

**T H E   M A T R I X   M O D E L**



# Early Recovery Skills Group Handouts

**INTENSIVE OUTPATIENT  
ALCOHOL & DRUG TREATMENT**

*A 16-Week Individualized Program*

Richard A. Rawson, Ph.D., Jeanne L. Obert, M.F.T., M.S.M.,  
Michael J. McCann, M.A., and Walter Ling, M.D.

 **HAZELDEN®**

Hazelden  
Center City, Minnesota 55012-0176

1-800-328-9000  
1-651-213-4590 (Fax)  
[www.hazelden.org](http://www.hazelden.org)

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## Early Recovery Skills Group Handouts

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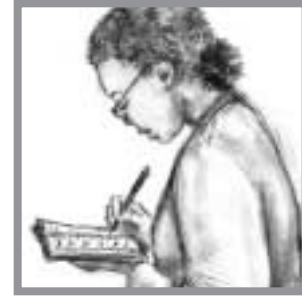
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# Early Recovery Skills Group Handouts

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## Scheduling: Is It Important?

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

### 1. Why is it necessary?

If you begin your recovery in a hospital, you have the structure of the program and the building to help you stop using. As an outpatient, you have to build that structure around yourself as you continue functioning in the world. Your schedule is your structure.

### 2. Do I need to write it down?

Absolutely. Schedules that are in your head are too easily revised by your addicted brain. If you write your schedule down while your rational brain is in control and then follow it, you will be doing what you *think* you should be doing (rational brain) instead of what you *feel like* doing (addicted brain).

### 3. What if I am not an organized person?

Learn to be. Buy a schedule book and work with your therapist. It is vital to solving your substance abuse problem. Remember, your rational brain plans the schedule. If you follow the schedule, you won't use. Your addicted brain generates out-of-control behavior. If you go off the schedule, your addicted brain may be taking you back to drinking or using drugs.

### 4. Who decides what I schedule?

You do! You may consider suggestions made by your therapist or family members, but the final decision is yours. Just be sure you *do* what you wrote down. Changes should be limited as much as possible.

### 5. Can I schedule in blocks of time instead of in hours?

Yes. Some people who have difficulty scheduling hour-by-hour find it easier to begin by scheduling blocks of time. Instead of deciding what you are going to be doing each hour, simply determine what you will do in the morning, in the midday, in the afternoon, and in the evening. (There are Block Scheduling Cards provided for you in the appendix.) Gradually you may be able to move to scheduling your activities within those blocks of time more specifically.

SCHEDULING: IS IT IMPORTANT? | *continued from other side*



With practice, most people can schedule a twenty-four-hour period and follow it. If you can, you are on your way to gaining control of your life. If you cannot, talk with your counselor about how to increase the structure of your treatment program.

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## Daily/Hourly Schedule

DATE	DATE	DATE
7:00: _____	7:00: _____	7:00: _____
8:00: _____	8:00: _____	8:00: _____
9:00: _____	9:00: _____	9:00: _____
10:00: _____	10:00: _____	10:00: _____
11:00: _____	11:00: _____	11:00: _____
12:00: _____	12:00: _____	12:00: _____
1:00: _____	1:00: _____	1:00: _____
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9:00: _____	9:00: _____	9:00: _____
10:00: _____	10:00: _____	10:00: _____
11:00: _____	11:00: _____	11:00: _____

Notes:

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Reminders:

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DATE	DATE	DATE
7:00: _____	7:00: _____	7:00: _____
8:00: _____	8:00: _____	8:00: _____
9:00: _____	9:00: _____	9:00: _____
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11:00: _____	11:00: _____	11:00: _____

Notes:

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## Daily/Hourly Schedule

<u>                    </u> DATE	<u>                    </u> DATE	<u>                    </u> DATE
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8:00: _____	8:00: _____	8:00: _____
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2:00: _____	2:00: _____	2:00: _____
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10:00: _____	10:00: _____	10:00: _____
11:00: _____	11:00: _____	11:00: _____

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Reminders:

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11:00: _____	11:00: _____	11:00: _____

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Reminders:

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9:00: _____	9:00: _____	9:00: _____
10:00: _____	10:00: _____	10:00: _____
11:00: _____	11:00: _____	11:00: _____

Notes:

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Reminders:

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## Calendars and Stickers

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

1. It's a reminder of where you are in the stages of recovery. (The way you are feeling might be related to changes in body chemistry.)
2. There is often a feeling of pride that results from seeing the number of days sober.
3. Recovery can seem very long unless you can measure your progress in short units of time.

Use the Clean and Sober stickers your therapist gives you to record every alcohol- and drug-free day you achieve. Handout 4 contains calendar pages for the time you are in treatment. You may decide to continue this exercise following the program.



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

NAME <u>David</u>		MONTH <u>March</u>				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Clean and Sober	2 Clean and Sober	3 Clean and Sober	4 Used Alcohol
5 Clean and Sober	6 Clean and Sober	7 Clean and Sober	8 Clean and Sober	9 Clean and Sober	10 Clean and Sober	11 Clean and Sober
12 Clean and Sober	13 Clean and Sober	14 Clean and Sober	15 Clean and Sober	16 Clean and Sober	17 Clean and Sober	18 Clean and Sober
19 Clean and Sober	20 Clean and Sober	21 Clean and Sober	22 Clean and Sober	23 Clean and Sober	24 Clean and Sober	25 Clean and Sober
26 Clean and Sober	27 Clean and Sober	28 Clean and Sober	29 Clean and Sober	30 Clean and Sober	31 Clean and Sober	





# Calendar

NAME _____	MONTH _____				
	Sunday	Monday	Tuesday	Wednesday	Thursday

# Calendar

<b>MONTH</b> _____	<b>Saturday</b>					
	<b>Friday</b>					
	<b>Thursday</b>					
	<b>Wednesday</b>					
	<b>Tuesday</b>					
	<b>Monday</b>					
	<b>Sunday</b>					

## Calendar

<b>MONTH</b> _____	<b>Sunday</b>					
	<b>Monday</b>					
	<b>Tuesday</b>					
	<b>Wednesday</b>					
	<b>Thursday</b>					
	<b>Friday</b>					
	<b>Saturday</b>					

# Calendar

<b>MONTH</b> _____	<b>Saturday</b>					
	<b>Friday</b>					
	<b>Thursday</b>					
	<b>Wednesday</b>					
	<b>Tuesday</b>					
	<b>Monday</b>					
	<b>Sunday</b>					

## Calendar

<b>MONTH</b> _____	<b>Saturday</b>					
	<b>Friday</b>					
	<b>Thursday</b>					
	<b>Wednesday</b>					
	<b>Tuesday</b>					
	<b>Monday</b>					
	<b>Sunday</b>					





## Triggers

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

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

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

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

1. **Identify triggers.**
2. **Prevent exposure to triggers whenever possible** (for example, do not handle large amounts of cash).
3. **Deal with triggers in a different way** (for example, schedule exercise and an outside meeting for Friday nights).

• • •

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

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

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

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## **Trigger → Thought → Craving → Use**

### **The Losing Argument**

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

### **Thoughts Become Cravings**

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

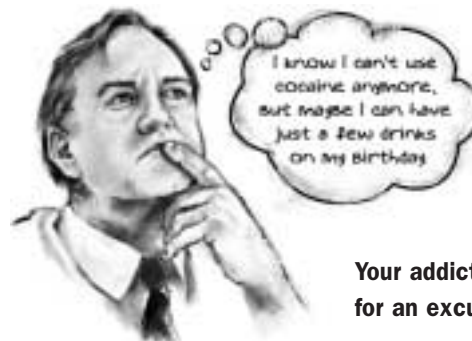
### **The Automatic Process**

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

**Trigger → Thought → Craving → Use**

### **Thought Stopping**

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



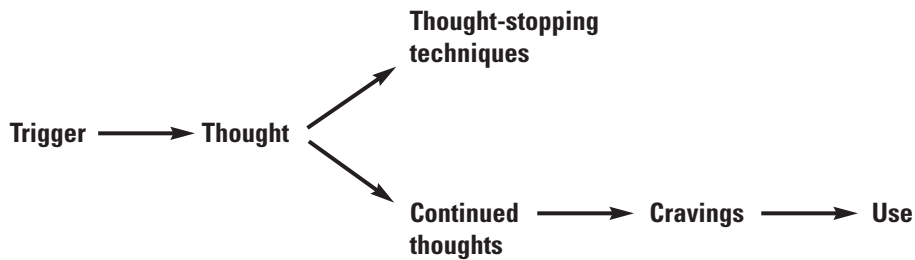
**Your addiction is really just looking for an excuse, a relapse justification.**



## Thought-Stopping Techniques

### A New Sequence

To get recovery started, it is necessary to change the trigger-use sequence. Thought stopping provides a tool for breaking the process. The process looks like this:



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*You make a choice. It is not automatic.*

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### Thought-Stopping Techniques

Try the techniques described below and use those that work best for you.



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



**Snapping:** Wear a rubber band loosely on your wrist. Each time you become aware of drug or alcohol thoughts, snap the band and say “no!” to the thoughts as you make yourself think about another subject. Have a subject ready that is meaningful and interesting to you.



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



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

...

*Allowing the thoughts to develop into cravings is making a choice to remain addicted.*

---





## External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you frequently used drugs or alcohol. Place a zero next to activities or situations in which you never have used drugs or alcohol.

- |   |  |
|---|--|
| <input type="checkbox"/> When home alone          | <input type="checkbox"/> After work                              |
| <input type="checkbox"/> When home with friends   | <input type="checkbox"/> When carrying money                     |
| <input type="checkbox"/> At a friend's home       | <input type="checkbox"/> After going past dealer's residence     |
| <input type="checkbox"/> At parties               | <input type="checkbox"/> When with drug-using friends            |
| <input type="checkbox"/> At sporting events       | <input type="checkbox"/> After going past a liquor store         |
| <input type="checkbox"/> At movies                | <input type="checkbox"/> After payday                            |
| <input type="checkbox"/> At bars/clubs            | <input type="checkbox"/> Before going out to dinner              |
| <input type="checkbox"/> At the beach             | <input type="checkbox"/> Before breakfast                        |
| <input type="checkbox"/> At concerts              | <input type="checkbox"/> At lunch break                          |
| <input type="checkbox"/> At the park              | <input type="checkbox"/> While at dinner                         |
| <input type="checkbox"/> When I gain weight       | <input type="checkbox"/> After passing a particular freeway exit |
| <input type="checkbox"/> Before a date            | <input type="checkbox"/> At school                               |
| <input type="checkbox"/> During a date            | <input type="checkbox"/> While driving                           |
| <input type="checkbox"/> Before sexual activities | <input type="checkbox"/> In the neighborhood                     |
| <input type="checkbox"/> During sexual activities |  |
| <input type="checkbox"/> After sexual activities  |  |
| <input type="checkbox"/> Before work              |  |

2. List any other settings or activities in which you frequently used drugs or alcohol.

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EXTERNAL TRIGGER QUESTIONNAIRE | *continued from other side*

3. List activities or situations in which you would *not* use drugs or alcohol.

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4. List people you could be with and not use drugs or alcohol.

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## Trigger Chart

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** List people, places, objects, or situations below according to their degree of association with drug or alcohol use.

0 PERCENT CHANCE OF USING	ALMOST NEVER USE	ALMOST ALWAYS USE	100 PERCENT CHANCE OF USING
NEVER USE			ALWAYS USE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

← These are "safe" situations.

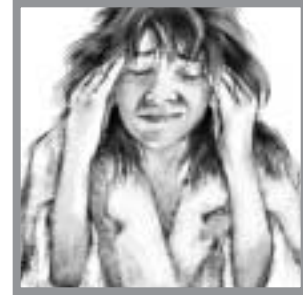
← These are low-risk situations, but caution is needed.

← These situations are high risk. Staying in these is extremely dangerous.

← Involvement in these situations is deciding to stay addicted. Avoid totally.







## Internal Trigger Questionnaire

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

- |                                     |                                      |                                    |
|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Afraid     | <input type="checkbox"/> Passionate  | <input type="checkbox"/> Irritated |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Criticized  | <input type="checkbox"/> Sad       |
| <input type="checkbox"/> Neglected  | <input type="checkbox"/> Inadequate  | <input type="checkbox"/> Excited   |
| <input type="checkbox"/> Angry      | <input type="checkbox"/> Pressured   | <input type="checkbox"/> Jealous   |
| <input type="checkbox"/> Guilty     | <input type="checkbox"/> Depressed   | <input type="checkbox"/> Bored     |
| <input type="checkbox"/> Nervous    | <input type="checkbox"/> Insecure    | <input type="checkbox"/> Exhausted |
| <input type="checkbox"/> Confident  | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Lonely    |
| <input type="checkbox"/> Happy      | <input type="checkbox"/> Embarrassed |                                    |

2. I thought about using when I felt

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3. In the list above, circle the emotional states or feelings that have triggered your use of drugs or alcohol recently.

4. Has your use in recent weeks/months been

- Primarily tied to emotional conditions?  
 Routine and automatic without much emotional triggering?

5. Have there been times in the recent past in which you were attempting not to use and a specific change in your mood clearly resulted in your using? (For example, you got in a fight with someone and used in response to getting angry.)

- Yes     No

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INTERNAL TRIGGER QUESTIONNAIRE | *continued from other side*

If yes, describe:

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6. Go back to the Trigger Chart from your previous session (page 27) and enter your emotional, internal triggers.



## Twelve Step Introduction

### What Is the Twelve Step Program?

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



What people addicted to drugs and alcohol have found is that fellow addicted people can provide enormous support and help to one another. For this reason, these groups are called *fellowships*, where participants show concern and support for one another through mutual sharing and understanding.

### *Do I need to attend Twelve Step meetings?*

If outpatient treatment is going to work for you, it is essential to establish a network of support for your recovery. Attending treatment sessions without going to Twelve Step meetings may produce a temporary effect, but without involvement in self-help programs, it is unlikely that you will develop a truly successful recovery. Matrix patients should attend at least three Twelve Step meetings per week during their treatment. Many successfully sober people go to ninety meetings in ninety days. The more one participates in treatment and Twelve Step meetings, the greater the chance for recovery.

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

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

### *Are all meetings the same?*

No. There are different types of Twelve Step meetings: (1) *Speaker meetings* feature a recovering person telling his or her personal story of drug and alcohol use and recovery. (2) *Topic meetings* have discussions on a specific topic such as fellowship, honesty, acceptance, or patience. Everyone is given a chance to talk, but no one is forced to do so. (3) *Step/Tradition meetings* are special meetings where the Twelve Steps and Twelve

TWELVE STEP INTRODUCTION | *continued*

Traditions (another component of Twelve Step programs) are discussed. (4) *Big Book meetings* focus on reading a chapter from the Big Book, *Alcoholics Anonymous*, which is often a story about someone's personal experience or a recovery-related topic.

*Who can join?*

Nobody really "joins" CA, AA, or NA. They are not organizations that have dues, leaders, and membership lists. People who have a desire to stop using drugs simply go to meetings.

*Are Twelve Step programs religious?*

No. None of the Twelve Step programs are religious, but spiritual growth is considered a part of recovery. However, the spiritual choices participants make are very personal and individual. Each person decides what *Higher Power* means to him or her. There are atheists as well as religious people in the programs.

*How do I find a meeting?*

You can call directory information, ask for AA, CA, or NA, and speak to someone who can tell you when and where meetings are scheduled. Directories are also available that list meetings by cities, addresses, and meeting times as well as give information about each meeting (who the speaker will be, whether there is a Step study, and whether it is a nonsmoking meeting, a men's or women's meeting, or a gay meeting, for example). Another way to find a good meeting is to ask someone who goes to Twelve Step meetings.

**What Are Sponsors?**

The first few weeks and months of recovery can be frustrating. Many things may happen that are confusing and frightening. During this difficult period, there will be many times when recovering people need to talk about problems and fears. A sponsor can help guide the newcomer through this process.



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**TWELVE STEP INTRODUCTION** | *continued**What do sponsors do?*

1. Sponsors help the newcomer by answering questions and explaining the Twelve Step recovery process.
2. Sponsors agree to be available to talk and listen to their “sponsees’” difficulties and frustrations, and to share their own insights and solutions.
3. Sponsors make recommendations and suggestions for problems that their sponsees are having. These recommendations come from their personal experiences with long-term sobriety.
4. Sponsors are people with whom addiction-related secrets and guilty feelings can be easily shared. They agree to keep these secrets confidential and to protect the newcomer’s anonymity.
5. Sponsors warn their sponsees when they get off the path of recovery. Sponsors are often the first people to know when their sponsees experience a slip or relapse. Thus, sponsors often push their sponsees to attend more meetings or get help for problems.
6. Sponsors often give their sponsees guidance in working through the Twelve Steps of AA, CA, NA, and other groups.

*How do I choose a sponsor?*

Selecting a sponsor is easy. The newcomer simply asks someone to be his or her sponsor. Most people will select a sponsor who seems to be living a healthy and responsible life and who seems to have something they want.

Some general guidelines for selecting a sponsor include the following:

1. A sponsor should have several years of sobriety from all mood-altering drugs.
2. A sponsor should have a healthy lifestyle and not be struggling with major problems or addiction.
3. A sponsor should be an active and regular participant in Twelve Step meetings. Also, a sponsor should be someone who actively “works” the Twelve Steps.
4. A sponsor should be someone to whom you can relate. You may not always agree with your sponsor, but you need to be able to respect your sponsor.
5. You should choose a sponsor whom you are not likely to become sexually or romantically interested in.

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## TWELVE STEP INTRODUCTION

### **Alternatives to Twelve Step Programs**

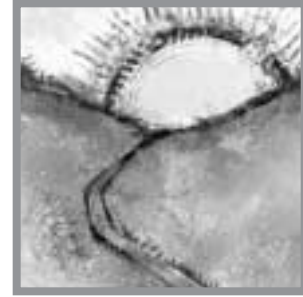
There are alternatives to Twelve Step groups that are not based on the concept of a Higher Power. These various groups offer similar options for sobriety and rational recovery. Although these alternatives have different philosophies, they generally offer a self-help approach that focuses on personal responsibility, personal empowerment, and strength through a sober social network.

#### *Questions for Discussion*

1. Have you ever been to a Twelve Step meeting? If so, what was your experience?
2. Do you plan to attend any Twelve Step meetings? If so, where? When?
3. How might you make use of Twelve Step meetings to stop using?

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## Road Map for Recovery

*Recovery from drug and alcohol use is not a mysterious process.* After the use of

drugs and alcohol is stopped, the brain goes through a biological readjustment. This readjustment process is essentially a “healing” of the brain chemistry changes that were produced by drug or alcohol use. It is important for people in recovery to understand why they may experience some physical and emotional changes in their thinking process during the beginning stages of recovery.

### The Stages

#### ***Withdrawal Stage***

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

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

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

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

For *marijuana users*, withdrawal symptoms include insomnia, restlessness, loss of appetite, depression, shakiness, and irritability. Recent research demonstrates that long-term marijuana users exhibit increased aggressive behavior during the first week of abstinence.

ROAD MAP FOR RECOVERY | *continued****Early Abstinence: Honeymoon***

For *stimulant users*, this four- to five-week period is called the honeymoon. Most people feel quite good during this period and often feel “cured.” This period should be used as an opportunity to establish a good foundation for recovery because the honeymoon is not the end of the recovery process. If the energy, enthusiasm, and optimism felt by substance users during this period are directed into recovery activities, it can be tremendously positive for the future success of the recovery effort.

For *alcohol users*, the next four to five weeks is a period where the brain is recovering. Although the physical withdrawal symptoms have ended, it is still necessary to get used to the absence of alcohol. Thinking may be unclear, concentration may be poor, nervousness and anxiety may be troubling, sleep is often irregular, and, in many ways, life feels too intense.

For *opiate and prescription drug users*, there is essentially a gradual normalization during this period. In many ways, the process is similar to the alcohol recovery timetable. Slow, gradual improvement in symptoms is evidence that the recovery is progressing.

For *marijuana users*, a strong psychological dependence on the drug is often developed and may result in intense cravings at cessation of use. While symptoms of withdrawal and early abstinence may not be as noticeable with marijuana as with some other drugs or alcohol, it is believed that many people relapse to prevent the occurrence of symptoms. Because marijuana is stored in the body, its effects may be felt for days or weeks following use. Habitual use of this drug interferes with memory, speech, comprehension, and decision-making ability, all of which continue to be noticeably affected during early recovery.





## ROAD MAP FOR RECOVERY

***Protracted Abstinence: “The Wall”***

From six weeks to four months after drugs and alcohol are stopped, a variety of annoying and troublesome symptoms may be experienced by many drug and alcohol users. These symptoms are caused by the continuing healing process in the brain. They are experienced mostly as emotional or thinking difficulties. They are often subtle but can affect a patient’s functioning. It is important to be aware that some of the feelings during this period are the result of brain chemistry, and, if drugs and alcohol are avoided, they will pass. Most common are symptoms of depression, irritability, difficulty concentrating, low energy, and a general lack of enthusiasm. Relapse risk goes up during this period, particularly for stimulant users. Patients must focus on staying sober one day at a time. Exercise can help tremendously during this period. For most substance abusers, completing this phase of recovery is a major achievement.

***Readjustment***

After 120 days, the brain has substantially recovered. Now the recovering person’s major job is developing a life that includes activities and fulfillment that support continued recovery. Although the difficult start-up of the recovery process is over, hard work is needed to improve and maintain the quality of life.

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## Five Common Problems in Early Recovery: New Solutions

Everyone who attempts to stop drug and alcohol use runs into situations that make it very difficult to maintain sobriety. The following chart lists five of the most common situations encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for dealing with these situations.

PROBLEM	NEW ALTERNATIVE
<p><b>Using friends and associates</b></p> <ul style="list-style-type: none"> <li>Continued association with old friends or friends who use can cause triggering.</li> </ul>	<ul style="list-style-type: none"> <li>Try to make new friends at Twelve Step meetings or other spiritual recovery groups.</li> <li>Try new activities that will increase your chances of meeting sober people.</li> <li>Plan activities with sober friends or family members.</li> </ul>
<p><b>Anger or irritability</b></p> <ul style="list-style-type: none"> <li>Small events can create feelings of anger that seem to preoccupy the thinking process.</li> </ul>	<p>Tell yourself the following:</p> <ul style="list-style-type: none"> <li>Recovery involves a healing of brain chemistry.</li> <li>Moods will be affected; it's a natural part of recovery.</li> <li>Exercise helps.</li> <li>Talking to a therapist or a supportive friend helps.</li> </ul>
<p><b>Alcohol in the home</b></p> <ul style="list-style-type: none"> <li>Even if you decide to stop drinking, it doesn't mean everyone else in your house will decide to stop.</li> </ul>	<ul style="list-style-type: none"> <li>Get rid of all drugs and alcohol, if possible.</li> <li>Ask others if they would refrain from drinking and using at home for a while.</li> <li>If you continue to have a problem, consider moving out for a while.</li> </ul>
<p><b>Boredom or loneliness</b></p> <ul style="list-style-type: none"> <li>Stopping drug and alcohol use often means that many usual activities and people must be avoided.</li> </ul>	<ul style="list-style-type: none"> <li>Put new activities in your schedule.</li> <li>Go back to activities you enjoyed before your addiction took over.</li> <li>Develop new friends at outside meetings. Consider exchanging telephone numbers.</li> </ul>

FIVE COMMON PROBLEMS IN EARLY RECOVERY: NEW SOLUTIONS | *continued from other side*

PROBLEM	NEW ALTERNATIVE
<p><b>Special occasions</b></p> <ul style="list-style-type: none"><li>Parties, dinners, business meetings, weddings, holidays, and other events can be difficult without alcohol and drugs.</li></ul>	<ul style="list-style-type: none"><li>Have a plan for answering questions about not drinking.</li><li>Have your own transportation to and from events.</li><li>Leave if you get uncomfortable or start feeling deprived.</li></ul>

1. Are any of these issues likely to be a problem for you in the next few weeks? If so, which ones?

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2. How will you deal with them?

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**Try to make new friends at Twelve Step meetings or other spiritual recovery groups.**



## Alcohol Arguments

*Have you been able to stop using alcohol completely?* For people addicted to cocaine, methamphetamine, opiates, and prescription drugs, alcohol use is often not seen as a problem. At about six weeks into the recovery process, many people return to alcohol use. Has your addicted brain played with the idea? These are some of the most common arguments against stopping the use of alcohol:

***“I came here to stop using drugs, not to stop drinking.”***

Drug treatment includes stopping alcohol as well as other drug use. It is part of recovery from addiction.

***“I’ve drunk and not used, so it doesn’t make any difference.”***

Drinking over time greatly increases the risk of relapse and readdiction. A single drink does not necessarily cause relapse any more than a single cigarette causes lung cancer. However, with continued drinking, the risks of relapse are greatly increased.

***“Drinking actually helps. When I have cravings, a drink calms me down and the craving goes away.”***

Alcohol interferes with the chemical healing in the brain. Continued alcohol use eventually intensifies cravings, even if one drink seems to reduce cravings.

***“I’m not an alcoholic, so why do I need to stop drinking?”***

If you’re not addicted to alcohol, you should have no problem stopping alcohol use. If you can’t stop, maybe alcohol is more of a problem than you realize.

***“I’m never going to use drugs again, but I’m not sure I’ll never drink again.”***

Make a commitment to total abstinence and choose a period of time that feels comfortable to you. Give yourself the chance to make a decision about alcohol with a drug-free brain. If you reject alcohol abstinence because “forever” scares you, then you’re justifying drinking now and risking becoming readdicted to drugs.

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ALCOHOL ARGUMENTS | *continued from other side*

Answer the following questions:

1. Has your addicted brain presented you with other justifications for drinking alcohol?  
(If yes, what are they?)

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2. How are you planning to deal with alcohol issues in the future?

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## Thoughts, Emotions, and Behavior

*Addiction changes the way people think, how they feel, and how they behave. How do these changes affect the recovery process?*

### Thoughts

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

### Emotions

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

### Behavior

What you do is called behavior. Work is behavior. Play is behavior. Going to treatment is behavior, and using drugs or alcohol is behavior. Behavior can result from an emotion, from a thought, or from a combination of both. Addiction to substances floods your thoughts and pushes your emotions toward drug or alcohol use. This very powerful, automatic process has to be brought back under control for recovery to occur. Structuring your time, attending spiritually oriented meetings, and engaging in new activities are all ways of regaining control. The goal in recovery is to learn to combine your thinking and feeling self and behave in ways that are best for you and your life.

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## Addictive Behavior

*As drug and alcohol use increases,  
the user tries to keep life under control.*

That gets harder and harder to do. Finally, the user does desperate things to try to continue to appear normal. These desperate behaviors are called addictive behaviors. They are the things people do in relation to their drug and alcohol use. Sometimes the behaviors *only* occur when people are using or moving toward using. Learning to recognize when one or more of these behaviors is beginning to happen will help you know when to start fighting extra hard to move away from relapse.

**Which of these behaviors do you think are related to your drug or alcohol use?  
Check all that apply.**

- Lying
- Stealing
- Being irresponsible (not meeting family/work commitments)
- Being unreliable (being late for appointments, breaking promises, and so on)
- Being careless about health and grooming (wearing “using” clothes, stopping exercise, eating a poor diet, having a messy appearance)
- Getting sloppy in housekeeping
- Behaving impulsively (without thinking)
- Behaving compulsively (too much eating, working, sex)
- Changing work habits (working more, less, or not at all; changing jobs; changing hours)
- Losing interest in things (recreational activities, family life)
- Isolating (staying by yourself much of the time)
- Missing or being late for treatment
- Using other drugs or alcohol
- Stopping prescribed medication (Antabuse, naltrexone)

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## Twelve Step Tips

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

### **One Day at a Time**

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

### **Turn It Over**

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

### **Keep It Simple**

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

### **Take What You Need and Leave the Rest**

Not everyone benefits from every part of Twelve Step meetings. It is not a perfect program. However, if you focus on the parts you find useful rather than on the ones that bother you, you will probably find that the program has something for you.

### **Bring Your Body, the Mind Will Follow**

The most important aspect of Twelve Step programs is attending the meetings. It takes a while to feel completely comfortable. Try different meetings, try to meet people, read the materials—just go and keep going.

### **HALT**

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

**H**ungry

**A**ngry

**L**onely

**T**ired

TWELVE STEP TIPS | *continued from other side*

**Hungry:** When addicted people are using, they often neglect their own nutritional needs. Recovering people need to relearn the importance of eating regularly. Being hungry can cause changes in body chemistry that make people less able to control or defend themselves. Often the person feels anxious and irritable but doesn't associate the feelings with hunger. Eating regularly increases emotional stability.

**Angry:** This emotional state is probably the most common cause of relapse to drug and alcohol use. Learning to deal with anger in a healthy way is difficult for many people. It is not healthy to act out anger with no regard for consequences. Nor is it healthy to hold it in and try to pretend it doesn't exist. Talking about anger-producing situations and how to handle them is an important part of recovery.

**Lonely:** Recovery is often a lonely process. Relationships have sometimes been lost because of the addictive process. Some are regained; many are not. People with addictions may have to give up friends who drink and use when they enter recovery. The feelings of loneliness are real and painful. They make people more vulnerable to relapse.

**Tired:** Sleep disorders are often a part of early recovery. Frequently, recovering people have to give up chemical sleep aids that they used in the past. Being tired is often a trigger for relapse. Feeling exhausted and low on energy leaves people very vulnerable and unable to function in a healthy way.

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1. How often do you find yourself in one or more of these emotional states?

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2. What could you do differently to avoid being so vulnerable?

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