment. Talk about past treatment attempts and experiences with these stages of recovery.

The Road Map for Thinking handout helps participants identify physical and emotional changes as they move away from substance use and reduce acting on criminal impulses.

Have participants fill out their Daily/Hourly Schedule handouts and mark their sober days on their Calendar handouts.

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Session 6: Early Recovery Problems

Five Common Problems in Early Recovery: New Solutions

■ HANDOUT 18

Alcohol Arguments

■ HANDOUT 19

There are five issues that tend to emerge immediately as problem areas for most people in early recovery. These issues are extremely important concerns for the large majority people with substance use disorders. A major theme in addressing these problems is that there is a better way to cope with them than the usual response of using alcohol and other drugs. Have the participating co-leader share his or her experience with one or more of these issues.

Reinforce other positive solutions to these problem areas that group members identify. Support and encourage the belief that recovery consists of putting together new activities and coping methods one solution at a time.

If participants are reluctant to stop drinking (perhaps because they don't see alcohol use as the primary problem), use the Alcohol Arguments exercise to challenge their thinking. This handout could also apply to other secondary drug use, such as marijuana.

Have participants fill out their Daily/Hourly Schedule handouts and mark their sober days on their Calendar handouts.

Session 7: Thinking, Feeling, and Doing

Thoughts, Emotions, and Behavior

■ HANDOUT 20

Addictive Behavior

■ HANDOUT 21

Criminal Behavior

■ HANDOUT 22

To gain control of their behavior, participants must be able to differentiate between thoughts, emotions, and behaviors. This may be an entirely new concept for some people. Make certain this principle is clearly understood before proceeding to the second handout.

The participant has some degree of control over how difficult recovery is. Those offenders who continue to behave like substance abusers will continue to be substance abusers. It is possible to stop the use of alcohol and other drugs successfully and yet continue to engage in destructive behaviors that were

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Session 7: Thinking, Feeling, and Doing *continued*

connected to past use of substances. Participants need to be taught about the relationship of their behavior to the success of their recovery.

Participants must also identify thinking errors that lead to criminal behaviors. This session allows participants to discuss the definition of criminal behavior and which thinking errors are applicable to them personally.

Have participants fill out their Daily/Hourly Schedule handouts and mark their sober days on their Calendar handouts.

Session 8: Keep It Simple, Silly (KISS)

Twelve Step Tips

■ HANDOUT 23

Some of the wisdom from the Twelve Step program can provide extremely valuable tools for early recovery. These sayings and concepts should be reviewed for their value to participants and as further evidence of the benefits that can be acquired from participating in Twelve Step meetings.

This is another handout that can be augmented or replaced with material from other spiritual or self-help, or culturally relevant, recovery support meetings.

Have participants fill out their Daily/Hourly Schedule handouts and mark their sober days on their Calendar handouts.

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HANDOUTS: THUMBNAIL VIEWS

Handout 1

Handout 1 • Early Recovery Skills Group

Scheduling: Is It Important?

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

1. **Why is it necessary?**
   If you begin your recovery in a hospital, residential facility, prison, or jail, you have the structure of the program and the building to help you stop using. As an outpatient or once released, you may have to learn how to be in the free world and live in situations that are risky for your recovery. You have to build that structure around yourself as you continue functioning in the world. Your schedule is your structure.
2. **Do I need to write it down?**
   Absolutely. Schedules that are in your head are too easily revised. If you write your schedule down while your rational brain is in control and then follow it, you will be doing what you *think* you should be doing (rational brain) instead of what you *feel like* doing (addicted brain).
3. **What if I am not an organized person?**
   Learn to be. Use your electronic device or buy a schedule book and work with your therapist. It is vital to treating your substance use disorder. Remember, your rational brain plans the schedule. If you follow the schedule, you won't use. Your addicted brain can generate out-of-control behavior. If you go off the schedule, your addicted brain may be taking you back to drinking or using drugs.
4. **Who decides what I schedule?**
   You do! You may consider suggestions made by your therapist or family members, but the final decision is yours. Just be sure you *do* what you wrote down. Changes should be limited as much as possible.
5. **Can I schedule in blocks of time instead of in hours?**
   Yes. Some people who have difficulty scheduling hour-by-hour find it easier to begin with bigger blocks of time. Instead of deciding what you are going to be doing each hour, simply determine what you will do in the morning, in the midday, in the afternoon, and in the evening. (Block Scheduling Cards are provided as handout 2B.) Gradually, you may be able to move to scheduling your activities within those blocks of time more specifically.

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Handout 2A

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Daily/Hourly Schedule

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

Notes:

Reminders:

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Handout 2B

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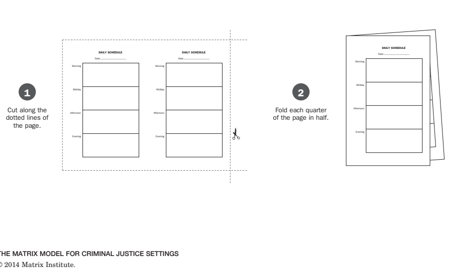
Block Scheduling Cards: Instructions for Therapist

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

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

- On the next two pages, you'll find layouts of eight small daily schedules with blocks of time marked for morning, midday, afternoon, and evening.
- Photocopy these pages two-sided, so the same layout appears back to back.
- Cut each photocopy along the dotted lines as shown in step 1 below, dividing each sheet into quarters.
- Fold each quarter in half into a small "book" as shown in step 2 below, with one daily schedule on each "page."
- Repeat to make as many four-day schedules as are needed. Each double-sided page makes four cards, covering 16 days. For a 32-week program, each participant will need 56 cards. That's 14 back-to-back sheets, cut and folded.



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Handout 3

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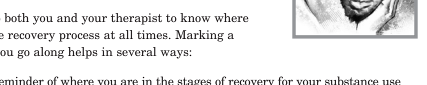
Calendars and Stickers



It is useful to both you and your therapist to know where you are in the recovery process at all times. Marking a calendar as you go along helps in several ways:

1. It's a reminder of where you are in the stages of recovery for your substance use disorder and your criminal thinking errors. (The way you are feeling might be related to changes in body chemistry.)
2. There is often a feeling of pride that results from seeing your number of days sober and not acting on impulse.
3. Recovery can seem very long unless you can measure your progress in short units of time.
4. If you entered treatment during incarceration or immediately after, start counting your days from your release. Typically sobriety days start upon your release.

Use the Sober Today or other stickers your therapist gives you to record every substance-free day you achieve. Handout 4 contains calendar pages for the time you are in treatment. You may decide to continue this exercise following the treatment.

If you regularly record your days sober with stickers, this simple procedure will help you and your therapist see your progress more easily.

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HANDOUTS: THUMBNAIL VIEWS

Handout 4

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Calendar

NAME ______________ MONTH ______________

Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

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Handout 5

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Triggers

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

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

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

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

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

• • •

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

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

____

____

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

____

____

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Handout 6

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Triggers of Criminal Behavior

Just as it's important to identify your substance use triggers, it's also important to identify your triggers for criminal behavior. Often these triggers overlap. But some are specific to your criminal behavior: for example, a trigger might be knowing someone has been paid and is carrying cash. Others could be:

- Getting high with antisocial peers
- Seeing opportunities for making money through illegal means, such as dealing drugs
- Anger or frustration
- Opportunities to take something from others
- Seeing something you want and not having the money to buy it

1. What are your triggers for criminal behavior?

____

____

____

2. What are some ways you can prevent possible triggers of your criminal thinking?

____

____

____

3. What are some ways you can manage your triggers? (For example, you could develop prosocial friendships, avoid old friends you know will cause you problems, or exercise in a safe atmosphere.)

____

____

____

Remember, your substance use disorder and your criminal behaviors are often related. Avoid triggers for both. One can often trigger the other.

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Handout 7

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Trigger→Thought→Craving→Use

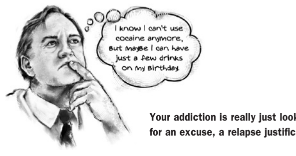
The Losing Argument
If you decide to stop drinking or using, but then end up moving toward alcohol or other drugs anyway, your brain gives you permission by using a process we call relapse justification. An argument starts inside your head: your rational self versus your addiction. You feel as though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

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

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

Trigger → Thought → Craving → Use

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



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

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HANDOUTS: THUMBNAIL VIEWS

Handout 8

Handout 8 • Early Recovery Skills Group

Thought-Stopping Techniques

A New Sequence
To start recovery by stopping criminal behavior and substance use, it is necessary to change the trigger-use sequence. Thought stopping provides a tool for breaking the process. The process looks like this:

Trigger → Thought → Thought-stopping techniques
Trigger → Thought → Continued thoughts → Cravings → Use

You make a choice. It is not automatic.

Thought-Stopping Techniques
Try the techniques described below and use those that work best for you.

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

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

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

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

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

• • •

If you let thoughts develop into cravings, you're choosing to stay addicted, and/or to stay a criminal.

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Handout 9

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Triggers→Thoughts→Criminal Behavior

Just as certain triggers may produce thoughts of substance use, other triggers may produce thoughts about criminal behavior.

Triggering thoughts could be, "I never had a chance due to how I grew up," or "I can take something that doesn't belong to me—I deserve it," or "I live in a place where you have to take what you want or you won't make it." You can have relapse-triggering justifications around your criminal behavior just as you can around your addiction.

Trigger → Thought → Criminal Behavior

Use thought-stopping techniques for criminal behavior thoughts, just as you do for thoughts about alcohol or other drugs. You might also think about the consequences: going to prison or jail, or having to leave your family. If you've been incarcerated, visualize what that was like.

Develop a plan for your thought stopping. Get that plan in your head and practice it. When you are triggered, enact your plan and get to a safe place.

What is your safety plan for when you experience criminal behavior triggers?

____
____
____
____
____
____
____
____

• • •

Remember: make sure you have a safety plan—not only for your addiction but also for your criminal behavior.

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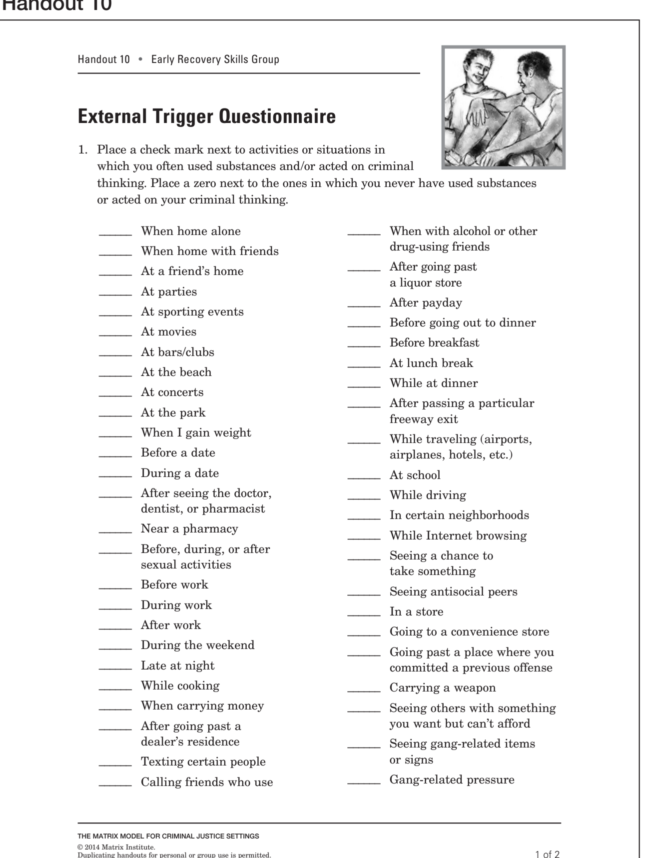
Handout 10



Handout 10 • Early Recovery Skills Group

External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you often used substances and/or acted on criminal thinking. Place a zero next to the ones in which you never have used substances or acted on your criminal thinking.

____ When home alone
____ When home with friends
____ At a friend's home
____ At parties
____ At sporting events
____ At movies
____ At bars/clubs
____ At the beach
____ At concerts
____ At the park
____ When I gain weight
____ Before a date
____ During a date
____ After seeing the doctor, dentist, or pharmacist
____ Near a pharmacy
____ Before, during, or after sexual activities
____ Before work
____ During work
____ After work
____ During the weekend
____ Late at night
____ While cooking
____ When carrying money
____ After going past a dealer's residence
____ Texting certain people
____ Calling friends who use
____ When with alcohol or other drug-using friends
____ After going past a liquor store
____ After payday
____ Before going out to dinner
____ Before breakfast
____ At lunch break
____ While at dinner
____ After passing a particular freeway exit
____ While traveling (airports, airplanes, hotels, etc.)
____ At school
____ While driving
____ In certain neighborhoods
____ While Internet browsing
____ Seeing a chance to take something
____ Seeing antisocial peers
____ In a store
____ Going to a convenience store
____ Going past a place where you committed a previous offense
____ Carrying a weapon
____ Seeing others with something you want but can't afford
____ Seeing gang-related items or signs
____ Gang-related pressure

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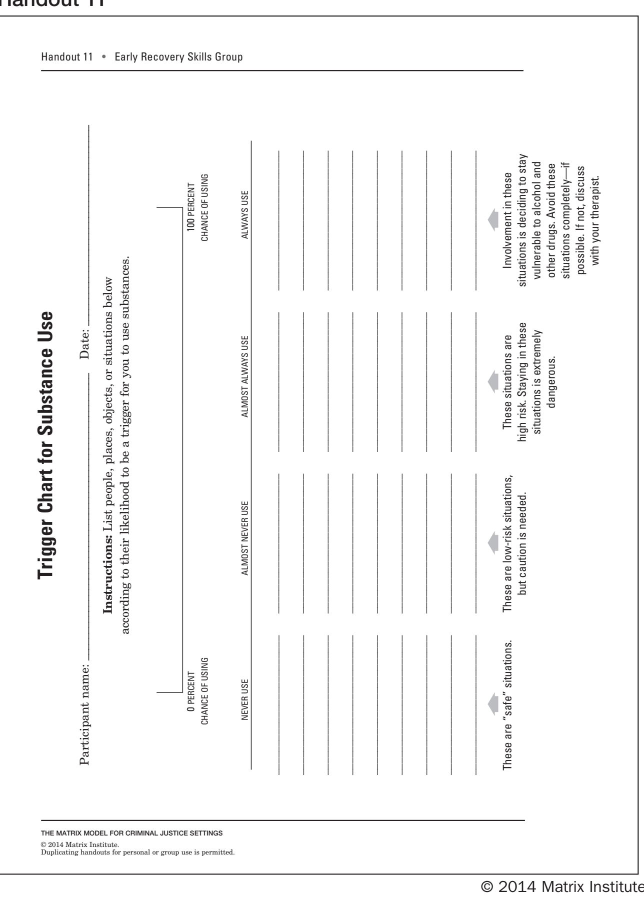
Handout 11



Handout 11 • Early Recovery Skills Group

Trigger Chart for Substance Use

Participant name: __________ Date: __________

Instructions: List people, places, objects, or situations below according to their likelihood to be a trigger for you to use substances.

0 PERCENT CHANCE OF USING — 100 PERCENT CHANCE OF USING

NEVER USE	ALMOST NEVER USE	ALMOST ALWAYS USE	ALWAYS USE
These are "safe" situations.	These are low-risk situations, but caution is needed.	These situations are high risk. Staying in these situations is extremely dangerous.	Involvement in these situations is deciding to stay vulnerable to alcohol and other drugs. Avoid these situations completely—if possible. If not, discuss with your therapist.

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HANDOUTS: THUMBNAIL VIEWS

Handout 12

Handout 12 • Early Recovery Skills Group

Trigger Chart for Criminal Behavior

Participant name: ______________ Date: ______________

Instructions: List people, places, objects, or situations below according to their likelihood to be a trigger for you to act on criminal thinking.

0 PERCENT CHANCE OF ACTING ON CRIMINAL THINKING — 100 PERCENT CHANCE OF ACTING ON CRIMINAL THINKING

NEVER	ALMOST NEVER	ALMOST ALWAYS	ALWAYS
These are "safe" situations.	These are low-risk situations, but caution is needed.	These situations are high risk. Staying in these situations is extremely dangerous.	Involvement in these situations is deciding to stay vulnerable to criminal behavior. Avoid these situations completely—if possible. If not, discuss with your therapist.

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Handout 13

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Internal Trigger Questionnaire

1. During recovery, there are often certain feelings or emotions that trigger the brain to think about using substances or acting out criminal behaviors. Read the following list of emotions and check which of them might trigger (or used to trigger) those thoughts for you.

_____ Afraid	_____ Passionate	_____ Irritated
_____ Frustrated	_____ Criticized	_____ Sad
_____ Neglected	_____ Inadequate	_____ Excited
_____ Angry	_____ Pressured	_____ Jealous
_____ Guilty	_____ Depressed	_____ Bored
_____ Nervous	_____ Insecure	_____ Exhausted
_____ Confident	_____ Relaxed	_____ Lonely
_____ Happy	_____ Embarrassed	_____ Other (list)

2. I thought about using, or acting out criminal behaviors, when I felt . . .
   (List an emotion not included in the list above.)

   ____

   ____

3. In the list above, circle the emotional states or feelings that have recently triggered your substance us or thoughts of criminal behavior.

4. Has your use in recent weeks/months been

   _____ Primarily tied to emotional conditions?

   _____ Routine and automatic without much emotional triggering?

5. Have your criminal thoughts in recent weeks/months been

   _____ Primarily tied to emotional conditions?

   _____ Routine and automatic without much emotional triggering?

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Handout 14

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Twelve Step Introduction

What Is the Twelve Step Program?

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

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

Do I need to attend Twelve Step meetings?

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

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

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

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Handout 15

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Building Your Supports

Successful recovery begins with treatment. But you need other supports, too: like family, friends, fellow recovering people, a sponsor, or meetings such as self-help or recovery meetings. It's important for you to identify who and what your current support systems are. Establish your supports now. Don't wait until you're in trouble.

Substance use and criminal behavior often result in family, friends, and others distancing themselves from the user. It takes time to mend those relationships. While you're working on rebuilding old relationships, it's also essential to think about new supports to promote your successful recovery and prosocial life. A support is anyone or any group you think will help you recover and build a new life without criminal behavior.

List your current supports:

1. ____
2. ____
3. ____
4. ____

If you don't have current supports, think of others you'd like to have in your life—people who would support your recovery and your prosocial life.

1. ____
2. ____
3. ____
4. ____

List community resources you think would be helpful to you.

1. ____
2. ____
3. ____
4. ____

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HANDOUTS: THUMBNAIL VIEWS

Handout 16

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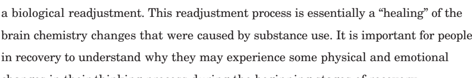
Road Map for Recovery

Recovery from alcohol and other drug use is not a mysterious process. After the substance use stops, the brain goes through



a biological readjustment. This readjustment process is essentially a "healing" of the brain chemistry changes that were caused by substance use. It is important for people in recovery to understand why they may experience some physical and emotional changes in their thinking process during the beginning stages of recovery.

The Stages

Withdrawal Stage

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

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

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

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

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

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Handout 17

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Road Map for Thinking

Recovery is a process of change. Emotional and physical changes occur as you move through the stages in recovery from a substance use disorder. Other changes require self-reflection, insight, honesty, and effort. Adopting a straight, crime-free life means changing old ways of reacting and thinking. It takes more than just a desire for change and a new life; it takes work.

1. Think of *behaviors* associated with criminal activity that you want to change. Which are the most difficult to change?

   ____
   ____
   ____
   ____

2. What are some of the *feelings* and *thoughts* surrounding criminal behavior that are difficult to change?

   ____ The rush of getting away with something
   ____ Feeling superior
   ____ Guilt
   ____ Anxiety
   ____ Anger
   ____ Feeling scared
   ____ Sadness

   Other feelings:

   ____
   ____
   ____

3. What *attitudes* and *beliefs* are the most difficult to change?

   ____ "The system owes me"
   ____ "Nobody got hurt"
   ____ "I don't have to follow rules"
   ____ "I deserve what I take"
   ____ "I just sold drugs because they wanted them; I just gave them what they wanted"
   ____ "I'm really the victim"
   ____ "The system is wrong"

4. Have your feelings, thoughts, attitudes, and beliefs changed while in treatment? Explain:

   ____
   ____
   ____
   ____
   ____
   ____
   ____
   ____

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Handout 18

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Five Common Problems in Early Recovery: New Solutions

Everyone who attempts to stop alcohol and other drug use runs into situations that make it very difficult to maintain sobriety. As an offender, you also have issues of acting on criminal thinking. The following chart lists five of the most common situations encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for dealing with these situations.

PROBLEM	NEW ALTERNATIVE
Using friends and associates • Continued association with old friends or friends who use can trigger your addiction and also your criminal thinking errors.	• Try to make new friends at Twelve Step meetings, community support groups, or other spiritual recovery groups. • Try new activities that will increase your chances of meeting sober and prosocial people. • Plan activities with sober friends or family members.
Anger or irritability • Small events can create feelings of anger that seem to preoccupy the thinking process. Anger is a huge trigger for criminal thinking.	Tell yourself the following: • Recovery involves a healing of brain chemistry. • Moods will be affected; it's a natural part of recovery. • Exercise helps. • Talking to a therapist or a supportive friend helps.
Alcohol in the home • Even if you decide to stop drinking, it doesn't mean everyone else in your house will decide to stop. • Alcohol may have also contributed to aggressive or violent behavior.	• Get rid of all alcohol and other drugs, if possible. • Ask others if they would refrain from drinking and using at home for a while. • If you continue to have a problem, consider moving out for a while. • Discuss with your therapist.
Boredom or loneliness • Stopping alcohol or other drug use often means many usual activities and people must be avoided. • For offenders, boredom can lead to relapse.	• Put new activities in your schedule. • Go back to activities you enjoyed before your substance use disorder took over. • Develop new friends at Twelve Step or other community support meetings. Consider exchanging telephone numbers.

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Handout 19

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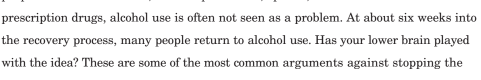
Alcohol Arguments

Have you been able to stop using alcohol completely? For people addicted to cocaine, methamphetamine, opiates, or



prescription drugs, alcohol use is often not seen as a problem. At about six weeks into the recovery process, many people return to alcohol use. Has your lower brain played with the idea? These are some of the most common arguments against stopping the use of alcohol:

"I came here to stop using drugs, not to stop drinking."
Drug treatment includes stopping alcohol as well as other drug use. It is part of recovery from addiction.

"In the past I've drunk and not used drugs, so it shouldn't make any difference now."
Drinking over time greatly increases the risk of relapse. Alcohol use is often tied to criminal activity as well. A single drink does not necessarily cause relapse any more than a single cigarette causes lung cancer. However, with continued drinking, the risks of relapse are greatly increased. You're also at risk to return to criminal activity.

"Drinking actually helps. When I have cravings, a drink calms me down and the craving goes away."
Alcohol interferes with the chemical healing in the brain. Continued alcohol use eventually intensifies cravings, even if one drink seems to reduce cravings.

"I'm not an alcoholic, so why do I need to stop drinking?"
If you're not addicted to alcohol, you should have no problem stopping alcohol use. If you can't stop, maybe alcohol is more of a problem than you realize.

"I'm never going to use drugs again, but I'm not sure I'll never drink again."
Make a commitment to total abstinence and choose a period of time that feels comfortable to you. Give yourself the chance to make a decision about alcohol with a drug-free brain. If you reject alcohol abstinence because "forever" scares you, then you're justifying drinking now and risking a relapse.

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HANDOUTS: THUMBNAIL VIEWS

Handout 20

Handout 20 • Early Recovery Skills Group

Thoughts, Emotions, and Behavior

Addiction changes the way people think, how they feel, and how they behave. Your criminal behavior may also be linked to your substance use. How do these changes affect the recovery process?

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

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

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

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Handout 21

Handout 21 • Early Recovery Skills Group

Addictive Behavior

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

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

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

What are you are doing to move forward in your recovery?
It's important to recognize when you're moving back toward substance use and when you're moving forward in your recovery.

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Handout 22

Handout 22 • Early Recovery Skills Group

Criminal Behavior

Criminal behavior is any activity associated with breaking the legal system's laws or rules. Like someone who has a substance use disorder, the person involved in criminal behavior does desperate things to try to continue to appear normal (or innocent). Sometimes the behaviors only occur when people are using or moving toward committing a crime. Learning to recognize when one or more of these behaviors is beginning to happen will help you know when to start fighting extra hard to move away from criminal behavior.

Which of these behaviors do you think are related to your criminal behavior? Check all that apply.

_____ Lying
_____ Stealing
_____ Dealing drugs
_____ Being irresponsible; not doing what you say you will do
_____ Being unreliable (being late for appointments, breaking promises, and so on)
_____ Being careless about health and grooming (wearing gang clothes, stopping exercise, eating a poor diet, having a messy appearance)
_____ Behaving impulsively (without thinking)
_____ Changing work habits (working more, less, or not at all; changing jobs; changing hours)
_____ Losing interest in things (recreational activities, family life)
_____ Isolating (staying by yourself much of the time)
_____ Missing or being late for treatment
_____ Taking other people's things
_____ Cheating on something or someone
_____ Being in a gang
_____ Using substances

(list continued on next page)

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Handout 23

Handout 23 • Early Recovery Skills Group

Twelve Step Tips

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

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

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

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

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

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

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

Hungry
Angry
Lonely
Tired

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Relapse Prevention Group

RELAPSE PREVENTION GROUP

Relapse Prevention groups are designed to deliver information, support, and camaraderie to participants as they proceed through recovery. *It is critical that these groups be scheduled at the beginning and at the end of the week, with the Family Education group sessions in the middle.* This provides an intensive treatment experience with the participant contacts spread evenly throughout the week. This component is a central part of the Matrix Model treatment program. This group also includes a co-leader. He or she should be graduated or about to complete the program, and be working a program other participants can emulate. The co-leader is an important element in the group dynamics.

Goals

The goals for the Relapse Prevention group are as follows:

1. Allow offenders to interact with other people in recovery.
2. Present specific relapse prevention material.
3. Allow the co-leader to share his or her long-term sobriety experience.
4. Produce some group cohesion among participants.
5. Allow the therapist to witness the interpersonal interaction of participants.
6. Allow offenders to benefit from participating in a long-term group experience.
7. Present specific materials on thinking errors leading to criminal behavior and how those often are co-occurring with their substance use disorder.

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Format

Session Structure

- Ideally, sessions are scheduled twice weekly for 23 weeks.
- Each session lasts for 90 minutes.
- The first 60 minutes include a topic discussion and handout.
- The last 30 minutes are spent addressing offenders' concerns.
- Each session includes a topic and handouts.
- A co-leader should be selected and trained for his or her role.

Beginning the Relapse Prevention group

Each Relapse Prevention group meeting begins with an introduction of new members, who are asked to give a brief description of their substance use history and past criminal behaviors. The introduction should be directed toward members of the group as well as the therapist. This should not be too detailed or graphic, nor should it be a litany of "war stories," which are detailed narratives about prior substance use. The introduction is meant to provide very basic information, such as the reason for entering treatment. Participants who ramble or who provide unnecessary details on substance use or criminal activity should be prompted to make a closing comment.

Introducing the Topic

During the first fifteen minutes of the group, the therapist presents a specific topic in a casual, instructive manner. The topic is introduced with a rationale for its meaning or benefit in the recovery process. Then the topic is discussed using participant input from their experiences, with the handouts as a guide. This introduction and discussion should last about forty-five minutes. The therapist should ensure that important matters related to the topic are covered and that premature digressions are avoided as much as possible. Participants with an "agenda" unrelated to the topic can be assured they will have a chance to talk about their issues following the discussion or during an individual session. The therapist wraps up the discussion period with a review of the session topic and the important related issues.

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Completing Handouts

Participants should pick up their workbooks at the beginning of each session. In groups with people who have adequate writing skills, handouts are completed at the beginning of the group, during, or just after the topic is read aloud. Have a volunteer read a paragraph out loud and, at indicated places, pause while people fill in the blanks.

Some therapists prefer distributing the handouts for each session as people come into group and having the participants put the handouts in their workbooks. Participants can then fill out the assignments while waiting for others to arrive. (You might not do this if you have people with reading problems in the group.) Still other therapists have people answer the questions out loud if they find reading or writing difficult.

Writing is important, provided people have the skill. If they don't, the group should be conducted in a way that doesn't make them feel self-conscious. Each therapist can find a way to do this that fits with his or her group members. Consistency is important. Once group members learn the preferred procedure, they will conform to it, and the structure becomes therapeutic.

Opening Up the Group for Discussion

During the last thirty minutes of each group session, participants should be asked if they have had any recent problems or if there are any matters they wish to bring up. Individual participants, particularly those who have been having problems or those who have not participated in the group, should be addressed first. A response can usually be evoked with general open-ended questions such as "How are things going?" "Are there any new developments with the problem you brought up last time?" "What cravings have you experienced recently?" or "How are you planning to stay abstinent this week?"

All participants should be specifically addressed if they have not spoken earlier in the group. Participants who are quiet and uncommunicative may be concealing issues that should be elicited and discussed and, if so, these issues can be more deeply explored during an individual session. Great care should be taken by the therapist to not inadvertently shame or embarrass participants during the group. This is also an opportunity for the therapist to review the assessment and determine what factors have been critical for each offender and what might move them toward change.

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The group provides an opportunity to solicit input and encouragement from other group members. The therapist should ask for comments from the other participants regarding an issue being discussed, especially if particular group members have dealt with the issue. For example, participants who have stayed abstinent for some time may be asked to describe how they dealt with problems they encountered. The therapist should not, however, relinquish control of the group or promote a directionless "cross talk" commentary on what the others have said. The therapist should encourage all participants in the group to make "I" statements (first person) and speak from their own experiences. Discourage direct participant-to-participant challenges and questions that are too pointed, as this might cause undue defensiveness. The therapist must maintain a focus and direction and be ready to redirect discussions moving into redundancy, irrelevance, inappropriateness, or volatility. This is particularly important in working with offender populations as they have learned to move discussions away from issues they do not want to address.

Using the Co-leader as a Role Model

The co-leader can be enlisted to provide a positive role model and to reinforce suggestions and advice based upon personal experience. He or she should be an offender who has graduated from the intensive phase of treatment with one year of sobriety and who is continuing to work a robust program other participants can emulate. The co-leader is an important element in the group dynamic. He or she should avoid preaching, but should try to speak in the first person and persuade group members by sharing personal experiences. The co-leader may be effective in instances in which an offender is being resistant to the therapist's input. In such cases, the co-leader's discussion of what worked for him or her may be offered in a "for what it's worth" manner, so as to be helpful and yet not invite further debate and discussion. The group leader should brief the co-leader before group regarding the topic and the planned direction for the group. They should also meet briefly after group to discuss issues that arose.

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Cautioning the Group about Relationships

Participants enter the Relapse Prevention group at the beginning of treatment and remain in this group for the remainder of the program. During this period, participants may become quite interdependent. The group process encourages this bonding, and the cohesion can be a positive, constructive motivator that can help to sustain treatment involvement. Although participants should be encouraged to acknowledge they have a responsibility and a commitment to the group, they should be reminded that their recovery is their own. It is important to have participants view recovery as their personal achievement, supported and encouraged by other group members. The independence of personal recovery can help to prevent "relapse contagion" if other group members experience relapse. There needs to be a balance between gaining support and encouragement from the group and the exclusive dependence on the group for abstinence.

The independence of personal recovery can help to prevent "relapse contagion."

Specific note for offenders in drug court, probation, or other outpatient programs:

The camaraderie and cohesion of a Relapse Prevention group is extremely valuable to the treatment process. However, participants should be cautioned against treatment program romances and other outside involvement with other group members. Participants sign an agreement at admission to avoid these outside group relationships, but they need to be reminded of this agreement. If two participants are becoming inappropriately involved, the therapist should meet with them briefly after the group to remind them of their agreement to avoid such involvement and the reason why these relationships are discouraged.

However, participants should not be discouraged from being supportive of each other. In early recovery, this should be done in the context of the Social Support group in the *Matrix Model for Criminal Justice Settings* or other spiritual or support groups outside the program. Participants should be encouraged to find a long-term support system through their involvement in such groups. In Twelve Step programs, a sponsor can be an extremely valuable resource to offenders. Attending meetings and socializing with Twelve Step members can provide an excellent new source of sober, recovery-oriented

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friends and activities. If participants in early recovery reach out only to each other for support without having some involvement with people with longer-term sobriety, their support system can make them highly vulnerable to relapse.

Addressing Special Situations

At times, the group leader may need to intervene aggressively in response to specific types of offender behavior in the group. This intervention may consist of quieting an offender, limiting the offender's involvement in the group, or removing the offender from the group. Below are four potential situations or offender behaviors that may require a therapist to provide intervention.

1. **Behavior:** Perseverating on an issue

   Possible intervention: Politely suggest it is time to allow others to discuss their issues and move on.

2. **Behavior:** Arguing a case for behavior that is counter to recovery (for example, using, dropping out of group, relying on self-control rather than avoiding alcohol triggers) after receiving repeated feedback.

   Possible intervention: Point out the futility of these sorts of approaches in light of the realities of addiction and the experience of others. If the participant continues these assertions, ask him or her to listen for the rest of the session, with the invitation for the participant and therapist to talk individually later.

3. **Behavior:** Threatening, insulting, or making personally directed remarks; behaving in a manner obviously indicative of intoxication

   Possible intervention: Take the offender away from the group and let the co-leader take over. Have a brief individual session or have another therapist intervene. If need be, see that transportation arrangements are made so the intoxicated participant can be taken home safely.

4. **Behavior:** General lack of commitment to treatment as evidenced by poor attendance, resistance to treatment intervention, disruptive behavior, or frequent, repeated relapses

   Possible intervention: Reassess and adjust the treatment plan in an Individual/Conjoint session. As long as the participant is not

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intoxicated or inappropriate, allow him or her to attend group, but the person should be asked to just listen to the discussion without interrupting. The therapist should discuss this format with the offender before group. The offender should be offered some discussion time at the end of the session.

Ending the Session

The therapist should tie up loose ends and summarize the discussion. Unresolved issues may be acknowledged and discussion carried over to the next meeting. Participants who brought up important issues relative to their recovery are directed to discuss these issues in their next group. Participants who appear troubled, angry, or depressed, or who mention cravings during the session, should stay afterward. Talk briefly with these participants and schedule an individual session with them as soon as possible. The session should end on a positive note. All sessions should end with the confidentiality pledge and a commitment to attend the next Relapse Prevention group.

CONFIDENTIALITY PLEDGE

I pledge that I will remain drug and alcohol free until we meet again and that I will keep everything that was said in this group confidential.

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Philosophy

The Relapse Prevention group is a central component of the *Matrix Model for Criminal Justice Settings*. There is a specific purpose for the group as well as a specific format. It is not an encounter, therapy, or sensitivity group. It is not an assertiveness-training or growth group. It is not a self-help meeting. It is not a stress-reduction or open-ended "whatever is on your mind" group.

Each group is organized around a topic and teaches a skill.

Each group is organized around a topic. The purpose of the group is to provide a forum in which people with substance use disorders and a criminal past can receive assistance in dealing with the issues of creating a program of recovery and avoiding relapse. Relapse is not a random event. The process of relapse follows predictable patterns. The group provides a setting in which information about relapse and relapse prevention can be shared. The therapist and participants can learn to identify signs of impending relapse. Participants heading toward relapse can be redirected while those who are on a good course of recovery can be encouraged. The group setting allows for mutual participant assistance within the therapist's guiding.

A therapist and a co-leader lead the group. The therapist is preferably the professional who also sees the members of the group for any prescribed individual sessions. The advantage of this dual relationship is that the therapist can more effectively coordinate and guide the progressive recovery of each individual. The frequency of contact also strengthens the therapeutic bond that keeps the participant in treatment.

A therapist and a co-leader lead the group.

A potential disadvantage of the dual relationship is the danger of the therapist inadvertently exposing confidential information to the group before the participant chooses to do so. It is a violation of boundaries for the therapist even to imply that information exists and to attempt to coerce a participant to share that information if the offender had not planned to discuss the issues in group.

Another danger to be avoided is the possibility of the therapist being perceived as showing preference to some participants. It is important that the therapist be equally supportive of all group members and not let them compete for attention.

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All of the participants in the group will develop an individual relationship with the therapist. The degree to which the therapist will be able to instigate positive change in their lives will be directly related to the credibility the therapist establishes. The therapist must be perceived as a highly credible source of information about substance use disorders and understanding criminal behavior. Two keys to establishing credibility are the degree to which the therapist exerts control over the group and the therapist's capacity to make the group a safe place for all participants.

The therapist must be perceived as a highly credible source of information about substance use disorders and criminal behavior.

These two elements are highly interrelated. For a group to feel safe, members have to view the therapist as competent and in control. Sometimes, group members enter the group with lots of energy and are talkative and boisterous. The therapist has to use verbal and nonverbal methods of calming the group and focusing them on the topic. Frequently, this situation occurs during the holidays or if several members have relapsed. Conversely, there are times when group members are lethargic, sluggish, and depressed. In this case, the therapist needs to infuse energy and enthusiasm. He or she needs to be aware of this emotional tone and respond accordingly.

In a similar manner, the members of the group need to feel the therapist is keeping the group moving in a useful and healthy direction. The therapist must be willing to interrupt side talk in the group, terminate a graphic substance-use story, or redirect a lengthy tangential diversion. He or she must be clearly in control of the group all of the time. Each member must be given an opportunity to have input. Each week the therapist needs to ensure that one or two members do not monopolize the group's time or are always the first to speak. Participants must feel that the therapist is interested in their participation in the group and their sobriety. *The therapist must be clearly, actively, and unquestionably in control of the group.*

The therapist must be clearly, actively, and unquestionably in control of the group.

The group is run in a manner consistent with the Matrix Model. Therapists need to be sensitive to material generated by a complex disorder. At times, it may be necessary to be directive or to characterize input from group members as a reflection of disordered lower brain thinking. The therapist's focus in these instances should be on the addiction as opposed to the person. In other words, care should be taken to avoid directing negative feedback toward the participant, focusing instead on the addiction-based aspects of the offender's behavior or thinking errors.

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Guide to Session Implementation

For Every Session

Remind participants to continue marking "Sober Today" stickers on their calendars throughout the Relapse Prevention group and the 32 weeks of treatment, as they learned to do in the Early Recovery Skills group. Marking each successful recovery day on a calendar with a "Sober Today" sticker keeps the participant aware of day-to-day recovery progress and provides a sense of continuity and accomplishment. Save five to ten minutes at the end of each Relapse Prevention group session to give participants this routine of monitoring their progress. Some therapists have participants continue scheduling as necessary, using their Daily/Hourly Schedule handouts or Block Scheduling Cards, if the situation merits.

Session 1

Alcohol, Marijuana, and Prescription Medicines

■ HANDOUT 1

Because alcohol use is so woven into our society, it is often not thought of as a drug. This exercise is designed to help participants anticipate situations in which drinking will likely occur. Planning ahead for these events can help participants cope more easily while remaining abstinent. Marijuana and abuse of prescription medicines are also discussed. Prescription medications can be abused even though they may be prescribed by a physician. Some patterns of use indicating possible abuse are discussed.

Alcohol and Criminal Behavior

■ HANDOUT 2

Research estimates that alcohol use by violent men ranges from 52 to 85 percent: triple the rate of non-violent men. This session addresses the links between alcohol use and criminal behavior such as domestic violence, assault, DUIs, child abuse, burglary, theft, drug dealing, and robbery. Participants will begin to link the use of alcohol and the thinking that leads to criminal behavior.

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Session 2

Boredom

■ HANDOUT 3

What Works for Me—and What Doesn't?

■ HANDOUT 4

During treatment and after, it is necessary to fill life with some new activities or re-engage in activities that may have been abandoned due to substance abuse. New hobbies, recreational activities, and interests contribute to making life interesting. Boredom is usually a sign that inertia has set in. It is a relapse warning sign and it may lead to a return to substance use unless some action is taken. Boredom won't just go away; some positive action is needed to counteract it.

Many offenders have been in various types of treatment programs before. This session gives the participant an opportunity to reflect on past treatments: which aspects of those treatments worked for them, and which did not? Treatment that continues the "not-working" aspects will fail to promote long-term change and success. Identification of positive changes can promote growth and change. Motivational interviewing will play a strong role in this session, leading participants to believe that positive changes do occur.

Session 3

Avoiding Relapse Drift

■ HANDOUT 5

Mooring Lines Recovery Chart

■ HANDOUT 6

The "mooring lines" exercise helps participants clarify what they're doing that is working for their recovery and to monitor future behavior to ensure continued sobriety.

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Session 4

Work and Recovery

■ HANDOUT 7

Work and Criminal Behavior

■ HANDOUT 8

Why Do I Think This Way?

■ HANDOUT 9

Many recovering people have issues around work and how their work situation impacts the recovery process. This handout addresses some of those issues, whether a person is out of work, needs to find work, is a workaholic, works a job that inherently makes recovery more difficult, or will need to find work once released from incarceration.

The thought of holding a traditional job has never occurred to many offenders, or perhaps it has been blocked by requirements for criminal background checks. It has been easier to steal to support their substance use than to work. In this session participants will identify their personal values and attitudes about employment. For many participants, criminal activity was easier than working traditional jobs. Having a job will require a significant change in the structure of their days.

This session will address cognitive patterns and the individual thoughts, feelings, beliefs, attitudes and values that lead to maladaptive thinking and substance use. Participants look at cognitive risk factors and how values and attitudes influence behaviors.

Session 5

Guilt and Shame

■ HANDOUT 10

It is helpful to link some of the negative feelings that arise in recovery with past behaviors. Encourage participants to be as open as possible on these issues. Because we are examining the maladaptive thinking that leads to criminal activity and substance use, it is important to ask the question, “Do you have any remorse, guilt, or shame about your behaviors?”

Through these questions, the therapist can begin to identify possible characteristics of antisocial disorder. It will help reveal whether the participant has normal feelings of guilt and shame commonly associated with substance use disorders and criminal activity or more severe antisocial behaviors. This lesson plan thus provides information for further assessment.

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Session 6

Staying Busy

■ HANDOUT 11

What's Important to Me?

■ HANDOUT 12

Structure cannot exist in a schedule without activities. Group members can help each other by making suggestions for positive activities to fill idle time. The handout will help explain how idle time can be a trigger, both for substance use and criminal behaviors.

Everyone values certain things—things that are important to them. In this session, participants list those important things and then identify which of them have been taken from them through substance use and criminal behaviors. This exercise will also help the therapist identify what might be used to motivate behavior change.

Session 7

Motivation for Recovery

■ HANDOUT 13

Commitment

■ HANDOUT 14

As offenders move through recovery, their reasons for staying sober may change. Try to highlight these changes. Encourage participants to focus on the benefits they have gained during recovery. Each participant should be able to express at least one reason for currently staying substance free. Those participants unable to do so can discuss the issue and may be helped to discover their motivation. Listening to group members who are further along in their recovery process may help the newer participants consider their own changes.

Being accountable is often a struggle for people with habitual thinking errors and who perhaps have only known structure through incarceration. It's hard to start new behaviors without some type of commitment. This session will provide various scenarios to help identify where each person stands with their commitment. Then the therapist can use motivational interviewing principles to determine the participant's position in the stages of change and what it will take for them to move to the next stage. Participants have a chance to really see where they are and where they want to go.

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Session 8

Truthfulness

■ HANDOUT 15

Truthfulness is one of the most important issues in recovery. This exercise presents the idea of telling the truth versus lying as being critical to a healthy recovery process. The adherence to truthfulness with appropriate people and in appropriate situations is essential to ground recovery in reality instead of the chaotic realm of a substance use disorder.

This topic should be addressed very seriously. The questions at the end of the handout provide participants with an opportunity to discuss areas in which truthfulness is a problem. Participants who admit to lapses in truthfulness should be praised for their honesty. This is a huge issue especially for offender populations as they are likely very conditioned to being dishonest. They could not have been successful in their substance use and criminal behaviors without lying.

Session 9

Total Abstinence

■ HANDOUT 16

Manipulation and Recovery

■ HANDOUT 17

Each participant made a commitment upon entering the program not to use alcohol or other drugs. Sometimes the reason for this request is unclear to participants. The discussion of this topic should include the logic behind the agreement as well as a check on whether group members are honoring their commitment.

This is also an opportunity to refer back to brain chemistry and the time the brain needs to heal. If you keep putting unhealthy things into your body and brain, the healing process can't occur.

Typically offenders are masters at manipulation. To live a life of substance use with criminal behaviors, they had to develop those skills to be effective. This session deals with manipulation straight on, giving participants the chance to recognize ways they have manipulated others and why.

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Session 10

Sex and Recovery

■ HANDOUT 18

The Rush of Risky Behaviors

■ HANDOUT 19

The purpose of this group session is to help participants understand the difference between sex as an extension of an intimate relationship and sex as impulsive behavior. For most people, the latter is closely related to alcohol and other drug use; the former is not. Be prepared for nervous jokes. The therapist and co-leader need to stay serious to maintain an appropriate atmosphere for the discussion of this important issue.

If groups are co-ed, it may be helpful to separate men and women for this group session. These discussions can be triggering for some. If a female has been a sex worker or a male has used women to get drugs, the discussions can lead to triggering. Be careful if men and women stay together in the same group to avoid potential triggering effects.

For many participants who have been using substances and engaging in criminal activity, there is an intense excitement around planning and getting away with something that accompanies these behaviors. This rush of excitement can also have addictive properties and must be addressed. The participants will identify their feelings around this issue and begin to develop safety plans to avoid relapse.

Session 11

Relapse Prevention

■ HANDOUT 20

Relapses do not just happen. There are warning signs in a participant's behavior and thinking that he or she can be taught to monitor. In addition, there is frequently an emotional buildup before a relapse. This is a subtle and difficult concept. People with substance use disorders need to learn to recognize indicators of stress and anxiety, such as insomnia, nervousness, or headaches, and to view these as signals of possible relapse. Once the relapse indicators are identified, a plan to intervene needs to be quickly initiated. Learning from previous relapses is critical.

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Session 12

Trust

■ HANDOUT 21

Relationships are often disrupted for a person with an untreated substance use disorder and criminal behaviors. It may take some time for a relationship to begin to move forward even when the substance use has stopped. This exercise allows participants to acknowledge that their families and friends have reason to be doubtful, and it encourages them to discuss their own reactions to suspicion. The point should be made that people cannot simply decide to trust; trust can only return as a result of continued abstinence and a prosocial lifestyle.

Session 13

Be Smart, Not Strong

■ HANDOUT 22

The point of this exercise is that one cannot be stronger than addiction. Because of biological and brain chemistry changes during the addictive process, just wanting to be abstinent is not enough, no matter how strong the desire. It is necessary to maintain maximum distance from alcohol and other drugs by avoiding relapse risk and establishing positive, substance-incompatible activities. This is a basic principle in recovery. Keeping a distance from relapse situations does not, in itself, constitute recovery. However, it allows for the development of a comprehensive lifestyle change and a solid recovery.

Session 14

Participant Status Review

■ HANDOUT 23

In this review—as was done in one of the Individual/Conjoint sessions—the participant assesses his or her life in a broad spectrum of areas, such as leisure, exercise, relationships, and cravings. This point should be made explicitly with the reminder that successful relapse prevention requires a periodic review of these areas throughout recovery. There should be a discussion of problem areas and suggestions for improvement. Choose an item from the bottom of the page and discuss that particular question rather than reading through the participant's issues item by item.

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Session 15

Taking Care of Business and Managing Money

■ HANDOUT 24

Many regular tasks of daily living get neglected when a substance use disorder pervades life. Encourage group members to discuss the tasks they have neglected and add them to the ones listed. Make sure participants do not feel overwhelmed and overloaded after this discussion.

Talk about time and money as the two resources we have to spend as we choose. Use the questions as a springboard to discussing each participant's situation with regard to finances. This session offers an excellent opportunity to reduce shame and guilt about past behavior with regard to money and other important life issues.

Stress the difference between addictive behaviors and non-addictive behaviors in regard to the issues highlighted in the handout. Participants have the chance to discuss how their past criminal behaviors have impacted their current financial situations, including probation/parole fees and other court fees.

Session 16

Relapse Justification I

■ HANDOUT 25

This session examines the thinking that is characteristic of a person moving toward alcohol and other drug use. If we identify and evaluate these "relapse justifications" ahead of time, we are less susceptible to them. Ask participants to pick out particular relapse justifications to which they may have been susceptible in the past.

Session 17

Taking Care of Yourself

■ HANDOUT 26

The focus of this session is to raise participants' awareness of normal self-care practices and evaluate how far they may have deviated from the habits they had earlier in life. Emphasize how physically caring for oneself can improve self-esteem and reduce stress, and thus enhance recovery and a prosocial lifestyle.

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Session 18

Dangerous Emotions

■ HANDOUT 27

Several types of negative emotional states are very powerful triggers for people recovering from substance use disorders. This handout explains a few of the most common. Discussion can help group members identify their own most likely and most powerful emotional triggers. It also addresses the emotions—anger, for example—that lead to thinking errors and criminal behaviors.

Session 19

Illness

■ HANDOUT 28

Getting sick or incapacitated weakens people physically and may interrupt their recovery momentum. The frequency of relapse following these periods is often surprising. Participants often feel they are not responsible for this process; hence, they also fail to take responsibility for not resuming a structured recovery. To be forewarned is to be forearmed.

Session 20

Recognizing and Dealing with Stress

■ HANDOUT 29

This exercise helps participants become more aware of themselves and better able to recognize signs of stress. This information can be used in future groups when stress indicators are evident. Participants may be showing obvious signs of stress but don't yet recognize them. The therapist and group members may be able to help bring the signs to participants' attention.

Session 21

Relapse Justification II

■ HANDOUT 30

This topic is a continuation of Relapse Justification I (handout 25), with additional types of justifications described.

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Session 22

Living a Less Stressful Life

HANDOUT 31

Once signs of stress are recognized, it is important to be able to alter one's behavior to reduce one's stress level. As participants become familiar with various stress-reduction techniques, they should be encouraged to incorporate them into their daily living to prevent the accumulation of excessive stress.

Session 23

Managing Anger

HANDOUT 32

Anger and My Criminal Behavior

HANDOUT 33

Participants repeatedly identify anger as an overwhelming negative emotional trigger. This session provides participants with alternate ways of dealing with anger, avoiding feeling overpowered, and avoiding the strong possibility of relapse.

Anger is an emotion that may also have contributed to criminal behavior. In this session participants will discuss how anger played a role in being involved in the criminal justice system. They will also identify causes of past anger and establish a plan on how to manage anger in the future.

Session 24

Acceptance

HANDOUT 34

Learning to Like Yourself

HANDOUT 35

It is often difficult for a person to accept that he or she has a substance use disorder and therefore needs to adhere to certain limits. Doing so is similar to the First Step in Twelve Step programs. Use this handout to help participants understand that "giving up" is paramount in the process of reclaiming control of their lives. Help each person identify what source of strength he or she can draw upon.

Offenders in the criminal justice system go through changes in how they see themselves. How they are/were seen in prison or jail often reflects how they see themselves currently.

This session will discuss how prison/jail impacted their identity and how they feel other people see them. The exercises are designed to help change those views and self-perception into a positive identity.

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Session 25

Making New Friends

■ HANDOUT 36

Often, offenders entering recovery attempt to hold on to substance-related relationships and antisocial friends while trying to give up use and moving toward a prosocial life. The handout for this session helps participants begin to look critically at the people they choose to spend time with.

A newly sober participant will need help understanding the process of meeting new people and slowly deciding whether they might qualify as friends. Help participants learn the skill of differentiating between friends and acquaintances and help them think of new places to safely meet new friends.

Challenges in My Living Situation

■ HANDOUT 37

Those offenders who are in drug court, and those just released from jail or prison, may have particular difficulty reestablishing and maintaining a course of recovery. For some offenders being back at home, possibly even around old gang members, presents significant challenges that cannot be ignored. This session will help them identify the risk factors in their living situation and some alternative ways to manage those risk factors when changing their living situation is not possible.

Session 26

Repairing Relationships

■ HANDOUT 38

This exercise may be introduced as either a topic needing immediate attention or, for offenders just entering treatment, something to think about and attend to later. The first part of the handout can be completed and discussed before moving on to the final questions. Participants will need help deciding which interventions are appropriate. This topic parallels the Eighth Step in the Twelve Step program.

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Session 27

Serenity Prayer

■ HANDOUT 39

The concept of distinguishing what can be controlled from what cannot is a key idea for continuing recovery. Not understanding this concept can result in frustration, anger, stress, and relapse vulnerability. Deemphasize using the poem as a prayer. For some participants this prayer can be reframed as a tool for effective living. Use examples of dealing with traffic, jobs, relationships, and substance use disorders.

Session 28

Compulsive Behavior

■ HANDOUT 40

There is no one answer for everyone on this issue. Some participants need to give up everything all at once, and that works for them. Others may try to do that, then relapse when they don't achieve their goal. Try to help participants understand there is no "right way" to address compulsive behaviors and raise their awareness of what works for them. Be especially vigilant regarding behaviors and criminal thinking that may shift into new areas of compulsivity.

Session 29

Dealing with Feelings and Depression

■ HANDOUT 41

This session helps participants become aware of and accept their own emotions without being overpowered by them or denying them. The handout's questions are sequenced by levels of awareness. Some participants will have enough awareness to move on to coping responses. Focus on the appropriate level for each participant.

Depression is often a problem for newly sober people. For some, the symptoms are merely an indication that recovery is progressing. All they need to do is stay sober, and the symptoms will abate. For others, a true depressive disorder may become exposed during periods of abstinence. For them, proper evaluation and treatment of the potential depressive disorder is essential.

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Session 30

Twelve Step Programs (or Other Spiritual Groups)

■ HANDOUT 42

This handout prompts involvement in Twelve Step programs, self-help programs, or other spiritually oriented groups, if available. For people who are antireligious, stress the social benefits and suggest secular self-help groups. For people who are shy in groups, stress the small-group, anonymous, and non-mandatory participatory aspects of the meetings. For people already attending recovery support meetings, use this handout to review the different types of help received in treatment and through meetings.

All forms of help are valuable, but self-help and spiritual groups do have benefits different from those of regular treatment programs. This handout can be augmented or replaced with information regarding other spiritual or social support approaches to recovery.

Session 31

Looking Forward: Dealing with Downtime

■ HANDOUT 43

Planning "islands" of rest and recreation in the future keeps the recovery process from seeming endless and gray. These islands provide something to work toward, and they also break time into manageable chunks. Encourage participants to identify possible islands. Stress that island building should become an ongoing activity throughout recovery.

Session 32

One Day at a Time

■ HANDOUT 44

Most offenders begin a recovery process with a sizeable amount of wreckage from the past, attributable in large part to their history of substance use and criminal behavior. Clearing up this wreckage often leads to feeling hopelessly overwhelmed and to crippling fears of not being able to "dig out" in the future. These negative feelings often add another level of stress, which can lead to relapse. This topic will help participants focus on the present and, ideally, avoid feeling overwhelmed.

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Session 33: (Optional)

Recreational Activities

■ HANDOUT 45

Participants must be reminded to put new activities in their lives as well as abstain from alcohol and other drugs. Recovery requires making life interesting and enjoyable with new recreational activities. Caution participants that not all new activities will immediately be fun, nor will all old hobbies and recreations seem the same without alcohol and other drugs. But regardless of how it feels, we need to proceed with trying new activities.

Optional Session Topic

Holidays and Recovery

■ HANDOUT 46

Holidays, particularly the Christmas–New Year season, can be difficult times. Insert this topic into the schedule at the end of the year or at other holidays that often entail substance use, such as the Fourth of July. Acknowledge the difficulty of these periods for newly recovering people in an outpatient setting, and help them brainstorm ideas for dealing with these times.

This session also deals with triggers regarding past criminal behaviors at holiday times. For many offenders holidays entailed both substance use and committing crimes.

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HANDOUTS: THUMBNAIL VIEWS

Handout 1

Handout 1 • Relapse Prevention Group

Alcohol, Marijuana, and Prescription Medicines

Many recovering offenders have trouble giving up *all* substances when they enter treatment. Why? Here are some of the reasons:

1. Triggers for alcohol use are everywhere. It is sometimes hard to do anything social without facing people who are drinking.

   Do you have friends who get together without drinking? If so, write their names here.

   ____
   ____
   ____

2. Many people use alcohol or marijuana in response to internal or emotional triggers. They seem to ease depression and anxiety. But it's a short term "solution." While the initial effects may be mood elevating, continued use often leads to more anxiety and depression.

   Does feeling a certain way make you want to have a drink or use pot? Explain.

   ____
   ____
   ____

3. Alcohol or marijuana use may not be viewed as serious problems compared to other drug problems. But when a person tries to stop and finds it very hard, it may be time to reevaluate the level of the problem.

   Have you been able to stop drinking or using pot since you entered treatment? Please explain.

   ____
   ____
   ____

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Handout 2

Handout 2 • Relapse Prevention Group

Alcohol and Criminal Behavior

Use of alcohol can be a major trigger for criminal behaviors. Many serious crimes are committed while the offender is intoxicated from alcohol. And it impacts other areas of life, too: in addition to DUIs, alcohol is significantly related to car accidents and injuries, domestic violence, other abuse and violence, thefts, burglaries, and crimes of public order.

1. Have you ever been charged with a criminal offense while under the influence of alcohol? Explain.

   ____
   ____
   ____
   ____
   ____

2. Have you ever committed an offense while under the influence of alcohol, but you weren't caught and charged? Explain.

   ____
   ____
   ____
   ____
   ____

3. How often was your drinking influenced by people involved in criminal behavior?

   ____
   ____
   ____

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Handout 3

Handout 3 • Relapse Prevention Group

Boredom

Often, recovering offenders who've given up substance use and their criminal lifestyle say life feels boring.

Some of the reasons for this feeling might be:

1. A structured, routine life feels different from an actively using or criminal lifestyle.
2. Brain chemical changes during recovery can make people feel flat (or bored).
3. Alcohol and other drug users often have huge emotional swings (high to low and back to high). Normal emotions can feel flat by comparison. These mood swings can also affect criminal thinking.

Recovering offenders with longer sobriety rarely complain of continual boredom, so these feelings do change. Meanwhile, there are some ways to help reduce this feeling. Check those that might work for you.

_____ 1. Review your recreational activity list. Have you started doing things that you enjoyed before using alcohol and other drugs? Have you begun new activities that interest you?

_____ 2. Can you plan something to look forward to? How long has it been since you've done something fun that didn't involve alcohol or other drugs?

_____ 3. Talk about this feeling with your significant other or close friend. Does he or she feel bored too? What suggestions might that person have?

_____ 4. Keep working on your daily scheduling. It helps you see where you can schedule in more interesting experiences, and it helps you keep your higher, "thinking brain" in control of your behaviors.

_____ 5. Do something challenging that will further your personal growth. Sometimes boredom results from not challenging yourself enough in your daily living.

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Handout 4

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What Works for Me—and What Doesn't?

Many recovering offenders have been in treatment before, maybe several times, either while incarcerated or as a condition of probation or parole supervision.

If this is true for you, maybe you were more successful in some treatment settings than others. Think back to those times. You probably noticed that when you did certain things that were beneficial to your recovery, you were less drawn to criminal activity.

1. How many times were you in treatment, and where?

   ____
   ____
   ____

2. Were you successful in prior treatments? What do you think worked for you?

   ____
   ____
   ____
   ____

3. What do you think was *not* helpful?

   ____
   ____
   ____
   ____

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HANDOUTS: THUMBNAIL VIEWS

Handout 5

Avoiding Relapse Drift

How It Happens

Relapse to substance use and criminal thinking does not suddenly occur. It does not happen without warning, and it does not happen quickly.

The gradual movement toward relapse, however, can be so subtle and so easily explained away or denied that often a relapse feels like it happened suddenly. This slow movement away from sobriety can be compared to a ship gradually drifting away from where it was moored (anchored). The drifting movement can be so slow you don't even notice it.

Interrupting the Process

During recovery, each person does specific things that work to keep him or her sober. These "mooring lines" need to be clearly stated and listed in a very specific way so they are understandable and measurable. These are the ropes that hold your recovery in place and prevent the relapse drift from happening without being noticed.

Maintaining Recovery

Use the Mooring Lines Recovery Chart (handout 6) to list and track the things that are holding your recovery in place. Follow these guidelines when filling out the form:

1. Identify four or five *specific, measurable* things that are now helping you stay sober (for example, working out for twenty minutes, three times per week).
2. Include items such as exercise, therapist and group appointments, scheduling, spiritually based or community recovery meetings, and eating patterns.
3. Do not list attitudes. They are not as easy to measure as behaviors.
4. Note specific people or places that are known triggers and need to be avoided during recovery.

The checklist should be completed regularly (probably weekly). When two or more items cannot be checked, it means relapse drift is happening. Sometimes things loosen your mooring lines and support systems. A change in your schedule, illnesses, and holidays sometimes cannot be controlled. The mooring lines disappear. Many people relapse during these times. Use the chart to recognize when you are more likely to relapse and decide what to do to keep this from happening.

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Handout 6

Mooring Lines Recovery Chart

In becoming sober and giving up criminal thinking and activity, you've learned to adopt certain new behaviors—behaviors that work to keep you sober and promote a prosocial lifestyle.

It is too easy to accidentally drop one or more of these "mooring lines" and allow your recovery to drift toward relapse. Charting your new behaviors, and occasionally checking to make sure the lines are secure, can be very useful.

Use the chart below to list those activities that are very important to your continuing recovery. List any specific people or things you need to avoid. Then look back at your list regularly and check those items you are continuing to follow to stay anchored in your recovery.

Mooring Line Behaviors	Date (✓)	Date (✓)	Date (✓)	Date (✓)	Date (✓)
1.					
2.					
3.					
4.					
5.					
I Am Avoiding	**Date (✓)**	**Date (✓)**	**Date (✓)**	**Date (✓)**	**Date (✓)**
1.					
2.					
3.					
4.					
5.					

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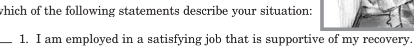
Handout 7

Work and Recovery

Check which of the following statements describe your situation:



_____ 1. I am employed in a satisfying job that is supportive of my recovery.

_____ 2. I am working in an unsatisfactory job and thinking of making a change.

_____ 3. I am working in a situation in which recovery will be difficult.

_____ 4. My work schedule has to be changed to make treatment work.

_____ 5. I am unemployed and need to find a job.

_____ 6. I am self-employed, which gives me the freedom to come and go as I want.

_____ 7. I am retired.

_____ 8. I'm having trouble finding a job because of my criminal background.

Recovering offenders in many of the above situations have to deal with certain problems that can make treatment more difficult. Some of the problems are outlined below; the numbers correspond to the list above.

1. This is the ideal situation.
2. It is a generally accepted fact that during recovery, major changes (in jobs, relationships, and other areas) should be delayed for six months to one year whenever possible. There are many reasons for this:
   a. People in recovery go through large changes psychologically and physically and sometimes change their views on personal situations.
   b. Any change is stressful, particularly life changes. Major changes should be avoided as much as possible during early recovery.
3. Some jobs lend themselves to recovery more easily than others. Jobs that *don't* mix well with outpatient treatment include the following:
   a. Situations in which it is necessary to be with other people who are drinking or using.
   b. Jobs that make large sums of cash available at unpredictable times.
4. Some jobs require long or unusual hours. Often, the very nature of the schedule has contributed to the substance use problem in the first place. The first task, if

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Handout 8

Work and Criminal Behavior

Many recovering offenders don't have much work experience: they preferred the criminal lifestyle to working a traditional job.

And their criminal history might have made it hard to find a job, too. To move out of a criminal lifestyle, you have to change how you think! You can build on the skills you have. You can find satisfying work as part of a stable, prosocial, substance-free lifestyle. But first, let's identify your past ideas about employment and start from there.

Which of the items below reflect attitudes or beliefs you've had about work and traditional employment? Check all that apply.

_____ Why should I work a job making minimum wage when I can sell drugs and make more money?

_____ All of my friends took things or sold drugs, so I did too.

_____ Stealing and selling things was easy money.

_____ I'd like to work, but I don't have transportation.

_____ I liked the rush of doing something and getting away with it.

_____ Normal work is boring.

_____ I don't have child care.

_____ I've never been able to hold down a regular job.

_____ People who work regular jobs are boring.

_____ My parents worked hard and never had anything. Why should I work like that when I can take the easy way out?

_____ If you want to have things in life, you have to take what you want.

_____ Work won't get me what I want.

_____ I don't think I can work a normal job.

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HANDOUTS: THUMBNAIL VIEWS

Handout 9

Handout 9 • Relapse Prevention Group

Why Do I Think This Way?

"Errors in thinking" are our automatic ways of thinking that influence how we feel and act. Some thinking errors can lead to continued criminal behaviors.

Check the thinking errors you have had in the past.

______ I'm a victim.

______ I'm better than everybody else.

______ I need to have power and control.

______ I'm not like everybody else.

______ I can't change.

______ I'm not accountable for anything.

______ Things are either black or white. Nothing is in between.

______ I made a mistake therefore I am a loser.

______ I'm boring or stupid.

______ I'm entitled to whatever I want.

______ I need to conceal who I really am.

______ Cheating can get me ahead quicker.

______ Others:

____

____

____

You can learn to interrupt and change these thoughts by:

- Stopping and taking a moment to consider your feelings and thoughts and the consequences of your actions.

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Handout 10

Handout 10 • Relapse Prevention Group

Guilt and Shame

Guilt is feeling bad about what you have done.
("I am sorry I spent so much time using/drinking, breaking the law, and not taking care of my family.")

* * *

Shame is feeling bad about who you are.
("I am hopeless and worthless.")

Guilt

What are some things you have done in the past that you feel guilty about? Think about both substance use and criminal behavior.

____

____

____

Feeling guilty is a healthy reaction. It often means you have done something that doesn't agree with your values and morals. It is not unusual for people to get into situations where they do things they feel guilty about. What is important is making peace with yourself. Sometimes that means making up for things you've said and done (making amends). Sometimes it means realizing you are feeling guilty unnecessarily.

Remember:

1. It's all right to make mistakes.
2. It's all right to say, "I don't know," "I don't understand," or "I'll get back to you later on that."
3. If you are acting responsibly, you might not feel guilty and may not need to explain yourself.

What can you do to decrease your guilt?

____

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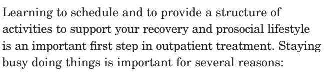
Handout 11

Handout 11 • Relapse Prevention Group

Staying Busy



Learning to schedule and to provide a structure of activities to support your recovery and prosocial lifestyle is an important first step in outpatient treatment. Staying busy doing things is important for several reasons:

1. Often, relapses and criminal impulses begin in the mind of a person who has nothing to do and nowhere to go. The addicted brain triggers the mind to begin thinking about past using or law-breaking. These thoughts can start the craving process.

   Has free time ever been a trigger for you? Explain.

   ____

   ____

   How could you respond to prevent relapse or criminal impulses if the trigger occurred again?

   ____

   ____

2. When alcohol and other drug use gets severe enough, the user will often begin to isolate. Being around other people may feel uncomfortable and annoying. Being alone results in fewer hassles. When people are thinking about criminal behavior, they may also isolate so others won't recognize the pattern of thinking and action.

   Did you isolate yourself when you used or thought about criminal activity? Explain.

   ____

   ____

   Does being alone now remind you of that experience? Explain.

   ____

   ____

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Handout 12

Handout 12 • Relapse Prevention Group

What's Important to Me?

What's important to you?

Think back especially to your life *before* your substance use and criminal lifestyle changed your priorities. What did you value, spend time on, and look forward to? You might think of family, friends, work, sports, and hobbies. These are some of the things that motivate us—things we think about often.

Inside this picture of a head, write down some of the things that are important to you.

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HANDOUTS: THUMBNAIL VIEWS

Handout 13

Motivation for Recovery

Ask any offenders starting recovery *why* they want to stop substance use and criminal behavior right now, and you will get many different answers:

"I was arrested, and it's either this or jail."

* * *

"My wife says if I don't stop, we are finished."

* * *

"Last time I used, I thought I was going to die; I know I will if I use again."

* * *

"They are going to take my children from me unless I stop."

* * *

"My probation/parole officer said I have to come here or go to jail."

* * *

"I've been drinking for twenty years now; it's time to change."

Which of the people quoted above are most likely to be successful in recovery? It seems logical to think that people who want to change for themselves, and not because someone else wants them to, are more likely to do well in treatment. However, that may not be true. Research shows that the reasons people stop using have little bearing on whether they will be able to successfully maintain a lifestyle free of substances and criminal activity.

What does make a difference is whether they can stay free of alcohol and other drugs long enough to appreciate the benefits of a different lifestyle. Over time, most people's lives start to improve in recovery. When debts are not overwhelming, when relationships are rewarding, when work is going well, and when health is good, the recovering person *wants* to stay substance-free.

Fear may get people into treatment, but fear alone is not enough to keep them in recovery.

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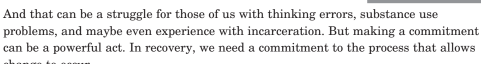
Handout 14

Commitment



Making a commitment means being accountable.

And that can be a struggle for those of us with thinking errors, substance use problems, and maybe even experience with incarceration. But making a commitment can be a powerful act. In recovery, we need a commitment to the process that allows change to occur.

Have you ever fully committed to anything in your life? If so, what?

____
____
____
____

If so, how successful are you/were you in your commitment?

____
____
____
____

What are some other examples of commitment in your life, either now or in the past?

____
____
____
____
____
____

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Handout 15

Truthfulness

During Addiction

Not being truthful is almost always part of addiction and criminal behavior. It may be very hard to meet the demands of daily living (in relationships, in families, in jobs, and so on) and also use substances regularly. And criminal behavior also makes it impossible to be truthful. As the substance use disorder progresses, so does the time spent getting the substance, using, and covering up for it. It gets harder and harder to keep everything going smoothly, and people with substance use disorders often find themselves doing and saying whatever is necessary to avoid problems. Truthfulness is not always a consideration.

In what ways were you less than truthful when you were using substances and involved in a criminal lifestyle?

____
____
____

During Recovery

Being honest with yourself and with others during the recovery process is critically important. Sometimes being truthful is very difficult:

- You may not seem to be a "nice" person if you tell people what you've done.
- Your therapist or group members may be unhappy with your behavior.
- You may be embarrassed.
- Other people's feelings may be hurt.

Trying to be in recovery without being truthful can make you feel crazy. It can make everything you are doing seem like a waste of time.

Has truthfulness been difficult for you in recovery? Explain.

____
____
____

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Handout 16

Total Abstinence

Have you ever found yourself saying any of the following?

"Having one beer (or glass of wine) is not really drinking."

"I am just going to take this one drug one time. No one will ever notice."

"I only drink when I choose to—my drinking is not out of control."

"I don't really care about alcohol. I only drink to be sociable."

"My problem is my drug use. Alcohol (or pot) is not really a problem for me."

If you entered this treatment program to stop using one specific drug, you may have wondered why you were asked to sign an agreement stating your willingness to also stop using other substances too. There are many reasons total abstinence is a necessary goal for recovering people. Here are a few of them:

- Follow-up studies show that stimulant users are eight times more likely to relapse to stimulants if they continue using alcohol and three times more likely to relapse if they use marijuana. This applies to even moderate use of alcohol. You can greatly reduce your chances of relapsing by maintaining total abstinence.
- Places and people associated with drinking are often the very same places and people that are triggers for drug use.
- When you're learning to handle problems without resorting to alcohol or other drug use, the learning process as you develop new coping skills may initially feel uncomfortable. But using substances to ease this discomfort may:
  1. Block your chance to practice coping without running away.
  2. Put you at risk for becoming addicted to alcohol or secondary drugs.
  3. Set back the healing of your brain.
- As one patient said, "When I invite one friend over (alcohol), they all want to come to the party."

• • •

Remember: You are committing to be free of alcohol and other drugs. If it's more difficult than you expected, maybe you are more addicted than you thought.

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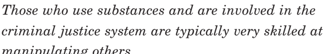
HANDOUTS: THUMBNAIL VIEWS

Handout 17

Handout 17 • Relapse Prevention Group

Manipulation and Recovery



Those who use substances and are involved in the criminal justice system are typically very skilled at manipulating others.

Manipulation can become a "survival skill." Even in recovery, some of us may reflexively use those skills to control people and situations, even when it's not necessary to do so. Let's look at some of those old manipulative habits and how we can start breaking them.

Which of the following have you used to manipulate those around you? Check all that apply to you.

_____ Shifting blame when things get uncomfortable

_____ Using anger to control others

_____ Making others feel intimidated

_____ Making others confused so you can cloud the issues at hand

_____ Deliberately embarrassing others to get the focus off you

_____ Claiming to not pay attention so you can get someone off track

_____ Refusing to do something when asked

_____ Flexing your muscles so others can see how strong you are

_____ Threatening others

_____ Staring at people to intimidate them

_____ Getting others into trouble to avoid getting into trouble yourself

_____ Saying whatever people want to hear

_____ Blackmailing someone to get what you want

_____ Refusing to communicate at all

_____ Overstating something about yourself, trying to make others see you differently than you really are

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Handout 18

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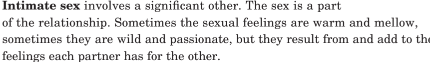
Sex and Recovery

Sexual activities can be divided into two categories:



Intimate sex involves a significant other. The sex is a part of the relationship. Sometimes the sexual feelings are warm and mellow, sometimes they are wild and passionate, but they result from and add to the feelings each partner has for the other.

Impulsive sex can become a compulsive behavior. It can be used and abused in the same way substances are used and abused. It is possible to become addicted to impulsive sex. In this type of sexual activity the other partner is usually irrelevant. The partner is merely a vehicle for the resulting high. There is often little, if any, relationship involvement. This type of sexual behavior can become damaging to all parties involved. Sometimes there is not another person involved at all. For many people Internet sex is an addiction in and of itself and is often linked to alcohol or other drug use.

1. Are you familiar with these two kinds of sex? Explain.

____

____

2. How is (or was) impulsive sex linked to your substance use or criminal activity?

____

____

3. Have you ever had a healthy, intimate sexual relationship? Explain.

____

____

...

Impulsive sex is typically not part of a healthy recovering lifestyle. It can be the first step in the relapse process. Like secondary alcohol or other drug use, impulsive sex can trigger a relapse and result in the continued use of substances.

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Handout 19

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The Rush of Risky Behaviors

For many substance-using offenders, criminal activity isn't just a way to get valuables or money. It also provides the gratification, rush, and excitement of taking a risk and getting away with something.

List the crimes you've been convicted of:

____

____

List the crimes you got away with:

____

____

What were your emotions while you committed those crimes? And afterward?

____

____

Just as you have triggers for substance use, there are feelings that can also be triggers for criminal behaviors. When a person commits a crime and gets a rush, the brain is responding as it would to alcohol or another drug: it gives an intense feeling of reward. It's a similar feeling to a drug rush, but in the end, it's a false reward. That's why avoiding criminal behavior triggers is just as important as avoiding substance-use triggers.

What is your plan to avoid these triggers?

____

____

____

...

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Handout 20

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Relapse Prevention

Why Is Relapse Prevention Important?
Recovery is more than not using substances.
The first major step in treatment is stopping alcohol and other drug use.
The next step is not starting again. This is very important, and the process for doing this step is called relapse prevention. A significant goal of treatment in the Matrix Model is learning relapse prevention skills.

What Is Relapse?
Relapse is going back to alcohol or other drug use and to all the behaviors and patterns that go with that. **Often the behaviors and patterns return before the actual substance use.** Learning to recognize the beginning of a relapse can help the recovering person stop the process before actual use begins.

The choice is explained in the chart on the right.

Addiction
↓
Treatment
↓
Sobriety
↓
Substance-using behaviors
Relapse justification thoughts
Emotional buildup
↙ ↘
Relapse prevention | No relapse prevention
↓ ↓

What Are Substance Using Behaviors?
The things people do as part of alcohol or other drug use are often called using behaviors. Often, these are things the actively using person does to get alcohol or other drugs, to cover up drinking or using, or as part of the use. Lying, stealing, being unreliable, and acting compulsively are some of the types of using behaviors. Describe what your using behaviors were:

____

____

____

____

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HANDOUTS: THUMBNAIL VIEWS

Handout 21

Handout 21 • Relapse Prevention Group

Trust

1. Have alcohol or other drugs affected the trust between you and people you care about? Explain.

____

____

____

2. Has your criminal activity affected the trust between you and the people you care about? Explain.

____

____

____

3. Does someone's mistrust ever make you feel like using? ("If you are going to treat me like I'm using, I might as well use.") Explain.

____

____

Actively using, addicted people often have trouble keeping open, honest, relationships—even with people important to them. Things are said and done that destroy the trust and damage relationships. The alcohol or other drug use can become as important or more important to the user than other people.

When the use stops, the trust usually does not return right away. One or both people may want the trust back, but trust is a feeling, and people cannot make feelings happen. It takes time for feelings to change. To trust means to feel certain you can rely on someone or something. People cannot be certain just because they want to be. Only time and continued sobriety can make the difference.

• • •

Recovery is a long process. Learning to trust again is part of that process. It may be one of the last changes to occur.

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Handout 22

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Be Smart, Not Strong

"I can be around alcohol or other drugs. I am certain I don't want to use, and once I make up my mind, I'm very strong."

* * *

"It's all right to steal just this once. I deserve it."

* * *

"I have been doing well, and I think it's time to test myself and see if I can be around friends who are using. It's just a matter of willpower."

* * *

"I can use, and it won't make me think about criminal activity."

* * *

"I think I can have a drink and not use drugs. I never had a problem with alcohol anyway."

Staying free of alcohol and other drugs takes more than just strength or will power. People who maintain abstinence do it by being smart. They know the key is to keep far away from relapse situations. The closer you get to substances, the more likely a relapse becomes. If alcohol or other drugs appear unexpectedly and you are close to them and/or to friends who are drinking and using, your chances of using are much greater than if you weren't in that situation. Smart people stay sober by avoiding triggers.

DON'T BE STRONG. BE SMART.

How smart are you being? Rate how well you are doing in avoiding relapse:

	POOR	FAIR	GOOD	EXCELLENT
1. Practicing thought stopping	1	2	3	4
2. Scheduling	1	2	3	4
3. Keeping appointments	1	2	3	4
4. Avoiding triggers for substance use	1	2	3	4
5. Not using alcohol	1	2	3	4
6. Not using other drugs	1	2	3	4
7. Avoiding alcohol and other drug users	1	2	3	4
8. Avoiding places with alcohol and other drugs	1	2	3	4
9. Exercising	1	2	3	4
10. Choosing healthy eating habits	1	2	3	4
11. Being truthful	1	2	3	4
12. Going to Twelve Step or other recovery support meetings	1	2	3	4

Total Recovery IQ _______________________

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Handout 23

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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

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?

____

____

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Handout 24

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Taking Care of Business and Managing Money

Maintaining an actively using criminal lifestyle usually takes lots of time and energy. There may be very little time or thought given to normal responsibilities during a period of substance use and crime.

Taking Care of Business

When recovery begins, forgotten and neglected responsibilities may come flooding back. It is sometimes overwhelming to think about all the things that need to be done. It can also feel frustrating and time-consuming to catch up on so many responsibilities. It's even harder with a criminal history, often related to stealing, dealing drugs, or finding other ways to gain financially.

Where do you stand with regard to taking care of your business? Think about these questions:

1. Do you have outstanding traffic tickets?
2. Have you filed all your tax returns to date?
3. Are there unpaid bills you need to make arrangements to pay?
4. What repair and maintenance needs of your house or apartment are necessary?
5. Does your car need to be serviced or repaired?
6. Do you have adequate insurance—health, home, and car?
7. Do you have a checking account or some way to manage your finances?
8. Are you handling daily living chores (such as grocery shopping, laundry, and cleaning)?
9. Do you have probation or parole fees?
10. Do you have court fees?

If you try to do all this at once, you may feel overwhelmed and hopeless—and that can lead to relapse. Choose one or two items each week and focus on clearing up one area at a time. Dealing with these issues will help you regain a sense of control over your life.

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HANDOUTS: THUMBNAIL VIEWS

Handout 25

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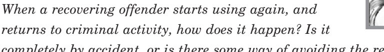

Relapse Justification I

When a recovering offender starts using again, and returns to criminal activity, how does it happen? Is it completely by accident, or is there some way of avoiding the relapse?

Relapse justification is a process that happens in people's minds. If a decision has been made to stop using and to stop criminal activities, the game gets tricky if the addictive process in the brain still has strength. The addicted brain may invent excuses that move the person close enough to relapse situations so that accidents can and do happen. You may remember times when you were planning to stay substance-free and crime-free, but you let that justification process take hold in your brain. And soon you were relapsing.

Use the questions below to help you identify some justifications your brain might use. You can then interrupt the relapse process.

Accidents or Other People's Influence

Does your addicted brain ever try to convince you that you have no choice or that an unexpected situation caught you off guard? Have you ever said one of the following statements to yourself?

- It was offered to me. What could I do?
- An old friend called, and we decided to get together and then...
- I was cleaning my apartment and found drugs I'd forgotten about.
- I had friends come for dinner, and they brought alcohol with them.
- I was in a bar, and someone offered me a beer.
- I needed to steal just this one time to pay off my bills.
- Other ___________________________

Catastrophic Events

Is there one unlikely, major event that is the *only* reason you would use? What might such an event be for you? How would using substances or re-offending improve the situation?

- My spouse left me. There's no reason to stay sober now.
- I just got injured. It's ruined all of my plans. I might as well use.
- I just lost my job. Why not use?
- Other ____

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Handout 26

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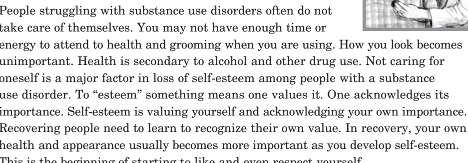

Taking Care of Yourself

People struggling with substance use disorders often do not take care of themselves. You may not have enough time or energy to attend to health and grooming when you are using. How you look becomes unimportant. Health is secondary to alcohol and other drug use. Not caring for oneself is a major factor in loss of self-esteem among people with a substance use disorder. To "esteem" something means one values it. One acknowledges its importance. Self-esteem is valuing yourself and acknowledging your own importance. Recovering people need to learn to recognize their own value. In recovery, your own health and appearance usually becomes more important as you develop self-esteem. This is the beginning of starting to like and even respect yourself.

If you've been incarcerated, you may have had your medical needs taken care of. In the free world, that's your own responsibility. Ask yourself these questions. Attending to these areas will likely strengthen your image of yourself as a healthy, substance-free, recovering person:

1. Have you seen a doctor for a thorough checkup?
2. When is the last time you went to the dentist?
3. Have you considered getting a "new look" the next time you cut your hair?
4. Are you paying attention to what you are eating? Is it too much, too little, or of adequate nutritional value?
5. Do you still wear the same clothes you wore during your using episodes?
6. Do you need to have your vision or hearing checked?
7. What exercise do you do regularly?
8. Is your caffeine or nicotine intake out of control?

If addressing all these things at once is too overwhelming, work on one or two items each week. Decide which are the most important and do them first. As you look and feel better, the strength and the pleasure of your recovery will grow.

The first thing I need to do to take care of myself is:

____

____

____

• • •

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Handout 27

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Dangerous Emotions

For many people, certain emotional states (internal triggers) are "red flag" feelings. They're often viewed by people in recovery as "the reason I use."

Many people—including recovering offenders—feel they'd never relapse if they never felt lonely, angry, anxious, or deprived. These emotional triggers often lead to automatic use or criminal activity. However it is not realistic or even healthy for human beings to suppress strong emotions. We are, after all, emotional creatures by nature. So the challenge for many in recovery becomes when we have strong emotions, how do we cope with them in healthy, appropriate ways, to avoid relapsing?

The most common negative emotional (internal) triggers are the following:

Loneliness: It is difficult to give up friends and activities that are or were part of a using or criminal lifestyle. It is often necessary for people in recovery to avoid certain using friends or relatives at least temporarily. Adding to this, often, nonusing friends and family members are not ready to get together again with the recovering person. Too much damage has been done as a result of the using and they are not ready to risk getting back into the relationship just yet. The resulting feelings of loneliness can become a driving force that moves the person in recovery back to using.

Anger: The intense irritability experienced in the early stages of recovery can result in floods of anger that are, for many people, instantly triggering. The rage comes directly from the limbic area—the lower, more primitive brain. Once a person is in that frame of mind, it can be a short trip to alcohol or other drug use and probably a longer trip back to a rational, thinking state of mind.

Deprivation: Becoming substance free with a prosocial lifestyle is a real accomplishment. Usually, recovering people feel very good and proud about what they have been able to do. Recovery is a positive thing. But in some situations, recovering people might feel they're giving up "good times and good things." Recovery can begin to feel like a negative thing. It can become a life sentence, something to be endured, instead of a positive thing. These types of feelings can quickly lead to relapse.

Other Emotions: Other common emotions that can threaten recovery are anxiety, self-loathing, depression, and even exuberance and elation.

It is important to be aware of these "red flag" (warning) emotions. Being flooded with these powerful emotions may cause you to be swept rapidly toward relapsing.

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Handout 28

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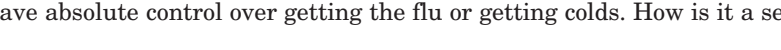

Illness

Getting sick is often a setup for relapse. "How can that be?" you might wonder. "It's not my fault that I got sick. I don't have absolute control over getting the flu or getting colds. How is it a setup?"

There are a number of ways that people can be less than healthy:

- Getting a cold, the flu, or some other infection
- Having serious dental work done
- Having surgery
- Experiencing severe PMS or premenstrual cramping

These situations and others like them may make you weaker than normal. When you are physically weaker, you also have less mental strength. Recovering from a substance use disorder and avoiding criminal thinking require a good deal of mental energy.

What are some of the things that happen when you are ill and have less energy?

- Treatment sessions may be canceled.
- AA, CA, or NA meetings, or other community support group meetings may be missed.
- Exercising may stop or it may become more difficult to do.
- You may start taking a medication, and abusing it is possible.

Imagine if all these things happened at once for any length of time, even if you were feeling strong.

As a result of the above, many people report that when they are ill:

- It is difficult to cope with hours or days of free time now that the illness has interrupted many familiar recovery habits (or "mooring lines").
- The lack of structure during the illness may become a trigger.
- Being in bed and not feeling well reminds them of "after-using time," or feeling "hung over."
- Being alone and feeling lonely and isolated for long periods of time may be a trigger.

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HANDOUTS: THUMBNAIL VIEWS

Handout 29

Handout 29 • Relapse Prevention Group

Recognizing and Dealing with Stress

Stress is what a person experiences as the result of difficult or upsetting events, particularly those that continue for a period of time and feel like they will never end.

Stress is the experience people have when the demands they make of themselves or those placed upon them are greater than what they feel they can handle. Sometimes we are unaware of this emotional state until the stress causes us to experience physical symptoms. Severe stress that feels constant is dangerous for all human beings and can cause physical and psychological damage. For people in recovery this can be a major relapse factor.

Check any of the following problems you have experienced in the past thirty days:

______ Sleep problems
- Difficulty falling asleep
- Waking up off and on during the night
- Having nightmares
- Waking up early and being unable to fall back to sleep

______ Headaches

______ Stomach problems

______ Chronic illness

______ Fatigue

______ Moodiness

______ Irritability

______ Difficulty concentrating

______ General dissatisfaction with life

______ Feeling overwhelmed

If you have checked two or more of these items, you need to think about reducing stress immediately.

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Handout 30

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Relapse Justification II

When a recovering offender starts using again, and returns to criminal activity, how does it happen? Is it completely by accident, or is there some way of avoiding the relapse?

Relapse justification is a process that happens in people's minds. If a decision has been made to stop using and to stop criminal activities, the game gets tricky if the addictive process in the brain still has strength. The addicted brain may invent excuses that move the person close enough to relapse situations so that accidents can and do happen. You may remember times when you were planning to stay substance-free and crime-free, but you let that justification process take hold in your brain. And soon you were relapsing.

Use the questions below to help you identify some justifications the addicted brain might use. You can then interrupt the relapse process.

Addiction Is Cured
Does your lower, addicted brain ever try to convince you that you can use just once or use just a little?
- I'm back in control. I'll be able to stop when I want to.
- I've learned I'll only use small amounts and only once in a while.
- Alcohol or this particular other drug was not my problem—so I can safely use it and not relapse.
- Other ______________________________

Testing Yourself
Would your addicted brain like to prove you can be stronger than alcohol or other drugs? It's very easy to forget that being smart, not being strong, is the key to staying sober. Have you ever had any of the following thoughts?
- I'm strong enough to be around alcohol and other drugs now.
- I want to see if I can say no to drinking and using.
- I want to see if I can be around my old using friends.
- I want to see if I can be around my criminal buddies and not go back to committing offenses.
- I want to see how alcohol or other drugs feel now that I've stopped.
- Other __________________________

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Handout 31

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Living a Less Stressful Life

The following questions should be answered as honestly as possible to help identify which parts of your daily living are most stressful. Take steps to correct these problems, and you may be able to reduce much of the stress in your life.

1. Your time, energy, and money are all extremely important in having a balanced life. Are you investing them in ways that you enjoy and that satisfy you?

   Yes _____ No _____

2. Focusing on the present means giving your attention to the task at hand without past and future fears crippling you. Are you usually able to stay in the here and now (the present)?

   Yes _____ No _____

3. Do you appreciate things like music, reading, nature, and personal relationships? (Instead of being overly focused on having money and things?)

   Yes _____ No _____

4. Are you trying to do things that increase your self-confidence?

   Yes _____ No _____

5. Do you tackle large goals by breaking them into smaller, more manageable tasks?

   Yes _____ No _____

6. Are you making your environment as peaceful as possible?

   Yes _____ No _____

7. Can you and do you say "no" when that is how you really feel?

   Yes _____ No _____

8. Do you know how to use self-relaxation techniques to relax your body, and do you allow time in your day to do them?

   Yes _____ No _____

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Handout 32

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Managing Anger

Anger is an emotion that leads many recovering offenders to relapse and re-engage in criminal activity. This is particularly true early in treatment. Anger is often felt as a slow, building process during which you may think about the people and events that produced the anger. Sometimes it feels like the issues causing the anger are the only important things in life. Often, a sense of victimization accompanies the anger. "Why do I get all the bad breaks?" "How come she doesn't understand my needs?" "Why won't he just do what I want him to do?"

1. Does any of this seem familiar to you? Explain.

   ____

   ____

   ____

2. How do you recognize when you get angry? (How or where do you feel or notice it?)

   ____

   ____

   ____

3. How do you express anger?
   - Do you hold it in and eventually explode?
   - Do you become sarcastic or passive-aggressive?
   - Do you act out with criminal behavior?

   ____

   ____

   ____

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HANDOUTS: THUMBNAIL VIEWS

Handout 33

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Anger and My Criminal Behavior

Anger itself can be a normal, appropriate emotion. The question is, how do we deal with it? Learning how to deal with anger in a healthy way is the challenge. Anger often factors into a person's substance use, and it's also a big factor in criminal behavior. Many offenders who use substances have been charged with offenses like domestic violence, battery, assault, and others.

Which of the following reflects your feelings, beliefs, or attitudes now or in the past?

_____ I was treated unfairly, and I had to stand up for myself.

_____ I'm different from other people. They just don't understand me.

_____ I tried to talk it out, but they wouldn't listen to me.

_____ I served my time and still can't catch a break. Why should I try?

_____ Every time I try to talk to others when I get mad, they cut me off. But I can get their attention when I use force and aggression.

_____ When I am using substances I have anger outbursts.

_____ The system is out to get me.

_____ I never thought I would get caught.

_____ I never intended to hurt anybody. I just saw red and couldn't help it.

A person can feel angry in any of these situations—and might even feel like returning to criminal activity.

When you try to talk to others about your anger, do you feel they understand what you're saying? Explain.

____

____

____

____

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Handout 34

Handout 34 • Relapse Prevention Group

Acceptance

Overcoming addiction and criminal behavior requires that you recognize the power of addiction, see how it has affected your criminal thinking, and accept the personal limitations that occur as a result of it. Many people feel such acceptance when they enter treatment. But entering treatment is just the *first* act of acceptance. It cannot be the *only* one.

One of the biggest problems in staying substance free, and one of the major reasons for what is called "white-knuckle sobriety," is the refusal to "let go" and accept that a human being has limits. Accepting a substance use disorder is not a statement of weakness. Does having diabetes or a heart condition mean you are a weak person?

Accepting the idea that you are an offender with a substance use disorder does not mean you cannot control your life. It means there are some things you cannot control, and one of them is the use of alcohol and other drugs. If you keep trying to control the addiction, you give it more power.

There is a paradox in this recovery process. People who accept the reality of addiction to the greatest degree benefit the most in recovery. Those who don't fight with the idea of quitting are the ones who win the fight. The only way to win this fight is to surrender. If you continue to fight, the addiction will bring you to your knees. The longer you fight, the further you get brought down. Most professionals who work in the field of substance use disorders and most people with long-term recovery agree that the route of total abstinence is the safest road to take.

You do not need to "hit bottom" to begin recovery.
Some "bottoms" cause issues that may never be resolved.
Don't wait to "hit bottom" before you really try to stop.

1. I have a substance use disorder. Yes _____ No _____
2. I hope someday I can use and drink again. Yes _____ No _____
3. I need to work on:

____

____

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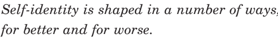
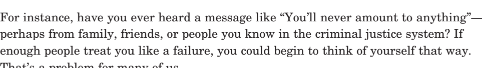
Handout 35

Handout 35 • Relapse Prevention Group

Learning to Like Yourself



Self-identity is shaped in a number of ways, for better and for worse.



For instance, have you ever heard a message like "You'll never amount to anything"—perhaps from family, friends, or people you know in the criminal justice system? If enough people treat you like a failure, you could begin to think of yourself that way. That's a problem for many of us.

But in recovery, as you leave criminal behavior and substance use behind, you can start to see yourself in a more positive way—as a person with good qualities, skills, and other assets. Learning to like yourself will help in your recovery and your new pro-social lifestyle. Taking a personal inventory is part of the process. You can build on your strengths and start to work on your weaknesses. But you can't change what you don't know about. Below are some ways to help identify possible self-identity issues:

Who are you?

1. Before you were involved in criminal behaviors and substance use, how did you feel about yourself?

____

____

2. How did other offenders view you (in jail, prison, or other criminal justice settings)?

____

____

3. How do you view yourself now?

____

____

4. Did you engage in criminal activity to try to belong and have friends?

____

____

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Handout 36

Handout 36 • Relapse Prevention Group

Making New Friends

A blessed thing it is for any man or woman to have a friend,
one human soul whom we can trust utterly,
who knows the best and worst of us,
and who loves us in spite of our faults.
— Anonymous

Healthy relationships are extremely important to the recovery process. Friends and family are mirrors that may reflect who we are. It has been said, "You will become like those people with whom you spend your time." Use the following questions to help you think about your friendships:

1. Do you have any friends like the one described in the poem above? If yes, who are they?

____

____

____

2. Have you become like the people around you? Explain.

____

____

3. What is the difference between a friend and an acquaintance?

____

____

4. Where can you make some new acquaintances that might become friends?

____

____

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HANDOUTS: THUMBNAIL VIEWS

Handout 37

Handout 37 • Relapse Prevention Group

Challenges in My Living Situation

It can be challenging to find yourself back in an environment with past using friends and criminal partners nearby.

For example, some recovering offenders may have to return to situations that involve unavoidable contact with gangs. Often there are no immediate alternatives to living in these risky situations, so it's critical to be aware of the risk and have an "escape plan" just in case. Think ahead to identify problems, plan how you'll handle them, and use your supports.

1. In your current living situation, are there challenges or triggers related to alcohol or other drug use? What are they?

___

___

___

2. What people are in or around your living situation who could cause you problems with substance use or your criminal behaviors?

___

___

___

3. Is your current living situation the site of some of your past criminal behavior or substance use?

___

___

___

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Handout 38

Handout 38 • Relapse Prevention Group

Repairing Relationships

During the course of criminal activity and an untreated substance use disorder, it is not unusual for other people to get hurt. Because actively using people often can't take care of themselves, they usually can't take care of others, either.

In recovery, it is often helpful to think about who you have hurt during your substance use and whether you need to do anything or say anything to repair the relationships that are most important to you. In Twelve Step programs, this process is called "making amends" and is usually not attempted until a person is stable in recovery.

1. What are some of the past behaviors you might want to make amends for?

___

___

___

___

2. Are there things you neglected to do or say that need amending?

___

___

___

___

3. How are you planning to go about making these amends?

___

___

___

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Handout 39

Handout 39 • Relapse Prevention Group

Serenity Prayer

God, grant me the serenity
To accept the things I cannot change,
The courage to change the things I can,
And the wisdom to know the difference.

Whether you view this as a prayer or simply advice, it conveys a useful message.

1. What does it mean to you?

___

___

2. What do you know you cannot change?

___

___

3. What have you changed already?

___

___

4. What things have you tried to change that may be unchangeable?

___

___

...

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Handout 40

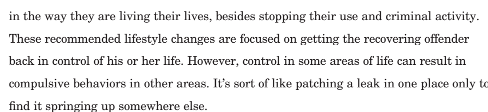
Handout 40 • Relapse Prevention Group

Compulsive Behavior

Most offenders enter treatment because they were mandated to do so. They are told recovery requires making other changes in the way they are living their lives, besides stopping their use and criminal activity. These recommended lifestyle changes are focused on getting the recovering offender back in control of his or her life. However, control in some areas of life can result in compulsive behaviors in other areas. It's sort of like patching a leak in one place only to find it springing up somewhere else.

1. Have you noticed yourself behaving compulsively in any of the following ways? Check all that apply to you.

_____ Working all the time
_____ Using prescription medications inappropriately
_____ Abusing other illicit drugs
_____ Drinking too much caffeine
_____ Smoking
_____ Stealing things
_____ Excessively eating foods high in sugar
_____ Exercising to the point of physical injury or complete depletion
_____ Gambling
_____ Spending too much money
_____ Spending too much time on the Internet
_____ Playing video/computer games excessively
_____ Engaging in compulsive sexual activities with others or oneself
_____ Other ___



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HANDOUTS: THUMBNAIL VIEWS

Handout 41

Handout 41 • Relapse Prevention Group

Dealing with Feelings and Depression

Feelings

Can you recognize your feelings?
Sometimes people don't allow themselves to have certain emotions (for example, they think feeling angry is not all right, or feeling good means trouble is coming). When you mislabel emotions (saying "I am upset" but meaning "I am depressed" or "I am afraid"), it gets harder to cope with the uncomfortable feelings.

Are you aware of outward signs of certain feelings?
Maybe you get an upset stomach when you are anxious, or you bite your fingernails when you are stressed, or you yell when you are angry. Think about several emotions that trouble you. Identify how they show physically, what you say to yourself when you're expressing them, and how you behave in response to them.

Can you identify the cause of the feelings?
Emotions can be caused by external events. They can also be caused by internal (emotional) messages. If you believe you should not feel angry, for instance, you might deny the anger, and the feeling will build up inside you. If you find yourself blaming others for how you feel, you need to recognize that *you* decide what you allow yourself to feel, and others cannot make you feel any certain way. Be aware of feelings that might be primarily physiological, such as PMS, biological depression, or the Wall.

How do you cope with your feelings now?
Another way of determining how you cope is to look at how your feelings affect you and others around you. For instance, do your constant feelings of anger or depression interfere with your relationships with others? Do people avoid dealing with you, try to keep you from getting upset, or try to make you feel better? Focus on one or two emotions you need to learn to cope with better.

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Handout 42

Handout 42 • Relapse Prevention Group

Twelve Step Programs
(or Other Spiritual Groups)

What is AA?
Alcoholics Anonymous (AA) is a worldwide organization that has been in existence since 1935. AA holds free, open meetings throughout the day and evening, seven days per week, to help people who want to stop being controlled by a substance use disorder. In rural settings there may be fewer meetings available than in large urban areas. In some countries, there are very few or no AA meetings. In these cases, you may want to look for online groups.

Are these meetings like treatment?
No. They are groups of recovering people helping each other stay sober.

Does a person need to enroll or make an appointment?
No, just show up. Times and places of meetings may be available in your treatment program, by looking up AA online, or by calling your local AA service office directly.

What are CA and NA?
CA stands for Cocaine Anonymous and NA for Narcotics Anonymous. There are also Gamblers Anonymous, Pills Anonymous, Marijuana Anonymous, Crystal Meth Anonymous, Overeaters Anonymous, Emotions Anonymous, and more. These groups are similar, although the specific focus may differ.

Spin-off support groups that use the Twelve Steps include Al-Anon (for people who are in a relationship with someone who has a substance use disorder), Adult Children of Alcoholics (ACA), Codependents Anonymous (CODA), and Adult Children of Dysfunctional Families. Often people go to more than one type of group. Most people "shop around" for the type of group and the specific meetings they find most comfortable, relevant, and useful.

What are the Twelve Steps?
The basis of the self-help groups are the Twelve Steps. These are beliefs and activities designed to provide a program for sobriety. There is a strong spiritual aspect to both the Steps and Twelve Step programs.

What if a person is not particularly religious?
One can benefit from Twelve Step programs without being religious or without working the Twelve Steps, and many people in Twelve Step programs fall into the nonreligious category. These people think of the Higher Power in the Steps as a bigger frame of reference or a bigger source of knowledge, and not necessarily as "God."

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Handout 43

Handout 43 • Relapse Prevention Group

Looking Forward: Dealing with Downtime

Structure is important. Scheduling is important.
Balance is important. Downtime is important.

So you're making it work. Recovery is working because you're working at it. Now what? Do you feel like something is missing? Do you feel like you need to take a break from the routine and get excited about something?

If you are in the Wall stage, you may not be able to feel much excitement about anything. Some of the flat feeling in recovery may be a result of one of the following factors:

- The body's recovery process prevents you from feeling strong feelings of any kind. This usually passes over time but it's tough while it lasts.
- Normal life feels less exciting than the using, criminal lifestyle.

There is a strategy people use to put a sense of anticipation and excitement into their lives. It is possible to plan certain things and to look forward to them. Some people think of this as building islands—islands of rest, recreation, or fun; islands to look forward to so the future doesn't seem so endless and routine. The islands don't need to be big, extravagant things. They can be things like:

- Going someplace you really want to see
- Taking a day off work
- Attending a baseball game
- Visiting relatives
- Going out to eat
- Renewing a safe friendship

The islands do need to be things you really look forward to doing. They also need to be spaced closely enough so that you don't get too stressed, tired, or bored in between, thereby threatening your recovery.

List some past islands:	What are some possible islands for you now?
____________________	____________________
____________________	____________________
____________________	____________________

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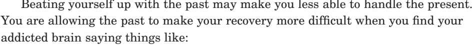
Handout 44

Handout 44 • Relapse Prevention Group

One Day at a Time

Recovering people do not usually relapse because they cannot handle one particular day or one particular situation. Any given day or any single event is usually manageable. Things may become unmanageable when the recovering person allows events from the past or fears of the future to upset the present.



Beating yourself up with the past may make you less able to handle the present. You are allowing the past to make your recovery more difficult when you find your addicted brain saying things like:

"I can never do anything right. I have always blown every opportunity."

"If I try to do something difficult, I will fail. I always do."

"I am always letting people down. I have always disappointed everyone."

"I'll never get sober."

1. Can you think of a recent situation in which you allowed the past to make the present more difficult? Explain.

   ____

   ____

Allowing what *might* happen to overwhelm you is projecting into the future. You cannot deal with the unknown. You can only deal with what is happening right now, today. You are filling yourself with fear when you begin telling yourself things like:

"Tomorrow something will happen to ruin this."

"That person is going to hate me for this."

"I will never be able to make it."

2. What are some things you tell yourself to produce fear of the future?

   ____

   ____

3. What are some other things you can tell yourself to bring you back to the present?

   ____

   ____

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HANDOUTS: THUMBNAIL VIEWS

Handout 45

Handout 45 • Relapse Prevention Group (Optional)

Recreational Activities

Read this list of suggested activities and interests and circle ones you might explore in the future:

Acting/dramatics	Fishing	Painting/drawing	Go to a gym
Art projects	Marksmanship	Volunteer work	Meditation
Singing	Photography	Camping	Pets
Archery	Flower arranging	Go to the park	Weight lifting
Designing clothes	Mechanics	Playing cards	Badminton
Jogging	Baseball/softball	Walking	Home decorating
Scuba diving/snorkeling	Flying/gliding	Go to lectures	Woodworking
Attending auctions	Metalwork	Playing a musical instrument	Scouts, PTA, coaching
Dining out	Tennis	Watching sports	Sailing
Judo/karate	Basketball	Carpentry	Wrestling
Squash/handball	Dancing	Golf	Civic organizations
Going to the theater	Model building	Political activities	Sculpture
Driving	Traveling	Watching TV	Writing poetry/songs
Kite flying	Bicycling	Ceramics/pottery	Collecting coins, antiques, etc.
Attending swap meets	Football	Reading	Horseback riding
Electronics	Boating	Waterskiing	Sewing
Knitting/crocheting	Billiards/pool	Checkers	Writing letters
Surfing	Motorcycling	Gymnastics	Staying in touch by email
Auto racing	Bird-watching	Religious activities	Cooking/baking
Swimming	Gardening	Weaving	Horseshoes
Auto repairing	Mountain climbing	Chess	Shuffleboard
Fencing	Visiting museums	Hiking	Crossword puzzles
Listening to music	Bowling	Roller-skating	Hunting
Table tennis/Ping-Pong	Go to garage/yard sales	Working with electronics	Ice-skating
Backpacking	Needlework	Yoga	Sightseeing
Computer games	Volleyball	Pilates	Jewelry making
E-mail	Boxing		Skiing
	Going to movies		

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Handout 46

Handout 46 • Relapse Prevention Group (Optional)

Holidays and Recovery

Holiday seasons are often a hard time for people in recovery.

Many things can happen to increase the risk of relapse. Review the list below and check the items that might cause problems for you and your recovery program during the holidays:

_____ More alcohol and other drugs at parties
_____ Money stress due to gift buying
_____ Increased stress due to heavier traffic
_____ Increased stress due to crowded shopping areas
_____ Interruption of normal routine
_____ Stopping exercise
_____ Stopping self-help, spiritual, or other recovery support meetings
_____ Stopping therapy or treatment
_____ Party atmosphere
_____ More (or no) contact with family
_____ Remembering past holidays when domestic violence occurred
_____ Opportunity to get quick money through criminal activities
_____ Increased emotions from holiday memories
_____ Increased anxiety regarding triggers and cravings
_____ Stress from not having time to meet responsibilities
_____ Dealing with New Year's Eve and other party occasions
_____ Extra free time with no structure
_____ Other ______________________________

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ABOVE AND BEYOND COUNSELING - HOUSTON, TX

THE MATRIX MODEL FOR
CRIMINAL JUSTICE SETTINGS

Family Education Group

ABOVE AND BEYOND COUNSELING - HOUSTON, TX

FAMILY EDUCATION GROUP

Weekly Family Education groups are part of the standardized protocols for outpatient treatment developed by Matrix Institute staff. These sessions provide participants and their families with evidence-based information about alcohol and other drugs and about the recovery process. All participants and family members should attend a Family Education group for twelve weeks. Because this is the one element of the program that regularly involves family members, the sessions are interactive, allowing the therapist to address the most pressing issues for both participants and their family.

Because this program is intended to be used in a wide variety of programs, such as correctional programs, re-entry, drug courts, jail programs, and outpatient programs that treat mandated populations, some settings may have to adapt the normal structure of the family education component. A common problem is that families may be in another part of the state or out-of-state, and the offender is incarcerated or located away from the family. For logistical reasons face-to-face family education may not be possible.

Many correctional programs have adapted family education by mailing the family education materials and having phone sessions with the offender and family members to go over the materials. Because many offenders have also disconnected with family members due to their substance use and criminal behaviors, family sessions may not be possible. Offenders are then asked to identify other appropriate support systems that can be included in the family education sessions. Those can be sober and prosocial friends, faith-based friends, or other relationships. The participant may have to develop new support systems that can be included in the family education sessions.

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In addition to the therapist's information and handouts, three video lectures accompany the Family Education sessions. Six other presentations are recommended, as well as three other discussion sessions. All of these materials provide:

- Basic alcohol and other drug information
- Information on family issues during alcohol and other drug use and in recovery
- Community resources available to participants and their families
- Information on what participants and family members can expect during the recovery process

Goals

The goals for the Family Education group are as follows:

1. Present accurate information about addiction, recovery, treatment, and resulting interpersonal family dynamics.
2. Teach, promote, and encourage healthy and appropriate individuating of the participant and family members in addictive relationships.
3. Provide an atmosphere that conveys the highest level of professionalism, where offenders and their families are treated with dignity and respect.
4. Allow participants and their families/support systems an opportunity to become comfortable in the treatment process.
5. Give participants and their family members/support systems a nonthreatening group experience with other recovering people and their families.
6. Provide a program component designed for offenders and their families/ support systems in which they can participate together.
7. Help participants understand how the recovery process may affect their relationships now and in the future.
8. Help offenders understand how past criminal behaviors and thinking have caused family problems.

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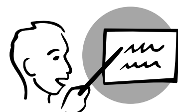
Format

Session Structure

- Sessions are scheduled weekly for the first twelve weeks.
- Each session lasts 90 minutes.
- Each session includes a video lecture, a presentation, or a discussion group.

Introducing the Family Education Group

The Family Education group meets weekly and consists of twelve sessions of informational material delivered in a variety of formats. These sessions of the Family Education group include:



Three video lectures: Authored by Matrix Institute Staff, these 35- to 45-minute lectures contain information enabling an understanding of the treatment process. All participants and family members should see all three videos. (A hard copy of the video lecture material is provided in handouts for participants and family members.) These three video lectures are included with the Matrix Model program:

- *Triggers and Cravings*
- *Road Map for Recovery*
- *Families in Recovery*

Six presentation sessions are recommended, utilizing staff presenters or outside speakers. Topics should be chosen to address issues relevant to the populations being treated. The Guide to Session Implementation (page 131) summarizes possible presentation topics.

Feel free to substitute videos or other materials specific to your group. For example, if you are working with an LGBTQ or a Hispanic population, you may want to choose videos or discussion topics relevant to their needs.

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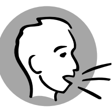

Three discussion group sessions: These should be included for all participants.

- *The AA/Matrix Model Panel:* Moderated by the therapist, this session includes introductions of all present, a presentation by each panelist (graduates or their family members) followed by a question-and-answer period, group discussion, and a wrap-up by the therapist. Handouts and panelist guidelines are available.
- *Avoiding/Coping with Relapse:* The therapist gives a 10- to 15-minute presentation on this topic, using handouts, then facilitates a discussion.
- *Living with an Addiction:* As above, the therapist gives a 10- to 15-minute presentation on this topic, using handouts, then facilitates a discussion.

One group session (AA/Matrix Model Panel) is a panel presentation with handouts. The format for the panel presentation consists of (1) introductions of all present, (2) individual presentations by panel members (graduated participants or their family members) with a question-and-answer period following each presentation, and, finally, (3) a wrap-up by the therapist.

The two other group sessions are formatted as topic discussions with handouts. In these sessions, the therapist, using the handouts for the first ten or fifteen minutes, presents each topic. Discussion of the topic follows the presentation with the therapist acting as the facilitator.

Participant handouts are available for each of the three discussion group sessions, as well as guidelines for presenters of the panel presentations.

Topics in the Family Education group should be presented in an orderly, prearranged sequence to ensure appropriate exposure for all participants and families. The Guide to Session Implementation (page 131) contains a suggested sequence, ensuring a comprehensive program. Topics focusing on alcohol, other drugs, or family issues are arranged to present a full array of issues within each four-week period.

Preparing the Room and Meeting Participants

The therapist is responsible for organizing seating, speakers, video equipment, videos, and handouts. Whenever possible, arrange chairs in

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a semicircle to promote discussion. The therapist should act as a host for the group, welcoming participants and families/support systems and introducing himself or herself to new participants. Sign-in sheets are circulated, and the therapist should make sure both participants and family members are accurately credited for attendance.

Presenting Video Lectures and Discussion Groups

All presentations should start on time. The therapist should introduce himself or herself, have those presenting introduce themselves, if willing, and then present the topic for the session. The therapist should be sensitive to family members or participants who are new to the group and may feel uncomfortable at first in this setting. For video lectures, the lights should be dimmed and the video started. During video lectures, the therapist can stop and make comments as the material is presented. Offenders and family members should be encouraged to ask questions as well.

When a video is shown, the therapist should introduce the video and stay in the room while it is playing. The videos may be stopped at intervals with discussion encouraged during these pauses.

The discussion group sessions also have handouts. Consult the Guide to Session Implementation on page 131 for guidelines. When the AA/Matrix Model® graduate panel is presented, the therapist should facilitate the introduction of panel members and group attendees to each other. The therapist should then serve as moderator. The therapist who facilitates introductions should also facilitate the group discussion, distributing the handouts and promoting discussion among participants and family members.

Closing the Session

The therapist should acknowledge that discussions about alcohol and other drug use can serve as triggers and can stimulate cravings. Anyone experiencing this effect should stay after the session and talk to a therapist until he or she feels focused. In addition, an attendee may want to call home and let family members know he or she is leaving for home. The therapist should close the session by thanking people for attending and reminding them about the next week's topic.

The therapist should stay after for a few minutes to be available to answer questions and to talk to any participants who may be experiencing problems or who wish to speak with the therapist personally.

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Philosophy

This group is often the first group attended by offenders together with their families/support systems. The group provides a nonthreatening environment in which information about substance use disorders can be presented. It is an opportunity to make participants and families/support systems feel comfortable and welcome in the program. The material presented in these lectures and discussions provides a broad spectrum of information about addiction, treatment, recovery, and how families are impacted. Some of the topics are specific to the Matrix Model, while others deal with issues that are more general and related to substance use and criminal thinking and behaviors.

This group is often the first group attended by offenders together with their families/ support systems.

The Family Education group is similar to a multifamily group, except the sessions are very focused and information based. It is important that family members are personally invited by the primary therapist to attend. The negative interactions of family members and offenders just prior to beginning treatment often result in participants desiring to "do my program alone." However, family systems research has shown that if the offender is closely involved with significant others, those significant others become part of the recovery process whether or not they attend the group sessions. The chances of treatment succeeding are immensely increased if significant others can become educated about the predictable changes that will occur within the relationship as recovery proceeds. This is a robust research fact. The primary therapist needs to educate, encourage, and facilitate involvement of significant others as well as participants in the Family Education group.

The chances of treatment succeeding are immensely increased if significant others become educated about the predictable changes that will occur within the relationship as recovery proceeds.

The group sessions are arranged and designed to expose participants to the most critical information regardless of where they begin during the group sessions. After completing the fourteen sessions in the Family Education group, participants graduate into the Social Support group for the last four weeks of the Matrix Model program.

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Guide to Session Implementation

The Family Education groups are an important part of the Matrix Model program. They offer a place for families and supportive others to learn the basics of treatment and how they can help in the process.

This part of the program can be adjusted to make it culturally relevant and geared to the specific age and interests of the populations being treated. There are twelve Family Education sessions in all. The three video lecturees and three discussion groups are appropriate and important for anyone going through the program and their significant others. Those six sessions, and the handouts for them, are included here:

Session 1: *Triggers and Cravings* (Matrix video included in online subscription)

Session 2: AA/Matrix Model Panel (discussion)

Session 3: *Road Map for Recovery* (Matrix video included in online subscription)

Session 4: Avoiding/Coping with Relapse (discussion)

Session 5: *Families in Recovery* (Matrix video included in online subscription)

Session 6: Living with an Addiction (discussion)

The other six sessions should be specifically designed to address issues relevant to the particular population being treated. Possible topics:

- One session should be devoted to **general drugs of abuse**, with an emphasis on the drugs that are significant problems for your specific program. A physician might be brought in to give this lecture, or an appropriate person might already be on staff. Another option is the Hazelden Publishing video *Drugs of Abuse* which is included in your online subscription.
- If some participants are parents with children or teens, you may want to lead some sessions on **parenting and communication skills**. The *Matrix Model for Teens and Young Adults* is one educational source on this topic; to order call Hazelden Publishing at 800-328-9000.

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- In programs where there is a **notable predominant culture**, it can be very helpful to bring in a speaker to address culturally relevant topics and how the culture can support a drug-free lifestyle.
- Some programs might include topics such as **nutrition, meditation, and acupuncture.** Bringing in an authority to speak on one or more of these subjects can be very helpful.
- Certain medications can be helpful for people in recovery from addiction to alcohol and other drugs. Included in your online subscription is a PowerPoint presentation on **medication-assisted treatment;** most programs will want to incorporate this into the Family Education group series. The slides are also pictured on Family Education group handout 11.

By individualizing the remaining sessions for relevance and timeliness, programs are more likely to attract and involve family members in this aspect of the treatment.

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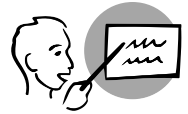
Core Session Outlines

Session 1: Triggers and Cravings

***Triggers and Cravings* Presentation Notes**

■ HANDOUT 1



This video lecture illustrates the power of the craving process and the difficulty of acting on a rational decision to stop drinking or using. It is recommended that participants be given handout 1, which shows the slides featured in the video lecture.

Session 2: AA/Matrix Model Panel

Panel Member Guidelines

■ HANDOUT 2

Twelve Step Sponsors

■ HANDOUT 3

The Twelve Steps

■ HANDOUT 4

This panel presentation is designed to give offenders and their families contact with program graduates who have successfully combined the Matrix Model program with Twelve Step or other community support in their recovery. The graduates and their family members should be asked to participate by sharing their experiences, strength, and hope. If the program does not have three or four participants or family members who qualify and are willing to participate, Twelve Step program representatives or other qualified individuals who did not complete the Matrix Model program may be substituted until enough graduates are available. A Panel Member Guidelines handout is included and should be used by the moderator to help guide graduates' presentations. Whenever possible, give the graduates the *Panel Member Guidelines* handout before the panel discussion takes place to help them prepare. The two other handouts, *Twelve Step Sponsors* and *The Twelve Steps*, should be given to participants and family members in the audience.

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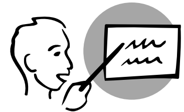
Session 3: Road Map for Recovery

Road Map for Recovery **Presentation Notes**

■ HANDOUT 5



Many of the problems encountered in recovery can be diminished when offenders and families are educated about what to expect during the process of recovery. This video lecture outlines what can be expected during the course of recovery from a substance use disorder. It is recommended that participants be given handout 5, which shows the slides featured in the video lecture.

Session 4: Avoiding/Coping with Relapse

Avoiding/Coping with Relapse

■ HANDOUT 6

This discussion session presents relapse as often being part of the recovery process. The questions on the handout focus on particular aspects of this phenomenon which are often misunderstood. Make sure the therapist is familiar with the concepts before he or she conducts the discussion. Read each question aloud to the group; then give participants a moment to record their answers on the handout. Give family members plenty of opportunity to discuss their answers and views before the therapist summarizes and moves to the next question. The answers and concepts related to the questions are as follows:

1. **No.** Relapse is often part of the process of recovery.
2. **Yes.** Relapse can only occur after abstinence is achieved. Frequent or regular use means the person has not yet achieved abstinence. The techniques for stopping alcohol and other drug use are somewhat different from those used to avoid relapsing.
3. **No.** A person may not be able to anticipate how he or she will feel when something happens. Family members coping with a relapse should try to talk honestly about how they feel and decide what to do after that.

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Session 4: Avoiding/Coping with Relapse *continued*

4. **No.** Family members who have learned new, healthier ways of acting and thinking can relapse to the old ways when alcohol or other drug use occurs.
5. **Yes.** Sometimes family members lose faith in the therapist or in the treatment process when relapse occurs. If that begins to happen, a conjoint session should be held so family members can understand the plan for intensifying the structure of treatment.
6. **No.** Whether a person with a substance use disorder does not use in a dream is not, as far as anyone knows, related to an unconscious commitment or lack of commitment to recovery. However, Matrix Model participants and their family members should learn that vivid using dreams may indicate that the person is too close to dangerous triggers and may be at risk for relapse. This is particularly true during the early stages of recovery.
7. **No.** Family members need to continue their own growth and individuation process and allow the person with a substance use disorder to make the necessary adjustments in order to continue his or her recovery.
8. **No.** Relapses are predictable and preventable if recovering people can learn to recognize and respond to their individual warning signs.
9. **No.** Often a relapse process can begin and end before actual alcohol or other drug use occurs. Recognizing the signs, however, is the responsibility of the person in recovery, not of the family member.
10. **Yes.** In a recovering relationship, alcohol or other drug use damages trust. Only sobriety will allow trust to return. Trust cannot be willed, no matter how much the recovering person feels that trust will help in the process. And no matter how much a family member

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Session 4: Avoiding/Coping with Relapse *continued*

would like to prove he or she cares by deciding to trust, it can only be rebuilt as the result of a successful recovery process.

11. **Yes.** Often, family members would like to take "time out" from the recovery process. Special occasions seem more special with a glass of champagne; just one won't hurt. Yet one drink is never just one; it is the first one. Alcohol and other drug use constitutes a relapse no matter what the circumstances. An alcohol and other drug compromised brain does not differentiate.
12. **No.** Learning to remain sober requires accepting the reality of not being able to be around certain people and certain places. Trying to be stronger than the situation usually demonstrates a lack of understanding about substance use disorders and/or a denial of the power of the disorder. Stress the need to be smart rather than strong.

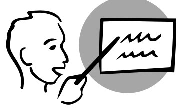
Session 5: Families in Recovery

Families in Recovery **Presentation Notes**

■ HANDOUT 7

Helping Checklist for Families
[Advanced Stage of Recovery]

■ HANDOUT 8



Families experience predictable responses to each of the stages in a developing substance use disorder. There are also specific ways that family members can best assist the recovery process. This video lecture outlines both of the above and reviews the basic information regarding the development of the craving process. It is recommended that participants be given handout 7, which shows the slides featured in the video lecture.

After showing the video lecture, have the participant and family member review the *Helping Checklist for Families* handout. Both should reach a mutual understanding of how the family member can help the recovering person.

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Session 6: Living with an Addiction

Living with an Addiction

■ HANDOUT 9

Criminal Behavior and Its Impact on the Family

■ HANDOUT 10

***Medication-Assisted Treatment* Presentation Notes (Optional)**

■ HANDOUT 11

Each member of the group should be given the handouts and time to fill them out prior to the group discussion. The questions should guide but not limit the format. The therapist needs to keep the group safe so participants and family members can honestly and openly discuss their fears and concerns. This topic is important for family members and is usually very appreciated.

This session will explore how criminal thinking and behaviors impacted the family by addressing topics such as money or financial gain that criminal activity brought into the home and family. Other topics include the stigma and accompanying issues of having a family member who has been incarcerated. Optionally, the therapist may show the Power Point presentation "Medication-Assisted Treatment," found in your online subscription, and distribute handout 11, which shows the slides featured.

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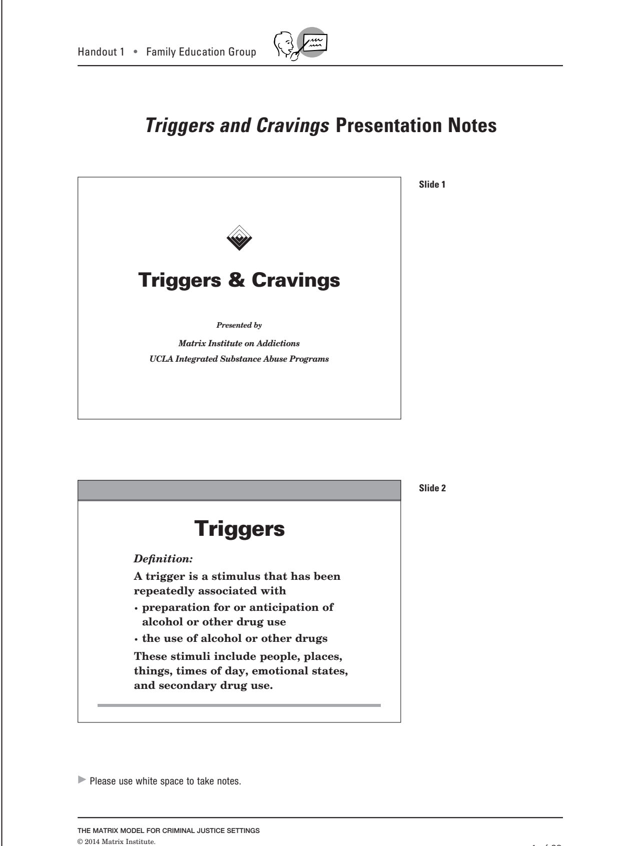
HANDOUTS: THUMBNAIL VIEWS

Handout 1



Handout 1 • Family Education Group

Triggers and Cravings Presentation Notes

Slide 1

Triggers & Cravings

Presented by

Matrix Institute on Addictions

UCLA Integrated Substance Abuse Programs

Slide 2

Triggers

Definition:

A trigger is a stimulus that has been repeatedly associated with

- preparation for or anticipation of alcohol or other drug use
- the use of alcohol or other drugs

These stimuli include people, places, things, times of day, emotional states, and secondary drug use.

► Please use white space to take notes.

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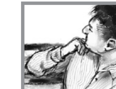
Handout 2

Handout 2 • Family Education Group



Panel Member Guidelines

Congratulations! If you are a participant or family member who has been asked to be a member of the AA/Matrix Panel discussion, you are making the kind of progress in treatment that is obviously working for you. It is helpful for participants and significant others in the first months of treatment to hear your success story, but that is not the most important reason for you to take advantage of this opportunity. By talking to a group about your experience, you will find you "hear" yourself and view your experience from a different perspective. Many people find that being a panel member gives them renewed confidence and assurance about themselves and their recovery. You may not realize how far you have actually come.

• • •

When thinking about what you want to share with the group, use the questions below to help you organize your thoughts:

1. How did your family and/or environment contribute to your developing an addiction or getting into a relationship with a person with an addiction?
2. Describe the development of the addiction problem in your life.
3. Why/how did you get involved in treatment?
4. What feelings were prominent during your recovery?
5. What things were the most helpful to you during the recovery process?
6. What things do you think you could have done differently?
7. What are you doing now for your continuing recovery?

• • •

Remember:

- Your story will be more powerful if you are open and honest about your feelings.
- Avoid telling others what to do. They will learn best from you relating your own experiences and emotions.

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Handout 3

Handout 3 • Family Education Group

Twelve Step Sponsors

One of the first things that people in recovery should do is find a sponsor at their home AA, NA, or CA meeting. The first few weeks and months of recovery are frustrating. Many things happen that are confusing and frightening. Especially during this difficult period, there will be many times when recovering people need to talk about problems and fears.

Also, participating in the Twelve Step programs can be strange for some people, especially those who have not been social for some time. A sponsor can help guide the newcomer through this process.

Selecting a sponsor is easy. The newcomer simply asks someone to be his or her sponsor. Most people decide to select a sponsor who seems to be living a healthy and responsible life.

Some general guidelines for selecting a sponsor include the following:

1. A sponsor should have several years of sobriety from all mood-altering drugs.
2. A sponsor should have a healthy lifestyle and not be struggling with major problems or addiction.
3. A sponsor should be an active and regular participant in Twelve Step meetings. Also, a sponsor should be someone who actively "works" the Twelve Steps.
4. A sponsor should be someone to whom you can relate. You may not always agree with your sponsor, but you need to be able to respect your sponsor.
5. A sponsor should be the same sex as you. Gay people should choose a non-gay sponsor of the same sex or someone of the opposite sex. You should choose a sponsor whom you are not sexually or romantically interested in.

The sponsor should provide the following assistance:

1. Sponsors help the newcomer by answering questions and explaining the Twelve Step recovery process.
2. Sponsors agree to be available to talk and to listen to their "sponsees'" difficulties and frustrations, and to share their own insights and solutions.

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Handout 4

Handout 4 • Family Education Group

The Twelve Steps*

Step One

We admitted we were powerless over alcohol—that our lives had become unmanageable.

Step One addresses humility, the admission that alcohol and other drugs are more powerful than self-control. That can be difficult to admit, even when it is so obvious.

In making this admission, people might feel a great sense of relief. There can be a freedom and strength in realizing that the freedom from alcohol and other drugs does not spring from self-control and willpower, but from understanding that people are powerless over their substance use.

Step Two

Came to believe that a Power greater than ourselves could restore us to sanity.

Even though alcoholism and addiction can seemingly ruin a person's life, there is always hope. There is hope that every person can stop drinking or using, and there is hope that his or her life can be restored. Thus, Step Two is a Step of great hope. It is an admission that you believe that it is possible for your life to get back to normal, even if you are not sure what normal is.

Step Two suggests that there is some Power that is greater than the individual human being. It does not define what that is but simply states that there must be more than just the individual. Again, for many, it is the group process, for others it is Twelve Step programs, and for others it is God.

Step Three

***Made a decision to turn our will and our lives over to the care of God* as we understood Him.**

More than anything else, Step Three is about willpower.

During active addiction, most people try to use sheer willpower and determination in order to stop using. It doesn't work.

Some people stop using alcohol and other drugs but change little else in their lives. Their lives continue to be unmanageable and chaotic. They continue to struggle because they are still using sheer willpower and determination to solve problems. Even if it works temporarily to stop using or drinking, it won't work to stop the other struggles.

* The Twelve Steps are from *Alcoholics Anonymous,* 4th ed., published by AA World Services, Inc., New York, N.Y., 59–60.

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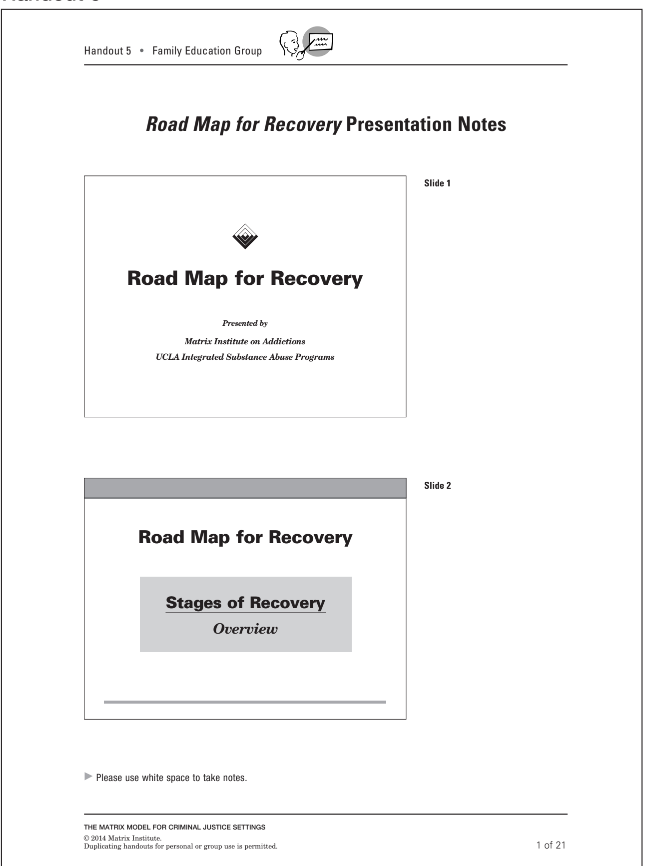
HANDOUTS: THUMBNAIL VIEWS

Handout 5



Handout 5 • Family Education Group

Road Map for Recovery Presentation Notes

Slide 1

Slide 2

Please use white space to take notes.

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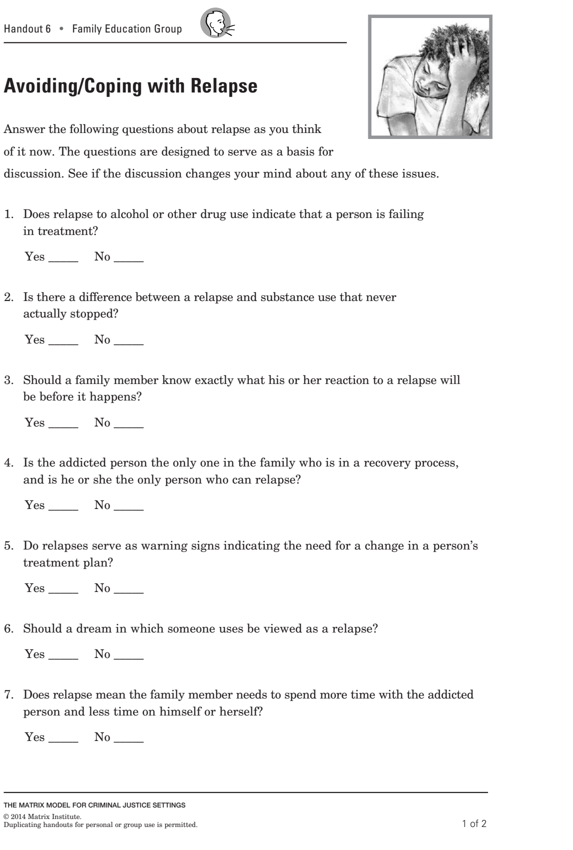
Handout 6



Handout 6 • Family Education Group

Avoiding/Coping with Relapse

Answer the following questions about relapse as you think of it now. The questions are designed to serve as a basis for discussion. See if the discussion changes your mind about any of these issues.

1. Does relapse to alcohol or other drug use indicate that a person is failing in treatment?
   Yes _____ No _____
2. Is there a difference between a relapse and substance use that never actually stopped?
   Yes _____ No _____
3. Should a family member know exactly what his or her reaction to a relapse will be before it happens?
   Yes _____ No _____
4. Is the addicted person the only one in the family who is in a recovery process, and is he or she the only person who can relapse?
   Yes _____ No _____
5. Do relapses serve as warning signs indicating the need for a change in a person's treatment plan?
   Yes _____ No _____
6. Should a dream in which someone uses be viewed as a relapse?
   Yes _____ No _____
7. Does relapse mean the family member needs to spend more time with the addicted person and less time on himself or herself?
   Yes _____ No _____

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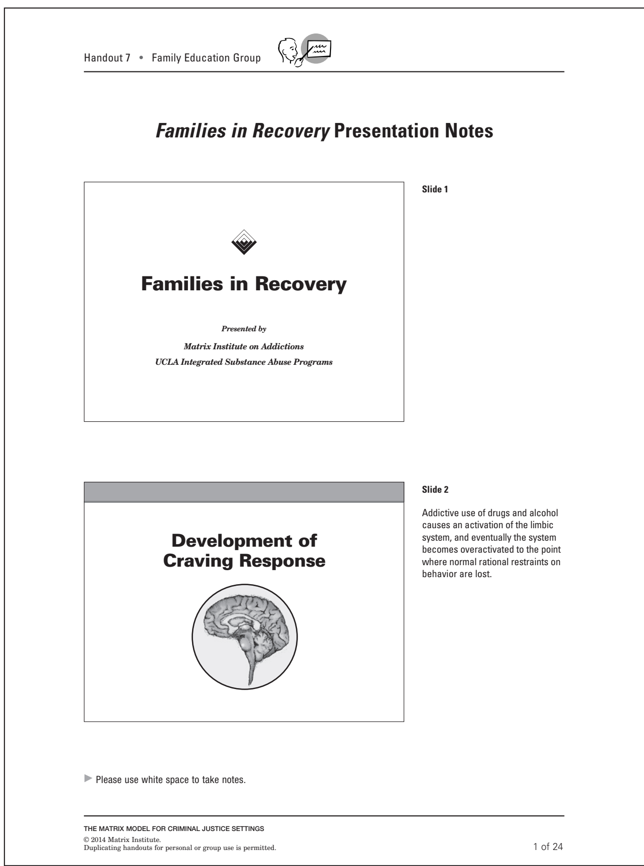
Handout 7



Handout 7 • Family Education Group

Families in Recovery Presentation Notes

Slide 1

Slide 2

Addictive use of drugs and alcohol causes an activation of the limbic system, and eventually the system becomes overactivated to the point where normal rational restraints on behavior are lost.

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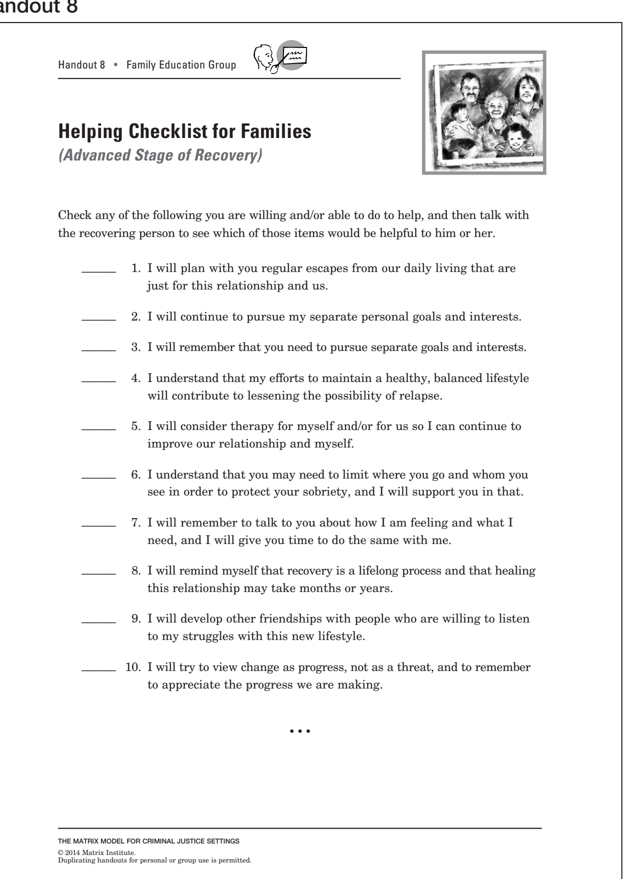
Handout 8



Handout 8 • Family Education Group

Helping Checklist for Families

(Advanced Stage of Recovery)

Check any of the following you are willing and/or able to do to help, and then talk with the recovering person to see which of those items would be helpful to him or her.

_____ 1. I will plan with you regular escapes from our daily living that are just for this relationship and us.

_____ 2. I will continue to pursue my separate personal goals and interests.

_____ 3. I will remember that you need to pursue separate goals and interests.

_____ 4. I understand that my efforts to maintain a healthy, balanced lifestyle will contribute to lessening the possibility of relapse.

_____ 5. I will consider therapy for myself and/or for us so I can continue to improve our relationship and myself.

_____ 6. I understand that you may need to limit where you go and whom you see in order to protect your sobriety, and I will support you in that.

_____ 7. I will remember to talk to you about how I am feeling and what I need, and I will give you time to do the same with me.

_____ 8. I will remind myself that recovery is a lifelong process and that healing this relationship may take months or years.

_____ 9. I will develop other friendships with people who are willing to listen to my struggles with this new lifestyle.

_____ 10. I will try to view change as progress, not as a threat, and to remember to appreciate the progress we are making.

...

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HANDOUTS: THUMBNAIL VIEWS

Handout 9

Handout 9 • Family Education Group

Living with an Addiction

Making a commitment to live in recovery requires a recognition of and acceptance of certain realities. Living with a person who is actively using is unhealthy, but what happens after the substance use stops? Does life eventually go back to normal? Can a recovering person lead the same lifestyle as a person who has never been addicted? If you are in a relationship with a recovering person, what effect can you expect the recovery to have on your life? If you are a recovering person, what do you need your spouse, partner, or family member to understand about the limits an addiction puts on your life? Discuss the following principles and determine if they are relevant in your relationship.

1. A recovering person needs to learn his or her own limits and relapse signals.
2. A recovering person needs to respond to the relapse signals as a first priority.
3. Family members of a recovering person need to understand that he or she needs to avoid relapse even when that avoidance takes priority over the relationship and the family. Avoiding relapse is in everyone's best interest.
4. A recovering person has to maintain a balanced lifestyle, more so than if there had been no addiction.
5. Recovery is a process—a slow process—and all aspects of it, including sexual readjustment and reestablishment of trust, may occur slowly.
6. It is often difficult for family members to live without a guarantee that the addiction will not reoccur.

Questions

1. Which of these principles apply to your situation? Explain.

____

____

____

____

____

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Handout 10

Handout 10 • Family Education Group

Criminal Behavior and Its Impact on the Family

When a person becomes involved in the criminal justice system, it's a family experience. Being separated can be hard, especially if the person is incarcerated. The return to the family is also difficult. As families learn to live without substances and criminal behaviors, they must also change how the entire family functions.

While the person is in the criminal justice system, family members may have suffered the pain of separation, loss of income, health issues, a changed living situation, behavior changes in children, and often a sense of shame about having an offender in the family. Resources gained through criminal activity may have been lost too. With all these stressors, family conflict and anger often flare up when the person returns home.

As the offender re-integrates back into the family, there will be many challenges and stressors for everyone, perhaps leading to tensions and "acting out" within the family. Managing conflict is crucial to positive family health.

Check the current stressors in your family:

_____ Loss of income
_____ More health problems
_____ Problems determining new roles in the family
_____ With less income, the family had to move to a new home (or move in with others)
_____ Employment issues
_____ Behavior change in children, or "acting out"
_____ Children cared for by grandparents or in foster care
_____ Transportation problems
_____ Guilt or shame over current family situations
_____ Other stressors:

Ways to Manage Family Conflict

1. Think back to conflicts you've had with family members in the past. What were they?

____

____

2. What triggers have started these conflicts in the past?

____

____

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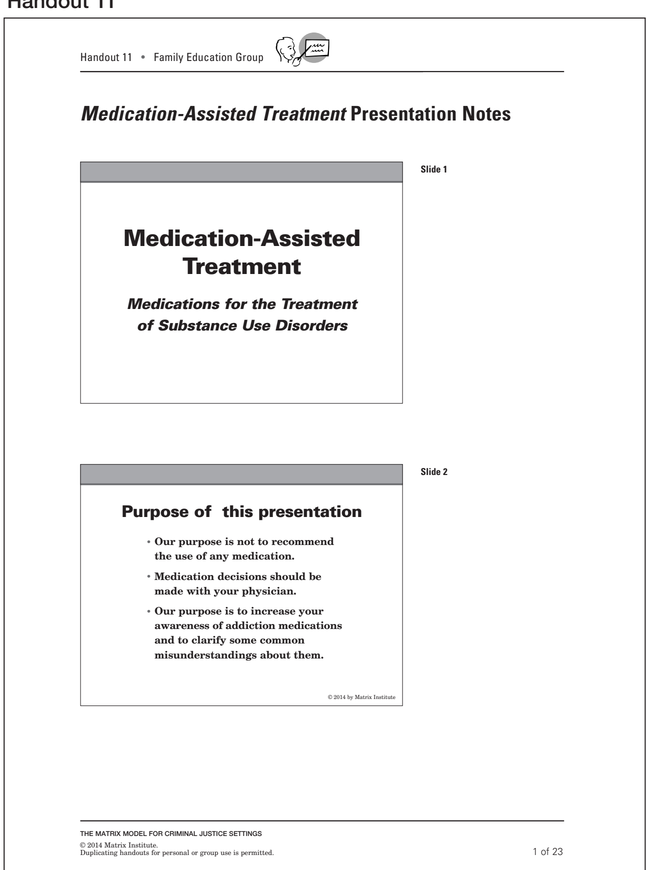
Handout 11



Handout 11 • Family Education Group

***Medication-Assisted Treatment* Presentation Notes**

Slide 1

Medication-Assisted Treatment

Medications for the Treatment of Substance Use Disorders

Slide 2

Purpose of this presentation

- Our purpose is not to recommend the use of any medication.
- Medication decisions should be made with your physician.
- Our purpose is to increase your awareness of addiction medications and to clarify some common misunderstandings about them.

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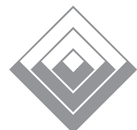

Adjustment Group

ADJUSTMENT GROUP

The *Matrix Model for Criminal Justice Settings* includes an Adjustment Group to address issues common for offenders as they prepare for "re-entry" after their structured treatment phase ends. These issues include anger management, changes in family systems, employment challenges, housing and homelessness, and problems with communication and self-esteem. Stressors such as these can challenge recovery from a substance use disorder and impede progress away from criminal behaviors.

Unlike most treatment programs for offenders, the Matrix Model program addresses the co-occurring issues of substance use and criminal thinking throughout the recovery process. The Adjustment Group provides skill-building sessions to help the offender identify and address the specific challenges that have the potential to cause future relapse: relapse both to substance use and to the criminal thinking that leads back to criminal behavior.

Each session is topic-oriented and includes discussion on subjects such as sobriety issues, criminal thinking, and participants' current challenges in establishing a substance-free, prosocial lifestyle.

Goals

The goals for the Adjustment group are as follows:

1. Provide a safe, familiar, structured group experience in which participants can identify adjustment issues common for offenders nearing the end of a treatment program: anger, family dysfunction, problems finding a job or other employment-related challenges due to criminal history, poor communication skills that hinder appropriate social interaction, and for those in re-entry, even the serious issues of housing and homelessness.

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2. Facilitate access to resources for food, housing, employment, job training, and the continuation of building a prosocial life.
3. Encourage participants to continue to broaden their support system of sober, recovering and prosocial friends.
4. Provide self-management skill-building that can also help prevent relapse—relapse both to substance use and to criminal behavior.
5. Give participants an opportunity to learn additional life skills such as budgeting and other money management skills, resume writing, and job interviewing.
6. Address how participants feel about the prospect of a structured life with a normal job—very different from a substance using, antisocial lifestyle.
7. Discuss attitudes and values, how these have led to substance use and criminal thinking, and how to begin to change them.

Format

Session Structure

- For participants in drug court programs or extended correctional and re-entry programs, Adjustment Group sessions are ideally scheduled twice weekly for the last nine weeks of the program: weeks 24–32 (along with the Relapse Prevention Group). For those programs that do not offer extended treatment times, these handouts can also be used within the shorter time frame as homework assignments, or during individual sessions to aid in providing needed skills as identified by the therapist.
- Often program and state requirements require at least nine hours of treatment to meet the “intensive outpatient” criteria. Adjustment group topics can be used to meet the additional hours required, in which case these sessions should be added during the first 23 weeks of programming.
- Each session focuses on a topic and lasts for 90 minutes.
- Co-leaders are used in these groups.
- Discussion groups should be limited to around 12 people with experienced co-leaders who can facilitate smaller discussion groups.

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Facilitating the Group

- Because these groups will address criminality as well as substance use, the therapist should anticipate some attempts at manipulation and challenges from the offender.
- The therapist should use motivational interviewing but be directive when needed.

Just as substance use “war stories” should be avoided, the therapist must also be aware of war stories regarding criminal behaviors and not allow those conversations to get out of hand.

Ending Group

- One option for ending each session is to have offenders think of something positive they will do for themselves or someone else. Offering an opportunity to re-think being a victim, this small exercise will begin to change thinking habits and the brain as participants begin to talk and think in a more positive way.

Philosophy

Adjustment groups are designed to identify and address common problems offenders face at the end of their structured treatment program, to manage thinking errors, and to teach life skills that can promote positive recovery from a substance use disorder and criminality.

During this time in recovery, participants are beginning to regain brain functioning. Their judgment improves as they begin to think more clearly. They’re also realizing that recovery is a process that extends long after formal treatment. They may be angry at the prospect of lifelong recovery and often go through a self-pitying “why me?” stage. These Adjustment Group sessions will help them understand the importance of thinking differently and enjoying life without substances.

Family and relationship issues are also a big concern during this phase. The participant is beginning to think and act differently, and for the family this can be a difficult and challenging time. Many offenders met their significant other while using substances and may have never known that other person when not under the influence of substances. The participant is changing but sometimes the significant other is not. This can result in new and different dynamics.

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After offenders have been incarcerated for periods of time and then return home, some think they need to assume their traditional parental roles in the family. When they try to discipline and set boundaries for their children, the result may be anger and other negative emotions. The children often think, "How can you tell me what to do when you haven't been in my life for years?" These family issues are vitally important to address as the offender begins new life options.

Employment issues during this time are also major challenges. As the offender begins to recover from substances, the brain is also trying to find its new "set point." Now the offender wants what everyone else wants in life, such as a new job that pays well and provides benefits. But a criminal history may present an unforeseen obstacle. Many employers will not hire offenders after completing the criminal background check. The Adjustment Group will focus on employment issues, the challenges around having a criminal background, and ways to overcome those challenges. These sessions will teach new skills, including how to build a resume and how to prepare for a job interview—including how to address the blocks of time when they did not work due to incarceration or a substance use disorder.

Finally, the Adjustment Group will open up alternative thinking for the offender regarding substance use and criminal thinking. Participants will begin to understand that all the things they have learned and all the new skills they have acquired in treatment can assist them in a new life where they can re-invent themselves.

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Guide to Adjustment Group Sessions

Session 1: Anger Management

Addressing Anger and Other Emotions in Recovery

■ HANDOUT 1

In the Adjustment phase of recovery, cognitive skills improve and the brain tries to find its new "set point." Participants begin to improve in judgment, reasoning, and clear thinking. But anger is also likely at this time. As the offender seeks a job with good pay and benefits, criminal background checks will keep many employers from hiring them. Many offenders feel that they've done their time, but the system still won't let them move forward. At this challenging time, offenders need to learn to identify their anger and find ways to manage it.

Session 2: Thinking Errors

Thinking Errors

■ HANDOUT 2

Anyone who has "succeeded" in criminal behavior has maladaptive thinking habits, which lead to all kinds of impulsive behavior, poor judgment, and bad decisions. Offenders often try to control the world around them and feel they are owed something. To grow beyond this mindset, they need to identify their thinking errors, and learn new ways of thinking. In this session, they begin to look at the possibility of more prosocial values.

Session 3: Confrontation and Authority

Managing Confrontation and Authority

■ HANDOUT 3

Offenders usually experience a lot of confrontation, simply by being in the criminal justice system. And many have problems with authority figures. For some, this issue alone has caused recidivism. In this session, participants identify their issues with authority and consider better ways to manage authority and confrontation.

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Session 4: Making Changes

The Courage to Change the Things I Can

■ HANDOUT 4

Offenders often believe they cannot change. Many of them have been told they'll never change or amount to anything. After they hear this message over and over, they believe it, too. In this session, participants start to identify what they want to change, what they can change, and then make a plan to do something about it.

Session 5: Life Planning

Road Map for a Life Plan

■ HANDOUT 5

This session gives offenders a chance to consider where they want to go in their lives: what are their short-term and long-term goals? Then they can start to establish steps and intermediate goals to get there.

Session 6: Values

Values

■ HANDOUT 6

Our values are developed through family, friends, environment—and, for offenders, perhaps also through their incarceration. In this session participants start to identify the values they have, how those values impacted the decisions they've made, and how society views their values. Once they've identified how their own values conflict with societal values, they can begin to look at changing them.

Session 7: Attitudes and Behavior

How My Attitudes Impact My Behavior

■ HANDOUT 7

Attitudes often impact behavior. How are our attitudes formed, and how do they influence our decisions and behavior? In this session, participants are asked to identify certain recent behaviors that may reflect a change in attitude.

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Session 8: Dealing with Overwhelming Issues

I Am So Overwhelmed!

■ HANDOUT 8

In this session, participants have the chance to list whatever issues seem overwhelming to them and identify solutions and resources to manage those feelings. Some common issues include feelings about the impending discharge, a new sense of accountability, family readjustments, hopes for employment, and barriers in the system.

Session 9: Seeking Employment

Getting a Job

■ HANDOUT 9

Barriers to employment can be very frustrating for offenders in the adjustment stage. Many may not have worked long-term jobs due to their substance use disorder or because of criminal behaviors. For some the very thought of working a job sounds boring. Others want to work but can't find a job because of their criminal histories. This session addresses these frustrations and also helps participants look at their interests, skills, and strengths—all assets for finding a job that meets their needs.

Session 10: Writing a Resume

Your Resume

■ HANDOUT 10

Many participants have no idea how to build a resume. This session gives them ways to identify and list their strengths, outline their accomplishments truthfully, and consider who they can list as references. They will also be given help in explaining, in a truthful and appropriate manner, gaps in time without a job due to incarceration or their inability to work due to substance use.

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Session 11: Interviewing for Employment

Interviewing for Employment

■ HANDOUT 11

Job Interview Role-play

■ HANDOUT 12

Job interviews can feel daunting for offenders. Thinking and planning ahead can reduce the stress. In this session they learn about self-presentation, including what to wear; communicating appropriately, how to respond when asked about gaps in time due to incarceration; and other skills.

This session also includes role-plays as a valuable way to practice for interviews.

Session 12: Money Management

How to Make a Budget

■ HANDOUT 13

Most substance-using offenders have never thought about budgeting money—much less tried to actually make a budget. Many offenders gained money through criminal means, then spent that illegal income on alcohol and other drugs. So creating a budget, and living by it, is a new task for many. In this session participants learn to plan for their income and expenses (including offender-specific issues such as restitution fees, probation/parole and court fees).

Session 13: Boundaries

Boundaries

■ HANDOUT 14

This session will define and explain personal boundaries. Participants will be guided through questions to help them understand and establish appropriate boundaries.

Session 14: Communication Skills

"What I Hear You Saying Is…"

■ HANDOUT 15

Many offenders with a substance use disorder have limited communication skills. In fact, one reason that many acted with violence or anger was that they felt they weren't being heard or no one was listening to them. This session will help improve communication skills using roleplay and mock situations.

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Session 15: Self-esteem

Seeing the New Me

■ HANDOUT 16

Offenders usually present themselves as very confident. But most actually have very low self-esteem because of the stigma of being seen as a substance user and a criminal. Participants will use this session to learn skills for improving self-esteem with a strength-based approach. They will identify what they see as their strengths and learn to replace negative thoughts with positive thoughts.

Session 16: Honesty

Getting Past the Code

■ HANDOUT 17

Those involved in the criminal justice system—and especially those incarcerated—develop an unspoken code. Offenders learn not to "snitch" or go against another offender. Doing so can cause retaliation from others. But for offenders in recovery, treatment teaches them to be truthful and honest. This session helps them get past the unspoken code and find ways out of this maladaptive thinking.

Session 17: Re-entry Issues

Adapting to the Free World

■ HANDOUT 18

Adjusting to the free world again after re-entry from prison or even jail is difficult. Upon release, life can feel overwhelming. In this session participants will rate certain life issues—family, employment, friends, and so on—according to how problematic they are. The therapist will help in developing plans to address those life situations.

Session 18: Physical Health

Living a Balanced Life

■ HANDOUT 19

Recovering offenders should strive to live a drug-free, prosocial, and balanced life. Life should include having fun without using substances and taking care of one's health. Participants should also know what to do if past behavioral health problems resurface during the adjustment phase or later in recovery. This session will encourage participants to improve their general physical and emotional health.

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HANDOUTS: THUMBNAIL VIEWS

Handout 1

Handout 1 • Adjustment Group

Addressing Anger and Other Emotions in Recovery

In the Adjustment phase, your thinking improves as recovery continues and your brain heals. There is usually renewed hope and raised expectations, but as a result there can also be frustration and disappointment. This is especially true in the area of employment.

In early recovery, offenders may have worked in minimum wage or low-paying jobs just to get by and satisfy court or probation/parole requirements. But as they begin to think more clearly and gain confidence, they may want something better. Still, there are often obstacles to finding that better job: most employers do a criminal background check, which could get in the way of a job offer.

Housing can also be a problem for similar reasons. These situations, and many others, can feel unfair and frustrating. *Haven't I already served my time?* the person might think. Things will get better as long as sobriety continues and emotions are managed in a positive way.

1. Have you been denied a job you wanted because of your criminal history?

   ____

   ____

2. Describe your feelings and emotions when you were denied the job:

   ____

   ____

3. Do you feel that you're still being punished for your past criminal and addictive behaviors, even though you've served your time? If so, how?

   ____

   ____

4. Have there been times when you really tried to do the right thing, but your probation/parole officer, family members, or others thought you were returning to your old behaviors? Describe those situations:

   ____

   ____

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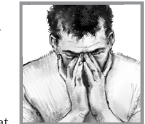
Handout 2

Handout 2 • Adjustment Group



Thinking Errors

Thinking errors are part of the underlying mental process that allows someone to commit crimes. To commit a crime, you have to think and behave in a way that runs counter to your culture's laws and values. What allows this to happen? Mistaken thoughts and beliefs.

Place a check mark next to the thinking errors you've made during your past criminal activities:

- _____ I'm different from everybody else.
- _____ I can do anything I want, and nobody can stop me.
- _____ I tell lies because people let me.
- _____ I depend on others to support my lifestyle.
- _____ I really don't care about anything or anybody.
- _____ I don't think I'm like other people.
- _____ I can commit crimes because other people are stupid, and I can get away with it.
- _____ I was brought up not having anything, so I deserve something in life.
- _____ If someone leaves something out in plain view, they're asking for it to be stolen.
- _____ I sold drugs to support my family and nothing more.
- _____ I didn't force people to use drugs. I just sold them. They're the ones with the problem.
- _____ Other:

____

____

1. Do you believe any of the above thoughts and beliefs are wrong? Why or why not?

   ____

   ____

   ____

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Handout 3

Handout 3 • Adjustment Group

Managing Confrontation and Authority

Recovering offenders often have trouble with authority figures or with someone telling them what to do. Learning to deal with authority will be a key to continued success in maintaining a prosocial lifestyle.

Past Problems

1. In a justice-related setting, have you ever made a problem worse by reacting inappropriately to an authority figure such as a probation or parole officer, judge, policeman, or treatment therapist?

   ____ Yes ____ No

   If yes, what issue caused you to react inappropriately?

   ____

   ____

   ____

2. What could you have done differently?

   ____

   ____

   ____

3. Have you ever felt that you were being wrongly accused by someone in authority and reacted inappropriately?

   ____ Yes ____ No

   If yes, what were the circumstances?

   ____

   ____

   ____

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Handout 4

Handout 4 • Adjustment Group

The Courage to Change the Things I Can

Many recovering offenders believe they can't change. Other people may have told them that, too: friends, family, and people in the criminal justice system, for example. After you repeatedly hear this, you may begin to believe it, too. If you think you can't change, then you likely won't be able to make changes, or even try.

Don't believe everything you hear. You can change if you decide to try. Make an effort. If you don't like your situation, you can do something about it. To make change happen, you first have to identify the problems, then determine what you can and cannot control.

1. What is going on in your life right now that you would like to change?

   ____

   ____

   ____

   ____

   ____

2. What do you think is stopping you from making the changes?

   ____

   ____

   ____

   ____

   ____

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HANDOUTS: THUMBNAIL VIEWS

Handout 5

Handout 5 • Adjustment Group

Road Map for a Life Plan

A life plan is like a road map. A life plan can span years; it's made up of large blocks of time. For instance, if your plan is to go to school so you can get a better job, the plan might stretch out over the years it would take to earn a certificate, license, or degree.

Where do you want to be in six months? What steps will you take to get there?

Goal #1: ______

Step 1: ______

Step 2: ______

Goal #2: ______

Step 1: ______

Step 2: ______

Goal #3: ______

Step 1: ______

Step 2: ______

Where do you want to be in six years? What steps will you take to get there?

Goal #1: ______

Step 1: ______

Step 2: ______

Goal #2: ______

Step 1: ______

Step 2: ______

Goal #3: ______

Step 1: ______

Step 2: ______

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Handout 6

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Values

Every person has a set of values. In fact, people's habits often reflect their true values—the things that are important to them, whether they're prosocial values or not.

As offenders, we've likely developed some antisocial values and habits. Maybe we picked these up through antisocial friends or peers, family members, or even through our involvement with the criminal justice system. Below is a list of common antisocial values. Place a check by the ones that have applied to you now or in the past:

____ Disrespect
____ Non-accountability
____ Lack of compassion
____ Disregard for rules

Of your family, antisocial friends, or others, who do you think has contributed the most to your antisocial values?

______

How do you think they influenced your antisocial values?

______

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Handout 7

Handout 7 • Adjustment Group

How My Attitudes Impact My Behavior

Values impact behavior, and so do attitudes. Attitudes are consistent ways we think and feel about something. Our attitudes influence what we do, who we are, and how others see us.

Below is a list of attitudes related to authority and rules. Which ones have you had, either now or in the past? Check all that apply.

____ Other people are no better than me.
____ I am smarter than the system.
____ I can get away with anything because I'm not like other people.
____ Drugs help me; I don't see the problem.
____ Using pot is OK; everyone in my family uses pot.
____ Drinking and driving is OK as long as you don't get caught.
____ I take things because I deserve them.
____ What other people think is not important.
____ What other people think is important.
____ If I do what I need to do, I can serve my time and probation/parole and move on with my life.
____ I can learn from my mistakes.
____ I can be a stronger person from my past experiences in the system.

How do you think your attitudes have changed while in treatment?

______

Who do you think influenced these changes in your attitudes?

______

What has happened to change some of your attitudes?

______

...

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Handout 8

Handout 8 • Adjustment Group

I Am So Overwhelmed!

During the Adjustment phase, many recovering offenders feel overwhelmed. You'll soon be discharged from treatment. You may have a new sense of accountability, and you're looking ahead to changes in your family and job situation.

What things are concerning you right now? Make a list:

______

How do you plan to manage these things, and in what order?

______

What resources (including people) do you plan to use to help you address these concerns?

______

Don't forget: you've learned a lot and gained many new skills. Make sure you use what you've learned! Deal with issues by taking small steps. That reduces stress and makes things feel more manageable.

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HANDOUTS: THUMBNAIL VIEWS

Handout 9

Handout 9 • Adjustment Group

Getting a Job

Recovering offenders in the Adjustment stage often realize they want more from employment. In the past, many have made easy money through criminal activity. After release from jail or prison, or in early drug court, offenders often take minimum wage or low-paying jobs just to get by and satisfy the justice system. But as you've improved in recovery, you may have begun to want more from employment. You might want more than a routine job. You might want a career—a job in a field that requires some special skills and offers growth on a career path.

Do you feel like you now want a career? ____ Yes ____ No

Having a career is a chance to show your self-reliance and learn new things. It can also give you pride in your accomplishments. A career is a combination of your education, training, talents, past jobs, and is also related to what you want to achieve. It may take time to decide on a career, plan for it, and make the effort—but the rewards will be worth it.

If you answered yes to the question above, what type of career do you think matches your interests, personality, and skills?

____

____

____

____

What training or education do you think you'll need to achieve your career goals?

____

____

____

____

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Handout 10

Handout 10 • Adjustment Group

Your Resume

Anyone looking for a job needs a resume to present his or her strengths, abilities, and experiences. When building a resume, it is important to be truthful. If your resume isn't truthful, it will come back to cause you problems later.

Some resume tips:

- Include an accurate statement of your skills and abilities.
- Build the resume to highlight any skills that relate to the specific job being sought.
- Make it professional-looking. Use nice paper and printing. Neatness counts.
- Look for errors in content, dates, spelling, and grammar.
- List your previous jobs and accomplishments, cite your promotions and positive reviews, and mention any recognitions you have received.
- List any education, skills training, or graduation from high school or GED, technical school, or college.
- If you've done any volunteer activities, list them to highlight your community involvement.
- If you were in the military, list that information too.

You also need a cover letter that introduces you to the employer. In the letter, briefly state why you think you can be an asset to this employer. Mention your qualifications, too. Personally sign your cover letter.

Given the above information, what are your concerns about writing a resume?

____

____

____

What resources and supports could help you write a resume?

____

____

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Handout 11

Handout 11 • Adjustment Group

Interviewing for Employment

After you submit your resume, you may be called for an interview—so be ready to present yourself. You already know you'll have some challenges due to your criminal past. Just be honest about that, and do whatever you can to be at your best.

Plan ahead to make sure you are dressed appropriately. If you don't have appropriate clothing, there are many agencies that will donate clothes for an interview. Ask for help in finding those resources.

Don't let fear of rejection keep you from striving for your career goals. Everyone who applies for a job will experience some rejection. For some jobs, hundreds of resumes may be submitted, and only a few people are interviewed. Rejection is part of the process. Don't give up!

Be honest. During the interview, you may be asked about time gaps in your resume. Just be honest and let the interviewer know you made some bad decisions in the past, but you're now making a new life, which includes being the best employee you can possibly be. Lying on an application may terminate you from the process or, if it's discovered later, would likely dismiss you from the job.

Follow these interview tips:

- Be polite.
- Be on time.
- Believe you can do it.
- Be positive.
- Be honest.
- Show your skills.

Now think about some of the job-seeking challenges for recovering ex-offenders. These include:

- A criminal record
- No work history due to incarceration
- Employer bias against past offenders
- Not enough training or skills
- The job seeker's attitude (e.g., defeatist or "chip on the shoulder")
- Transportation problems

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Handout 12

Handout 12 • Adjustment Group

Job Interview Role-play

An interview gives an employer a chance to find out about you and see if you'd be a good fit for the company. How you respond to questions, your body language, how you pay attention, and most of all how you "sell yourself" are all important. It's a chance to show your skills, including what you've learned in treatment and through past experiences.

In this session we will break into smaller groups to role-play job interviews. Take turns role-playing the applicant and the employer.

Tips for your interview:

- Look professional.
- Make good eye contact.
- Be friendly.
- Be respectful.
- Smile.
- Stand and sit tall.
- Shake hands firmly.
- Show you have interest.
- Don't be defensive.
- Don't fidget.

Don't give false information in an interview. Here are a few ways to respond to questions regarding your past:

- **When asked about gaps** you can say, "I can see how my work history might concern you. That was some time ago, and since then I've maintained an excellent work record. I come to work on time, I'm a hard worker, I'm a quick learner, and I'll be a great employee."
- **If asked about your past** you can say, "I can see why you have questions about my background, but I've learned from my mistakes. I've spent some time training for a new career and improving my life. I'm now more mature, and I'll be a strong, dedicated employee."

Practice role-playing your job interviews. After the role-plays, consider the questions on the next page.

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HANDOUTS: THUMBNAIL VIEWS

Handout 13

How to Make a Budget

Understanding how much money you need is something to consider when looking for employment. Do you go to school and only need part-time work? Do you need a full-time job to support yourself and your family? Creating a budget is one way to stay accountable and responsible.

This budget template of monthly income and expenses might be helpful:

MONTHLY EXPENSES		MONTHLY INCOME	
Housing:	$	Employment:	$
Utilities:	$	Partner employment:	$
Phone:	$	Other job income:	$
Credit cards:	$	Unemployment:	$
Food:	$	Social Security:	$
Child support:	$	TANF:	$
Transportation:	$	Food stamps:	$
Car payment:	$	Child support:	$
Gas:	$	Savings interest:	$
Insurance:	$	Other:	$
Cable TV:	$	Other:	$
Clothing:	$	Other:	$
Total expenses:	**$**	**Total income:**	**$**

If your expenses are more than your income, find ways to cut back on spending or make more money through additional work (an extra part-time job, for example.)

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Handout 14

Boundaries

Setting healthy personal boundaries is necessary to promote a positive self-image and communicate who we are. Personal boundaries are the physical and emotional limits we establish to avoid being manipulated or violated by others. Boundaries help us define who we are.

Setting personal boundaries is part of taking responsibility for who you are and taking control of your life. Sometimes recovering offenders have problems setting boundaries. They might have had poor boundaries during incarceration or in antisocial situations. These boundaries may not be appropriate in a prosocial lifestyle.

Here are some ways to establish healthy boundaries:

1. Set clear and decisive limits that support your intended lifestyle. Once you set your boundaries, stick with them.
2. Recognize that your needs are important. Offenders sometimes think they need to put the needs of everyone in the family ahead of their own. Family members also need to learn to be responsible for themselves.
3. Learn to say no. Often recovering offenders try to please everyone. They tend to put themselves last as they try to re-establish themselves back in the family unit. It is OK to take care of yourself.
4. Identify what behaviors you find unacceptable. Don't be afraid to let others know when you need space. It's healthy to have your own space once in a while, as long as you're not isolating.
5. Trust yourself. You are the one who knows you best. Know what you need, want, and value.

Do any of these signs of unhealthy boundaries apply to you? (Check those that do.)

______ Going against personal values to please others
______ Taking as much as you can from others emotionally
______ Letting others define you
______ Expecting others to fill your needs

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Handout 15

"What I Hear You Saying Is…"

Often recovering offenders have problems communicating their needs, wants, desires, and emotions appropriately. As a result they become frustrated and angry when they think no one understands them. That can lead to intimidation tactics, threats, or even violent outbursts.

Communication is key to mutual understanding. Communication problems can even lead to criminal behaviors.

Check the things that have prevented you from fully listening to others:

______ Being too busy
______ Being preoccupied with your own problems
______ Being upset
______ Being angry
______ Being focused on another issue
______ Not caring what others have to say

Try this two-person exercise to improve your communication skills.

Step 1. One person will be the speaker and the other the listener. The speaker chooses a topic for conversation.

Step 2. The speaker shares his or her view on that topic using "I" statements such as, "When I heard you come in last night, I was upset and worried." The listener listens to the words and tone of the speaker.

Step 3. After the speaker is finished, the listener states what he or she heard in the form of "I" statements such as, "I heard you say…" The speaker listens to the words and tone of the listener.

Step 4. The speaker expresses whether he or she was understood correctly. If that answer is no, then the speaker continues to explain until he or she feels understood.

After the exercise, discuss how it felt to be both the speaker and the listener. If time permits, try switching roles.

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Handout 16

Seeing the New Me

Recovering offenders often present themselves as very confident or even overconfident (cocky). In reality, many don't have very high self-esteem. They may not want others to see they are vulnerable. **But now it's time to see yourself more positively, in light of the positive changes you are making.** You've worked hard and overcome a lot of obstacles. You need to see yourself as worthy. If you don't feel like you deserve good things happening to you, perhaps you are mistaken. You are deserving! You deserve the rewards that will come your way by living a prosocial and sober life.

Below are a few ways that help many people improve how they see themselves. Which of the following might you be able to try?

- Replace negative thoughts about yourself with positive ones every time you realize you are thinking a negative thought.
- Repeat your positive thoughts over and over to yourself out loud whenever you get a chance and even share them with another person, if possible.
- Write down your positive thoughts.
- Make signs with these positive messages and hang them in places where you'll see them often (for example, on your refrigerator door or bathroom mirror). Repeat the thoughts to yourself several times when you see the signs. Here are some examples:

NEGATIVE THOUGHT	REPLACE WITH A POSITIVE THOUGHT
I'm not worth anything.	I'm a valuable person.
I've never accomplished anything.	I've accomplished many things.
I always make mistakes.	I do many things well.
I'm a jerk.	I'm a great person.
I don't deserve a good life.	I deserve to be happy and healthy.

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HANDOUTS: THUMBNAIL VIEWS

Handout 17

Handout 17 • Adjustment Group

Getting Past the Code

When people get involved in the criminal justice system, and particularly when they're incarcerated, they learn an unspoken criminal code. The code dictates that you keep your mouth shut, you don't side with the authorities against another offender, and most of all, you don't "snitch."

Even people who have been incarcerated for a drug-related offense find themselves exposed daily to inmates who are violent and intimidating. To fit in and survive, you have to mimic the behaviors you see around you. Many people begin to talk and act aggressively and to lie just to survive.

While those codes may have been part of your past experience, they won't work well with your new crime-free, substance-free life. Treatment encourages you to be honest and truthful. And that includes recognizing some of the "code" behaviors you may have adopted during your incarceration.

List the "code" behaviors you learned while incarcerated that are preventing you from being honest and truthful:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

Part of building a new life is moving on from old ways of thinking and behaving. Some of the old ways that worked in jail have no place in the free world. Those who keep those old criminal codes and behaviors run a high risk of returning to jail or prison, and/or using substances.

These are the things I will do to stay honest and truthful:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

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Handout 18

Handout 18 • Adjustment Group

Adapting to the Free World

Recovering offenders who have been incarcerated had highly structured lives during that time. There was a set time to get up, to eat, to do various activities, and to go to bed. Once released you may have some problems adapting to free world life.

Below is a list of common problems some people experience. Determine where you are on each rating scale.

Currently I'm having problems with:

Family

1	2	3	4	5	6	7	8	9	10
No problems				Some problems			Significant problems		

Specific problems with family:

____

____

Employment

1	2	3	4	5	6	7	8	9	10
No problems				Some problems			Significant problems		

Specific problems with employment:

____

____

Friends

1	2	3	4	5	6	7	8	9	10
No problems				Some problems			Significant problems		

Specific problem with friends:

____

____

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Handout 19

Handout 19 • Adjustment Group

Living a Balanced Lifestyle

Part of recovery is maintaining a balanced and healthy lifestyle. Healthy habits help you feel better mentally and physically, and strengthen your recovery. Use these ideas for improvement in the areas of exercise, diet, dental health, and lifelong healthy living.

Exercise

For health benefits, **physical activity should be moderate or vigorous:** exercise should make you breathe harder and your heart beat faster. Each week, adults should do at least 2-1/2 hours of moderate exercise, or 1-1/4 hours of vigorous exercise. Adults should also do strengthening activities, like push-ups, sit-ups, and lifting weights, at least two days a week.

Light-intensity activities don't increase your heart rate, so they don't count toward these physical activity recommendations. These activities include walking at a casual pace, such as while grocery shopping, and doing light household chores.

My exercise plan:

____

____

____

____

____

____

Diet

Eat the right amount of calories for you: Everyone has a personal calorie limit. Staying within yours can help you get to or maintain a healthy weight. People who are successful at managing their weight have found ways to keep track of how much they eat in a day, even if they don't count every calorie. Other tips include:

- Enjoy your food, but eat less.
- Cook more often at home, where you are in control of what's in your food.

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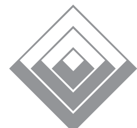

Social Support Group

SOCIAL SUPPORT GROUP

Participants eligible for the Social Support group are those who have attained a stable recovery and have completed the required weeks of the intensive phase of a *Matrix Model for Criminal Justice Settings* program. This group is designed to help offenders learn resocialization skills in a familiar, safe environment. Outside guest speakers may be invited to participate at the discretion of the therapist. This group may include a co-leader.

Goals

The goals for the Social Support group are as follows:

1. Provide a safe, familiar, less-structured group experience in which participants can begin to practice resocialization skills.
2. Facilitate access to program graduates who can serve as role models for participants in the middle stage of the recovery process.
3. Encourage participants to continue to broaden their support system of sober, recovering, and prosocial friends.
4. Provide a "bridge" support group for participants moving from the first phase of the program into the second phase.
5. Give participants in an outpatient setting an opportunity to attend outside meetings accompanied by other graduates of the *Matrix Model for Criminal Justice Settings* program.

Format

Session Structure

- Sessions are scheduled weekly after the twelfth week.
- Each session lasts for 90 minutes.
- Each session includes a topic.

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- Co-leaders assist with this group.
- Offenders are strongly encouraged to continue attending sessions for one year after completing the program.
- After a year of sobriety, participants may choose to continue in the group or to return when they recognize signs of vulnerability to relapse.

Introducing the Topic

Each Social Support group session is oriented around a one-word topic. The therapist opens the group by welcoming participants, making introductions as needed, making necessary announcements, and introducing the topic for the session. Then the therapist facilitates an interactive discussion. Included in the discussion may be the assigned topic, other sobriety issues, and current problems participants may be experiencing in establishing a substance-free, prosocial lifestyle.

Selecting Co-leaders

A Social Support group should be limited to eight to ten people, so each offender has time to participate. If the group is larger, the therapist may select participants who are experienced co-leaders to facilitate smaller discussion groups. Discussion group facilitators or co-leaders should be carefully screened for emotional stability, strength of recovery, and intellectual competency. They should make a six-month commitment to attend regularly, and they should meet with the therapist before each group session to be briefed on the topic and any relevant issues related to the participants.

Facilitating the Group

To facilitate means to make easier. The job of the group facilitator is to help group members get maximum benefit from the group and to assist them in their recovery process. There are some very specific ways this can best be accomplished. The therapist and the co-leader should review the following "dos and don'ts" before working in a group. These are the things that make a group feel safe or unsafe. It takes practice to remember them all, but the closer the therapist and co-leader can come to following these guidelines, the better the group experience will be for everyone.

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Ending the Group

The Social Support group meeting is 90 minutes long. If the group is broken into smaller discussion groups, the whole group should reconvene for wrap-up and dismissal by the therapist. If there are clinical issues that need the attention of the therapist prior to the dismissal, the co-leaders should notify the therapist.

DO	DON'T
1. Listen to members.	1. Give answers.
2. Ask open-ended questions.	2. Ask "why" questions.
3. Help clarify what a member is saying.	3. Give advice or moralize.
4. Encourage group members to support and accept each other.	4. Set yourself up as the primary source of support and acceptance.
5. Keep discussions from digressing.	5. Allow alcohol or other drug stories or stories about past criminal activities.
6. Participate as a member of the group occasionally.	6. Monopolize the time with lengthy input.
7. Make sure everyone gets time to talk.	7. Get carried away dealing with one person's problem.
8. Be regular in your attendance.	8. Be late or let the group run over its time limit.
9. Speak directly to group members.	9. Make generalized statements.
10. Talk about people's behavior, not them personally.	10. Attack members personally.
11. Respect every member of your group.	11. Allow members to show disrespect for each other.

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Philosophy

The Social Support group was conceived as a way of assisting participants who are in the middle stage of the recovery process. They have already participated in several other groups during the *Matrix Model for Criminal Justice Settings* program. The Family Education group is primarily a vehicle for delivering education information and for involving significant others in the treatment process. The Early Recovery Skills group teaches basic recovery skills, facilitates involvement in Twelve Step and/or other recovery support, and encourages participants to structure their time through scheduling. The Relapse Prevention group's focus is on maintaining sobriety over the course of time from early sobriety through the transition to middle-stage sobriety. And—beginning around the same time as the Social Support Group—the Adjustment group focuses on common problems for offenders planning for life after formal treatment ends.

Offenders need an opportunity to learn resocialization skills.

Now, during the middle stage of the recovery process, offenders need an opportunity to learn resocialization skills: this is the purpose of the Social Support group. Recovering offenders who have learned how to stop using, and how to minimize the possibility of relapse, are ready to develop a substance-free, prosocial lifestyle that will support their new recovery.

The Social Support group was conceived as a way of assisting participants who are in the middle stage of the recovery process to learn to resocialize with alcohol- and other drug-free people who have achieved a significant amount of time in recovery in a familiar, safe environment. Participants will then have the opportunity to practice these skills and gain new friends as they continue the process outside the treatment program.

The Social Support group was conceived as a way of assisting offenders who are in the middle stage of the recovery process.

The Social Support group is also beneficial for people with a longer time in recovery as well, in that serving as a role model they often strengthen their own recovery and are more able to stay mindful of the basic tenets of sobriety.

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Guide to Session Implementation

The following one-word topics are appropriate as the focus of discussion in Social Support groups. Beneath each topic are some focus questions that can be used in introducing the topic for discussion. You may add topics and focus questions of your own. Avoid asking "why" questions: they tend to probe inner motivations and make group members defensive. Though the topics are arranged alphabetically, they can be used in any order.

Aging

1. Does aging affect your efforts in getting sober?
2. How do you view aging?
3. What do you expect will happen with aging?

Anger

1. How do you feel about the way you handle your anger?
2. How do you feel when anger is directed at you?
3. Is anger a trigger for your substance use or criminal thinking?

Codependency

1. What does the word *codependency* mean to you?
2. Does it describe your behavior?
3. How are you changing that behavior?

Commitment

1. What does *commitment* mean to you?
2. When have you seen or felt it?
3. Do you need more of it in your life now?

Compulsions

1. Have you developed or returned to other compulsive behaviors?
2. To what compulsions are you vulnerable?
3. Are all compulsive behaviors bad?

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Control

1. Have you learned what you can and cannot control?
2. Are you able to let go of issues you cannot control?
3. Do you change what you can?

Cravings

1. Do you still experience cravings?
2. When are you aware of cravings?
3. What do you crave?

Depression

1. Is depression a trigger for you?
2. How do you deal with depression?
3. What contributes to your depression?

Emotions

1. Are men and women different emotionally?
2. Are you becoming more aware of your emotions?
3. Do your emotions control you at times?

Fear

1. Of what are you most afraid?
2. What were you taught to fear?
3. Are there fears that keep you stuck?

Friendship

1. What does this word mean to you?
2. When and how have you offered it?
3. Are you comfortable receiving it?

Fun

1. What are you doing for fun?
2. Has the meaning of the word changed?
3. With whom do you have fun?

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Grief

1. Have you experienced grief?
2. How have you dealt with the feeling?
3. What do you do to avoid grief?

Guilt

1. When did you last feel guilty?
2. How is guilt different from shame?
3. How could you reduce your guilt?

Happiness

1. What is happiness?
2. Can you achieve the state?
3. When have you experienced it?

Honesty

1. How familiar is this word to you?
2. Is honesty relative?
3. How does this quality relate to your self-esteem?

Intimacy

1. What does *intimacy* mean?
2. Are you afraid of the word or the feeling?
3. Have you experienced intimacy?

Isolation

1. Have you experienced isolation?
2. Is this feeling related to your alcohol or other drug use?
3. How do you avoid isolating yourself?

Justifications

1. To which relapse justifications are you most vulnerable?
2. How do you deal with a potential justification?
3. Are you justifying addictive behaviors now?

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Masks

1. Do you present yourself as feeling one way when you really feel another?
2. Do you behave differently than who you really are?
3. Where do you wear masks most often?

Overwhelmed

1. What contributes to your feeling overwhelmed at times?
2. How do you deal with the feeling?
3. When was the last time you felt this way?

Patience

1. Are you satisfied with your usual patience?
2. Can you be too patient?
3. Are you more patient with yourself or others?

Physical

1. How do you feel about your physical self?
2. How are you changing physically?
3. Do you see yourself physically as others see you?

Recovery

1. How do you feel about your recovery?
2. What are you focusing on in your recovery?
3. Do you have a recovery role model?

Rejection

1. How afraid of rejection are you?
2. What if it happens to you?
3. When has it happened to you?

Relaxed

1. How do you achieve this state?
2. Do you enjoy the feeling?
3. How did you see adults relaxing as you grew up?

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Rules

1. How do you respond to rules?
2. Do you make rules for yourself?
3. What rules work for you?

Scheduling

1. Did you ever learn this tool?
2. When do you use it?
3. What makes scheduling difficult?

Selfish

1. Is this always a negative term?
2. In what ways are you selfish?
3. How would you like to change with regard to this concept?

Sex

1. Is this a positive or negative concept?
2. What thoughts does the word trigger?
3. What one thing related to sex did you never think you would tell a group?

Smart

1. Are you able to be smarter than your addiction or your criminal behavior?
2. When have you tried to be stronger?
3. What are you struggling with that you could avoid?

Spirituality

1. Have you chosen to add a spiritual component to your recovery?
2. What types of spiritual groups or other recovery support groups might be complementary to the *Matrix Model for Criminal Justice Settings*?
3. Have you found spirituality helpful in the past?

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Thoughts

1. Have you had to use thought stopping recently?
2. Has there been a time when you should have used it?
3. What do you visualize during this process?

Triggers

1. What triggers still exist in your daily living?
2. How are you trying to change the situation so you don't experience these triggers?
3. Are there triggers you cannot avoid?

Trust

1. What is trust?
2. Have you trusted?
3. Do others trust you?

Work

1. How do work and your recovery fit together?
2. What did work mean in your family?
3. How do you feel about your relationship with work?

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THE MATRIX MODEL FOR
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Urine and Breath-Alcohol Testing

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URINE AND BREATH-ALCOHOL TESTING

Regular urine testing or breath-alcohol testing is part of the structure that helps to control substance use. Testing is a valuable tool for recovery that is presented to participants as such. It is most often required as part of the program for those in the criminal justice system and is also likely used to monitor substance use for court systems. Therefore care and consideration must be used with urine testing.

When this program is used with drug courts, correctional programs, re-entry programs, and outpatient programs, urine screening will need to follow the contracts and agreements made with court systems. To protect both staff and offenders, programs must also establish policies and procedures to guide and direct the testing process. Even though urine analysis (UAs) are part of the monitoring for court systems, the therapist can also reframe the issue more positively as “a way to show the courts how well you are doing in treatment” rather than as an attempt to catch participants doing something wrong. Most programs have strict guidelines on testing, guidelines the offender agrees to, usually in writing.

Goals

The goals for urine testing are as follows:

1. Deter resumption of alcohol or other drug use.
2. Provide information regarding alcohol or other drug use.
3. Establish the presence of an alcohol or other drug problem with a person who is ambivalent about his or her use.
4. Diagnose an alcohol or other drug problem requiring more intensive treatment.
5. If contracted or required by agreements with court systems or drug courts, urine testing provides a system to monitor compliance with court and program rules and regulations.

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Format

For urine analysis (UAs), all offenders are asked to provide a urine specimen *as required by court or treatment program rules and policies*. The testing day is not specified ahead of time. It should be random, or may be on a day most closely following a period of high risk (weekends, payday, and so on). However, participants should not always be tested on the same weekday; over time there should be an element of randomness. Additional tests may be requested if behavior warrants it. Unexplained missed appointments, unusual behavior in group sessions, or family reports of unusual behavior may indicate a need for additional testing. Staff should be sensitive to possible embarrassment by avoiding any unnecessary public discussion or joking about the tests.

Collecting Specimens

The urine bottle should be labeled and given to the offender to provide a specimen. Care must be taken in handling specimens, and rubber gloves should be worn when packaging them. Staff needs to seek direction from supervisors to avoid exposure to hepatitis or HIV. The specimen may be screened for the participant's drug of choice and other panels as needed or required by contract or court.

It is also recommended that Breathalizer screening for alcohol be conducted randomly, because, if not already abusing alcohol, offenders may switch to alcohol knowing they will be tested for drugs. All testing should be random to ensure the offender cannot discern patterns and avoid detection. Full screens should be done when there is reason to suspect other unadmitted drug use.

Offenders who enter the program with cannabis as the drug of choice, or who test positive for cannabis on initial admission, should be tested weekly to gauge THC levels. Many offenders continue using if they think they can get away with it for a few more days or weeks. Those with initial cannabis positive results should show decreased levels during the testing.

Dealing with a Positive Urine Test

An unexpected positive urine result is an extremely significant event in treatment. It might mean there has been an occasion of use, or it might indicate a return to chronic use.

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In response to a positive result, consider the following:

1. Re-evaluate the period of time surrounding the test. Were there other indications of a problem, such as missing appointments, unusual behavior, revealing discussions in a treatment session or group, or family reports of unusual activity?
2. Do not confront the participant. Rather, give him or her an opportunity to explain the result. For example, say: "I received a positive result from the lab on your urine test from last Monday. Did anything happen that weekend you forgot to tell me about?" Make sure this discussion takes place in a private setting.
3. Do not get into a discussion about the validity of the results (for example, the lab made an error or the bottle was mixed up with another person's). Move on to discussing next steps on how to focus more on sobriety.
4. Regardless of the offender's explanation, or lack of explanation, be assured that most likely there was at least one instance of drug use. It might be necessary, then, to temporarily increase the frequency of testing to determine the extent of use.
5. If the treatment program has an agreement with court systems or probation/parole to report positive drug screens, remind the offender that he or she agreed to the understanding that positive results must be reported.

Sometimes participants will admit to the drug use. Reinforce this honesty and emphasize its therapeutic importance. This interaction may occasionally result in admissions of other instances of drug use that had gone undetected. For some programs or drug courts, an admission of use will be considered and sanctions could be eased because of the offender's honesty.

Sometimes a participant will respond with a partial confession of drug use. For instance, he or she was at a party and was offered drugs but didn't use. These partial confessions are often the closest the participant can get to actually admitting drug use. The therapist need not attempt to elicit the entire confession but may assume that there was drug use and move on to discussing next steps to help focus on sobriety. The therapist can again reinforce honesty and follow up with random drug screens. This type of

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admission is cause for concern even if the offender states he or she did not use and a drug screen confirmed it. This can often be an indication that the participant is at risk, especially in early recovery. Often thoughts about the experience will continue and can trigger later use. Establish a safety plan to keep them safe even if it seems they did not use.

Occasionally an offender will react angrily. Typically, there is an accusation of lack of trust on the part of the therapist and indignation at the suggestion of drug use. These reactions may be very convincing and may cause the therapist, initially, to react defensively. The participant should be informed of the necessity of discussing the positive test result and told that the questioning is in his or her best interest. The therapist should attempt to move on to other issues. At some other time, discuss the topic of truthfulness and give the participant an opportunity to discuss the test result.

If there are repeated positive test results, it may be necessary to be somewhat confrontational. Be sensitive to the need for privacy during these discussions. Even if the participant denies drug use, the therapist must proceed as if there were use. It will be necessary to analyze the relapse(s) using the Relapse Analysis Chart or consider the need for a higher level of more structured treatment, perhaps hospitalization or a move from outpatient to residential care. The therapist's confidence and certainty of the result are critical at this point and may help elicit an honest explanation of what has been happening.

Dealing with Falsified Specimens

Occasionally, an offender will attempt to conceal drug use by tampering with a specimen by submitting watered-down urine, a substance other than urine (usually tap water), or sometimes someone else's urine. The tampered specimen is usually obvious by appearance (clear, lacking in yellow coloration) or temperature (bottle too cold to be body temperature). If the therapist believes the offender is tampering with the specimen, the offender should be confronted and will be asked for additional specimens and more frequent tests. Alternate testing via hair follicle may be requested by the court.

Falsified specimens are an indication of drug use. Offenders who tamper with specimens rarely admit to it. This is a critical situation in treatment and may signal a serious relapse. The drug use combined with the concealment of the truth may reflect a breakdown of the therapeutic process. In this

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case, observing the participant while providing the specimen is seen as a requirement. In a criminal justice program, observed drug testing is essential. Offenders will often tamper drug screens initially if given the opportunity. Observing drug screens provides a way to avoid tampering attempts and protects your program if the offender has to go to court for a violation.

A much more common falsification attempt is trying to avoid giving the specimen altogether. Participants who claim they are unable to urinate ("I just went before I got here" or "Can I give it to you next time?" or "I just can't go") or those who seem overeager to get to the lavatory to establish an empty-bladder alibi may be trying to conceal drug use. It may be necessary to offer the participant water or another beverage and ask him or her to wait until urination is possible or return later the same day.

Falsified specimens are an indication of drug use. Offenders who tamper with specimens are not likely to admit to it.

Observing Urines

The treatment program must have well-established policies and procedures for observing urine tests to protect the offender and the staff from allegations that can come up. This is an uncomfortable process for both the offender and the staff, so program guidelines and policies must be in place. Program policies should state who is authorized to observe and the degree of observation. This is a protection for staff as well as offenders.

It is important to view this as a therapeutic activity. It may be the only meaningful offender-therapist interaction that is occurring if there has been an interruption of the recovery process. In many cases, this procedure will move the participant back on track and prompt a telling of the truth.

In a criminal justice system program, observed testing is essential. Urine screens in the criminal justice system can lead to incarceration and must be taken very seriously.

Philosophy

Offenders in outpatient treatment need as many tools as possible to facilitate recovery. To regain control of their lives, they need to impose structure around their behavior. Urine testing is part of the treatment structure that helps to control drug use. Urine testing is a valuable tool that is presented to the participant as something that can assist in recovery and is required as part of

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the program rules. It is *not* presented or employed primarily as a monitoring measure. Rather than using it as a way to find out "what's really going on," offer urine testing as a way of helping a person not use drugs. Testing should not be presented as a statement of mistrust regarding a person's honesty. Urine testing helps the therapist and offender keep behavior in line with the recovery process as well as the program rules and court requirements.

Testing results may occasionally reveal drug use that had not been previously admitted. The results can provide an additional invaluable piece of data in instances where relapse has occurred and the person refuses to talk about it. The reality of relapse and subsequent concealment of the truth makes urine testing an essential component of drug treatment.

The results of a urine test can provide an additional invaluable piece of data in instances where relapse has occurred and the person refuses to talk about it.

Finally, urine testing provides a way to document either the *absence* of an active addiction or to expose an addiction. A person suspected of having a drug problem by the court system, and sent for an evaluation, can be enrolled in a urine-testing program to help gauge the extent of drug use. In these cases, the test can be presented to the person as a way to document the alleged *absence* of a problem. On the other hand, a positive test most likely provides irrefutable evidence of a problem. There should be agreement among all parties before the start of the testing program about what will happen in the event of a positive or a missed test.

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Richard A. Rawson, Ph.D., received his doctorate in experimental psychology from the University of Vermont in 1974. Since that time, he has spent his career conducting research and developing systems for treating individuals with substance use disorders. Rawson has been a member of the UCLA Department of Psychiatry for more than twenty years and is currently an adjunct associate professor and the associate director of the UCLA Integrated Substance Abuse Programs (ISAP). In this role, Rawson oversees a portfolio of addiction research ranging from brain imaging studies to numerous clinical trials on pharmacological and psychosocial addiction treatments, to the study of how new treatments are applied in the treatment system. During the past decade, he has worked with the U.S. State Department on large substance abuse research and treatment projects, exporting U.S. technology and addiction science to Mexico, Thailand, Israel, Egypt, South Africa, and the Palestinian Authority. He is currently the principal investigator of the Pacific Southwest Addiction Technology Transfer Center and the National Institute on Drug Abuse (NIDA) Methamphetamine

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Clinical Trials Group, as well as the coprincipal investigator of the Pacific Node of the NIDA Clinical Trials Network (CTN). Rawson has published 2 books, 20 book chapters, and more than 150 professional papers; in addition, he has conducted more than 1,000 workshops, paper presentations, and training sessions. He was raised on a dairy farm in Vermont, and, despite more than twenty-five years of California residence, he is a hopeless Boston Red Sox fan.

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Michael J. McCann, M.A., is one of the founders of the Matrix Institute on Addictions and creators of the Matrix Model. He is the Associate Director and Director of Research of the Matrix Institute. He has overseen the operation of Matrix clinics as well as the integration of many research projects within these sites. He has over 35 years experience in substance abuse treatment and research, and has authored or co-authored over 40 articles, books, and manuals including the Matrix Model Intensive Outpatient Alcohol and Drug Treatment manuals; the SAMHSA Technical Assistance Publication (TAP) 7; "Treatment of Opiate Addiction with Methadone: A Counselor Manual"; and the SAMHSA/Danya Learning Center "Buprenorphine Treatment of Opioid Addiction: a Counselor Manual." He has been the principal investigator for NIDA and CSAT-funded projects evaluating pharmacologic and behavioral treatments, and has been the project director for CSAT-funded grants that expand treatment services for opioid dependence and provide evidence-based enhancements to standard services. He has trained and lectured on evidence-based behavioral interventions, pharmacologic treatments, methamphetamine dependence, opioid dependence, and on the implementation of research findings into clinical practice. Michael received his undergraduate degree from John Carroll University in Cleveland, Ohio, and his graduate degree from the University of California at Santa Barbara.

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