



Education Program

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WHAT IS ADDICTION?

Addiction is a complex disease, often chronic in nature, which affects the functioning of the brain and body.

It also causes serious damage to families, relationships, schools, workplaces and neighbourhoods. The most common symptoms of addiction are severe loss of control, continued use despite serious consequences, preoccupation with using, failed attempts to quit, tolerance and withdrawal. Addiction involves changes in the function and structure of the brain, which can result in compulsive substance abuse.

Fortunately, addiction can be effectively treated and managed.

Addiction to alcohol or drugs is a health problem, not a moral problem, and not a criminal problem. A health problem. We are not to blame if we have a problem with drug or alcohol dependence. It's like blaming someone for a chronic health condition like diabetes or cancer. We wouldn't blame someone for having diabetes or heart disease and you are not to blame if you have a problem with alcohol or drugs.

How Substance Use Changes the Brain

People feel pleasure when basic needs such as hunger, thirst and sex are satisfied. In most cases, these feelings of pleasure are caused by the release of certain chemicals, such as dopamine, in the brain. Most addictive substances cause the brain to release high levels of dopamine, which is associated with pleasure or reward.

Over time, continued release of dopamine causes changes in the brain systems involved in reward, motivation and memory. When these changes occur, a person may need the substance to feel normal. The individual may also experience intense desires or cravings for the addictive substance and will continue to use it despite the harmful or dangerous consequences. The person will also prefer the drug to other healthy pleasures and may lose interest in normal life activities. The brain changes to focus on performing the behaviours we need in order to get the reward. In the most chronic form of the disease, addiction can cause a person to stop caring about their own or other's well-being or survival.

These changes in the brain can remain for a long time, even after the person stops using substances. It is believed that these changes may leave those with addiction very vulnerable to physical and environmental cues that they associate with substance use, also known as triggers, which can increase their risk of relapse.

Before recent advances in neuroscience we still knew we were addicts because of our behaviour and how we thought and felt. You don't need a science degree to understand addiction.

A drug or alcohol addiction has two key characteristics:

- 1 We sometimes use more than we would like to use
- 2 We continue to use despite negative consequences.

People use drugs or alcohol to escape, to relax, or to reward. But over time, our addiction to drugs and alcohol make us believe that we can't cope without them, or that we can't enjoy life without using.

The greatest damage is to our self-worth.

Approximately **10%** of any population is addicted to drugs or alcohol. Addiction is more common than diabetes, which occurs in approximately **7%** of the population.

Addiction crosses all socio-economic boundaries 10% of teachers, 10% of plumbers, and 10% of CEOs and 10% of our own family have an addiction.



DISCUSS:

What are some of the myths or stereotypes about addicts and alcoholics?

How does this affect your ability to identify as an addict or an alcoholic?

Why do we focus on the similarities and not the differences?

What do we mean by the “Yets”?

Key characteristics of addiction:

- 1 **Tolerance.** Do you use more alcohol or drugs over time?
- 2 **Withdrawal.** Have you experienced physical or emotional withdrawal when you have stopped using? Have you experienced anxiety, irritability, shakes, sweats, nausea, or vomiting? Emotional withdrawal is just as significant as physical withdrawal.
- 3 **Limited control.** Do you sometimes drink or use drugs more than you would like? Do you sometimes drink to get drunk? Does one drink lead to more drinks sometimes? Do you ever regret how much you used the day before?
- 4 **Negative consequences.** Have you continued to use even though there have been negative consequences to your mood, self-worth, health, job, or family?
- 5 **Neglected or postponed activities.** Have you ever put off or reduced social, recreational, work, or household activities because of your use?
- 6 **Significant time or energy spent.** Have you spent a significant amount of time obtaining, using, concealing, planning, or recovering from your use? Have you spend a lot of time thinking about using? Have you ever concealed or minimized your use? Have you ever thought of schemes to avoid getting caught?
- 7 **Desire to cut down.** Have you sometimes thought about cutting down or controlling your use? Have you ever made unsuccessful attempts to cut down or control your use?

The terms alcohol addiction, alcoholism, and alcohol dependence are interchangeable. Drug addiction or drug dependence is also the same. These terms all mean the same thing. Whatever label we use to describe our struggle with addiction is OK. What matters is that you are here and willing to do something about it.

Am I an addict?

Only you can answer this question. This may not be an easy thing to do. All through our usage, we told ourselves, "I can handle it." Even if this was true in the beginning, it is not so now. The drugs handled us. We lived to use and used to live. Very simply, an addict is a person whose life is controlled by drugs.

Perhaps you admit you have a problem with drugs, but you don't consider yourself an addict. All of us have preconceived ideas about what an addict is. There is nothing shameful about being an addict once you begin to take positive action. If you can identify with our problems, you may be able to identify with our solution. The following questions were written by recovering addicts in Narcotics Anonymous. If you have doubts about whether or not you're an addict, take a few moments to read the questions below and answer them as honestly as you can. Do you ever use alone?

- 1 Do you ever use alone?
- 2 Have you ever substituted one drug for another, thinking that one particular drug was the problem?
- 3 Have you ever manipulated or lied to a doctor to obtain prescription drugs?
- 4 Have you ever stolen drugs or stolen to obtain drugs?
- 5 Do you regularly use a drug when you wake up or when you go to bed?
- 6 Have you ever taken one drug to overcome the effects of another?
- 7 Do you avoid people or places that do not approve of you using drugs?
- 8 Have you ever used a drug without knowing what it was or what it would do to you?
- 9 Has your job or school performance ever suffered from the effects of your drug use?
- 10 Have you ever been arrested as a result of using drugs?
- 12 Have you ever lied about what or how much you use?
- 13 Do you put the purchase of drugs ahead of your financial responsibilities?
- 14 Have you ever tried to stop or control your using?
- 15 Have you ever been in a jail, hospital, or drug rehabilitation centre because of your using?
- 16 Does using interfere with your sleeping or eating?
- 17 Does the thought of running out of drugs terrify you?
- 18 Do you feel it is impossible for you to live without drugs?
- 19 Do you ever question your own sanity?
- 20 Is your drug use making life at home unhappy?
- 21 Have you ever thought you couldn't fit in or have a good time without drugs?
- 22 Have you ever felt defensive, guilty, or ashamed about your using?
- 23 Do you think a lot about drugs?
- 24 Have you had irrational or indefinable fears?
- 25 Has using affected your sexual relationships?
- 26 Have you ever taken drugs you didn't prefer?
- 27 Have you ever used drugs because of emotional pain or stress?
- 28 Have you ever overdosed on any drugs?
- 29 Do you continue to use despite negative consequences?
- 30 Do you think you might have a drug problem?

“Am I an addict?”

This is a question only you can answer. We found that we all answered different numbers of these questions “Yes.” The actual number of “Yes” responses wasn’t as important as how we felt inside and how addiction had affected our lives.

Some of these questions don’t even mention drugs. This is because addiction is an insidious disease that affects all areas of our lives—even those areas that seem at first to have little to do with drugs. The different drugs we used were not as important as why we used them and what they did to us.

When we first read these questions, it was frightening for us to think we might be addicts. Some of us tried to dismiss these thoughts by saying:

“Oh, those questions don’t make sense;”

Or “I’m different. I know I take drugs, but I’m not an addict. I have real emotional/family/job problems;”

Or “I’m just having a tough time getting it together right now;”

Or “I’ll be able to stop when I find the right person/get the right job, etc.”

If you are an addict, you must first admit that you have a problem with drugs before any progress can be made toward recovery. These questions, when honestly approached, may help to show you how using drugs has made your life unmanageable. Addiction is a disease, which without recovery, ends in jails, institutions, and death.

Many of us came to Narcotics Anonymous because drugs had stopped doing what we needed them to do. Addiction takes our pride, self-esteem, family, loved ones, and even our desire to live. If you have not reached this point in your addiction, you don’t have to. We have found that our own private hell was within us. If you want help, you can find it in the Fellowship of Narcotics Anonymous.

“We were searching for an answer when we reached out and found Narcotics Anonymous. We came to our first NA meeting in defeat and didn’t know what to expect. After sitting in a meeting, or several meetings, we began to feel that people cared and were willing to help. Although our minds told us that we would never make it, the people in the fellowship gave us hope by insisting that we could recover.

Surrounded by fellow addicts, we realized that we were not alone anymore. Recovery is what happens in our meetings. Our lives are at stake. We found that by putting recovery first, the program works. We faced three disturbing realizations:

- 1 We are powerless over addiction and our lives are unmanageable;
- 2 Although we are not responsible for our disease, we are responsible for our recovery;
- 3 We can no longer blame people, places, and things for our addiction. We must face our problems and our feelings.

Am I an alcoholic?

- 1 Have you ever decided to stop drinking for a week or so, but only lasted for a couple of days? Most of us in A.A. made all kinds of promises to ourselves and to our families. We could not keep them. Then we came to A.A. A.A. said: "Just try not to drink today." (If you do not drink today, you cannot get drunk today.)
- 2 Do you wish people would mind their own business about your drinking-- stop telling you what to do? In A.A. we do not tell anyone to do anything. We just talk about our own drinking, the trouble we got into, and how we stopped. We will be glad to help you, if you want us to.
- 3 Have you ever switched from one kind of drink to another in the hope that this would keep you from getting drunk? We tried all kinds of ways. We made our drinks weak. Or just drank beer. Or we did not drink cocktails. Or only drank on weekends. You name it, we tried it. But if we drank anything with alcohol in it, we usually got drunk eventually.
- 4 Have you had to have an eye-opener upon awakening during the past year? Do you need a drink to get started, or to stop shaking? This is a pretty sure sign that you are not drinking "socially."
- 5 Do you envy people who can drink without getting into trouble? At one time or another, most of us have wondered why we were not like most people, who really can take it or leave it.
- 6 Have you had problems connected with drinking during the past year? Be honest! Doctors say that if you have a problem with alcohol and keep on drinking, it will get worse -- never better. Eventually, you will die, or end up in an institution for the rest of your life. The only hope is to stop drinking
- 7 Has your drinking caused trouble at home? Before we came into A.A., most of us said that it was the people or problems at home that made us drink. We could not see that our drinking just made everything worse. It never solved problems anywhere or anytime.
- 8 Do you ever try to get "extra" drinks at a party because you do not get enough? Most of us used to have a "few" before we started out if we thought it was going to be that kind of party. And if drinks were not served fast enough, we would go some place else to get more.
- 9 Do you tell yourself you can stop drinking any time you want to, even though you keep getting drunk when you don't mean to? Many of us kidded ourselves into thinking that we drank because we wanted to. After we came into A.A., we found out that once we started to drink, we couldn't stop.
- 10 Have you missed days of work or school because of drinking? Many of us admit now that we "called in sick" lots of times when the truth was that we were hung-over or on a drunk.
- 11 Do you have "blackouts"? A "blackout" is when we have been drinking hours or days, which we cannot remember. When we came to A.A., we found out that this is a pretty sure sign of alcoholic drinking.
- 12 Have you ever felt that your life would be better if you did not drink? Many of us started to drink because drinking made life seem better, at least for a while. By the time we got into A.A., we felt trapped. We were drinking to live and living to drink. We were sick and tired of being sick and tired.

WHAT'S YOUR SCORE?

Did you answer YES four or more times? If so, you are probably in trouble with alcohol. Why do we say this? Because thousands of people in A.A. have said so for many years. They found out the truth about themselves - the hard way. But again, only you can decide whether you think A.A. is for you. Try to keep an open mind on the subject. If the answer is YES, we will be glad to show you how we stopped drinking ourselves. Just call.

A.A. does not promise to solve your life's problems. But we can show you how we are learning to live without drinking "one day at a time." We stay away from that "first drink." If there is no first one, there cannot be a tenth one. And when we got rid of alcohol, we found that life became much more manageable.



DISCUSS WITH GROUP:

How am I an addict today?

- Have I been obsessing with a person, place or thing? How is this affecting my relationships with others?
- Have I given untrue reasons for my behaviour?
- Have I blamed others for my behaviour?
- Do I look for an easier softer way?
- Am I avoiding action because of fear and shame? What am I afraid of?
- Have I been restless, irritable or discontent?
- Have I acted from selfishness, dishonesty, resentment or fear?
- Have I been very sensitive, taking things too personally?

How am I in recovery today?

- Am I clean and sober today?
- Have I talked with someone about recovery?
- Have I been kind to someone else?
- Have I taken care of my basic needs to eat, sleep, rest and work?
- Have I read any recovery literature?
- Have I worked the Steps? How?
- Have I practiced the HOW of the program e.g. honesty, open-mindedness, willingness?



Use this page to record your personal notes, reflections and thinking about the group.



NOTES PAGE – SESSION 2

DATE: _____

Use this page to record your personal notes, reflections and thinking about the group.

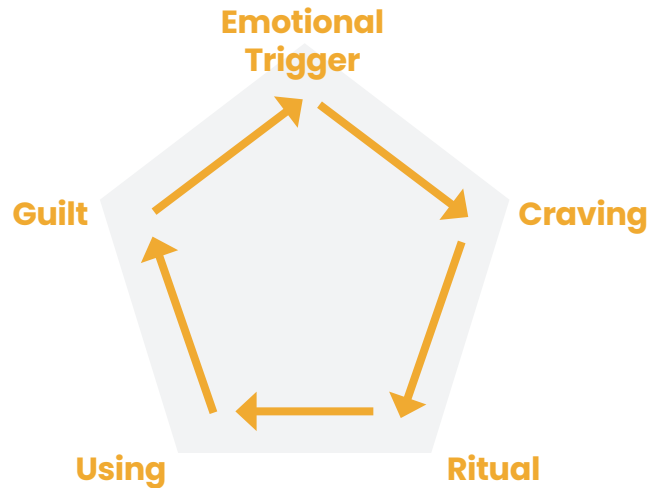
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Use this page to record your personal notes, reflections and thinking about the group.

THE CYCLE OF ADDICTION

Addiction Cycle



Characteristics of the Cycle of Addiction

- 1 Emotional pain, stress, frustration that leads to anxiety and a demand for relief
- 2 Fantasizing about using alcohol and drugs to find relief
- 3 Obsessively thinking about our next drink or drug and how it will make things OK. Thinking that we need relief, a chance to relax, a reward.
- 4 Using drugs, drinking alcohol or engaging in other addictive activities to find relief
- 5 Losing control over the addictive behavior- not being able to stop, using/drinking/spending more than intended
- 6 Experiencing feelings of remorse, guilt and shame, leading to feelings of dissatisfaction and unhappiness.
- 7 Making a promise to oneself to stop the behavior or substance use.
- 8 Then, after a period of time, the pain returns and the addict begins to experience same ideas of how good it would be to use substances again. "Just once more", "I'll start again tomorrow"

The cycle of addiction rotates differently for different users. If you are binge user your cycle will be slower. Daily users may rotate through the cycle of addiction daily or several times throughout the day. This cycle can be arrested at any point after the addict or alcoholic makes a decision or is forced to get help. Sometimes, the consequences that arise (legal, financial, medical or social) force the addict or alcoholic to stop using. However, in the absence of outside help, such as alcohol or drug detox followed by addiction treatment help, the substance abuse or addictive behavior is likely to return.



Why can't I stop?

When I used ice it felt good and I got the relief I needed. I used because I believed I needed to. Ice was my solution to the extreme emotional discomfort I felt without it. And make no mistake – ice did work for a while. It did everything I needed. My problems seemed to go away, I felt like I could achieve anything, and each time I got high it felt like a new beginning. But being an addict, I couldn't control when or how much I used. So I used too much at all the wrong times and for too long.

As a result of my uncontrollable ice use I would soon start suffering consequences. And the consequences could be the same or different each time. But they would all be negative – financial problems, mental health issues, employment problems, relationship issues, conflicts with family and friends. And I would eventually come to a point of crisis. I'd lose a job or my wife would threaten to leave or I'd make a complete ass out of myself at a social engagement and wake up the next day filled with shame, guilt and remorse. At such times, I would make what I call a 'Newfound Commitment'. I would tell myself, "Enough is enough. I need to change. These drugs have got out of control". I would promptly make a number of promises, to myself and to other people. Things like, "I'm going to be a good guy, I'm going to go to the gym, I'm going to go to work, I'm not going to use ice, and I won't see those people anymore". And as a result of these Newfound Commitments I would manage to moderate my behaviour long enough for my life to regain some sense of order. And I would experience some relief.

Things would be OK for a while. I'd pay off the dealer and start going to work again. I'd get some money back in the bank and pay off some bills at home. My wife would let me back into the bedroom. My mental health would start to improve. However, within a short period of time I would start to experience the consequences of being abstinent or of using much less. I would become bored and restless, I would get depressed and feel like there was no point to life, as if it had lost all colour. I would become moody, lethargic and just generally uncomfortable in my own skin. And in the end I would start to think "this isn't worth it, what's in it for me?"

Eventually I would reach what I call 'the Fuck-it Moment', which is the antithesis of the Newfound Commitment that preceded it. I would say, "Fuck it!" I would go and score, I would use and I would get some relief. Colour would suddenly return to life and I would think 'Thank god! Why didn't I do this earlier? Life's OK again'. That would keep me going for a while, but soon it would be just like last time – things would turn to shit and I would simply go round and round in the hamster wheel that is the cycle of addiction.

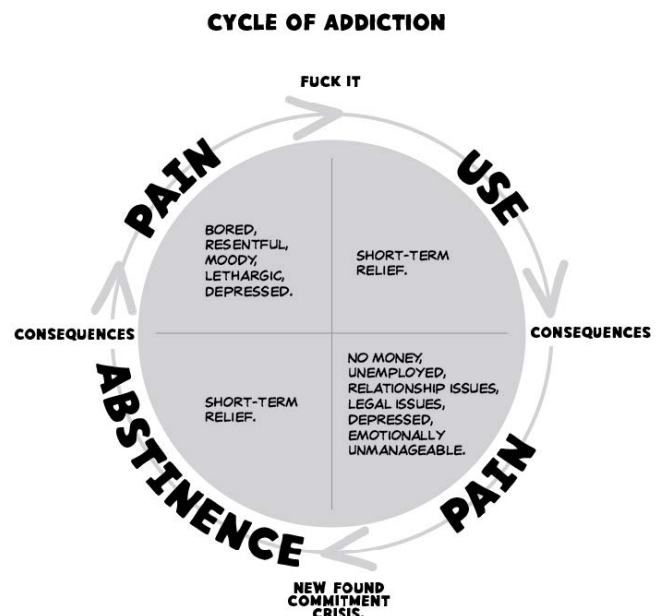
The consequences of using and of abstinence are very similar for the untreated addict – both end in extreme discomfort. This is the conundrum of the untreated addict – damned if I do and damned if I don't. Using doesn't work and neither does not using.

The cycle of addiction is a lose-lose situation. And the destination is always the same – pain. Although externally things may have looked different when I was using to when I wasn't using, internally, for me, they were comparable. It took an intervention before I decided to do something different. I was in enough pain to take direction. I wasn't going to just not use this time; I was going to go to treatment. I wasn't going to get a job and go to the gym and try really hard.

I was going to stop and deal with the real issue. Treatment freed me from the cycle of addiction. I was no longer at the mercy of my emotions and compulsive desires. I can now live without drugs – completely abstinent – and the boredom, restlessness, depression, moodiness, lethargy and all the other emotional consequences that used to accompany abstinence are no longer a part of my life.

If you've being going around and around in circles and have failed to stop time and time again, this is not your fault – it is simply the Cycle of Addiction. This is how the illness operates and takes addicts and families hostage.

The good news is this can stop. There are proven treatment methods that will free you from this doomed cycle. If you do not seek professional help it will continue to hold you and your loved one hostage until death do you part.





Exploring your cycle of addiction

How would you describe your use of drugs or alcohol? Do you use daily? Weekly? Are you a binge user, a daily user or a top up user?

When you have tried to stop using or cut down in the past what has led you back to picking up a drink or a drug?

What do you say to yourself when you are fantasizing about drinking or using drugs?

Have you sometimes got relief from using or drinking?

What happens next? More relief or do things start to go wrong?

Describe a time when your drinking or using brought you more trouble than relief.

What promises have you made to yourself or others about cutting down, controlling or stopping your drug and alcohol use?

What do you say to yourself just before you pick up again? Have you ever said: "Just once more", or "I'll start again tomorrow"?



NOTES PAGE

DATE: _____

Use this page to record your personal notes, reflections and thinking about the group.

POST ACUTE WITHDRAWAL SYNDROME (PAWS)

What is Post Acute Withdrawal Syndrome?

There are two stages of withdrawal.

The first stage is the acute stage, which usually lasts at most a few weeks. During this stage, you may experience physical withdrawal symptoms. But every drug is different, and every person is different. The second stage of withdrawal is called the Post Acute Withdrawal Syndrome (PAWS). During this stage you'll have fewer physical symptoms, but more emotional and psychological withdrawal symptoms. Post-acute withdrawal occurs because your brain chemistry is gradually returning to normal. As your brain improves the levels of your brain chemicals fluctuate as they approach the new equilibrium causing post-acute withdrawal symptoms.

Most people experience some post-acute withdrawal symptoms. Whereas in the acute stage of withdrawal every person is different, in post-acute withdrawal most people have the same symptoms.

Common Symptoms of Post-Acute Withdrawal:

- ✓ Mood swings
- ✓ Anxiety
- ✓ Irritability
- ✓ Tiredness
- ✓ Variable energy
- ✓ Low enthusiasm
- ✓ Variable concentration
- ✓ Disturbed sleep

Post-acute withdrawal feels like a rollercoaster of symptoms.

In the beginning, your symptoms will change minute to minute and hour to hour. Later as you recover further they will disappear for a few weeks or months only to return again. As you continue to recover the good stretches will get longer and longer. But the bad periods of post-acute withdrawal can be intense.

Each post-acute withdrawal episode usually last for a few days.

Once you've been in recovery for a while, you will find that each post-acute withdrawal episode usually lasts for a few days. There is no obvious trigger for most episodes. You will wake up one day feeling irritable and have low energy. If you hang on for just a few days, it will lift just as quickly as it started. After a while you'll develop confidence that you can get through post-acute withdrawal, because you'll know that each episode is time limited.

Post-acute withdrawal can last for about 2 years.

This is one of the most important things you need to remember. If you're up for the challenge you can get through this. But if you think that post-acute withdrawal will only last for a few months, then you'll get caught off guard, and when you're disappointed you're more likely to relapse.

How to Survive Post-Acute Withdrawal

Be patient.

You can't hurry recovery. But you can get through it one day at a time. If you resent post-acute withdrawal, or try to bulldoze your way through it, you will become exhausted. And when you're exhausted you will think of using to escape. Post-acute withdrawal symptoms are a sign that your brain is recovering. Therefore don't resent them.

Go with the flow.

Withdrawal symptoms are uncomfortable. But the more you resent them the worse they'll seem. You'll have lots of good days over the next two years. Enjoy them. You'll also have lots of bad days. On those days, don't try to do too much. Take care of yourself, focus on your recovery, and you'll get through this.

Practice self-care.

Give yourself lots of little breaks over the next two years. Tell yourself "what I am doing is enough." Be good to yourself. That is what most addicts can't do, and that's what you must learn in recovery. Recovery is the opposite of addiction.

Sometimes you'll have little energy or enthusiasm for anything. Understand this and don't over book your life. Give yourself permission to focus on your recovery.

Post-acute withdrawal can be a trigger for relapse.

You'll go for weeks without any withdrawal symptoms, and then one day you'll wake up and your withdrawal will hit you like a ton of bricks. You'll have slept badly. You'll be in a bad mood. Your energy will be low. And if you're not prepared for it, if you think that post-acute withdrawal only lasts for a few months, or if you think that you'll be different and it won't be as bad for you, then you'll get caught off guard. But if you know what to expect you can do this.

Being able to relax will help you through post-acute withdrawal.

When you're tense you tend to dwell on your symptoms and make them worse. When you're relaxed it's easier to not get caught up in them. You aren't as triggered by your symptoms which means you're less likely to relapse.



PAWS GROUP PLANNING FORM **DATE:** _____

Write a PAWS response plan for yourself here. We best manage the emotional and physical ups and downs of early recovery by being prepared for them.

What PAWS symptoms have you experienced?

It is important to remind yourself that the feeling you are having is just part of PAWS and *It Will Pass*.

- 1 What are your favourite sayings or slogans that you can use when you are in PAWS? E.g. easy does it, keep it simple, one day at a time...

- 2 What relaxation strategy can you use when feeling agitated?

- 3 What else can you do when feeling that you are having a PAWS episode?

Post Acute Withdrawal Syndrome (PAWS)

Adapted from Terry Gorski, *Staying Sober- A Guide for Relapse Prevention*

Many of the problems associated with early sobriety do not stem directly from drugs and alcohol. Instead, they are associated with physical and psychological changes that occur after the chemicals have left our bodies. When we use, our brains actually undergo physical change to cope with the presence of the drug in our body. When we remove the drugs, our brains then demand more to satisfy the desire caused by the changes. The extreme symptoms that we experience immediately after we stop using are called "acute withdrawal."

Acute withdrawal is not the whole story. Our bodies make initial adjustments to the absence of the drug, and the major symptoms ease up. However, the changes that have occurred in our brains need time to revert back to their original state, to the extent that they ever do. During that period they cause a variety of problems known as **Post Acute Withdrawal Syndrome (PAWS)**.

Recovery causes a great deal of stress. Many addicts and alcoholics can't learn to manage stress without alcohol or drug use, or do so only after many attempts at sobriety. Our ability to deal with stress depends on our willingness to take care of ourselves and maintain a healthy physical, emotional and spiritual lifestyle. Repairing the damage to our nervous systems can require from six months to two years with a healthy program of recovery. (The time varies greatly, depending on years of use, kinds of drugs and individual body chemistry.) During this period, PAWS is the cause of most relapse. We are well-advised to learn what we can about it.

Symptoms of PAWS:

PAWS symptoms reach a peak from three to six months after we get clean. Use of drugs or alcohol, even in small quantities or for a short time, will eliminate much of the improvement gained over that time as it will keep the brain from healing. There are a variety of symptoms. Not everyone will experience all of them. Here are some of the main ones.

Inability to solve problems

Six things contribute to this: trouble thinking clearly, emotional overreaction, memory problems, sleep disturbances, physical coordination problems and difficulty managing stress.

Inability to solve problems leads to lowered self-esteem. We feel embarrassed, incompetent, and "not okay." Diminished self-esteem and fear of failure lead to living and working problems. These all add to our stress, and the stress further exaggerates the other problems.

Inability to think clearly

Sometimes our head just feels fuzzy because of the changes that occurred in our brains while we were using. Our brain seems to work properly only part of the time. These changes take time to improve. In addiction to PAWS, they are also due to the simple fact that we are trying to process a lot more information than we did before. While using, we mainly thought about getting more, using, and turning off our brains. Now we are considering the myriad things necessary to truly live our lives. To begin with, it can be a bit much.

Inability to concentrate

Abstract reasoning suffers, and we find our minds, like a confused cowboy, jumping on its horse and riding off in all directions.

Rigid, repetitive thinking

Thoughts go around and around in our heads, and we are unable to put them into useful order. We have not yet developed the ability to channel our thoughts and concentrate on one thing at a time. Talking to someone else about our issues helps, because communicating forces us to organize our thinking.

Memory problems

We may hear something, understand it, and 2 minutes later...it's gone! This sort of thing complicates our lives in many ways. It upsets supervisors, annoys significant others, and makes us wonder if we're losing our minds.

With memory problems it is hard to learn new skills and absorb new information. We learn by building on what we have already learned, and memory difficulties can make it very difficult (if not impossible) to do that. Again, these difficulties add to stress, *especially if we do not understand what's happening to us*. We may think, "This sucks! I might as well be high."

Emotional overreaction or numbness

People with emotional problems in early sobriety tend to over-react. When this overreaction puts more stress on our nervous systems than we can handle, we compensate by "shutting down" our feelings. We become emotionally numb, unable to feel anything. We may swing from one mood to another. These mood swings may baffle us, seeming to come without any reason, and *may even be misdiagnosed as bipolar disorder*. If we have developed insulin resistance or diabetes as a result of our drugs and drinking, this can become extreme. (See H.A.L.T. below)

Sleep disturbances

Sleep deprivation stresses the body, prevents our minds from working well, and generally exaggerates any other difficulties we may be experiencing. Disturbed sleep is common in recovery. It may last only a short time or a lifetime. Often, this depends on what we consider to be a problem. If we are night owls who used alcohol or pills to get to sleep in the daytime, we may discover that the only solution is to make significant changes in our schedule, and perhaps even in our occupations.

We may experience changes in our sleep patterns, sleeping for long periods at a time, or getting sleepy at different times of the day. Although these may persist, we are usually able to adjust to them. The important thing is to be willing to adjust. We may not be able to keep to our old sleeping habits. It is important that we be consistent in our attempts to make changes. It takes about a week to adjust our sleeping, so keeping a weekend schedule that mirrors our weekday pattern is critical to those adjustments.

Stress

Stress is the natural reaction of our bodies to situations that may our subconscious identifies as threatening or requiring immediate action. Unresolved problems and issues also contribute, if we dwell on them. Stress comes in all flavors: arguments with family, interactions with co-workers and employers, physically demanding situations, and even pleasant things, like preparations for a wedding, anticipation of a hot date, and so forth.

Managing stress is the most difficult part of post acute withdrawal, and of early recovery in general. *Early on, we may not be able to distinguish between low and high stress situations, because for so many years we managed stress of all kinds by using mood-altering substances.*

Worst of all, the other PAWS symptoms become worse when we are under stress, and this causes the stress to increase! There is a direct relationship between elevated stress and the severity of PAWS. Each amplifies the other.

At times of low stress, the symptoms of post acute withdrawal may lessen or even go away completely. When we are well-rested, relaxed, eating properly and getting along well with others, we seem to be fine. It is easy to see how we can get careless at these times, and many a relapse has occurred when things seemed to be going just great. Some of our triggers work best in such situations.

Why Abstinence?

Recovery from the damage caused by our addictions requires total abstinence. Abstinence means avoiding drugs and alcohol completely, unless we are under the care of a physician who understands both addictive disease and psychopharmacology. *This specifically includes herbal and so-called “natural” remedies, which, in many cases, are just as powerful and dangerous as prescription drugs.*

Understanding and recognizing PAWS symptoms

Because we are addicts and alcoholics, and because repeated relapses will eventually be fatal, we must realize that *understanding PAWS is a matter of life and death*. It is absolutely essential that we gain an understanding of post acute withdrawal, be able to recognize its symptoms when they appear, and know what to do about them. *We must understand these things well enough that we are able to put them into effect even during periods when our addict instincts are telling us that we don’t want or need to!* We need also to learn about means of controlling it when our stress levels are low, in order to be able to prevent the symptoms or be able to recognize and manage them if they occur.

Stabilizing our episodes of PAWS

When we begin to experience PAWS, we need to bring it under control as soon as possible. Here are five steps that can help:

- 1 Talk!** We need to talk about what’s happening, to people who will listen, understand and not criticize us. In addition to badly needed support, it helps us to clarify our feelings, look at them more realistically, and helps us recognize our symptoms. When we are in our own heads, our thoughts just go around and around. When we force ourselves to tell someone else, we often find that it puts them into order and they begin to make sense.
- 2 Ventilate!** We need to express as much as we can about what we are feeling, even if we think it sounds dumb or irrational.
- 3 Get a reality check!** We need to ask someone if we are making sense — not just in what we’re saying, but also our behavior. We must be sure our perception of what is happening matches up with reality.
- 4 Set a goal** What can we do right now to improve our situation? Taking action and changing things is our choice.
- 5 Think back...**over what has happened. How did the episode start? What triggered us? What could we have done to reverse it sooner? Were there other options that might have worked better?

Self Defense

We are responsible for protecting ourselves from anything that threatens our sobriety, including anything that triggers post acute withdrawal symptoms. No one else can do it, because no one else can feel the warning signals. Learning about addictive disease, working a program of recovery, finding out more about PAWS—all of these things reduce the guilt, confusion and stress that intensify the symptoms and lead us to relapse. If we learn to do these things, we will begin to accept our own needs, and learn to be firm about not letting other people, places and situations push us into reactions that threaten our sobriety.

We must identify our own stress triggers. Then we must learn to change them, avoid them, change our reactions, or interrupt the process before our lives get out of control again. If Aunt Frizzy is blaming us for all the family problems, and letting us know it every chance she gets, we may need to avoid her for a while (a few years, a lifetime...who knows?) If we find ourselves walking past the beer cooler too often in the store, or discover that driving past a certain street corner makes us edgy, we need to recognize that and change our routes through the store and the neighborhood. We also need to talk about these things with people who are not involved with the situation, so that we can get unbiased feedback.

Tools

Avoid the H.A.L.T.S (Hungry, Angry, Lonely, Tired and Stressed)

Here are some things that will help us avoid PAWS, or control it when it sneaks up (which it will). They may be the most important things we will learn in the first few months of our sobriety. They are so important that we encourage you to print out this article, and to share it with others who may need it too.

Nutrition

With our organ systems damaged by alcohol and drugs, we were not—and may still not be—able to absorb nutrients properly. This, combined with our inattention to diet, has created deficiencies that we must deal with. All active alcoholics (and most other addicts) suffer from malnutrition to one degree or another, and we may continue to feel the effects for months after adopting a healthier lifestyle. Malnutrition contributes to poor health, and poor health contributes to stress. Unless we consciously improve our diets and properly supply our nutritional needs, the poor eating habits that have carried over from our using days guarantee that we will continue to fail at getting the nutrients needed to recover.

Diet for Recovery:

- ✓ Three balanced meals *every* day
- ✓ Three *nutritious* snacks every day, between meals and at bedtime
- ✓ **Avoid Sugar and Caffeine!** (Caffeine stimulates the production of adrenaline, which burns more glucose.)

Exercise

Exercise helps our bodies to rebuild themselves and maintain proper functioning. It also helps control our metabolism and prevent unnecessary weight gain. (Weight gain due to increased muscle mass may precede any loss due to burning fat.) Exercise produces chemicals in our brains that act as natural tranquilizers and relieve pain, anxiety and tension. It greatly improves our chances of getting a good night's sleep.

Our ancestors lived together in small tribes of no more than twenty or so adults and a few children. They walked from place to place, following the food supply, eating whatever they could find. They carried everything they owned with them.

This lifestyle, during the eons preceding the beginnings of agriculture, is the lifestyle for which our bodies are best suited. Humans—like the herds we have followed since the beginning of our history—walk.

So, how much should we walk? Simple. We should walk fast enough and far enough to work up a sweat, and continue walking for at least 20 minutes thereafter, followed by a slower cool-down of 5 to 10 minutes. We should do that at least three times a week—preferably every other day.

Relaxation Equals Stress Reduction

Playing and relaxation are absolutely essential to successful recovery. Playing is not so much what we do as how we do it. *Playing is having fun, laughing, and being childlike and free.* Playing is not working at preparing for a marathon, participating in competitive sports, or taking chess lessons. Of the 37 definitions I quickly scanned, perhaps the one that best describes it is “participating in an activity for amusement.” If we have to work at it—it isn't play.

Other ways of relaxing include bubble baths, our walk (by ourselves or with a friend), a massage, a swim, and watching children and animals at play. *Whatever we do, if we don't feel better after doing it, it was the wrong choice.*

Meditation

Meditation is part of the 11th Step: *“Sought, through prayer and meditation, to improve our conscious contact with god as we understood him, praying only for knowledge of his will for us and the power to carry that out.”*

Regardless of how we feel about god, we need to meditate. We need to learn to calm our minds and allow our subconscious to help us solve problems by serving up whatever it may have processed during the rest of the day. The only way to do that is to meditate in one form or another.

Think that’s too hard to learn? You already do it. Daydreaming is meditation. All we need to do is apply the skills we already know, whenever we want to.

One of the best relaxation exercises is also one the simplest. We find a comfortable sitting position. We move our bodies until our weight is centered, so that we can nearly go limp without changing position. We begin counting our breaths in our mind. We count up to ten, and then start over. We think only about breathing. In comes the fresh air and we...relax...and breathe the tension out. If other thoughts come in, we don’t fight them, we just recognize that they are there, and go back to counting breaths, always silently.

This is one of the oldest and most-used relaxation techniques in the world. It goes back at least 3500 years. We can do it for five minutes, then ten, working up to thirty minutes or more. It might be a good idea to set an alarm, in case we fall asleep sitting up. It happens.

Spirituality

Spirituality is an active relationship with a power greater than us, which gives our lives meaning and purpose. When we work a spiritual program, we consciously try to become a part of something bigger, greater and more powerful than we are, whether that be a 12-step group, our family, other humans generally, or that “god as we understood him.”

Trust in a higher power gives us a peace of mind and serenity that comes from awareness that there is something that is not restricted by our own weaknesses and limitations. Through spiritual development, we develop new confidence in our own abilities and develop a sense of hope. Through a spiritual program we can reach toward the future with hope and a positive attitude.

Spiritual discipline is uncomfortable for many recovering people. We have lived lives of immediate gratification, and discipline is the reverse of that. Many of us have trouble with the concept of a higher power, as well. We may have been brought up as atheists or agnostics. Perhaps the god of our childhood was a vengeful god whom we cannot even begin to contemplate in the light of some of our past behavior.

This is why we say that our higher power can be god, as we understand god, or our recovery group, or the great outdoors — whatever. Recognizing a higher power is simply admitting that we aren’t perfect and don’t know everything. We let all those grandiose feelings go, substituting a bit of humility instead, and becoming willing to listen to the ideas and advice of others. In a sense, it is not so much recognizing the presence of a god as it is the realization that we aren’t one.

Spiritual discipline should always include meditation, fellowship, and regular inventory of spiritual growth. It is about our relationship with the human spirit. It is not about someone else’s idea of a relationship we should have with a god. That is religion. While religion may be an important part of our recovery, it cannot take the place of spirituality.

In working on our spirituality, it is important that we use the principles of our 12-step programs. They provide guidelines for “increasing our conscious contact with god” (as we understand god). We do not have to have any particular image of, or belief in, a god to increase our conscious contact. We have only to be willing to recognize the possibility of a “higher” power, — be willing to experiment at listening, and opening ourselves up to others and their ideas.

Many people joke about having a tree as your higher power. The writer had that sort of relationship with a majestic Casurina tree for some time. He used it to remind himself that he was not nearly as good at taking care of himself—yet—as that beautiful tree. Did it work? Who knows? At the time of this writing, he is 20 years clean and sober. Something did.

Peace and Contemplation

It is important that we structure our lives in such a way as to spend time alone each day. We need to examine our values, and look within ourselves to determine whether our lives are in harmony with those values. Perhaps we can combine this with our meditation, contemplating life issues and then meditating to let our subconscious come up with some answers.

Journaling

We strongly recommend keeping a journal, and writing in it every day without fail—even if we only write the date. Forcing ourselves to organize our thoughts and put them on paper clears our minds. Reading what we wrote some years later can be highly instructive, and lets us see how we have grown in our recovery.

Balanced Living—the aim of recovery

Balanced living means that we are healthy physically and psychologically, and that we have healthy relationships with others and, more importantly, with ourselves. It means that we are spiritually whole. It means that we are no longer focused on just one aspect of our lives. That is no longer necessary. It means we are living responsibly, giving ourselves time for our jobs, our families, our friends, and time for our own growth and recovery. It means allowing a higher power to work in our lives, even if that is only the influence of people around us. With balanced living, we addicts and alcoholics give up immediate gratification as a lifestyle, in order to attain fulfilling and meaningful lives.

It means a balance between work and play, between fulfilling our responsibilities to other people and our own need for self-fulfillment. It means functioning at our optimum stress level: maintaining enough stress to keep us functioning in a healthy way, but not overloading ourselves so that it becomes a problem.

Stress, in and of itself, is not necessarily bad. It can be the tension that keeps life interesting. But stress is unsafe for us until our new found ways of dealing with it are second nature. Until then, when it arises we run the risk of returning to our old ways of stress management.

Balanced living requires loving ourselves and taking care of ourselves. Nutrition, rest and exercise all receive the proper focus in our lives to provide energy, manage stress, allow freedom from illness and pain, fight fatigue, and rebuild our damaged bodies.

If we are under a physician's care, and have been told to take certain medications, we do so. We do not stop taking them without consulting the physician. We communicate with our physicians regarding the effects that we perceive, the ways that we feel, and function as partners with her/him in our own treatment. We do not take the advice of amateurs, in the rooms of recovery or out of them, in place of the counsel of doctors with twenty-plus years of education. That's just plain dumb.

However...we always tell our health providers that we are in recovery, and always double-check their suggestions regarding medications with a person knowledgeable about their effects on recovering people. Doctors are not pharmacists. They do not have time to study drugs and the details of their action. A good relationship with a pharmacist has saved the butt of many an addict/alcoholic.

SUMMARY

Freedom from physical distress allows psychological growth. When we feel good, it is easier to do the work we need to do, eliminate denial, guilt and anger, and move on to self-confidence, self-esteem and learning to feel good about ourselves. Balanced living requires a strong social network that nurtures us and encourages a healthy, recovery-oriented lifestyle. This network provides a sense of belonging. It includes relationships in which we are a valuable part of a whole: immediate family members, friends, relatives, co-workers, counselors, therapists, employers, 12-step group members, and sponsors.

Recovery is not about quitting alcohol and drugs. It is about learning to live a life that does not require mood-altering chemicals to be worth living.



Use this page to record your personal notes, reflections and thinking about the group.



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ANXIETY MANAGEMENT

What is Anxiety?

Anxiety is a fear or panic response that involves activation of the “fight-or-flight” response in the sympathetic nervous system. There is an overview of the fight or flight system later in this handout.

When this fight or flight response occurs too often, or inappropriately, it may develop into an anxiety disorder. Anxiety is a general feeling of apprehension about possible danger. Anxiety is more oriented to the future and more diffuse than fear. Anxiety is made up of thoughts, emotions, bodily sensations and behaviours.

There are different types of anxiety disorders including:

- ✓ Panic disorder
- ✓ Generalised anxiety disorder
- ✓ Social anxiety disorder
- ✓ Posttraumatic stress disorder
- ✓ Obsessive compulsive disorder
- ✓ Phobias

People can inherit a basic tendency to be more nervous than others, but not the tendency to develop a specific disorder This is why anxiety disorders run in families, but specific types do not.

Psychological Causes of Anxiety

CBT focuses on two primary psychological causes of anxiety:

- 1 Avoidance behaviours (repeatedly not doing the thing we are scared of, therefore never having the experience that we can cope, that it’s not so scary etc.)
- 2 Unhelpful thinking patterns

As humans we fall into three common thinking traps around anxiety:

- 1 We tend to overestimate the likelihood of something going wrong
- 2 We overestimate how bad it would be if it did go wrong
- 3 We underestimate our ability to cope with whatever happens

Anxiety Treatments

Cognitive Behaviour Therapy (CBT) interventions are designed to target different aspects of anxiety disorders:

- ✓ Physical responses are helped with relaxation – Progressive Muscle Relaxation
- ✓ Unhelpful thinking patterns are challenged – Cognitive restructuring
- ✓ Avoidance behaviours are addressed with – Exposure & social skills training

Why Relax?

Anxiety has a strong physiological component and relaxation skills can counter our physical arousal and increase well-being.

Two useful ways to manage the physical side of anxiety are **Progressive muscle relaxation (PMR)** and **Diaphragmatic Breathing (DB)**.

PMR directly targets tension that builds in muscles, and indirectly targets heart and breathing rates. PMR increases awareness of tension and provides a way to release that tension. In PMR we tense and then relax separate muscle groups in a systematic structured way.

Diaphragmatic breathing (DB) gives us a very simple tool for calming the body and controlling physiological arousal. It helps to control headaches, high blood pressure, insomnia, pain, rage, and anxiety. The purpose of DB is to breathe as if in a relaxed state.

Some basic information on breathing:

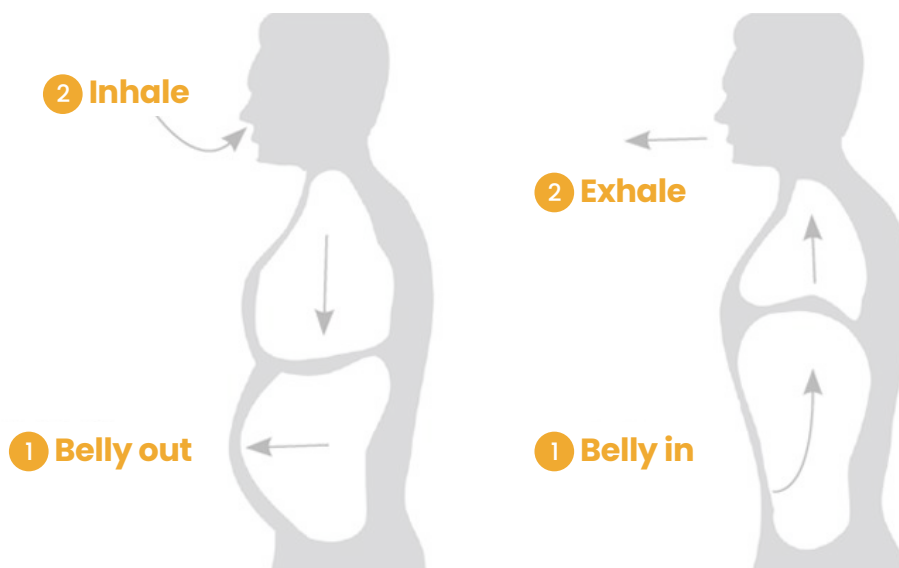
- ✓ Lungs have no muscles
- ✓ The diaphragm controls size/number of breaths
- ✓ Breathing is usually automatic, but can be controlled through diaphragm
- ✓ When stressed, diaphragm contracts, causing shallow rapid breaths and chest and shoulders to rise and fall
- ✓ When relaxed, diaphragm is loose, breathing is deep and slow, abdomen rises and falls

EXERCISE:

Count the number of breaths you take in one minute.

Use a timer or stopwatch to measure 60 seconds while you count the number of breaths you take.

Now practice slow diaphragmatic breaths and then count again the number of breaths you take in one minute. You may find that you are taking less breaths.





Diaphragmatic Breathing Practice

Loosen any tight clothing

Sit up straight in your chair or sit or lie down on the ground

Place one hand on your chest and another on your abdomen

As you breathe only the hand on the abdomen should move, the shoulders & chest should stay still

Make your exhale breath longer than your inhale breath (out of 4, in for 3) If DB is not easily achieved, relax your abdominal muscles, then expand abdomen during inhalations while chest is still Once your pattern of DB is mastered, take slow to 8-10 breaths per minute With this established, focus on mentally saying "Re" with each inhalation and "Lax" with each exhalation Focus on "Relax" and sensations of relaxation while letting other thoughts and images go Practice is essential to master DB, and should be done multiple times a day

Thought-focused treatment for anxiety

This is based on knowledge that unwanted intrusive thoughts are normal. We all have them from time to time. It's not the intrusive thought itself that causes the anxiety and the compulsive behaviour, but how we interpret this thought. The goal is to cognitively challenge our appraisals or interpretation and come up with some less threatening appraisals.

We make two broad types of thinking errors when confronted with a potentially stressful situation:

- 1 Interpretation errors: where we misread the available information
- 2 Coping errors: where we misidentify things that protect you from a negative outcome

1 Interpretation errors include:

Catastrophising: The worst possible outcomes are predicted or imagining that basic needs (safety, self-esteem, sustenance, etc.) are threatened. "Everyone will think I'm an idiot." or "I would die if ____ happened."

Faulty Estimates: An inaccurately high probability of danger is estimated. A car weaves slightly in the lane next to you and you think "That guy almost hit me!"

Gross Generalizations: The danger perceived in one event is imagined to happen everywhere. You hear that there's an accident on the same road a friend of yours sometimes go down and you worry that it might be that person in the accident.

Polarization: Aspects of danger associated with a person or situation are seen in absolute black-or-white terms. Seeing things as either safe or dangerous, never in-between

Minimization of safety factors: Facts that indicate protection or safety are minimized or ignored. Even though you've studied for an exam, thinking that you don't know any of the material

2 Coping errors include:

Minimization of Coping Capability: Expression of a lack of control or helplessness are not in line with your capabilities. "I don't know what I would do if that happened"

Unrealistic expectation for outcome: Expectation for outcome is expressed in terms of perfection, certainty, or control. "I can never make any mistakes"

Ask yourself these questions to challenge your thoughts:

- Can I say that this statement is 100% true, without any exceptions?
- What is the likelihood or probability of this happening? Rate this twice, once emotionally and once objectively
- Does this statement fit with all the available evidence?
- Does this always apply? Are there conditions under which this might not apply?
- Is there a grey area to this statement (not just a black and white thing)?
- Is this based on fact or feeling? Have my feelings ever turned out to be wrong?
- How much control do I actually have in this situation?
- Am I taking responsibility for things over which I have no control?
- Am I ignoring aspects of the situation that I can control?
- Is my expectation for this outcome realistic or even possible?



Self-soothing strategies:

When you are feeling anxious you can place your hand over your heart (try it now).

Leave your hand there for a few seconds until you start to feel the warmth build. Offer yourself kindness and support. You might say to yourself: "This is hard and I am OK right now" or "This anxiety feels terrible and I can breath through it". If it is hard to think of something kind to say to yourself, ask what you would say to a child or a close friend who was feeling anxious and scared. Try speaking to yourself in the same strong and kind way you would speak to them.

Close your eyes, and with your hand on your heart, practice this now.

Other self-soothing strategies might be to dink a cup of herbal tea, to sit quietly in nature even if this is your back yard. You might wrap yourself in a blanket or ask someone for a hug. Remember that it is OK to be kind to yourself. We all tend to do a lot better with kindness than with criticism.



MINI-THOUGHT RECORD

DATE: _____

Describe your anxious thought or situation:

What happened that made the anxiety pop up?

What did the anxiety tell me or want me to ask?

How much do you believe the anxiety?

How does this make you feel?

What did you tell the anxiety to fight back?

What would be the..... Worst outcome? (if anxiety was right) And how would you cope?

Best outcome? (if anxiety was wrong) And how would you cope?

Most likely outcome? And how would you cope?

Fight or Flight Response

To produce the fight or flight response, the hypothalamus activates two systems: the sympathetic nervous system and the adrenal-cortical system. The sympathetic nervous system uses nerve pathways to initiate reactions in the body, and the adrenal-cortical system uses the bloodstream. The combined effects of these two systems are the fight-or-flight response.

When the hypothalamus tells the sympathetic nervous system to kick into gear, the overall effect is that the body speeds up, tenses up and becomes generally very alert. If there's a burglar at the door, you're going to have to take action -- and fast. The sympathetic nervous system sends out impulses to glands and smooth muscles and tells the adrenal medulla to release epinephrine (adrenaline) and norepinephrine (noradrenaline) into the bloodstream. These "stress hormones" cause several changes in the body, including an increase in heart rate and blood pressure.

At the same time, the hypothalamus releases corticotropin-releasing factor (CRF) into the pituitary gland, activating the adrenal-cortical system. The pituitary gland (a major endocrine gland) secretes the hormone ACTH (adrenocorticotropic hormone). ACTH moves through the bloodstream and ultimately arrives at the adrenal cortex, where it activates the release of approximately 30 different hormones that get the body prepared to deal with a threat.

The sudden flood of epinephrine, norepinephrine and dozens of other hormones causes changes in the body that include:

- ✓ Heart rate and blood pressure increase
- ✓ Pupils dilate to take in as much light as possible
- ✓ Veins in skin constrict to send more blood to major muscle groups (responsible for the "chill" sometimes associated with fear -- less blood in the skin to keep it warm)
- ✓ Blood-glucose level increases
- ✓ Muscles tense up, energized by adrenaline and glucose (responsible for goose bumps -- when tiny muscles attached to each hair on surface of skin tense up, the hairs are forced upright, pulling skin with them)
- ✓ Smooth muscle relaxes in order to allow more oxygen into the lungs
- ✓ Nonessential systems (like digestion and immune system) shut down to allow more energy for emergency functions
- ✓ Trouble focusing on small tasks (brain is directed to focus only on big picture in order to determine where threat is coming from)

All of these physical responses are intended to help you survive a dangerous situation by preparing you to either run for your life or fight for your life (thus the term "fight or flight").

Fear—and the fight-or-flight response in particular—is an instinct that every animal possesses.

Fight Or Flight Response

When faced with a life-threatening danger it often makes sense to run away or, if that is not possible, to fight. The *fight or flight* response is an automatic survival mechanism which prepares the body to take these actions. All of the body sensations produced are happening for good reasons – to prepare your body to run away or fight – but may be experienced as uncomfortable when you do not know why they are happening.

Thoughts racing

Quicker thinking helps us to evaluate danger and make rapid decisions. It can be very difficult to concentrate on anything apart from the danger (or escape route) when the fight or flight response is active.

If we don't exercise (e.g. run away or fight) to use up the extra oxygen then we can quickly start to feel dizzy or lightheaded.

Dizzy or lightheaded

Changes to vision

Vision can become acute so that more attention can be paid to danger. You might notice 'tunnel vision' or vision becoming 'sharper'.

Breathing becomes quicker and shallower

Quicker breathing takes in more oxygen to power the muscles. This makes the body more able to fight or run away.

Dry mouth

The mouth is part of the digestive system. Digestion slows down during dangerous situations as energy is diverted towards the muscles.

Adrenal glands release adrenaline

The adrenaline quickly signals other parts of the body to get ready to respond to danger.

Heart beats faster

A faster heart beat feeds more blood to the muscles and enhances your ability to run away or fight.

Bladder urgency

Muscles in the bladder sometimes relax in response to extreme stress.

Nausea and 'butterflies' in the stomach

Blood is diverted away from the digestive system which can lead to feelings of nausea or 'butterflies'.

Palms become sweaty

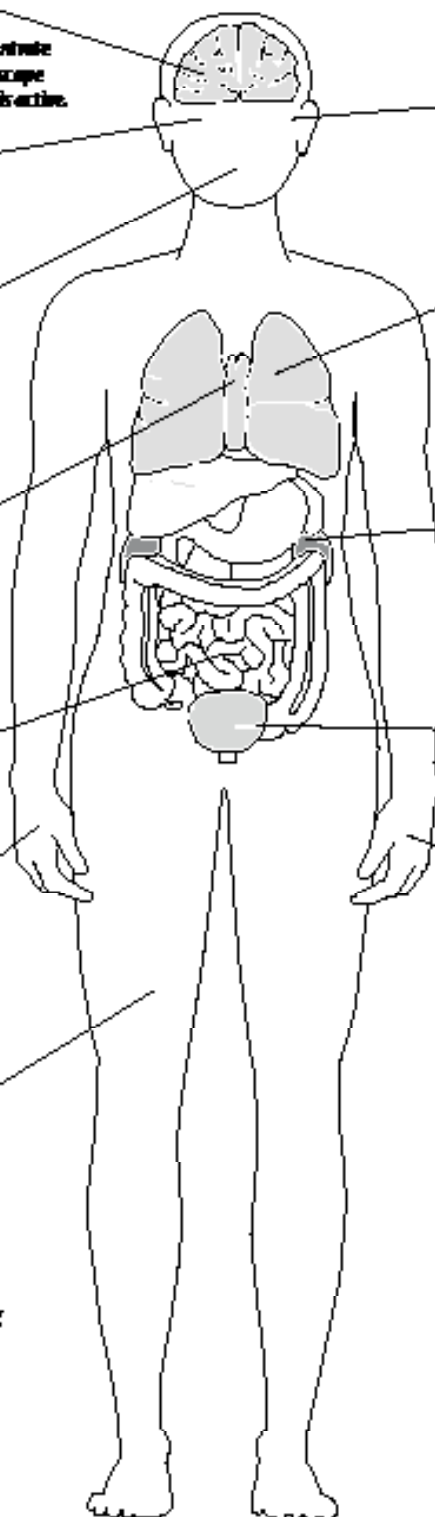
When in danger the body sweats to keep cool. A cool machine is an efficient machine, so sweating makes the body more likely to survive a dangerous event.

Hands get cold

Blood vessels in the skin contract to force blood toward's major muscle groups.

Muscles tense

Muscles all over the body tense in order to get you ready to run away or fight. Muscles may also shake or tremble, particularly if you stay still, as a way of staying ready for action!





NOTES PAGE

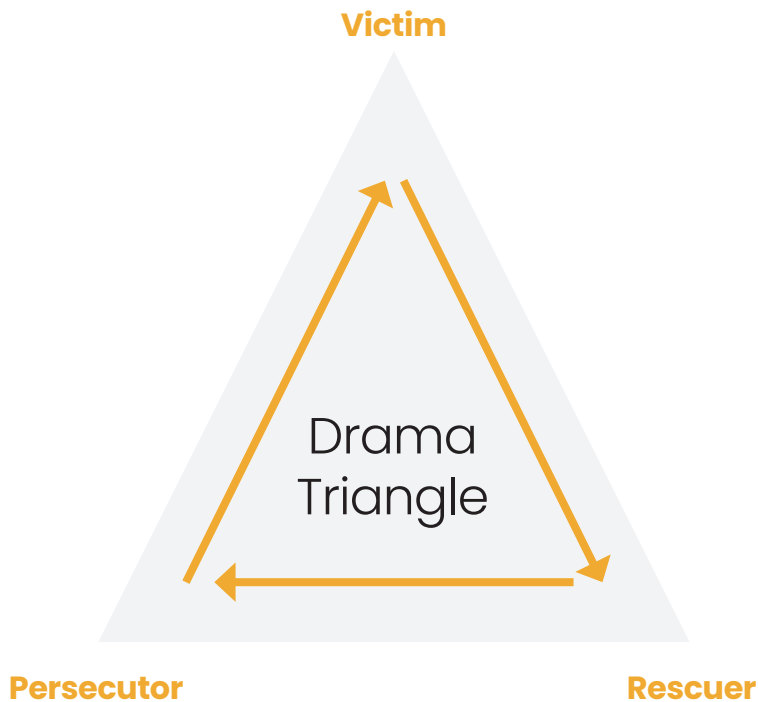
DATE: _____

Use this page to record your personal notes, reflections and thinking about the group.

KARPMAN DRAMA TRIANGLE

Drama Triangle Worksheet

The Karpman triangle, also known as the drama triangle, was developed by Dr. Stephen Karpman. It is a model of dysfunctional relationships. Each role has hidden motivations and payoffs. The journey round the triangle can be done with a range of relationships e.g. family, partner, friends or co-workers.



Perpetrator (Offender)

Thinking: I'm OK, but you're not, so you need to do what I tell you

Behaviour: Acts out of anger, resentment, revenge, sense of entitlement, shame

Abuse: emotional, mental, physical, sexual. Passive aggressive behaviours Criticism, teasing, shaming, patronising, etc.

Feeling: Feels sense of worth/power through offending. Feels a sense of pseudo power and self-esteem by scaring victim. Feels lonely Lacks respect from others and self

Victim (Martyr)

Thinking: I'm not OK, but you are, so save me

Behaviour: Uses guilt, sympathy seeking, pity to get needs met. Acts out of a sense of powerlessness

Feeling: Feels cared about, loved Avoids responsibility by blaming. Feels helpless and trapped

Rescuer (Caretaker)

Thinking: I'm OK, but you're not, so I'll fix you

Behaviour: Seeks approval through helping. Enable, care-take, people-please. Fail to confront or set boundaries. Be a SUPER-parent/spouse/worker

Feeling: Feels saintly, superior Feels/ seeks connection through helping/ Feels unappreciated/ Consumed with resentment

Shame Can Lead us into the Drama Triangle

Shame is an intensely painful feeling or experience that says "I am flawed and broken, I am unworthy of belonging". Shame can lead us into the drama triangle at any point.

The Rescuer. Shame says, "I am not enough just as myself. Maybe I will be enough if I can":

- ✓ Care for you
- ✓ Do things for you
- ✓ Sort out your problems
- ✓ Be your counsellor

The Victim. Shame says, "I will never belong, I will never be enough by myself"

- ✓ If someone doesn't love me or like me then I must not be likeable or loveable
- ✓ I will never have what I need or want
- ✓ Why does this always happen to me? Poor me! It's not fair!

The Perpetrator. Shame says, "I am unlovable, unlikable, and you are making me feel like this, and my own shame is too painful so I am going to put it on you".

- ✓ I feel bad and it's your fault!
- ✓ If you would change I would be a better person
- ✓ You are worthless, bad and unacceptable (projection)

The Way Out of Drama through Self-Acceptance

Stop Being a Victim; Stop The Poor Me Game. Ignoring our own wants and needs, denying our own opinions, giving in to whatever the other person wants even if it is harmful, taking the blame for everything, giving up who you are and how you want to live, are all ways that we get stuck in the victim role. Although we may think we are being nice and being helpful, we are merely perpetuating the other person's rules. It is also a way for us to not feel responsible for our own actions in the interactions between us and the other person. It leads to a sense of passivity and helplessness that ultimately keeps us from taking the actions that we could take to make our lives different, i.e., happier, healthier and freer.

In order to stop being a victim, we will have to be willing to accept the actual circumstances of our relationship with the other person and with ourselves. We have to face the fact that if anything is going to change; we will have to be the one to make the changes. We will have to face our fears and take new actions. We will have to learn new skills and make new decisions.

Once we start to take responsibility for our decisions and actions we stop being a victim. Once we have a voice and recognise that we have a choice in how to respond we stop being a victim.

Don't be a Persecutor. Stop The Blame Game. When living in a drama relationship we habitually blame others. Breaking this habit of blaming others can be challenging until we learn how to ask someone to do something different without blaming them or invalidating them. Being clear and asking for what we want, owning our own feelings and vulnerabilities and setting clear boundaries requires that we accept ourselves and our own processes.

We are also more likely to have healthy and positive relationships with others.

When we take responsibility for how we act and feel around the other person we stop blaming them for how we feel or what we do. This means if the other person does something we don't like, we say or do something about it. We acknowledge that we are choosing how we respond, emotionally and behaviourally, without blaming the other person for causing our feelings and actions.

Don't be a Rescuer. Stop Fixing the other person. If we've been a caretaker for a long time, it might be a hard habit to break. We have felt obligated to do it. We have felt guilty for not doing it. We may have needed to do it with a parent to make our childhood bearable. We may have enjoyed the superior status of being the helper, the good person, etc. It may be very hard to relinquish the false hope that the other person will someday step permanently into the role of a responsible and giving adult, partner, or parent. We have to face our own outdated fantasies, feelings and beliefs and let them go before we can stop fixing, rescuing and caretaking the other person.

We have been the caretaker as a way to keep the peace, keep the delusion, keep the fantasy, keep the family together, keep the other person calm. But perhaps it's time to face the fact that none of our caretaking methods have worked for more than a few minutes or a few days at best.

Giving up rescuing the other person is an action, not a discussion. It isn't something to announce to the other person. It isn't something to negotiate with the other person. It isn't something to threaten the other person with. It is all action. We stop participating in the merry-go-round interactions, we stop arguing, we stop worrying about what the other person will do next, we stop expecting the other person to fulfill our needs. This does not mean that we have to stop caring about or loving the other person. We change from being a rescuer in the interaction by making choices and taking actions that work better for us and might even work better for the other person.

When we stop rescuing we start to sit with our own feelings and take responsibility for ourselves rather than focusing our attention on someone else.



REFLECTION:

What can you commit to doing in order to step out of your drama triangle?



NOTES PAGE

DATE: _____

Use this page to record your personal notes, reflections and thinking about the group.

A large, empty rectangular box with a thin grey border, intended for writing notes.

VALUES

Values

Values: Values are a set of underlying principles and qualities that we use to decide what is and isn't important in our life.

Principles: These are what we base decisions on e.g. having good family relationships, being honest, having purpose, being creative

Qualities: This is how we would like others to see us e.g. confident, a leader, empathic, committed

Before we can set a goal for our life, it helps to understand our values. Everyone has a different set of values, and ways in which the values can be carried out. Both values and the way we carry out values can shift and alter over a lifetime – values are like a compass, giving a general direction, while goals and actions are more like the pathways we take.

Values Worksheet (adapted from Kelly Wilson's Valued Living Questionnaire)

Deep down inside, what is important to you? What do you want your life to stand for? What sort of qualities do you want to cultivate as a person? How do you want to be in your relationships with others?

Values are our heart's deepest desires for the way we want to interact with and relate to the world, other people, and ourselves. They are leading principles that can guide us and motivate us as we move through life.

Values are not the same as goals. Values are directions we keep moving in, whereas goals are what we want to achieve along the way. A value is like heading West; no matter how far West you go, you never reach it. A goal is like the river or mountain or valley we aim to cross whilst traveling in that direction. Goals can be achieved or 'crossed off', whereas values are an ongoing process. For example, if you want to be a loving, caring, supportive partner, that is a value – an ongoing process. If you stop being loving, caring and supportive, then you are no longer a loving, caring, supportive partner; you are no longer living by that value. In contrast, if you want to get married, that's a goal – it can be 'crossed off' or achieved. Once you're married, you're married – even if you start treating your partner very badly. If you want a better job, that's a goal. Once you've got it – goal achieved. But if you want to fully apply yourself at work, that's a value – an ongoing process.

The following are areas of life that are valued by some people. Not everyone has the same values, and this is not a test to see whether you have the "correct" values. Think about each area in terms of general life directions, rather than in terms of specific goals. There may be certain areas that you don't value much; you may skip them if you wish. There may be areas that overlap – e.g. if you value hiking in the mountains, that may come under both physical health and recreation. It is also important that you write down what you would value if there were nothing in your way. What's important? What do you care about? And what you would like to work towards?

- 1 Family relations.** What sort of brother/sister, son/daughter, uncle/auntie do you want to be? What personal qualities would you like to bring to those relationships? What sort of relationships would you like to build? How would you interact with others if you were the ideal you in these relationships?
- 2 Marriage/couples/intimate relations.** What sort of partner would you like to be in an intimate relationship? What personal qualities would you like to develop? What sort of relationship would you like to build? How would you interact with your partner if you were the 'ideal you' in this relationship?

- 3 **Parenting.** What sort of parent would you like to be? What sort of qualities would you like to have? What sort of relationships would you like to build with your children? How would you behave if you were the 'ideal you'.
- 4 **Friendships/social life.** What sort of qualities would you like to bring to your friendships? If you could be the best friend possible, how would you behave towards your friends? What sort of friendships would you like to build?
- 5 **Career/employment.** What do you value in your work? What would make it more meaningful? What kind of worker would you like to be? If you were living up to your own ideal standards, what personal qualities would you like to bring to your work? What sort of work relations would you like to build?
- 6 **Education/personal growth and development.** What do you value about learning, education, training, or personal growth? What new skills would you like to learn? What knowledge would you like to gain? What further education appeals to you? What sort of student would you like to be? What personal qualities would you like to apply?
- 7 **Recreation/fun/leisure.** What sorts of hobbies, sports, or leisure activities do you enjoy? How do you relax and unwind? How do you have fun? What sorts of activities would you like to do?
- 8 **Spirituality.** Whatever spirituality means to you is fine. It may be as simple as communing with nature, or as formal as participation in an organised religious group. What is important to you in this area of life?
- 9 **Citizenship/ environment/ community life.** How would you like to contribute to your community or environment, e.g. through volunteering, or recycling, or supporting a group/ charity/ political party? What sort of environments would you like to create at home, and at work? What environments would you like to spend more time in?
- 10 **Health/physical well-being.** What are your values related to maintaining your physical well-being? How do you want to look after your health, with regard to sleep, diet, exercise, smoking, alcohol, etc? Why is this important?



VALUES ASSESSMENT RATING FORM DATE: _____

Read through the accompanying values sheet. For each of the ten domains, write a few words to summarise your valued direction, Eg 'To be a loving, supportive, caring, partner.'

Rate how important this value is to you on a scale of 0 (low importance) to 10 (high importance). It's okay to have several values scoring the same number. Rate how successfully you have lived this value during the past month on a scale of 0 (not at all successfully) to 10 (very successfully). Finally rank these valued directions in order of the importance you place on working on them right now, with 10 as the highest rank, and 9 the next highest, and so on.

Domain	Valued Direction <small>Write a brief summary, in 1-2 sentences</small>	Importance	Success	Rank
Couples/ intimate relationships				
Parenting				
Family relations				
Social relations				
Employment				
Education and training				
Recreation				
Spirituality				
Citizenship/ community				
Health/ Physical well-being				



NOTES PAGE

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THOUGHTS LEAD TO FEELINGS

Cognitive Behavioural Therapy (CBT)

CBT is based on the idea that: Thoughts > Emotions > Behaviours

Cognitive behavioural therapy is based on the cognitive model of psychology, which says that how we think determines how we feel and how we behave.

The diagram and example below show us this process:



What are some possible scenarios for this example above? You will find that if you change the thinking section the feelings and action are also different.

Another example: Joe

- Situation:** A stranger scowls at Joe while passing him on the street.
- Joe's Thoughts:** "I must've done something wrong... I'm such a loser."
- Joe's Emotions:** Embarrassed and upset with himself.
- Joe's Behaviours:** Joe apologizes to the stranger and replays the situation over and over in his head, trying to understand what he did wrong.

In this example, you might've noticed that Joe's thought wasn't very rational. The stranger could've been scowling for any number of reasons. Maybe the stranger just got a parking fine, or maybe he is just grumpy all the time. Maybe he needs a meeting. Who knows? As humans, we all have irrational thoughts like these. Unfortunately, irrational or not, these thoughts still affect how we feel, and how we behave. Consider how Joe might've responded to the same situation if he had a different thought.

Situation	Thought	Feeling	Action
Stranger gives you a dirty look	How dare he look at me like that!!!		
		Neutral	
	I remember when I've been like that - just giving people dirty looks for no reason		
People are laughing as you walk into a room		Terrible, humiliated	
		Curious, interested	
You have a bad nights sleep	I'll never sleep again! I'm so bad at this. It's just hopeless.		
			Practice sleep hygiene, cut out coffee and tea, avoid naps and do a relaxation before bed

Complete the table above for the three different scenarios listed.

Using the cognitive model, we learn to identify our own patterns of thoughts, emotions, and behaviours. We come to understand how our thoughts shape how we feel, and how they impact our life in significant ways.

Once we become aware of our own irrational thoughts, we can learn to change them. The thoughts that once led to depression, anxiety, and anger will be replaced with new, healthy alternatives. Finally, we can be in control of how we feel.

Look at the thinking errors on the next page - which ones do you use?

The 12 Most Common Thinking Mistakes

The problem with automatic thoughts is that they are automatic - when we look at each situation for what it is we are less likely to make these thinking mistakes.

- 1 **All-or-nothing thinking (also called black-and-white thinking):** You view a situation in only two categories instead of on a continuum.
Example: "If I'm not a total success, I'm a failure."
- 2 **Catastrophising (also called fortune telling):** You predict the future negatively without considering other, more likely outcomes. One mistake spells disaster! Example: "I'll be so upset I won't be able to function at all."
- 3 **Disqualifying or discounting the positive:** You unreasonably tell yourself that positive experiences, deeds, or qualities do not count. Example: "I did that job well, but that doesn't mean I'm competent; I just got lucky."
- 4 **Emotional reasoning:** You think something must be true because you "feel" (actually believe) it so strongly, ignoring or discounting evidence to the contrary. Example: "I know I do a lot of things well in my family, but I still feel as if I'm a failure."
- 5 **Labelling:** You put a fixed, global label on yourself or others without considering that the evidence might more reasonably lead to a less disastrous conclusion. Examples: "I'm a loser. He's no good."
- 6 **Magnification/minimization:** When you evaluate yourself, another person, or a situation, you unreasonably magnify the negative and/or minimize the positive. Examples: "Getting an average evaluation proves how inadequate I am. Getting high marks doesn't mean I'm smart."
- 7 **Mental filter (also called selective abstraction):** You pay undue attention to one negative detail instead of seeing the whole picture. Example: "Because I got one low rating on my evaluation it means I'm doing a lousy job."
- 8 **Mind reading:** You believe you know what others' motivations are, or what they are thinking, failing to consider other, more likely possibilities. Example: "He's thinking that I don't know the first thing about what I'm doing."
- 9 **Overgeneralization (also called global thinking):** You make a sweeping negative conclusion that goes far beyond the current situation. Example: "[Because I felt uncomfortable] I don't have what it takes to make friends."
- 10 **Personalization:** You believe others are behaving negatively because of you, without considering more plausible explanations for their behaviour. Example: "The mechanic was rude to me because I did something wrong."
- 11 **"Should" and "must" statements (also called imperatives):** You have a fixed idea of how you or others should behave
Example: "I should never make a mistake." "I should always be nice"
- 12 **Tunnel vision:** You only see the negative aspects of a situation. Example: "My daughter's teacher can't do anything right. He's critical, insensitive and lousy at teaching."



NOTES PAGE

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Use this page to record your personal notes, reflections and thinking about the group.

How to Create Healthy Boundaries

Setting boundaries is crucial if we want to be both physically and emotionally healthy.

Creating healthy boundaries is empowering. By recognizing the need to set and enforce limits, we protect our self-esteem, maintain self-respect, and can enjoy healthy relationships.

Unhealthy boundaries cause emotional pain that can lead to dependency, depression, anxiety, and even stress-induced physical illness. A lack of boundaries is like leaving the door to your home unlocked: anyone, including unwelcome guests, can enter at will. On the other hand, having too rigid boundaries can lead to isolation, like living in a locked-up castle surrounded by a moat. No one can get in, and you can't get out.

What Are Boundaries?

Boundaries are guidelines, rules or limits that a person creates to identify for themselves what are reasonable, safe and permissible ways for other people to behave around them and how they will respond when someone steps outside those limits.

The easiest way to think about a boundary is a fence around a property. We have all seen "No Trespassing" or "Keep out" signs, which send a clear message that if you cross this boundary, there will be a consequence. This type of boundary is easy to picture and understand because you can see the sign and the border it protects. Personal boundaries can be harder to define because we don't see them and they change from person to person.

Personal boundaries, just like the "No Trespassing" sign, define where you end and others begin and are determined by the amount of physical and emotional space you allow between yourself and others. Personal boundaries help you decide what types of communication, behaviour, and interaction are acceptable to you.

Why is it important to set boundaries?

- ✓ To practice self-care and self-respect
- ✓ To communicate your needs in a relationship
- ✓ To make time and space for positive interactions
- ✓ To set limits in a relationship in a way that is healthy

Physical Boundaries

Physical boundaries provide a barrier between you and an intruding force, like a Band-Aid protects a wound from bacteria.

Physical boundaries include your body, sense of personal space, sexual orientation, and privacy. These boundaries are expressed through clothing, shelter, noise tolerance, verbal instruction, and body language.

An example of physical boundary violation: the close talker. Your immediate and automatic reaction is to step back in order to reset your personal space. By doing this, you send a non-verbal message that when this person stands so close you feel an invasion of your personal space. If the person continues to move closer, you might verbally protect your boundary by telling him/her to stop crowding you.

Other examples of physical boundary invasions are:

- ✓ Inappropriate touching, such as unwanted sexual advances.
- ✓ Looking through others' personal texts, social media or email.
- ✓ Not allowing others their personal space

Emotional and Intellectual Boundaries

These boundaries protect your sense of self-esteem and ability to separate your feelings from others'. When you have weak emotional boundaries, it's like getting caught in the midst of a hurricane with no protection. You expose yourself to being greatly affected by others' words, thoughts, and actions and end up feeling bruised, wounded, and battered.

These include beliefs, behaviours, choices, sense of responsibility, and your ability to be intimate with others. Examples of emotional and intellectual boundary invasions are:

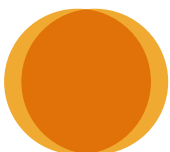
- ✓ Not separating your feelings from your partner's and allowing his/her mood to dictate your level of happiness or sadness (this is also known as codependency).
- ✓ Sacrificing your plans, dreams, and goals in order to please others.
- ✓ Not taking responsibility for yourself and blaming others for your problems.

Types of personal boundary

Psychological boundaries can be described in four categories:

- 1 **Soft** - a person with soft boundaries merges with other people's boundaries. Someone with a soft boundary is easily manipulated.
- 2 **Spongy** - a person with spongy boundaries is like a combination of having soft and rigid boundaries. They permit less emotional contagion than soft boundaries but more than rigid. People with spongy boundaries are unsure what to let in and what to keep out.
- 3 **Rigid** - a person with rigid boundaries is closed or walled off so nobody can get close to them either physically or emotionally. This is often the case if someone has been physically, emotionally or psychologically abused. Rigid boundaries can be selective which depend on time, place or circumstances and are usually based on a bad previous experience in a similar situation.
- 4 **Flexible** - this is the ideal. Similar to selective rigid boundaries but the person has more control. The person decides what to let in and what to keep out, are resistant to emotional contagion and manipulation, and is difficult to exploit.

Soft or merged



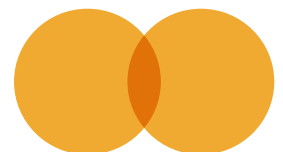
Spongy



Rigid



Flexible



Barriers to Boundary Setting

It seems obvious that we don't want our boundaries violated. So why do we allow it? Why do we NOT enforce or uphold our boundaries?

- ✓ FEAR of rejection and, ultimately, abandonment
- ✓ FEAR of confrontation
- ✓ GUILT
- ✓ We were not taught healthy boundaries
- ✓ We feel selfish/bad/guilty/fearful
- ✓ We want to avoid conflict or anger
- ✓ We don't want to hurt others
- ✓ We are afraid of being hurt by others
- ✓ We want others to like us
- ✓ We don't feel entitled to boundaries
- ✓ We feel helpless/hopeless

We can form habitual ways of being in relationship with others. We might find that we consistently put other people's needs first. On the surface this might appear to be because we are kind or selfless, but on closer inspection we often find that we don't set boundaries because we are afraid of what others might think. Subjugation is when we ignore our own needs and put someone else's needs first.

- ? Are you a "people pleaser"?
- ? Do you feel uncomfortable saying what you think or feel, or communicating what you want or prefer?
- ? Do you often sacrifice your own well being for others?
- ? Do you consistently avoid conflict?
- ? Do you usually let others have their way so they don't feel hurt, angry or disappointed?
- ? Have you often felt trapped in situations where your values, wants, beliefs, or feelings were not being respected?
- ? Do you have difficulty respectfully asserting yourself?

Or sometimes we act rebelliously, automatically saying "no", rather than automatically saying "yes".

- ? Do you act rebelliously, automatically saying, "No" to others?
- ? Do you often feel angry at others for telling you what to do?
- ? Do you passively resist doing what others ask you to do, by procrastinating, making frequent mistakes, or making excuses?
- ? Do you not get along with authority figures?
- ? Do you get defensive easily, seeing even simple requests as too demanding?
- ? Do you often feel cheated or that you are giving much more than you receive?

Assess the Current State of your Boundaries

What characteristics do you relate to on the following lists? Write examples in the space below of where you have had healthy and unhealthy boundaries.

HEALTHY BOUNDARIES allow you to:

- ✓ Have self-respect
- ✓ Share personal information when you are ready to
- ✓ Protect your physical and emotional space from intrusion
- ✓ Have an equal partnership where responsibility and power are shared
- ✓ Be assertive. Confidently and truthfully say “yes” or “no” and be okay when others say “no” to you
- ✓ Separate your needs, thoughts, feelings, and desires from others.
- ✓ Empower yourself to make healthy choices and take responsibility for yourself.

UNHEALTHY BOUNDARIES are characterized by:

- ✓ Sharing too much too soon or, at the other end of the spectrum, closing yourself off and not expressing your need and wants.
- ✓ Feeling responsible for others’ happiness.
- ✓ Inability to say “no” for fear of rejection or abandonment.
- ✓ Weak sense of your own identity. You base how you feel about yourself on how others treat you.
- ✓ Disempowerment. You allow others to make decisions for you; consequently, you feel powerless and do not take responsibility for your own life.

Understanding your Boundaries

Boundaries are a problem in our relationships with others when they are too close or too distant. In early recovery we often find ourselves relearning boundaries or, for some of us, learning about boundaries for the first time.

Boundaries can be too close or enmeshed. Do you:

- ✓ Find it difficult to say “No” in a relationship
- ✓ Give too much to others?
- ✓ Get involved in relationships too quickly?
- ✓ Trust too easily?
- ✓ Intrude on others personal boundaries?
- ✓ Stay in relationships for too long?
- ✓ Don’t accept when a relationship is over?

Boundaries can be too distant. Do you:

- ✓ Have difficulty saying “Yes” in relationships?
- ✓ Isolate?
- ✓ Distrust too easily?
- ✓ Often feel lonely?
- ✓ Avoid commitment in relationships?
- ✓ Find that you are often in relationships with ‘unavailable’ people

Many people find they have difficulty in both areas.

Boundary problems are often misguided attempts to keep ourselves loved &/or safe. We might think that if we always say yes, if we give people what they want then they will love us, they won't leave us. Or, we might believe that if we keep people at a distance, if we avoid trusting or letting people get to know us then we can avoid being hurt. We try to keep ourselves safe. Unfortunately, when we say yes more than we should we get hurt and exploited and when we say no more than we need we shut ourselves off from love and connection with others. Remember, we must be free to say 'No' before we can wholeheartedly say 'Yes'.

Healthy boundaries can keep us safe and connected with people who are good for us. We are responsible TO each other, not FOR each other. We can only live our own lives, not anyone else's. This means that each person refuses to rescue or enable another's immature behaviour. If we wish others to respect our boundaries, we need to respect theirs. If someone is raging at you, you can't tell them all the reasons they can't be angry. A person should be able to protest the things they don't like. But at the same time, we can honour our own boundary by telling them “Your raging at me is not acceptable to me. If you continue to rage, I will have to remove myself from you.”

Tips for Setting Healthy Boundaries

- When you identify the need to set a boundary, do it clearly, calmly, firmly, respectfully, and in as few words as possible.
- Do not justify, get angry, or apologize for the boundary you are setting.
- You are not responsible for the other person's reaction to the boundary you are setting. You are only responsible for communicating your boundary in a respectful manner.
- At first, you may feel selfish, guilty, or embarrassed when you set a boundary. Do it anyway and remind yourself you have a right to self-care. Setting boundaries takes practice and determination. Don't let anxiety, fear or guilt prevent you from taking care of yourself.
- When you feel anger or resentment or find yourself whining or complaining, you probably need to set a boundary. Listen to yourself, determine what you need to do or say, then communicate assertively.
- Learning to set healthy boundaries takes time. It is a process. Set them in your own time frame, not when someone else tells you.
- Develop a support system of people who respect your right to set boundaries. Eliminate toxic people from your life— those who want to manipulate, abuse, and control you.



Dinosaur Close Talker

How to say NO

Polite:	No thanks; I'd rather not
Insistent:	No, I mean it and I don't want to talk about it anymore
Partial honesty:	I can't drink because I have to drive
Full honesty:	I can't drink because I am an alcoholic
Consequence:	If you keep asking me to drink I am going to leave

Role Plays for saying No to someone else:

Practice these role plays with another group member:

- You're at a Christmas party and your boss says, "I'm so proud of you! Great work this year. Lets have a drink!"
- An ex partner you used to drink/use with contact you and says "Let's go and use/have a drink together. Just one last time...."
- Someone tells you that taking your prescribed medication "is like using and you should stop"
- Your mum wants you to come and visit for the weekend but you feel overwhelmed and triggered when you go home
- Your friend is broke and wants to borrow money but they haven't paid you back from the last time and you have bills due yourself.
- Your friends keep drinking or using around you and tell you "You need to just get used to it!"

Role plays for saying No to yourself:

- I could use just once more...
- Feeling so tired but with so many commitments
- You stay up late every night
- Your cigarette smoking has increased dramatically

Situations where you can learn to say

Yes

(Practice asking for these & the examples below in role play)

Asking for a phone number a meeting

Asking someone out for coffee

Asking someone for help or a favour

Letting people get to know you

Telling your counsellor how you really feel

Soothing vulnerable parts of yourself, parts that feel young, overwhelmed or sad

Role Plays for saying Yes to others

- Call your sponsor when you feel like picking up... (what would you say?)
- You tell someone how alone and vulnerable you feel
- You talk to your friend honestly about being angry with him
- The weekend is coming and you have no plans- what can you do?
- Someone says - tell me how you are, really.

Role Plays for saying Yes to yourself

- You have worked hard- how can you give yourself a safe reward?
- You are angry with yourself for not doing as well on a test as you wanted
- You planned to go to yoga but now you are rethinking this
- Part of you feels hurt and sad- what could you say to that part of yourself?



REFLECTION

DATE: _____

Reflect here on what is easier for you – saying Yes or saying No.

Why do you think this is? Were your boundaries respected when you were a child?

How has this affected your ability to set and maintain boundaries now?

What boundary do you want to work on this week?



NOTES PAGE

DATE: _____

Use this page to record your personal notes, reflections and thinking about the group.

What is Sleep Hygiene?

'Sleep hygiene' is the term used to describe good sleep habits. Considerable research has gone into developing a set of guidelines and tips that are designed to enhance good sleeping, and there is much evidence to suggest that these strategies can provide long-term solutions to sleep difficulties.

There are many medications that are used to treat insomnia, but these tend to be only effective in the short-term. Ongoing use of sleeping pills may lead to dependence and interfere with developing good sleep habits independent of medication, thereby prolonging sleep difficulties. Talk to your health professional about what is right for you, but we recommend good sleep hygiene as an important part of treating insomnia, either with other strategies such as medication or cognitive therapy or alone.

Sleep Hygiene Tips

- 1 Get regular.** One of the best ways to train your body to sleep well is to go to bed and get up at more or less the same time every day, even on weekends and days off! This regular rhythm will make you feel better and will give your body something to work from.
- 2 Sleep when sleepy.** Only try to sleep when you actually feel tired or sleepy, rather than spending too much time awake in bed.
- 3 Get up & try again.** If you haven't been able to get to sleep after about 20 minutes or more, get up and do something calming or boring until you feel sleepy, then return to bed and try again. Sit quietly on the couch with the lights off (bright light will tell your brain that it is time to wake up), or read something boring like the phone book. Avoid doing anything that is too stimulating or interesting, as this will wake you up even more.
- 4 Avoid caffeine & nicotine.** It is best to avoid consuming any caffeine (in coffee, tea, cola drinks, chocolate, and some medications) or nicotine (cigarettes) for at least 4-6 hours before going to bed. These substances act as stimulants and interfere with the ability to fall asleep.
- 5 Avoid screen time before bed-** the blue light in electronic devices will keep you awake as it suppresses melatonin.
- 6 Avoid alcohol.** It is also best to avoid alcohol for at least 4-6 hours before going to bed. Many people believe that alcohol is relaxing and helps them to get to sleep at first, but it actually interrupts the quality of sleep.
- 7 Bed is for sleeping.** Try not to use your bed for anything other than sleeping and sex, so that your body comes to associate bed with sleep. If you use bed as a place to watch TV, eat, read, work on your laptop, pay bills, and other things, your body will not learn this connection.
- 8 No naps.** It is best to avoid taking naps during the day, to make sure that you are tired at bedtime. If you can't make it through the day without a nap, make sure it is for less than an hour and before 3pm.
- 9 Sleep rituals.** You can develop your own rituals of things to remind your body that it is time to sleep - some people find it useful to do relaxing stretches or breathing exercises for 15 minutes before bed each night, or sit calmly with a cup of caffeine-free tea.
- 10 Bathtime.** Having a hot bath or warm shower 1-2 hours before bedtime can be useful, as it will raise your body temperature, causing you to feel sleepy as your body temperature drops again. Research shows that sleepiness is associated with a drop in body temperature.

- 11 **No clock-watching.** Many people who struggle with sleep tend to watch the clock too much. Frequently checking the clock during the night can wake you up (especially if you turn on the light to read the time) and reinforces negative thoughts such as “Oh no, look how late it is, I’ll never get to sleep” or “it’s so early, I have only slept for 5 hours, this is terrible.”
- 12 **Use a sleep diary.** This worksheet can be a useful way of making sure you have the right facts about your sleep, rather than making assumptions. Because a diary involves watching the clock (see point 10) it is a good idea to only use it for two weeks to get an idea of what is going and then perhaps two months down the track to see how you are progressing.
- 13 **Exercise.** Regular exercise is a good idea to help with good sleep, but try not to do strenuous exercise in the 4 hours before bedtime. Morning walks are a great way to start the day feeling refreshed!
- 14 **Eat right.** A healthy, balanced diet will help you to sleep well, but timing is important. Some people find that a very empty stomach at bedtime is distracting, so it can be useful to have a light snack, but a heavy meal soon before bed can also interrupt sleep. Some people recommend a warm glass of milk, which contains tryptophan, which acts as a natural sleep inducer.
- 15 **The right space.** It is very important that your bed and bedroom are quiet and comfortable for sleeping. A cooler room with enough blankets to stay warm is best, and make sure you have curtains or an eye mask to block out early morning light and earplugs if there is noise outside your room.
- 16 **Keep daytime routine the same.** Even if you have a bad night sleep and are tired it is important that you try to keep your daytime activities the same as you had planned. That is, don’t avoid activities because you feel tired. This can reinforce the insomnia.

Yoga Nidra

Yoga Nidra is both a science and an art form. You can use this script as it is or adapt it to suit your own particular style and preferences. Allow for spaciousness between words and sentences, and repeat key words or phrases to allow a deeper sinking in. The practice may be shortened or you can do the whole script if you have time.

Yoga Nidra Script

20 minutes approximately.

Lie down on the floor in a well ventilated room without distractions.

1 Entry

Get comfortable and allow your body to sink into the floor. Shift and move a little to let your body settle deeper into the ground. Be comforted that at this time, everything is ok. Nothing else matters right now. In this moment you can allow yourself to relax, just a little. There's nowhere to go and nothing to do. You are here to simply feel your body and listen.

Do not worry or become agitated if you do not hear everything. It is natural to flow in and out of conscious hearing. The deepest part of you, your core self, is always listening. Whatever your experience today, this practice will still work.

You are in a safe environment, protected space, held space. Come into stillness now and remain still, for deep rest, deep nourishment. Feel your natural breath. Breath flowing through. Allow your bones to become heavy. Feel your bones heavy and sinking into the earth. Release your bones heavy and sinking.

2 Sankalpa

Go deep inside now. Deep inside to notice your heart's deepest longing. What does your heart desire? Create a sankalpa, an intention affirmation based on your hearts longing. A positive statement in the present tense, as though it's already happening. For example, "I flow thru life with ease and peace. I am relaxed" Come up with your own intention/ Sankalpa. State it three times silently, as though it is already happening.

3 Body Scan

Allow your awareness to travel through your body now on a journey of sensation. Simply feel each part as it is mentioned, and without moving, remain still. Welcome all sensation, just as it is. Begin with the mouth, feel your mouth, feel sensation in your mouth. Feel your jaw, lips, upper lip, lower lip, notice where the lips touch, feel the inside of the mouth, roof, under tongue, upper teeth and gums, lower teeth and gums, tongue, root of the tongue, center of the tongue, tip, notice sense of taste in the mouth. Feel the left inner cheek, right inner cheek. Now feel all the parts together now as a whole, feel your mouth as sensation, as energy, as radiant vibration.

Feel your nose. Notice the nostrils, left nostril, right nostril, both nostrils. Notice the breath, nasal passages, follow nasal passages all the way back into your head.

Become aware of your ears, right ear, left ear, both ears simultaneously. Feel the wrinkles and folds of the ears, backs of the ears, earlobes, ear canals. Follow ear canals into the inner ear. Notice your ears receiving sound, listening. Feel your ears hearing. Feel your eyes, left eye, right eye, both eyes together. Notice eyelids, feel each eyelash. Notice where the eyelids touch. Become aware of the surface of the eyes, centers of the eyes, backs of the eyes. Feel your eyes now as energy, radiant glowing embers.

Bring awareness to your crown, forehead, face. Feel your whole head. Feel your neck. Back of the neck, sides of the neck, throat. Notice your right palm, thumb, first finger, second finger, third finger, fourth finger. Feel your whole hand alive with energy. Feel your wrist, forearm, elbow, upper arm, whole shoulder. Notice the notch at the base of the throat. Notice your left palm, thumb, first finger, second finger, third finger, fourth finger. Feel your whole hand alive and filled with sensation. Feel your left wrist, forearm, elbow, upper arm, whole shoulder. Notice the notch at the base of the throat.

Become aware of the upper chest, upper back, shoulder blades, feel your heart center. Notice your abdomen, ribs on the back, solar plexus. Feel your belly, navel center, pelvis, hips. Feel your right hip, thigh, knee, lower leg, calf, ankle, foot, toes, sole of the foot, whole foot. Feel again the pelvis, left hip, thigh, knee, lower leg, ankle, foot, toes, sole, whole foot. Notice both feet. Feel your root, between your sitting bones, navel center, solar plexus, heart center, throat center, mouth, third eye between the brows, crown.

Feel now the back body resting on the earth. Bring awareness of your whole back body as sensation alive with vibration. Feel now the front body. Filled with radiant vibration. Pour your awareness like liquid into the right side of your body, feel the right side. Pour your awareness like flowing sensors into the left side. Feel your left side. Feel midline. Feel your body as a whole. Complete entity. Feel sensation throughout your entire body.

4 Breath and Prana Awareness

Begin to notice your breath. Your natural breath as it flows through you. Feel the in breath, note the out breath. As you exhale, imagine a wave passing downward through your body carrying away tensions. As you inhale a fresh wave flows upward through your whole body bringing sense of calm to every cell. Exhale, wave flowing downward thru your body carries away fears. Inhale fresh wave upward brings serenity.

Repeat Sankalpa

Now remember your heart's longing statement. Repeat it again three times as the present truth, three times to yourself. It is the truth.

Return

Notice your where the back of your body back body touches the earth. Feel all the places where you touch the ground. Notice the front body facing skyward. Notice all of the space surrounding you. Let your body expand wider into the space that surrounds you. Notice your breath. Feel its rhythm and pace. We are now completing relaxation practice. Before moving, sense your fingers and just imagine them moving. Now begin to wiggle your fingers, feeling every sensation as you do. Notice your toes. Begin to wiggle your toes.

Gently rock your head side to side, a slow awakening. Draw a deeper breath into your belly, into your chest. Rock slowly over to your right side in fetal position. Imagine that you are water, and pressing your left palm into the floor, flow, like a river up to a comfortable seated position. Lengthen your spine. Take a full breath in and as you exhale imagine filling with divine light. Bring your hands onto your face. Notice how you feel right now. Notice the effects of your relaxation practice. Focus now on a feeling of Peace, eternal Peace. May there be peace, eternal Peace in your heart. Ever so slowly now allow the eyes to slowly open to a soft gaze on the floor.

Progressive Muscle Relaxation

Progressive muscle relaxation is a relaxation technique that involves progressively tensing and then relaxing muscles or muscle groups. By tightening a muscle and then releasing, you can feel the difference between tense and relaxed. Actively engaging in progressive muscle relaxation exercises effectively loosens and relaxes the muscles.

Make sure not to do any movements that cause pain. If any of these exercises cause discomfort, ease up or stop to ensure that you do not cause muscle cramping or injury. Sometimes if you are very tense already, actively tensing your muscles with progressive muscle relaxation exercise will not be helpful. If this is the case be especially gentle as you try this exercise or try a yoga nidra or imagery exercise instead.

Guided Progressive Muscle Relaxation Exercise Script:

Begin by finding a comfortable position sitting, standing, or lying down. You can change positions any time during the progressive muscle relaxation exercises to make yourself more comfortable as needed. The first progressive muscle relaxation exercise is breathing. Breathe in forcefully and deeply, and hold this breath. Hold it...hold it... and now release. Let all the air go out slowly, and release all the tension.

Take another deep breath in. Hold it... and then exhale slowly, allowing the tension to leave your body with the air. Now breathe even more slowly and gently... breathe in...hold...out...breathe in. .. hold...out... Continue to breathe slowly and gently. Allow your breathing to relax you.

The next progressive muscle relaxation exercise focuses on relaxing the muscles of your body. Try and tense only the muscles we are focusing on without tensing other muscles in your body. Start with your feet, tighten the muscles of your feet by curling your toes back, hold the tension for a count of 3 and relax. Now curl your toes back towards your shin, hold the tension for a count of 3 and relax. Now tighten the muscles of your lower legs. Start with the large muscles of your legs. Tighten all the muscles of your lower legs. Tense the muscles further. Hold onto this tension for a count of 3.... and now relax. Let all the tension go. Now tighten the muscles of your upper legs, thighs front and back. Hold the tension for a count of 3...Now relax. Feel the muscles in your legs going limp, loose, and relaxed. Notice how relaxed the muscles feel now. Feel the difference between tension and relaxation. Enjoy the pleasant feeling of relaxation in your legs.

Now focus on the muscles in your arms. Tighten your shoulders, upper arms, lower arms, and hands. Squeeze your hands into tight fists. Tense the muscles in your arms and hands as tightly as you can. Squeeze harder.... harder.... hold the tension in your arms, shoulders, and hands for a count of 3.... and now release. Let the muscles of your shoulders, arms, and hands relax and go limp. Feel the relaxation as your shoulders lower into a comfortable position and your hands relax at your sides. Allow the muscles in your arms to relax completely.

Focus again on your breathing. Slow, even, regular breaths. Breathe in relaxation.... and breathe out tension.... in relaxation....and out tension.... Continue to breathe slowly and rhythmically.

Now focus on the muscles of your buttocks. Tighten these muscles as much as you can. Hold this tension.... and then release. Relax your muscles. Tighten the muscles of your back now. Feel your back tightening, pulling your shoulders back and tensing the muscles along your spine. Arch your back slightly as you tighten these muscles. Hold.... and relax. Let all the tension go. Feel your back comfortably relax.

Turn your attention now to the muscles of your chest and stomach. Tighten and tense these muscles. Tighten them further...hold this tension.... and release. Relax the muscles of your torso.

Finally, tighten the muscles of your face. Scrunch your eyes shut tightly, wrinkle your nose, and tighten your cheeks and chin, clench your teeth and stretch your lips. Hold this tension in your face.... and relax. Release all the tension. Feel how relaxed your face is. Notice all of the muscles in your body.... notice how relaxed your muscles feel. Allow any last bits of tension to drain away. Enjoy the relaxation you are experiencing. Notice your calm breathing.... your relaxed muscles.... Enjoy the relaxation for a few moments....

When you are ready to return to your usual level of alertness and awareness, slowly begin to re-awaken your body. Wiggle your toes and fingers. Swing your arms gently. Shrug your shoulders. Stretch if you like.

You may now end this progressive muscle relaxation exercise feeling calm and refreshed.

Imagery Relaxation Exercise

(read this slowly and calmly, pause at the punctuation marks)

Prepare yourself for an experience of peace and calm. Sit or lie down in a comfortable position. Loosen any constrictive clothing and begin to shed the cares that keep you from feeling your best. Take a nice deep breath through your nose and hold it for a few seconds... and let it out through your mouth with a sigh. Again, inhale through your nose and let go of the breath with a relaxing sigh. Do this a few times, and each time, let the relaxation that you are beginning to feel grow a little deeper. (PAUSE)

Now use your mind to scan your body for tension. Starting at the top of your head and slowly working down to the soles of your feet, notice wherever your muscles are holding on. Wherever you feel tightness or hardness, invite in looseness and softness. Your muscles have no need to work hard right now; so let them have some time off. Invite your muscles to become soft and flexible. They are strong when they need to be, but right now they rest with the gentleness of a flower floating on water. (PAUSE)

As you scan your body, you let go, and your body settles into a comfortable position with no holding on, no grasping, just peace and alignment with the forces of nature. Your breath is calm and relaxed. Your head and arms and legs and torso have settled in gently to a position of complete relaxation. (PAUSE)

Now create in your mind an image of a beautiful place. This is a special place that you can go to in your mind to find refuge from your cares. You might select a tropical beach, a mountain field, or a beautiful rainforest. Maybe it is a lovely garden or some other place of significance to you. See yourself in this place on a perfect summer day. The sky is blue and there are a few white puffy clouds. You can feel a gentle breeze on your skin. The temperature is just right for you to be perfectly comfortable. You can hear nearby the sound of water. Take a moment to listen. What else can you hear? Perhaps you can hear the gentle call of birds or the rustling of leaves or waves crashing on the beach. What can you smell in this place? Is there a scent, perhaps of salt air or of flowers in the breeze? (PAUSE)

Spend as much time as you like in this place. Rest. Be at peace, and know that you can come back here any time you wish for respite and relaxation. (PAUSE)

When you are ready, in your mind, look for a foot path that leads away from the spot where you have been resting. Take a walk on this path. It will take you to another place, also a peaceful place, but this is a place to meet someone very special. Here you will meet a being of great wisdom and love. Follow the path in your mind until it comes to an open space. See this place as covered with grass, and on the grass is an exquisitely woven carpet. Upon the carpet rest a number of silk pillows. You know in your mind that you are to make yourself comfortable on the carpet and pillows. See yourself in this meeting place and know that this place and everything there is for you to use as you see fit. Look around and see what is there. See this place as filled with a wonderful crystal clear light. Everything is bright and colorful. You see green grass and green leaves. Flowers bloom, and their scent is very pleasant. (PAUSE)

Imagine now that you are inviting into this wonderful place a being of great wisdom and compassion. Because you seek understanding, this being is pleased to come to you. Soon you find that seated across from you is someone whose heart is full of love and whose mind is pure and wise. You look into their eyes and see love. It is as if their whole body radiates light and love. From the area of their heart a bright light shines directly into your heart. You feel in that light a warm and kindly energy. A sense of well-being builds in your heart and spreads through your whole body. From top to bottom you are filled with loving light that glows into every cell of your body. Every cell, every molecule in your body is touched by healing love. (PAUSE)

Now perhaps you have a question for this wise one. Perhaps something has been troubling you and you need an answer. Perhaps some thought or emotion has been a stumbling block to your development. You are free to ask whatever you would like. Form your question and then listen very carefully. Take as much time as you need. (PAUSE)

It is possible that this is not the time for you to have an answer, but if it is the time, see what presents itself. The answer may come as a thought. You might hear words in your mind or see an image. Be open to whatever arises from the source of wisdom. (PAUSE)

Feel free to have a dialogue with this friendly being with whom you share this special place. Perhaps you would like to spend time with them quietly. When you feel that you are finished, prepare to leave this place. Return your attention to your body. Feel yourself in your body. Take a deep breath and let it out. Clench your fists. Stretch your arms and legs and open your eyes. Notice how you feel and what you would like to keep from this experience.

Self-Compassion

Definition of Self-Compassion: Having compassion for oneself is really no different than having compassion for others. Think about what the experience of compassion feels like. First, to have compassion for others you must notice that they are suffering. If you ignore that homeless person on the street, you can't feel compassion for how difficult his or her experience is. Second, compassion involves feeling moved by others' suffering so that your heart responds to their pain (the word compassion literally means to "suffer with"). When this occurs, you feel warmth, caring, and the desire to help the suffering person in some way. Having compassion also means that you offer understanding and kindness to others when they fail or make mistakes, rather than judging them harshly. Finally, when you feel compassion for another (rather than mere pity), it means that you realize that suffering, failure, and imperfection is part of the shared human experience. "There but for the grace of god go I."

Self-compassion involves acting the same way towards yourself when you are having a difficult time, fail, or notice something you don't like about yourself. Instead of just ignoring your pain with a "stiff upper lip" mentality, you stop to tell yourself "this is really difficult right now," how can I comfort and care for myself in this moment?

Instead of mercilessly judging and criticizing yourself for various inadequacies or shortcomings, self-compassion means you are kind and understanding when confronted with personal failings – after all, who ever said you were supposed to be perfect?

Perhaps most importantly, having compassion for yourself means that you honor and accept your humanness. Things will not always go the way you want them to. You will encounter frustrations, losses will occur, you will make mistakes, bump up against your limitations, fall short of your ideals. This is the human condition, a reality shared by all of us. The more you open your heart to this reality instead of constantly fighting against it, the more you will be able to feel compassion for yourself and all your fellow humans in the experience of life.

The three elements of self-compassion:

1 Self-kindness.

Self-compassion entails being warm and understanding toward ourselves when we suffer, fail, or feel inadequate, rather than ignoring our pain or flagellating ourselves with self-criticism. Self-compassionate people recognize that being imperfect, failing, and experiencing life difficulties is inevitable, so they tend to be gentle with themselves when confronted with painful experiences rather than getting angry when life falls short of set ideals. People cannot always be or get exactly what they want. When this reality is denied or fought against suffering increases in the form of stress, frustration and self-criticism. When this reality is accepted with sympathy and kindness, greater emotional equanimity is experienced.

How can you be kind towards yourself today?

2 Common humanity.

Frustration at not having things exactly as we want is often accompanied by an irrational but pervasive sense of isolation – as if “I” were the only person suffering or making mistakes. All humans suffer, however. The very definition of being “human” means that one is mortal, vulnerable and imperfect. Therefore, self-compassion involves recognizing that suffering and personal inadequacy is part of the shared human experience – something that we all go through rather than being something that happens to “me” alone.

How are you human, or “mortal, vulnerable and imperfect” today?

3 Mindfulness.

Self-compassion also requires taking a balanced approach to our negative emotions so that feelings are neither suppressed nor exaggerated. We become willing to observe our negative thoughts and emotions with openness and clarity, so that they are held in mindful awareness. Mindfulness is a non-judgmental, receptive mind state in which one observes thoughts and feelings as they are, without trying to suppress or deny them. We cannot ignore our pain and feel compassion for it at the same time. At the same time, mindfulness requires that we not be “over-identified” with thoughts and feelings, so that we are caught up and swept away by negative reactivity.

What thoughts and feelings are you mindfully aware of today?

What gets in the way of you being compassionate towards yourself? What thoughts or beliefs or feelings do you have that might be barriers to recognising your own suffering and doing what you can to relieve it.

What Self-Compassion Is Not

Self-Compassion is not self-pity.

When we feel self-pity, we become immersed in our own problems and forget that others have similar problems. We ignore our interconnections with others, and instead feel that I am the only one in the world who is suffering. Self-pity tends to emphasize feelings of separation from others and exaggerate the extent of personal suffering.

Self-compassion, on the other hand, allows one to see the related experiences of self and other without these feelings of isolation and disconnection. Also, we get lost in self-pity we can become carried away with our emotional drama. It's difficult to step back and adopt a more balanced or objective perspective. In contrast, if we can be compassionate towards ourselves we can see ourselves as connected to all humans and to recognise that suffering is part of life for all living beings. Also we can see that while our suffering is painful it is probably not the smallest or the greatest suffering on the planet.

Self compassion helps us get perspective. ("Yes it is very difficult what I'm going through right now, but there are many other people who are experiencing much greater suffering. Perhaps this isn't worth getting quite so upset about...")

Self-Compassion is not self-indulgence.

Self-compassion is also very different from self-indulgence. Many people say they are reluctant to be self-compassionate because they're afraid they would let themselves get away with anything. "I'm stressed out today so to be kind to myself I'll just watch TV all day and eat a tub of ice cream." This, however, is self-indulgence rather than self-compassion. Remember that being compassionate to oneself means that you want to be happy and healthy in the long term. In many cases, just giving oneself pleasure may harm well-being (such as taking drugs, over-eating, being a couch potato), while giving yourself health and lasting happiness often involves a certain amount of discipline (such as quitting smoking, dieting, exercising).

Self-Compassion is not self-esteem.

Although self-compassion may seem similar to self-esteem, they are different in many ways. Self-esteem refers to our sense of self-worth, perceived value, or how much we like ourselves. While there is little doubt that low self-esteem is problematic and often leads to depression and lack of motivation, trying to have higher self-esteem can also be problematic. In modern Western culture, self-esteem is often based on how much we are different from others, how much we stand out or are special. It is not okay to be average, we have to feel above average to feel good about ourselves. This means that attempts to raise self-esteem may result in narcissistic, self-absorbed behavior, or lead us to put others down in order to feel better about ourselves.

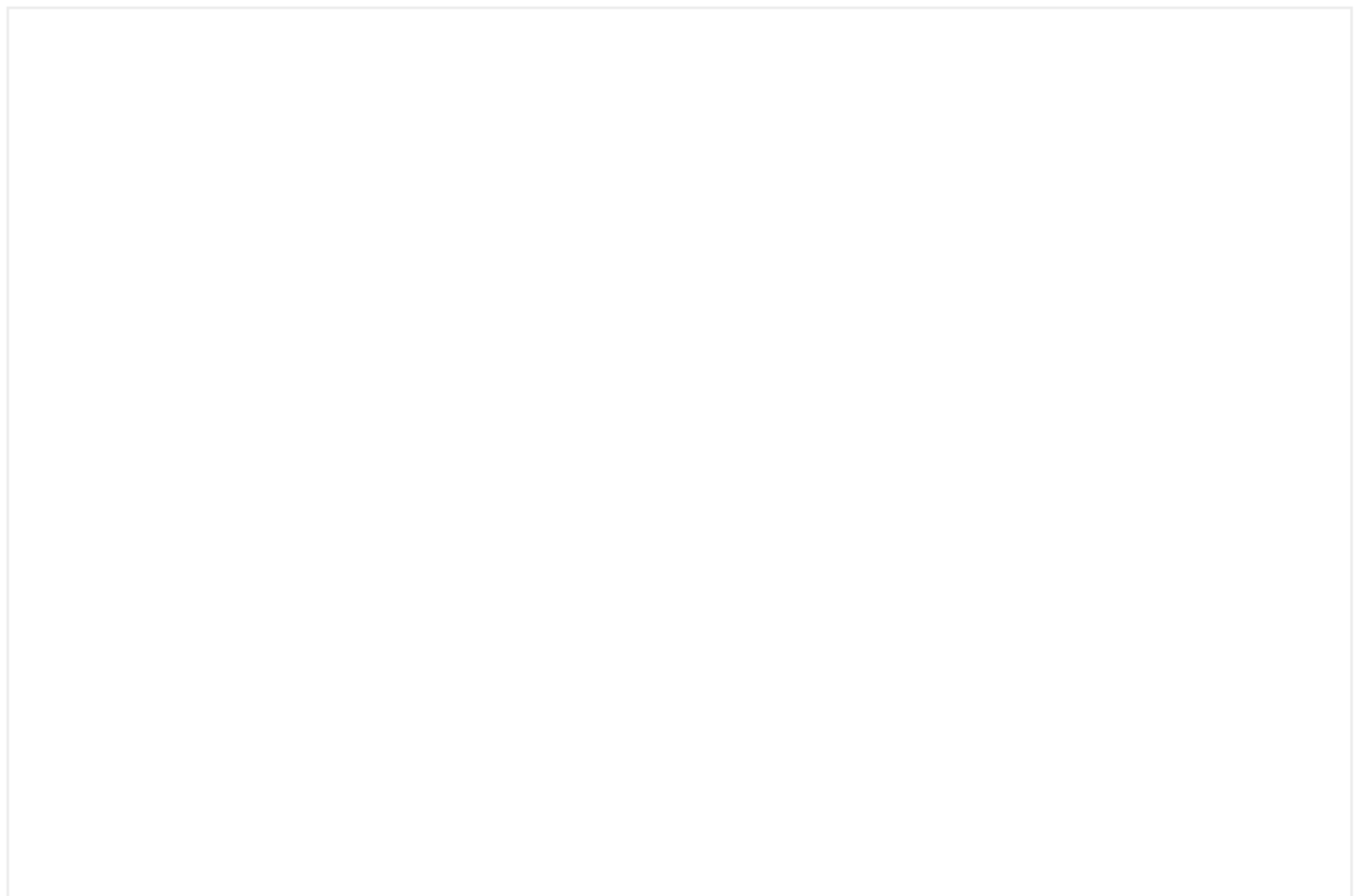
We also tend to get angry and aggressive towards those who have said or done anything that potentially makes us feel bad about ourselves. The need for high self-esteem may encourage us to ignore, distort or hide personal shortcomings so that we can't see ourselves clearly and accurately. Finally, our self-esteem is often contingent on our latest success or failure, meaning that our self-esteem fluctuates depending on ever-changing circumstances.

In contrast to self-esteem, self-compassion is not based on self-evaluations. People feel compassion for themselves because all human beings deserve compassion and understanding, not because they possess some particular set of traits (pretty, smart, talented, and so on). This means that with self-compassion, you don't have to feel better than others to feel good about yourself. Self-compassion also allows for greater self-clarity, because personal failings can be acknowledged with kindness and do not need to be hidden. Moreover, self-compassion isn't dependent on external circumstances; it's always available – especially when you fall flat on your face! Research indicates that in comparison to self-esteem, self-compassion is associated with greater emotional resilience, more accurate self-concepts, more caring relationship behavior, as well as less narcissism and reactive anger.

Please take out a sheet of paper and answer the following questions:

- First, think about times when a close friend feels really bad about him or herself or is really struggling in some way. How would you respond to your friend in this situation (especially when you're at your best)? Please write down what you typically do, what you say, and note the tone in which you typically talk to your friends.
- Now think about times when you feel bad about yourself or are struggling. How do you typically respond to yourself in these situations? Please write down what you typically do, what you say, and note the tone in which you talk to yourself.
- Did you notice a difference? If so, ask yourself why. What factors or fears come into play that lead you to treat yourself and others so differently?
- Please write down how you think things might change if you responded to yourself in the same way you typically respond to a close friend when you're suffering.

Why not try treating yourself like a good friend and see what happens?





NOTES PAGE

DATE: _____

Use this page to record your personal notes, reflections and thinking about the group.

ASSERTIVENESS

What is Assertiveness?

Assertiveness is behaviour and communication that demonstrates respect for your own and others needs, wants and desires.

When we are being assertive we recognise and communicate our thoughts, feelings, and wants honestly and appropriately while respecting the thoughts, feelings, needs and wants of others.

Assertive Communication

Is it OK to express our feelings? Yes. An assertive attitude values the expression of feelings. It's OK to express our feelings openly, they are ours and we have a right to feel them.

Assertive behaviour involves:

- ✓ Expressing your feelings in a clear fashion
- ✓ Asking for what you want, or
- ✓ Saying No to something you don't want

The Benefits of Being Assertive

Your needs, wants and feelings are more likely to be understood

- ✓ Nobody's feelings are hurt intentionally
- ✓ Both parties are more likely to feel respected and heard
- ✓ The relationship is strengthened by the exchange
- ✓ You experience fewer negative conflicts and arguments
- ✓ You feel in control of your own life
- ✓ Your confidence and self-esteem are enhanced
- ✓ You have a better chance of getting what you really want.

sure **decisive** insistent **confident**
assertive **positive** **certain** firm

Passive	Aggressive	Passive Aggressive
<p>Only You Count</p> <p>Always giving in to what others want</p> <p>Not wanting to make waves</p> <p>Fear of saying no</p> <p>Not expressing your thoughts/feelings</p> <p>Discount Self, Count Other</p>	<p>Only I Count</p> <p>Using intimidation and coercion to get what you want</p> <p>Acting out angry feelings</p> <p>Blaming</p> <p>Covering vulnerability</p> <p>Reactive style of communication</p> <p>Count Self, Discount Other</p>	<p>Neither of us Count</p> <p>Indirect, under-the-table hostility</p> <p>Aggressive energy is diffused, misdirected, unfocused, and unclear</p> <p>You believe you have no power to influence others directly</p> <p>Passive-aggressiveness is powerful, however</p> <p>Discount Self, Discount Other</p>

Think of examples of how you have behaved in passive, aggressive or passive aggressive ways:

Do you need to be more assertive? Answer these questions for yourself:

- ✓ Do you have difficulty accepting constructive criticism?
- ✓ Do you find yourself saying 'yes' to requests that you should really say 'no' to, just to avoid disappointing people?
- ✓ Do you have trouble voicing a difference of opinion with others?
- ✓ Do people tend to feel alienated by your communication style when you do disagree with them?
- ✓ Do you feel attacked when someone has an opinion different from your own

How to Become More Assertive

There are three key strategies:

- 1 Acknowledge your basic rights
- 2 Develop non-verbal assertive behaviours – Learn to say “No”
- 3 Practice assertive responses

Step One: Acknowledge your basic human rights

Often, we have forgotten them. Or, as children we may have been taught not to believe in them.

Some of these are:

- ✓ I have the right to acknowledge my limitations and say, “No” to requests that I cannot meet
- ✓ I have the right to be treated with dignity and respect
- ✓ I have the right to change my mind

Step Two: Develop non-verbal, assertive behaviours

- ✓ Maintain eye contact
- ✓ Maintain an open posture
- ✓ Do not back off or move away
- ✓ Stay calm

Step three: Learn to Say No

- ✓ Acknowledge the other person’s request by repeating it
- ✓ Explain your reason for declining
- ✓ Say “No”
- ✓ (Optional) If appropriate, suggest an alternative

Learn to say Yes to yourself and No to others

Some tips saying what you want to say:

- ✓ Consider an introductory phrase that works for you. “So – here’s the thing.”
- ✓ Use phrases such as “I prefer . . .” “I want . . .” or “That doesn’t work for me.”
- ✓ Use a tone of voice and body language that expresses confidence in your values.
- ✓ Avoid moralizing or judgemental language. It sounds attacking or blaming.
A pattern of attack often gets a counterattacking or defensive response.
- ✓ Be calm and clear.



EXERCISE

DATE: _____

I should have said "NO" when:

1 _____ asked me to

2 _____ asked me to

3 _____ asked me to

Practice a couple of different ways to say NO to an unreasonable request. Anticipate the response. You must be prepared to reply. Prepare yourself.

Step four: Practice Assertive Responses

Select a Situation where you struggle to be Assertive & practice with someone.

- Who is involved
- When (time and place)
- What bothers you about the situation
- How you normally tend to deal with it
- Fears you have about the consequences that would follow if you were to be assertive
- Goal, what you would like to do.

What are the situations where you would like to practice being more assertive?



NOTES PAGE

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Use this page to record your personal notes, reflections and thinking about the group.

Avoiding relationships in early recovery?

One of the most common pieces of advice for addicts in early recovery is to wait before beginning any new romantic relationships. It's often said that a person should wait at least a year. Why is this so? Why is romance thought to be a bad idea in early recovery?

Early Recovery Is About Self-Discovery

The life of an addict is very different from how a sober person lives. When free of addiction, one is able to pursue many different types of relationships and activities. But in the early stages of recovery, individuals are building an entirely new life. To safeguard newfound sobriety, an individual needs a period of time to create new routines and find a new direction for his or her life. This is a period of profound self-discovery that would be challenging to fit with a romantic relationship that commands much of a person's time, energy and focus.

Relationships in Recovery and Vulnerability

The main reason why you should at first avoid relationships in recovery can be summed up in one word: vulnerability. In early recovery, living a sober life is brand new to you, and it brings a rollercoaster of emotions that are difficult to handle. You're just beginning to build a solid foundation in sobriety, and you have a lot to learn. Without drugs or alcohol, you're very vulnerable until you develop new, healthy habits and coping mechanisms.

While relationships in recovery (and in general) can be beautiful and fun, they can also bring heartbreak and pain. When you're in early recovery, your vulnerability means that any pain you experience from a relationship can hit you much harder. You'll be challenged to deal with complicated, strong emotions, and you already have enough of that in early recovery without being in a relationship. Move too quickly, and you'll be threatening your own recovery.

Romantic Turbulence

No matter how strong a couple's relationship might be, there are always trying times. Perhaps the couple doesn't see eye to eye on an important issue, or maybe one has made a mistake that angers or hurts the other. When these instances occur, emotions are bound to run high, and each person will want to seek some type of consolation for the pain. Since abstinence is a skill that takes time and practice, a person in early recovery may still feel the compulsion to alleviate physical or emotional discomfort with substance use. His or her ability to remain sober depends on how well he or she can implement the skills and strategies acquired while in treatment. The experience of romantic hardships can lead to an unnecessarily high level of risk for relapse.

A New Kind of Dependency

There have been numerous studies conducted on the effects of romance on the brain. According to some of the most recent studies, it's been found that the experiences one has in a romantic relationship can activate many of the same areas of the brain that are targeted by substance use. In fact, there's not much psychological difference between drug addiction and sex or romance addiction, which is why it's so common for those with one type of addiction to fall prey to the other. Therefore, pursuing romantic relationships in early recovery puts individuals at risk of simply substituting alcohol or drug use with the thrill of romance and feelings of intimacy. Although alcohol and drugs are much more physically dangerous than romance, this type of dependence could still create an unhealthy situation. It may also make it more likely for the recovering addict to return to substance abuse if the relationship comes to an end.

Distracting You from What's Really Important

Recovery isn't a task that you check off your to-do list. It's an ongoing journey. Sustaining sobriety and remaining abstinent require a certain amount of continued effort, and it's difficult to give one's recovery the necessary level of attention while also pursuing a romantic relationship in early recovery. After completing rehab we still have to work on our Recovery by attending 12-Step group meetings, going to aftercare and having weekly sessions with an addictions counselor. The most important thing is to continue putting time into recovery and keep learning ways of safeguarding sobriety.

Recovery isn't a task that you check off your to-do list. It's an ongoing journey.

The problem with romantic relationships in early recovery is that a recovering addict is going to focus some of his or her energy on the relationship rather than on recovery. This can put the individual at risk of slipping back into old habits and behaviors. But once a recovering addict has accumulated more sober time and feels confident in his or her new lifestyle of sobriety, there's much less risk that focusing on the relationship would mean neglecting one's recovery needs. It's important for individuals in early recovery to consider the many benefits of postponing romance until he or she is more established in recovery. Although it may seem difficult in the beginning, sobriety will begin to feel second nature, at which time a person will have much more to offer to a potential romantic partner.

Relationships in Recovery and Relapse

If you're serious about your sobriety, you don't want to do anything that could make it harder on yourself than it already is, which is why it's recommended to wait so long before considering a romantic relationship. A relationship also puts you in greater danger of relapse because it causes you to put focus, time, and attention on another person. In early recovery, your focus should be entirely on yourself and your sobriety. It requires all of your dedication to build a healthy lifestyle and to build up your self-confidence.

How to Deal with Relationships in Recovery

Anyone who has your best interests at heart will want you to focus on your recovery and won't pressure you to start a relationship before you're ready. If you are already in a relationship at the time you get sober, things can be a little trickier. You need to determine if that relationship is worth saving, and if it is, you and your partner need to move slowly and work on repairing yourselves before you try to repair the relationship. Your partner may have their own issues to deal with, such as codependency. Any loving and supportive partner will not make you feel guilty for taking time to strengthen your recovery.

No matter what, remember this: If you're not satisfied with yourself and your life, then you're not ready to share your life with another person in a romantic way.

Key characteristics of healthy relationships:

Communication is a key part to building a healthy relationship. The first step is making sure you both want and expect the same things—being on the same page is very important. The following tips can help you and your partner create and maintain a healthy relationship:

- ✓ **Speak Up.** In a healthy relationship, if something is bothering you, it's best to talk about it instead of holding it in.
- ✓ **Respect Each Other.** Your partner's wishes and feelings have value, and so do yours. Let your significant other know you are making an effort to keep their ideas in mind. Mutual respect is essential in maintaining healthy relationships.
- ✓ **Compromise.** Disagreements are a natural part of healthy relationships, but it's important that you find a way to compromise if you disagree on something. Try to solve conflicts in a fair and rational way.
- ✓ **Be Supportive.** Offer reassurance and encouragement to each other. Also, let your partner know when you need their support. Healthy relationships are about building each other up, not putting each other down.
- ✓ **Respect Each Other's Privacy.** Just because you're in a relationship, doesn't mean you have to share everything and constantly be together. Healthy relationships require space.

What is an Unhealthy Relationship?

Relationships that are not healthy are based on power and control, not equality and respect. In the early stages of an abusive relationship, you may not think the unhealthy behaviors are a big deal. However, possessiveness, insults, jealous accusations, yelling, humiliation, pulling hair, pushing or other negative, abusive behaviors, are — at their root — exertions of power and control. Remember that abuse is always a choice and you deserve to be respected. There is no excuse for abuse of any kind.

What do you need to work on in your relationships? What can you do today to be the person you want to be in relationships with important people in your life?

A large, empty rectangular box with a thin grey border, intended for the user to write their response to the question above.

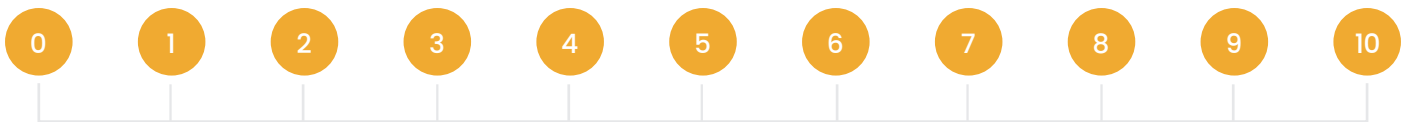
JOURNAL WRITING

Everyday make a note of:

- ✓ 3 good things about today
- ✓ 1 area to work on or 1 thing that was not so good
- ✓ What physical symptoms are you experiencing today? Are you feeling good or do you have a headache, sweatiness, stomach cramps etc.
- ✓ Rate your cravings on the following scale:



- ✓ Rate your mood on the following scale:



Very low

Moderate/OK

Great!

In treatment you are learning the skill of journaling about your life. Keeping a personal journal can be useful for clarification and deeper self-understanding.

You may choose to simply review the events of the day and how you felt throughout or you may choose to write and be guided by one of the ideas below:

- ✓ Why am I here in rehabilitation? What are my feelings right now about being here? What are my fears about being here in rehabilitation? What are my hopes about being here in rehabilitation? What am I willing to contribute to my rehabilitation?
- ✓ Explore your drug or alcohol use. What age did you first use? What drug did you use? Who introduced you to drugs? What drug(s) did you go on to use after that? What was your reason for using drugs? Did you ever try to stop? If so, what was it like when you were not using? Do your friends use? Are you easily influenced by others? Is there a family history of drug abuse? Do you and your significant other use together? How has drug abuse affected your life? What do you see as your options? What do you have to do to abstain from drug abuse? Have you been in a treatment program before or attended a 12-step meeting (such as AA or NA)? What do you feel like when you are using? How do you view drug screening in the workplace/school?
- ✓ Find humour somewhere you hadn't thought to look before. Is there a way to look at a situation or event in a new light that may bring laughter? Is there a funny thing that happened to you when you were young or just recently? Can you write a fantasy of what you will be doing in the best of all possible worlds, with all your dreams coming true? This may make you smile.
- ✓ Good bye letter: Imagine that you could say anything you wanted to your addiction in a goodbye letter. Write a letter to your addiction, expressing all of your feelings about what addiction has done to you, and what it will be like to live without alcohol or other drugs.

- ✓ Pick one event in your life, remark or phrase that has meaning for you or seems important. Write down everything you can about this topic. How does it make you feel? Why does it make you feel this way? Why do you feel so deeply about it? Is there a way to explain it to yourself? Instead of trying to avoid the feelings, write through them.
- ✓ Take me somewhere. It can be a place that was special to you in the past or is special to you now. Tell me about every nook and cranny in the room, about every quadrant of space outdoors. It does not have to be an exotic place; it can be your backyard when you were growing up. It can be a curtain you hid behind during hide and seek. Think about every detail and every sense – hearing, seeing, smelling, tasting, and feeling. By writing what you alone know, you are telling a story that is yours alone.
- ✓ Think about an important person in your life and describe an interaction with them. Don't just write the facts about what happened. Write how this person walked, how fast the event happened, how people were talking, how time was moving, and how you were reacting.
- ✓ Write a description of the room you are in right now. Notice everything. Meditate and contemplate the room before you start writing, being mindful of all your senses.
- ✓ Write about a time that you acted in a way that was admirable, strong, or honourable. What happened just before and just after this event? Explore the roles others played in this event. Did someone show you kindness or loyalty?
- ✓ Write about something you forgive yourself for. Forgiveness is one of the keys to successful change. Forgiving yourself for past actions allows you to take responsibility for what happens in the future.
- ✓ Write about specific good memories. Think back and describe pleasant feelings or fond recollections of a certain time and place. Can you recall laughter? If so, write about that.
- ✓ Write down five big things in your life that have hurt you, made you upset, fearful, or sad. What comes to mind first? This is not about trying to be negative or dwelling on parts of your life when you have felt bad. This is about what you are holding on to that makes you feel agitated or down.
- ✓ Write down how you will give yourself the gift of laughter today. Will you watch a favourite show? Will you read a great book? Will you call a friend and tell them a joke?
- ✓ Write down what makes you laugh. Is it a good joke? A special comedy? Do you like reruns of the old sitcoms or do you like cartoons? Is there a writer who makes you laugh? Now write down why those things are funny or humorous to you. Try to figure out why you smile or laugh.
- ✓ Review something you have written earlier in the program. Add new thoughts. Write about what it feels like looking back at your earlier writings. Are you surprised by the intensity of some of your reactions? Write about that. When you read your earlier work, does it feel as if you are reading about the experiences of someone else? Write about that.



NOTES PAGE

DATE: _____

Use this page to record your personal notes, reflections and thinking about the group.