

IAC PATIENT WORKBOOK¹



VERSION 2.0 FEBRUARY 2007

INDIVIDUAL ADDICTION COUNSELING (IAC)

HANDOUT #1

A. Overview of Individual Addiction Counseling (IAC)

Individual Addiction Counseling (IAC) focuses on your problems with drugs and alcohol. Your counselor will give you some coping strategies and tools for recovery. Your counselor will also encourage your participation in 12-step group meetings as a way to keep you healthy. The primary goal of IAC is to assist you in achieving and maintaining abstinence from addictive substances and behaviors. The secondary goal is to help you recover from the damage the addiction has caused in your life.

IAC works by first helping you to recognize the existence of a problem and the thinking that goes along with it. Next, you will be encouraged to achieve and maintain abstinence and then to develop the necessary skills to continue in recovery.

You are the effective agent of change. It is only you who can take responsibility for working on and succeeding with a program of recovery. Although recovery is your responsibility, there is absolutely no way you can succeed alone. No one can recover alone. This means that you need to get a great deal of support from others, including counselors and other treatment staff, a sponsor, and drug-free or recovering friends and family members.

Addiction is a disease. It damages you physically, mentally, and spiritually. You can't successfully treat it by yourself.

B. Frequency and duration of treatment

Your counselor will want to meet with you on a weekly basis for about 8-12 sessions or 2-3 months. This is a time-limited one-on-one treatment. The sessions are usually 45-60 minutes in length. It is important for you to attend all the sessions that you and your counselor schedule. Your counselor will tailor the IAC specifically to your needs. It will focus on what you feel you need the most help with. This book of handouts will be useful for you and your counselor to work on things.

C. IAC and your other treatment

IAC is specifically designed for you. But it is meant to be a individual counseling that works together with your addiction treatment program, such as an intensive outpatient program or methadone maintenance program. Your IAC therapist will only be working with you for several weeks. Whereas your primary counselor or the medication you take for your addiction will be part of your recovery program for much longer. Your IAC counselor will help you to try to make the most of your addiction treatment and the 12-step groups that are available to bolster your recovery. Your recovery is a lifelong process. IAC is intended to help you get traction for a good start!

Be sure to ask your IAC counselor any questions you have about how this works. Do this at your next session!

MODULE #1: TREATMENT INITIATION:
Your relationship with drugs and alcohol
HANDOUT #2

You have a relationship with drugs and alcohol. Like many relationships, this may have started out good, and then over time turned into something different or even not so good. You may have mixed feelings about your relationship with drugs or alcohol. A part of you may want to end it, another part of you is drawn to it. Some substances may not seem as problematic to you as others. For example, you may think that heroin is your main problem, because it gets you into trouble with the law, it makes you sick, or gets you fired from jobs. On the other hand, you may feel that marijuana has not really done any of these things to you and may even help you to relax. Understanding these relationships is critical for you to recover.

With the help of your counselor, fill in the sections below.

What is the name of the substance?	How old were you when you first met?	What kind of trouble has this substance caused you?	What are the good things that this substance does for you?	What kind of relationship do you want with this substance now?

MODULE #1: TREATMENT INITIATION
Denial and Ambivalence
HANDOUT #3

The primary part of the body that drugs and alcohol affect is the brain. The fact that drugs and alcohol change how we feel and how we think, tell us that it works on our brain. When we first start to use substances they affect our brain for a short period of time. The longer we use drugs or alcohol the more they can change how our brain works, and even how the brain is structured. This is the physiological process of addiction.

Since our brain has been changed with addiction, obviously how our brain works is also changed. Some people say that addiction causes a “quadriplegia” of the mind. This means that 4 areas are affected: 1) memory; 2) judgment; 3) insight; and 4) will. Problems with “thinking” or cognitive functions result in what is commonly known as denial.

Denial

Denial is defined as refusing to believe the reality about one’s life circumstances. It may be refusing to believe that one is addicted or refusing to acknowledge that the losses one has suffered as a result of the addiction are significant.

People often enter treatment with some denial about their addiction. In spite of evidence to the contrary, you may believe you still can control your chemical use. Maybe you do not believe that they have the disease of addiction, and they frequently are ambivalent about giving up their drugs or alcohol.

ARE ANY OF THESE EXAMPLES OF DENIAL TRUE FOR YOU?

- 1. Refusal to believe that you are addicted.**
- 2. Thinking that you can solve the problem by “cutting down” on substance use, rather than eliminating it totally. You may also say that you want to get your substance use back “under control.”**
- 3. Refusal to believe that a secondary drug (alcohol, for example) is a problem, as well as your primary drug of choice (cocaine, for example).**
- 4. Refusal to believe that Alcoholics Anonymous or Narcotics Anonymous will be helpful, because you are “not like the people there,” or perhaps because their drug problems are “worse.”**
- 5. Insisting on continuing to spend time with “friends” who enable your use by agreeing that drugs are not a problem.**

Ambivalence

People usually enter treatment with some ambivalence about staying sober or making a commitment to treatment. We should examine your motivation together.

ARE ANY OF THESE EXAMPLES OF AMBIVALENCE TRUE FOR YOU?

- 1. You associate your substance use with some positive emotional change.**
- 2. You see your use as a coping strategy for solving problems, and you do not yet know of a better coping strategy.**
- 3. You feel too weak or helpless to break the powerful cycle of addiction.**

Motivation

Motivation refers to how much you are impelled to act on the desire to become sober. A person may enter treatment already somewhat motivated because he or she recently “hit bottom” in some way. Such a “bottom” may be losing one’s job or one’s spouse, draining one’s bank account, or getting arrested. Although these events may help to motivate you, they may not be sufficient. How strong is your desire to get clean and sober?

ON A 0 TO 10 SCALE, HOW MOTIVATED ARE YOU TO ABSTAIN FROM DRUGS AND ALCOHOL?

Not at All 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 Totally Motivated

ON A 0 TO 10 SCALE, HOW CONFIDENT ARE YOU THAT YOU WILL BE ABLE TO ACHIEVE THIS GOAL?

Not at All 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 Totally Confident

MODULE #1: TREATMENT INITIATION:
Your experiences with treatment and 12-step groups
HANDOUT #4

This section is to help your counselor understand what kind of help you have had and how it worked or did not work for you. Your counselor will explain that treatment for addiction is kind of like treatment for chronic diseases such as hypertension, diabetes or asthma. Treatment may at times have been intense, like in a hospital setting if you relapsed or if you were going through severe withdrawal. Treatment may also have been less intense like when you were stable and in a maintenance stage.

My prior treatment for addiction

What kind of setting?	What year?	What was helpful about this?	What was not helpful?
Inpatient/Hospital			
Residential Rehab or Detox Program			
Outpatient Drug-Free			
Methadone Maintenance			

My prior experience with 12-step recovery:

TYPE	Year and average number of meetings per week	Did you have a sponsor?	What was helpful about this 12-step program?	What was not helpful about this 12-step program?
Alcoholics Anonymous				
Narcotics Anonymous				
Other 12-step program(s): <hr/> <hr/>				

MODULE #1: TREATMENT INITIATION:
Relapse and Crisis Prevention Plan
HANDOUT #5

A. The early warning signs that I may be about to relapse to alcohol or drugs are:

1. _____
2. _____
3. _____

(Examples: going to places where I used drugs or drank alcohol; hanging out with people I used or drank with; cravings; coping with negative feelings such as fear, anger, sadness; problems sleeping; isolation; needing to feel comfortable dealing with people)

B. Feelings I experience when I want to start using are:

1. _____
2. _____
3. _____

(Examples: Anger, sadness, boredom, nervous, guilty, ashamed, excited, overwhelmed, self-confident, afraid of people, confused, lonely, resentful, despair, fatigue)

C. The plan to be implemented when these early warning signs or feelings appear:

1. _____
2. _____
3. _____

(Examples: Call my doctor, call my counselor, call a person who supports my recovery, go to a self-help meeting, or call my sponsor)

D. Names and numbers of supports:

Doctor's Name: _____ # _____

Counselor's Name: _____ # _____

Support person's Name: _____ # _____

Support person's Name: _____ # _____

MODULE #2: EARLY ABSTINENCE
Addiction and associated symptoms
HANDOUT #6

Please check all the symptoms of addiction that you have experienced:

- Withdrawal symptoms
- Increased tolerance
- Compulsive use
- Using even when you did not want to
- Using more than you wanted or intended to
- Breaking promises to your self to not use or to use less
- Breaking promises to others to not use or to use less
- Getting into trouble at work because of substances
- Getting into trouble with the law because of substances
- Driving or operating a vehicle or machinery while under the influence
- Loosing interest in things you used to do for pleasure because of substances
- Having health problems due to substance use
- Having mental or emotional problems due to substance use
- Physically (including sexually) harming someone while you were under the influence or in withdrawal
- Emotionally harming someone while under the influence or in withdrawal
- Using alone
- Using to cope with stress or emotional upset
- Hiding my use or lying about my use with family or friends
- Spending more money than I can really afford on substances
- Breaking the law or risking my health to obtain money to buy substances
- Using sex to obtain substances or money to buy substances

What other things do you think you have done or have experienced that might indicate that you have a problem?

MODULE #2: EARLY ABSTINENCE
People, Places and Things
HANDOUT #7

Being totally clear and conscious about the people, places and things that support your addiction or support your recovery is critical to success. You and your counselor can fill in the boxes below.

	ON THE SIDE OF MY ADDICTION	ON THE SIDE OF MY RECOVERY
PEOPLE	WHO?	WHO?
PLACES	WHERE?	WHERE?
THINGS	WHAT?	WHAT/

MODULE #2: EARLY ABSTINENCE
Structuring Time
HANDOUT #8

A good place to start is to work with your IAC counselor to think about a

Daily schedule:

My Daily Schedule
7 am
8
9
10
11
Noon
1 pm
2
3
4
5
6
7
8
9
10
11 pm

If you can complete the daily schedule, or if your schedule changes from day to day, complete the Weekly Schedule with your counselor:

My Weekly Schedule						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7 am	7 am	7 am	7 am	7 am	7 am	7 am
Noon	Noon	Noon	Noon	Noon	Noon	Noon
11 pm	11 pm	11 pm	11 pm	11 pm	11 pm	11 pm

MODULE #2: EARLY ABSTINENCE

Cravings
HANDOUT #9

Tracking your cravings can be a useful exercise for two reasons.
The first reason is to discover patterns about where or when you have
cravings.

The second reason is for you to see that cravings pass.
Just because you have a craving does not mean you have to use!

Describe the craving? What substance?	Day of week and time?	Who, what where?	Intensity of craving: Rate from 0-not so intense, to 10-overwhelming urge	How long did the craving last?

MODULE #2: EARLY ABSTINENCE
High Risk Situations
HANDOUT #10

What are your top 3 high-risk situations?:

1. _____
2. _____
3. _____

Is there any way you can avoid situation #1, 2 or 3?:

- #1: YES___ NO___ MAYBE___
- #2: YES___ NO___ MAYBE___
- #3: YES___ NO___ MAYBE___

If these situations cannot be avoided, how do you plan to deal with each one? Discuss these plans with your counselor? Are these plans realistic? Are you underestimating how difficult it will be for you?

1. _____

2. _____

3. _____

MODULE #2: EARLY ABSTINENCE
Social Pressures to Use
HANDOUT #11

People in your life may be active drug users or drinkers. They may not be on your side as you are trying to get clean and sober. They may think that you do not have a problem, or your lifestyle change may make them feel ashamed or guilty about their own use. Also, in some cases, they may be fearful that you will have no relationship together without substances. In other words, drugs or alcohol were the “glue” that held the relationship together. These kinds of relationships may not be the best for your recovery.

Who will put pressure on you to use drugs or alcohol?	What kind of pressure will they put on you?	Why will they do this?	How will you deal with this person?

MODULE #2: EARLY ABSTINENCE
Post-Acute Withdrawal Symptoms
HANDOUT #12

Below are some symptoms that may be related to post-acute withdrawal. Check those that you are experiencing and discuss with your counselor.

- Anxiety**
- Depression**
- Sleep problems**
- Short-term memory problems**
- Lack of pleasure in things**
- Trouble concentrating**
- Sexual problems**

Many people with a history of substance use experience these symptoms for weeks after they stop using. These may not be disorders but are symptoms of post-acute withdrawal. Your counselor may want to know if you ever had these symptoms before you started using, only had a problem with using, or if you had these symptoms during periods of abstinence, or if anyone in your family had these symptoms or was diagnosed with a psychiatric problem.

MODULE #2: EARLY ABSTINENCE
Other Drugs & Alcohol
HANDOUT #13

Many people feel that they have a problem with one drug or substance but that others are not a problem. They would prefer to abstain from the substance that has given them the most trouble, but wish to be able to continue to use other substances. Talk with your counselor about your thoughts on this subject, and how you think best to approach these other substances.

Your counselor may suggest that you abstain from all substances as the best ultimate goal. This is a conservative and less risky approach. It also takes into account the fact that most people who have tried to abstain from one drug and continue with others eventually relapse. Others develop an addiction to the “new” drug and then it eventually gets them into the same or even more trouble as the original one.

How do you want to approach your “secondary” substances?

What do you see as the risks and benefits to this approach?

MODULE #2: EARLY ABSTINENCE
Twelve-Step Programs
HANDOUT #14

Attending twelve-step recovery programs and actively participating increases your chances of staying clean and sober.

In the space below, please list the pros and cons of attending twelve-step recovery meetings. Discuss these with your counselor.

What are the “Pros” for attending twelve-step recovery meetings?	What are the “Cons” for attending twelve-step recovery meetings?

MODULE #3: MAINTAINING ABSTINENCE

The Relapse Process

HANDOUT #15

Relapse is not an event. Relapse is a process that usually begins long before you pick up a drink or use a drug. Some people believe it starts with seemingly irrelevant decisions that gradually lead you down a risky path. It is important to know that it is possible to head relapse off long before it happens. It is equally important to know that if a relapse does occur, that you should re-engage with your treatment and recovery program as quickly as possible. Reducing the severity and length of a relapse is a sign of great progress.

Here are 10 common steps to relapse:

1. A change in attitude in which the you no longer feel participating in the recovery program is necessary or a change in the daily routine or life situation that signals a potentially stressful life event.
2. Elevated stress, as seen by over reactivity to life events.
3. Reactivation of denial, particularly as related to stress, but refusing to talk about it or denying its existence. This behavior is of great concern because of its similarity to denial of addiction.
4. A recurrence of post acute withdrawal symptoms, which are especially likely to occur at times of stress. They are dangerous because you may be considering turning toward drugs or alcohol for relief.
5. Behavior change. You are beginning to act differently, often after a period of stress, as signaled by a change in attitude or daily routine.
6. Social breakdown. The social structure you developed begins to change. For example, you no longer meet with sober friends, or you becomes isolated and withdrawn from family.
7. Loss of structure. The daily routine that you have constructed in the recovery program is altered. For example, you sleep too late, skip meals, or do not shave.
8. Loss of judgment. You have difficulty making decisions or make decisions that are very unwise. There may be signs of emotional numbing or over reactivity.
9. Loss of control. You begin to make irrational choices and is unable to interrupt or alter them.
10. Loss of options. You feel stressed and believes that the only choices are to resume substance use or to undergo extreme emotional or physical collapse.

11. Relapse.

From Gorski & Miller (1982)

MODULE #3: MAINTAINING ABSTINENCE

Relationships
HANDOUT #16

In addition to the power of the disease of addiction itself, relationships may be the single most important relapse trigger.

Discuss with your counselor what relationships and what emotions that get stirred up in these relationships may be relapse triggers for you.

Relationship	Emotions	How do you cope with these emotions?

MODULE #3: MAINTAINING ABSTINENCE

Spirituality **HANDOUT #17**

Spirituality is a cornerstone to the lives of addicted people who have had successful long-term recovery. Some of these individuals started their recovery with a faith or belief in a higher power. But, an equal number did not. How they quickly or slowly acquired this spiritual awakening is not well understood. Having a spiritual basis to life and recovery does seem to make the journey through a sober life an easier one.

Consider these questions below, and review your thoughts about them with your counselor.

Do you believe in a power greater than yourself? A higher power?

How do your beliefs in this regard make it easy or hard to get into twelve-step meetings or the literature from this program?

Sometimes things do not go your way in life. Say for example, someone close to you dies, or perhaps not getting a promotion at work that you feel you deserve. What do you say to yourself about why these things happen?

Sometimes you are in situations where you feel powerless. For example, perhaps you have had an illness that you could not shake. Or less serious, perhaps you were stuck in traffic or standing in a line that was really long and did not seem to move. How did you feel during these times? What kinds of things did you say to yourself?

MODULE #3: MAINTAINING ABSTINENCE

Shame and Guilt

HANDOUT #18

Shame and guilt are powerful emotions that many people who are in recovery must contend with. Sometimes, these feelings arise in recovery as one begins to remember all the things that one did while drinking or doing drugs. Other times, things that one did or feel that they caused might have happened in their childhood or teenage years. They still feel guilty and ashamed for these things, even though they happened a long time ago. In some cases, guilt and shame are so strong that using alcohol or drugs feel like one quick and easy way to deal with these feelings. Of course, substance use only adds to the feelings later, so that one ends up even more guilty and ashamed.

Shame and guilt are different emotions that many people confuse.

Shame is entirely about one's self, and involves not living up to one's own expectations, values or standards. The person who is ashamed feels exposed, humiliated and as "less than" what he or she wants to be.

Guilt involves another person or people, and has to do with the feelings that arise when one feels that they have hurt, disappointed or let others down in some important way.

Guilt and shame can be appropriate and can help us to learn from our past. But guilt and shame can also be irrational and excessive, and be used to punish and hurt our selves. This is known as "pathological" guilt or shame.

Consider your feelings of guilt and shame, and discuss with your counselor as you approach Handout #21 Personal Inventory.

MODULE #3: MAINTAINING ABSTINENCE

Personal Inventory

HANDOUT #19

A personal inventory can be taken in several different ways. One way to proceed is to ask the following questions of yourself and to write down the answers.

A. How does my addiction affect me—physically, emotionally, spiritually, financially, in terms of my self-image, and so forth?

B. How does my addiction affect those around me—at home, at work, financially, in social situations, as a role model for children, with regard to the safety of myself and others, and so on?

C. What character defects in me feed the addiction—insecurities, fears, anxieties, poor self-image, lack of confidence, excessive pride, controlling behavior, anger, and others?

MODULE #3: MAINTAINING ABSTINENCE
Character Defects and Assets
HANDOUT #20

Working the program of twelve-step recovery typically involves taking a “fearless and searching” inventory of one’s self and life. A part of this inventory is taking an honest assessment of character “defects” or things about your self that have gotten you into trouble, and have hurt others. In addition to defects, each of us also has “assets” to our character. These are qualities and our ways of dealing with others that we feel good about, and that are constructive.

Common Character Defects	Common Character Assets
Inappropriate Anger Self-Centeredness Lust Impatience Over criticalness Low Self-Esteem Exploitativeness Overconfidence Dishonesty	Kindness Generosity Loving Patience Understanding and non-judgmental Healthy self-esteem and confidence Offering service/help to others Courage Honesty
Your Character Defects	Your Character Assets

HOW TO WORK ON CHARACTER DEFECTS

- A. Identify problematic qualities in your self, such as inappropriate anger, impatience, and overconfidence.
- B. Decide what qualities to change by assessing how much control you have over the undesirable trait and by determining whether it is in your best interest to change.
- C. Make a commitment to work on changing the quality.
- D. Seek the help of others such as your counselor, or sponsor.
- E. Follow through. Remember, progress not perfection!

MODULE #3: MAINTAINING ABSTINENCE

Anger
HANDOUT #21

What things cause you to get angry?

Do you see any connection between ANGER and FEAR?

**Do you see any connection between ANGER and
FRUSTRATION?**

How do you express anger?

**Do you believe that you express anger appropriately or
inappropriately?**

**Your counselor will review your responses to these discussion
questions.**

MODULE #3: MAINTAINING ABSTINENCE
Relaxation and Leisure Time
HANDOUT #22

Please complete the three sections below. List the activities you did for fun or relaxation before your relationship with drugs and/or alcohol began, what you did for fun or relaxation while you were using drugs and/or alcohol and then what you would like to do for fun or relaxation now.

Activities for fun or relaxation <u>before</u> I used alcohol or drugs	Activities for fun or relaxation <u>while</u> I was using alcohol or drugs	Activities for fun or relaxation that I would like to do <u>NOW</u>.

MODULE #3: MAINTAINING ABSTINENCE
Compulsive Behaviors
HANDOUT #23

People recovering from addiction often transfer compulsive and addictive behaviors to other things, and may not recognize this pattern as such. They may become compulsively involved in other things like overeating, sex, work or exercise. Although some of these behaviors may be “trading up” from compulsively using drugs or alcohol, they still may not allow you to any free choice. It may not be alcohol or drug use, but it is compulsive behavior nevertheless and may not seem within your control. Compulsive behavior is behavior that is excessive, repetitive, takes time away from people or responsibilities, and feels either slightly or very much “out of control.” The replacement of one’s addiction with another compulsive behavioral pattern will not lead to true recovery in the long run.

Check the behaviors that you wonder if you are engaging in compulsively, and discuss these with your counselor.

Overeating

Sex (masturbation or with another or others)

Exercise

Work

Gambling

Shopping

Biting finger nails, pulling out hair, bathing, other body-related behaviors

Other

MODULE #4: RECOVERY
HANDOUT #24

What do you look forward to being different about your life in recovery?

How will your relationships be different?

How will your emotions be different?

How will your work be different?

How will your self-esteem be different?

How will your spirituality or relationship with a “higher power” be different?

MODULE #4: RECOVERY
HANDOUT #25

Professional treatment

Please check the type of professional treatment you will continue to receive for your alcohol or drug problem. Also write out where you will be receiving this treatment.

Type of Treatment	Location
Outpatient treatment	
Mental health outpatient treatment	
Medications for my addiction or mental health issues	
Residential rehab program	
Halfway house	
Methadone maintenance	
Buprenorphine and counseling program	
Other:	

12-Step Groups

Attending 12-Step groups is associated with successful long-term recovery and happiness. Please fill in the space below, the steps you will be taking to stay connected with 12-Step Groups. Discuss your participation with your counselor.

Activity	Plan
How many meetings will you attend per month? Per week?	
If you go to meetings, at what percent of the meetings do you speak or share?	
Do you or will you obtain a sponsor?	
Do you intend to or have you already begun to work the steps?	
If you have begun to work the steps, at what step do you feel you are presently?	
Do you expect to have or do you already have a “job” at a meeting? (Such as a coffee maker, greeter, GSR, treasurer, or clean-up)	

MODULE #5: SUMMING UP
HANDOUT #26

Your IAC counselor will be asking you the following questions on your last session. It is important that you be able to talk about your progress with the counseling as well as the things that you are still working on. This process of review is important for you and your counselor to gain closure and to say goodbye.

How are you feeling about your progress?

How are you feeling now compared to when you began the program?

How are you feeling about your ability to manage your life without using drugs and alcohol?

In what ways did you find this counseling helpful?

In what ways were you kind of disappointed?

What stands out for you as having been the most helpful part of the counseling?

How would you recommend we improve IAC for future patients in your situation?

¹Adapted from DE Mercer and GE Woody. Therapy Manuals for Drug Addiction Series: Individual Drug Counseling. U.S. Department of Health & Human Services, National Institutes

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