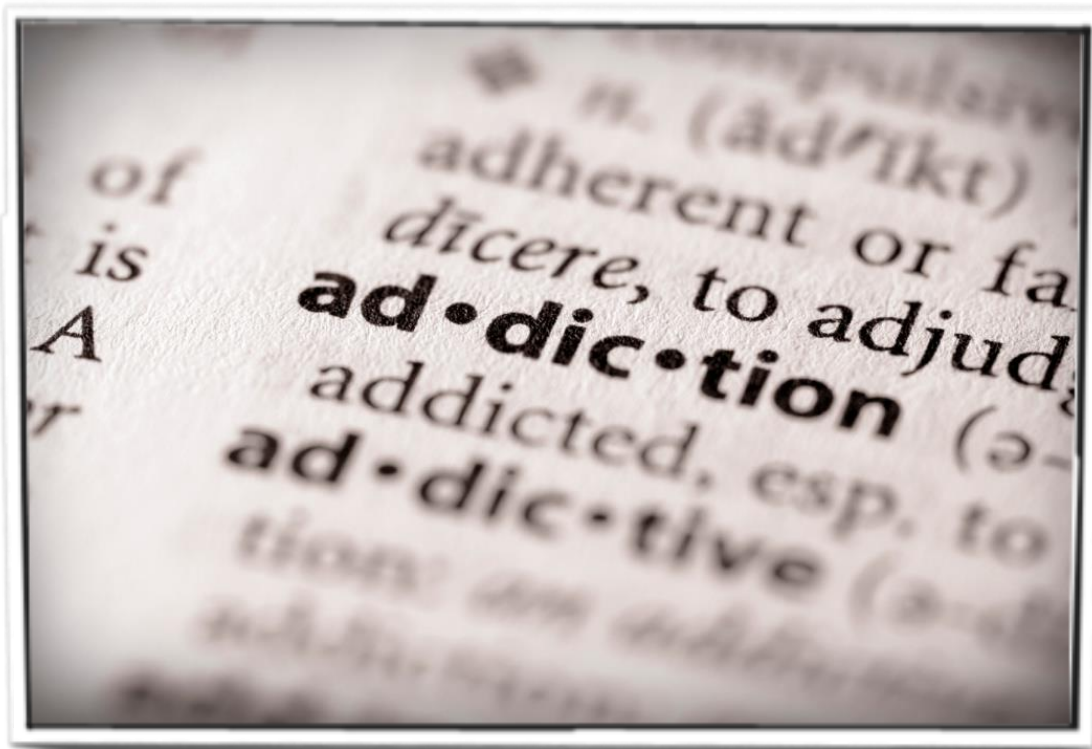


TREATMENT & RECOVERY TOOLBOOK



BY

BRACK JEFFERYS, PH.D.

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About the Author

Brack Jefferys, Ph.D.

Dr. Jefferys has been working with individuals, groups and families since 1983 in chemical dependency treatment and recovery. He is a Licensed Professional Counselor, Certified Clinical Supervisor, Licensed Clinical Addictions Specialist and Registered Nurse. Dr. Jefferys consults with a variety of agencies, primarily in the areas of addiction treatment, clinical supervision and organizational development. He has written and taught extensively on the relationship between mental health, addiction recovery and transpersonal psychology.

Introduction

Welcome to recovery. As a new patient in our program we believe it is important to help you feel welcomed and supported on your path to recovery.

This tool book is one resource we provide to help you obtain the information and skills to help you succeed. The process of recovery takes time, effort and commitment. It is important in addiction recovery to have the help of counselors, nurses, physicians and other support systems to achieve success. However, at the end of the day, your recovery is your responsibility. No one else can do it for you.

This tool book is designed to be just that - a tool for recovery. You will be asked to address issues related to your physical, emotional, mental, social and spiritual health. We hope you will not only find the support you need but also the challenges to help you grow and change.

This tool book incorporates tested and proven approaches that are effective in helping men and women recover from opioid addiction. You may find yourself resisting some of the assignments in this book. This can be a perfect topic to discuss with your counselor. Not only is resistance (and sometimes outright rebellion) to new information and change normal, it can be an important source of information which can be used to improve your recovery process. The choices you make and the actions you take will ultimately determine your success. Let's get started!



How to Use this Tool Book

This tool book is divided in five main sections. **Section One** is designed to help you come to terms with the seriousness of your opiate addiction. This section includes topics such as treatment definitions,

understanding the disease of addiction and exploring consequences and choices related to active addiction.

Section Two is focused on change, expectations, goals, resources, and action plans to help you make healthy choices to guide your recovery process. This section begins to help you develop new skills and can help lay the ground work for long term recovery.

Section Three deals with creating healthy relationships, understanding your emotions, and reconciling with yourself and those around you who may have been affected by your addiction. Learning to create healthy relationships and reconciling your history can be an important part of recovery.

Section Four focuses on relapse prevention and is an eight session track exclusively focused on learning the skills and strategies to avoid relapse and stay well. The relapse prevention program has been proven to be highly effective in helping recovering people make healthy choices and avoid some of the predictable as well as unpredictable challenges in recovery.

Section Five is about endings and new beginnings - two sides of the same coin. Recovery is a life-long process for most people. It is our hope by the time you reach this part of the tool book you will be experiencing many of the benefits of recovery; life will have taken on new meaning and dreams and goals will be reawakened.

Assignments

The assignment section is included to help you and your counselor agree upon a time frame for the assignments in this tool book. It is useful to have a clear understanding of expectations and to focus on responsible action from the beginning of the recovery process. Upon completion of each section you will receive a reward as a way to mark your success in everyday life. You will, with the support of your counselor, take as much time as you need to work on each section. While you may be tempted to hurry, it is okay to make this process work for you.

One last note: This is not an exercise in writing. There are many ways you may choose to interact with this tool book; you may write, draw, journal, scribble notes or use whatever else seems most appropriate to express yourself. The most important aspect of responding to each section is to find a way to express yourself and record your work. You and your counselor may come up with any number of other ways in which you may respond that makes sense to you.

Assignment Schedule

NOTE SECTION 1 CORRECTION

SECTION 1	DUE DATE	COMPLETION DATE	PATIENT'S INITIALS	COUNSELOR'S INITIALS
Definitions				
Disease of Addiction				
Choices and Consequences				

How would you like to acknowledge yourself for completing Section 1?

SECTION 2	DUE DATE	COMPLETION DATE	PATIENT'S INITIALS	COUNSELOR'S INITIALS
Readiness to Change				
Expectations and Goals				
Resources for Success				
Responsible Action				

How would you like to acknowledge yourself for completing section 2?

SECTION 3	DUE DATE	COMPLETION DATE	PATIENT'S INITIALS	COUNSELOR'S INITIALS
Learning to Identify Emotions				
Loving Kindness				
Reconciling with Self				
Family of Origin				
Family of Choice				
Reconciling with Others				

How would you like to acknowledge yourself for completing Section 3?

SECTION 4	DUE DATE	COMPLETION DATE	PATIENT'S INITIALS	COUNSELOR'S INITIALS
Introduction to Relapse Prevention				
Automatic Pilot				
Awareness of Triggers				

SECTION 4	DUE DATE	COMPLETION DATE	PATIENT'S INITIALS	COUNSELOR'S INITIALS
Mindfulness in Daily Life				
Mindfulness in High Risk Situations				
Acceptance and Skillful Action				
Thoughts as Thoughts				
Self Care and Lifestyle Balance				
Social Support and Continued Practice				

How would you like to acknowledge yourself for completing Section 4?

SECTION 5	DUE DATE	COMPLETION DATE	PATIENT'S INITIALS	COUNSELOR'S INITIALS
Co-creative Choices				
Ending and New Beginnings				

You have completed the tool book. Congratulations! As a way of supporting your work the Treatment Center will provide you with a \$35.00 gift certificate from the business, restaurant or store of your choosing.

Section One

Definitions

Define the following terms. You may do so with your current understanding, look them up in a dictionary or simply discuss the words and what they mean with others whose judgment you trust. Please write down (or use another procedure to document) your understanding of the definitions and review them with your counselor. You may also decide to make a list of other terms you don't understand and for which you want clarification.



1. Opiates
2. Narcotics
3. Tolerance
4. Withdrawal
5. Addiction
6. Craving
7. Treatment

8. Disease

9. Medication Assisted Treatment

10. Methadone

11. Suboxone

12. Naltrexone

13. Recovery

14. Harm Reduction

15. Abstinence

16. Obsession

17. Compulsion

18. Freedom

19. Counseling

20. Support Groups

21. Relapse

22. Detoxification

23. Tapering

24. Take Home Privileges

25. Maintenance Program

List any additional terms you would like clarified:

Understanding the Disease of Addiction

It is often important to understand the nature of a problem before you can successfully deal with it. The following article provides information about opioid addiction as a medical disorder and the importance of treatment. Following this discussion are two links which may help you further understand how opioid and other addictions are diseases of the brain. Take the time to read these articles and complete the assignments that follow. As always please discuss this information with your counselor.

(the following discussion the addiction as a disease is from SAMSA/CSAT's Treatment Improvement Protocol 35, "Enhancing Motivation to Change Substance Abuse Treatment")

Opioid addiction as a medical disorder

Discussions about whether addiction is a medical disorder or a moral problem have a long history. For decades, studies have supported the view that opioid addiction is a medical disorder that can be treated effectively with medications administered under conditions consistent with their pharmacological efficacy, when treatment includes comprehensive services, such as psychosocial counseling, treatment for co-occurring disorders, medical services, vocational rehabilitation services, and case management services (e.g., Dole and Nyswander 1967; McLellan et al. 1993).

Similarities to other medical disorders

McLellan and colleagues (2000) compared basic aspects of substance addiction with those of three disorders—asthma, hypertension, and diabetes—which universally are considered “medical” and usually chronic and relapsing and for which behavioral change is an important part of treatment. They found that genetic, personal-choice, and environmental factors played comparable roles in the etiology and course for these disorders and that rates of relapse and adherence to medication were similar, although substance addiction often was treated as an acute, not chronic, illness. Their review of outcome literature showed that, as with the other disorders, substance addiction has no reliable cure but that patients who comply with treatment regimens have more favorable outcomes. Fewer than 30 percent of patients with asthma, hypertension, or diabetes adhered to their medication regimens, prescribed diets, or other changes to increase their functional status and reduce their risk of symptom recurrence. As a result, 50 to 70 percent experienced recurrent symptoms each year to the point of requiring additional medical care to reestablish remission.

Another similarity found between opioid addiction and these medical disorders was their outcome predictors (McLellan et al. 2000). For example, patients who were older and employed with stable families and marriages were found to be more likely to comply with treatment and have positive treatment results than were younger, unemployed patients with less stable family support.

The concept of opioid addiction as a medical disorder was supported further by other treatment followup studies showing that opioid addiction has a reasonably predictable course, similar to such conditions as diabetes, hypertension, and asthma. For example, Woody and Cacciola (1994) found that the risk of relapse for a person who was opioid addicted was highest during the first 3 to 6 months after cessation of

opioid use. This risk declined for the first 12 months after cessation and continued to decrease but at a much slower rate. Results from other posttreatment studies indicated that roughly 80 percent of patients who are opioid addicted but leave MAT resume daily opioid use within 1 year after leaving treatment (e.g., Magura and Rosenblum 2001).

Similar to patients with other chronic disorders, many who are opioid addicted have been found to respond best to treatment that combines pharmacological and behavioral interventions. As detailed throughout this TIP, treatment of opioid addiction with maintenance medication, along with other treatment services for related problems that affect patients' motivation and treatment compliance, increases the likelihood of cessation of opioid abuse. Conversely, discontinuation of maintenance medication often results in dropout from other services and a return to previous levels of opioid abuse, with its accompanying adverse medical and psychosocial consequences (Ball and Ross 1991). Entry into comprehensive maintenance treatment provides an opportunity to prevent, screen for, and treat diseases such as HIV/AIDS, hepatitis B and C, and tuberculosis (see chapter 10) and to increase compliance with medical, psychiatric, and prenatal care (Chaulk et al. 1995; Umbricht-Schneiter et al. 1994). Recent data on buprenorphine indicate that treatment with this medication, like methadone, has similar positive outcomes (CSAT 2004a ; Johnson et al. 2000; Kakko et al. 2003).

Viewing opioid addiction as a medical disorder is consistent with the idea that treatment of even severe cases improves outcomes, just as in other chronic and relapsing medical disorders, even before abstinence is achieved. For example, Metzger and colleagues (1998) found that substance abuse treatment was associated with a significantly lower risk of HIV infection than was nontreatment. Treatment also was associated with a significant reduction, but not necessarily cessation, of drug use for many individuals. Similar findings on the positive health outcomes associated with maintenance treatment of opioid addiction, regardless of whether abstinence was attained, were seen in studies finding that methadone maintenance decreases overdose death. Data on benefits of partial responses to maintenance treatment resemble the benefits of treatment for other chronic medical disorders in terms of symptom alleviation. An analogy with MAT would be the desirability of reducing the risk of HIV infection, overdose, and the many psychosocial complications of addiction, which is not as desirable as the benefits of attaining complete abstinence from opioids but is associated with significantly improved patient health and well-being. The goal is always reducing or eliminating the use of illicit opioids and other illicit drugs and the problematic use of prescription drugs.

The medical community recognizes that opioid addiction is a chronic medical disorder that can be treated effectively with a combination of medication and psychosocial services. An important development in MAT during the 1990s was the 1997 publication of recommendations by a National Institutes of Health consensus panel on effective medical treatment of opiate addiction. After hearing from experts and the public and examining the literature, the panel concluded that “[opioid addiction] is a medical disorder that can be effectively treated with significant benefits for the patient and society” (National Institutes of Health 1997b , p. 18). That panel explicitly rejected the notion “that [addiction] is self-induced or a failure of willpower and that efforts to treat it inevitably fail” (p. 18). It called for “a commitment to offer effective treatment for [opioid addiction] to all who need it” (p. 2). The panel also called for Federal and

State efforts to reduce the stigma attached to MAT and to expand MAT through increased funding, less restrictive regulation, and efforts to make treatment available in all States (p. 24). The consensus panel for this TIP further recommends that access to treatment with methadone and other FDA-approved medications for opioid addiction be increased for people who are incarcerated, on parole, or on probation.

The trend toward greater acceptance of MAT as an effective treatment for opioid addiction has resulted in fewer State-mandated restrictions for treatment. For example, many States have removed restrictions on the length of time that patients may remain in treatment.

For further study:

http://ibgwww.colorado.edu/cadd/a_drug/essays/essay4.htm

http://www.projectcork.org/powerpoint_presentations/index.html

Several questions follow. Please think about the information you have reviewed and respond. You may have questions of your own. If so, write these down and discuss them with your counselor. If you notice any resistance coming up to this assignment it may be useful to take time to ask yourself: What is this resistance about?

1. How does the information about addiction as a brain disease relate to your current situation?
2. What concerns does it raise for you?
3. Does this understanding fit your experience with opiates - especially when it comes to obsession and compulsion?
4. Please finish this sentence: If I have a brain disease this means... (fill in blank).
5. How could viewing opiate addiction as a brain disorder help your recovery?
6. How could viewing addiction as a brain disorder hinder your recovery?
7. What are some other explanations of addiction?
8. Consider this statement: "Addicts are not bad people trying to get good but sick people trying to get well." What do you experience when you read this?
9. Any last questions or thoughts about this section?

Choices and Consequences

This area is designed to help you determine the consequences you may have experienced as a result of your opiate use. Most people use opiates because they value the effects of the drug. Let's start first by exploring your use of narcotics.

1. Describe how you started using opiates.
2. After you started, what was your interest in continuing to use?
3. What did you like about using opiates?
4. How did using opiates help you?
5. What happened that that helped you decide to consider changing your drug use?
6. Have you had any problems with other drugs beside opiates?
7. How have you attempted to stop in the past? Describe what helped and what was not so helpful.

As addiction progresses, it seems most, if not all, your decisions are based on getting and using drugs. It is as if your brain is making decisions without asking you for input. Please review the different dimensions of your life and describe the choices you made and the consequences that followed. Also, evaluate these events in the light of your current situation. The balancing act for you as you progress through this area of the tool book is to tell the truth about your experiences without minimizing what happened, or being too hard on yourself.

If you start to feel too uncomfortable, feel free to stop and take a break. You may decide to do any number of things to get some emotional space from this work. Some suggestions are to take a walk, take some deep breathes, call someone you trust or schedule an appointment with your counselor. This part of the tool book is about raising your awareness about how active addiction has affected you. Please list physical, emotional, mental, social, vocational and/or spiritual consequences of your active drug use. Remember you can't fail with detail.

1. What physical health problems did you have related to using opiates?
2. Did you have problems with physical withdrawal or detoxification?
3. If yes, please describe your symptoms of detoxification.

4. What emotional difficulties did you experience as a result of your drug use?
5. List examples of fear, anger or sadness concerning your active addiction.
6. How did you explain away any problems you had while using?
7. Describe any concerns expressed to you by family or friends who care about you?
8. How did you respond to their concerns?
9. Did your work life suffer as a result of drug use? If so, how?
10. What values did you compromise as a result of your addiction?

As with the previous work, this is important material to discuss with your counselor. More may be uncovered during the discussion process.

You have completed the first section of this tool book. The two important tools you have learned to use are:

Consciousness raising: You have explored accurate information about addiction and observing how this information may help you in this part of your recovery process.

Self-evaluation: By looking back over your active drug, you have evaluated both the positive and negative consequences of addiction with 20/20 hindsight.

Self Reflection on Section One: Please take some time to review your work to date.

What has been helpful?

What was not particularly helpful?

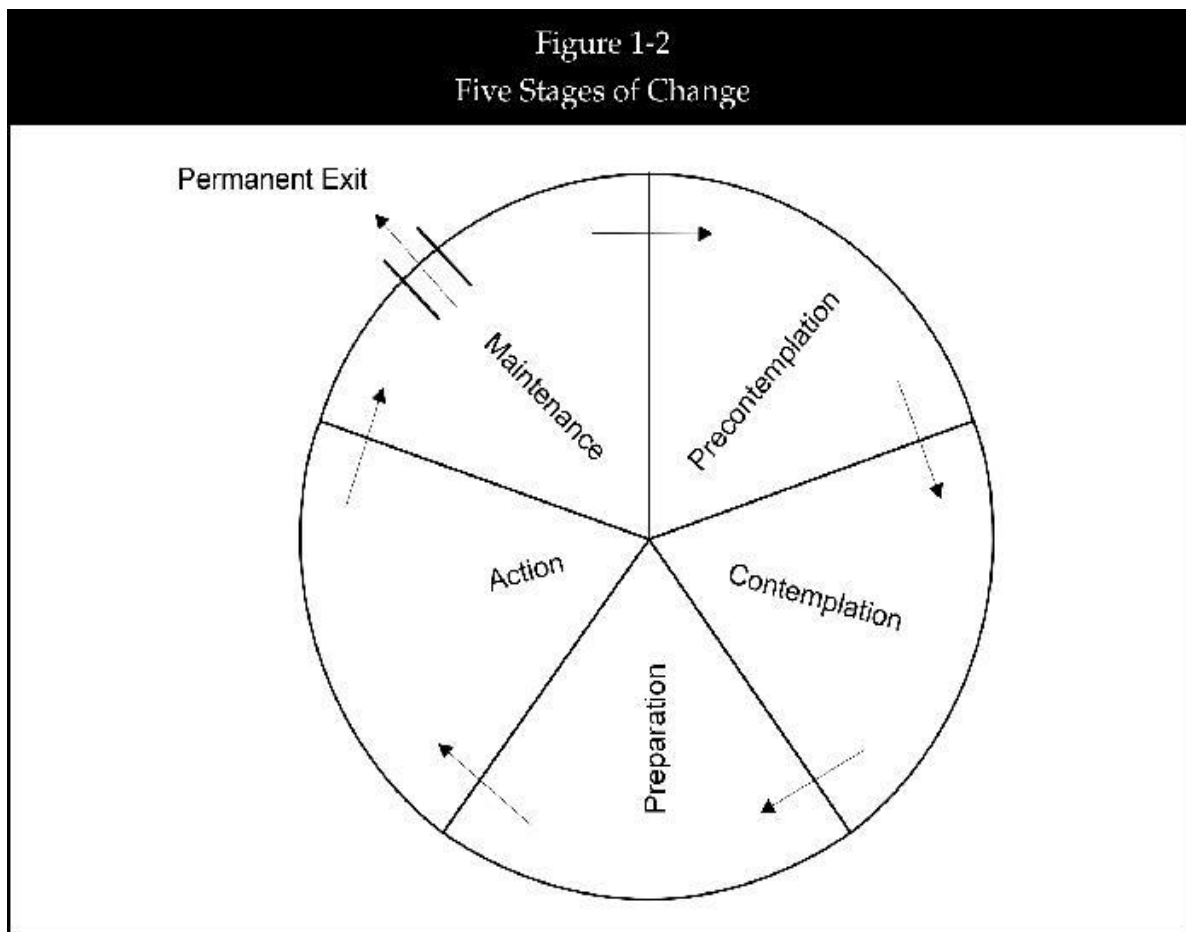
What did you learn or relearn about yourself?

How might you use these tools to assist you in your recovery?

Section Two

Readiness for Change

The following figure and description of each stage of change are from SAMSA/CSAT's Treatment Improvement Protocol 35, "Enhancing Motivation to Change Substance Abuse Treatment"



Precontemplation

During the precontemplation stage, you are not considering change and do not intend to change behaviors in the foreseeable future.

You may be partly or completely unaware that a problem exists, that you have to make changes, and that you may need help in this endeavor. Also, you may be unwilling or too discouraged to change your

behavior. In this stage you usually have not experienced the bad consequences resulting from your drug use and are not even convinced it's a problem.

Contemplation

During the contemplation stage, you are beginning to recognize your behavior is problematic, and you start to look at the pros and cons of your continued actions.

As you become aware that a problem exists, you begin to understand that there may be cause for concern and reasons to change. In this stage you are still using substances, but are considering the possibility of stopping or cutting back in the near future. At this point, you may seek information, evaluate your actions, or seek help to support the possibility of changing your behavior. It is not uncommon to remain in this stage for a long time, even years, trying to decide whether to change or not.

Preparation

During the preparation stage, you are intending to take action in the immediate future, and may begin taking small steps towards change.

When you perceive that the advantages of change outweigh any positive features of continuing drug use, the decisional balance tips in favor of change. Once the decision to change occurs, you enter the preparation stage, during which commitment is strengthened. Preparation entails specific planning for change, such as making choices about whether treatment is needed and, if so, what kind. Preparation also involves an examination of how you feel about your ability to change. In the preparation stage you are still using substances, but typically you intend to stop using very soon. You may have already attempted to reduce or stop use on your own or may be experimenting now with ways to quit or cut back (DiClemente and Prochaska, 1998).

Action

During the action stage, you have made specific changes in your life style, and positive change has occurred.

In the action stage you choose a strategy for change and begin to pursue it. At this stage, you are actively changing your habits and environment. You are making drastic lifestyle changes and facing the physical effects of withdrawal. You may begin to see yourself differently as you move from excessive or hazardous drug use to nonuse or safe use. For many, the action stage can last from 3 to 6 months following quitting or reducing drug use. For some, it is a honeymoon period before you face more serious and longstanding challenges.

Maintenance

During the maintenance stage, efforts are made to sustain the gains achieved during the action stage.

Maintenance is the stage at which you work to sustain sobriety and prevent recurrence (Marlatt and Gordon, 1985). Extra precautions may be necessary to keep from turning back to problem behaviors. You learn how to detect and guard against dangerous situations and other triggers that may cause you to use substances again. In most cases, as you are attempting long-term behavior change, you do return to use

at least once and revert to an earlier stage (Prochaska et al., 1992). The knowledge you gain about your personal triggers can help you in your future efforts to change. Maintenance requires long-term change - remaining abstinent or decreasing to a targeted level for a minimum of 6 months to several years (Prochaska and DiClemente, 1992).

1. Have you made any changes in the past in which you experienced these stages of change? If so, please describe.

2. Now look at your opiate use and ask yourself these two questions:

How important is it to you to make this change? (circle a number below)

LOW				MED					HIGH
1	2	3	4	5	6	7	8	9	10

How confident do you feel that you can make this change? (circle a number below)

LOW				MED					HIGH
1	2	3	4	5	6	7	8	9	10

3. Why are you a ____ (insert number reported above) and not a zero?

4. What would it take for you to get from ____ (insert number reported above) to ____ (the next higher number)?

5. Please discuss this exercise with your counselor.

Expectations and Goals

There is an old addiction saying “you can never get enough of what you don’t really want.” People have different ideas about what they want, need, and expect from treatment. This exercise is designed to help you identify what you would like to have happen in your treatment.

In each section below list what you would like to see happen. Be specific. Start each list with either, I want ... or I would like ...

Each section has several examples, these are not exhaustive. Please feel free to use you own or create different areas for your treatment goals and expectations.

	DRUG RELATED: Issues that may fall into this category include detox, stopping other drugs (including alcohol, Methadone or Suboxone), stopping withdrawal symptoms, avoiding relapse, etc.
1	I would like...
2	
3	
4	
5	
	EMOTIONAL: Feelings such as depression, anxiety, stress, sadness, anger or unresolved trauma, etc.
1	I would like...
2	
3	
4	
5	

	FINANCIAL/VOCA TIONAL: Issues with your job, money, unemployment, education, disability, credit, insurance, etc.
1	I would like...
2	
3	
4	
5	
	RELATIONSHIPS: Goals about significant others, kids, loneliness, abuse, violence, communication, sexuality, support, spirituality, etc.
1	I would like...
2	
3	
4	
5	
	SOCIAL: This section could include living arrangements, legal problems, friends, entertainment, 12 step or other recovery groups, etc.
1	I would like...
2	
3	
4	

5	
1	OTHER ISSUES:
1	I would like...
2	
3	
4	
5	

What did you learn from this exercise?

Which items are you willing to include in your treatment plan?

Does accomplishing these changes seem realistic?

What patterns emerged for you as a result of completing this questionnaire?

Resources for Success

There are a number of resources to help you in your recovery. Some of these resources are online while others are groups in your community. The most important resource you have to help you is your willingness to explore and use the available tools. No one can recover for you. This is not a complete list, you may want to discuss other options with your counselor.

Some support groups have abstinence-only policies and do not look favorably on medication assisted recovery. You should be careful about revealing your medication status especially if you are not sure

how the group may respond. You may need to try several groups to find the right one. Internet based groups are another option. The groups listed below can all be accessed online or in your community.

DUAL RECOVERY ANONYMOUS <http://www.draonline.org> or 913-001-2702

LIFERING <http://unhooked.com> or 800-811-4142

METHADONE ANONYMOUS <http://methadoneanonymous.info>

NARCOTICS ANONYMOUS <http://na.org>

ALCOHOLICS ANONYMOUS <http://aa.org>

SMART RECOVERY <http://smartrecovery.org> 866-951-5357

WOMEN FOR SOBRIETY <http://womenforsobriety.org> or 215-536-8026

CELEBRATE RECOVERY <http://www//celebraterecovery.com> / (Christian based)

RATIONAL RECOVERY <http://rational.org> or 530-621-4374

SECULAR ORGANIZATION FOR SOBRIETY <http://cfiwest.org/sos/index.htm> or 323-666-4295

NATIONAL ALLIANCE OF ADVOCATES FOR BUPRENORPHINE TREATMENT <http://www.naabt.org>

NATIONAL ALLIANCE OF METHADONE ADVOCATES <http://www.methadone.org> or 212-595-6262

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE ADMINISTRATION <http://www.samhsa.gov/shin>

DOWNLOAD FROM SAMHSA <http://kap.samhsa.gov>

Carefully review the list above. If you have access to a computer, spend some time looking at some of the websites.

Perhaps you would be willing to make your own list of resources to assist you in your recovery. This may include family, friends, church groups or anything or anyone else you can identify that can help support you as you make changes.

My list of resources:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

9.

10.

Please review your resources and any information you may have uncovered about various groups with your counselor. For educational purposes, plan on going to a meeting or contacting several of your resources. Discuss any concerns you have with your counselor. You can even role-play different ways to access and use these resources.

1. What did you learn about your resources base?
2. Did you notice any resistance to using these resources?
3. If you went to some meetings or made contact with a support person what was that like for you?
4. Do you have any other thoughts or questions about the resources available to you?

Responsible Action

The FACT Process: A Formula for Change (reprinted with permission of the Hendricks Institute) is a structured process to help you resolve problems and make creative changes. It is composed of the following four elements:

- F** Facing
- A** Accepting
- C** Choosing
- T** Taking Action

Step One: FACING

THE QUESTIONS:

1. What is the reality of my situation?
2. How would I like it to be?
3. Are there ways that I or others are not being truthful or acting with integrity?

The reality of the situation (the way it is now) is:

My goal (how I'd like this to be) is:

Have I communicated anything untrue in the whole course of this situation?

To myself:

To anyone else:

Have I broken any agreements in the course of this situation?

With myself:

With anyone else:

If untruths/broken agreements have come to light, the step(s) I will take to rectify them are? When?

Step Two: ACCEPTING

Once you have faced the issue squarely, you are ready for the step of acceptance. Complete acceptance of a situation, exactly as it is, creates an openness to change.

THE QUESTION:

What about this situation have I not accepted exactly as it is?

Is it something about myself?

Is it something about someone else?

Is it something about the past?

Is it something that is happening now?

Take a moment now to accept the situation, just as it is. Notice what it is like to allow the situation to be as it is in the moment.

Step Three: CHOOSING

Once you have faced and accepted a situation thoroughly, you are in a clear position to choose how you would like things to be.

THE QUESTION:

What do you want most in this situation?

Step Four: TAKING ACTION

THE QUESTION:

What action(s) can you take to support getting what you most want in this situation?

I commit to taking the action(s) by...

As you work through the FACT process you may encounter questions or challenges. It is important to explore these instead of attempting to just “plow through” and make something happen. Any resistance to questions or challenges provides a chance to get support from your support resources or your counselor.

You are asked to practice this process on at least 5 different issues. Take your time, there is no rush. What are 5 issues you would like to address with the FACT process?

- 1.
- 2.
- 3.
- 4.
- 5.

Discuss with your counselor the issues that you have decided to resolve using the FACT process.

1. What did you notice about any challenges or resistance you may have experienced?
2. Did you notice any patterns? If yes, please describe.
3. How effective was the FACT process in helping you change?
4. Do you have any other reflections about completing this process?

You have completed the second section of this tool book. In addition to consciousness raising and self-evaluation learned in section one, you have now added two other important tools:

Self-liberation: You have developed and acted on plans to change, creating new options to change your life.

Helping relationships: You have evaluated and explored how support groups and interacting with others can help you in the recovery process.

Self Reflection on Section Two:

Please take some time to review your work to date.

What has been helpful?

What was not particularly helpful?

What did you learn or relearn about yourself?

How might you use these tools to assist you in your recovery?

Section Three

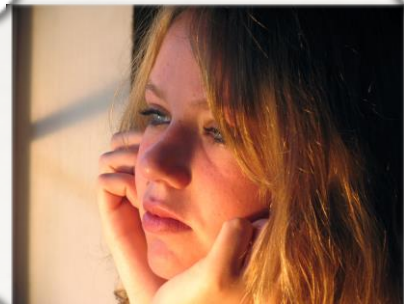
Learning to Identify Emotions

Emotions have often been described as “energy in motion”. Most people use drugs because they like how the drugs make them feel. Identifying and working with emotions is a critical skill in recovery.



Glad, Mad, Sad and Scared

The charts below describe the four basic “hard wired” human emotions and how to work with these emotions.



GLAD - I have what I want and need.

Other words and descriptions for this emotion: Loved, accepted, peaceful, satisfied, content, happy, appreciated, enthusiastic, excited

Give some examples of times you have been glad:

How to handle glad: Enjoy the experience!

MAD - Something or someone is stopping the attainment of what I want or need.

Other words and descriptions for this emotion: Hateful, irritated, annoyed, angry, frustrated, hurt, hostile, enraged

Give some examples of times you have been mad:

How to handle mad: Determine the need/want and what the block is. Express the feeling. Remove the block and satisfy the need/want.

SAD - I have lost something I want or need.

Other words and descriptions of this emotion: Helpless, disappointed, lonely, lost empty, rejected, deserted, grieved

Give some examples of time you have been sad:

How to handle sad: Determine the loss. Acknowledge the loss. Grieve the loss.

SCARED - I may lose my self and what I have, while trying to get what I want or need.

Other words and descriptions of this emotion: anxious, fearful, afraid, terrified, weak, vulnerable, insecure nervous

Give examples of times you have been scared:

How to handle scared: Gather information. Walk through the fear. Get to the other side. Look back.

Please review the work you have done with your basic emotions with your counselor. Perhaps you noticed you are more comfortable with some emotions and not others. Take a moment to describe any patterns you may have discovered.

Anxiety and Depression

Two other very common emotional states that affect recovering people are anxiety and depression.

The principles for working with both of these emotional states may not make sense at first. We can summarize like this: What we resist, persists. In other words, by learning to embrace these difficult emotions they strangely seem to cause less suffering than attempting to avoid them.

Please allow about 20 minutes to complete each exercise. These exercises work best if you have your counselor or a support person guide you through them. Once you are ready to practice alone, read the exercise all the way through and then practice it in its entirety as opposed to going back and forth reading each part.

EXERCISE FOR WORKING WITH ANXIETY

Begin by taking a few moments to close your eyes, focus on your breathing. Just note where you feel your breath in your body. It may be in the rise and fall of your abdomen, chest or the movement of breath in your throat.

After you have settled in your body take a few moments to scan your body and see if you can detect any anxious or tense feelings. If not, try to create anxiety by thinking about something that usually makes you worry. Take a few minutes to get in touch with anxiety as an experience you feel in your body.

Once you locate anxiety or tension in your body, see if you can make it grow. Perhaps you can create more anxiety by focusing on the physical sensation of anxiety or creating even more frightening images or thoughts. The idea is to create as strong of a feeling of anxiety as you can, so you can really practice bearing it. Spend a few minutes doing this before going further.

Now that you have created a clear sense of anxiety, magnify or intensify it. Make it as strong as you can while sitting with it. Don't worry, this is a safe process.

Once you feel you have created as much anxiety as you can, see if you can hold onto it. Set a timer or look at your watch and attempt to hold this anxious state for 10 minutes. If the anxiety starts to fade, try to intensify it again until at least 10 minutes has passed.

Now that you have practice bearing your anxiety, bring your attention back to your breathing. Just notice the breath moving in and out again.

EXERCISE FOR WORKING WITH ANXIETY

Take a few minutes to write down your experience:

EXERCISE FOR WORKING WITH DEPRESSION

EXERCISE FOR WORKING WITH ANXIETY

Begin by taking a few moments to close your eyes, focus on your breathing. Just note where you feel your breath in your body. It may be in the rise and fall of your abdomen, chest or the movement of breath in your throat.

After you have settled in your body take a few moments to scan your body and see if you can detect any sensations you associate with depression. If you can't, try thinking about something that usually makes you sad. Bring your attention to the texture and form of the sadness in your body. Take a few minutes to get in touch with depression as it feels in your body.

Once you locate sensations of depression, see if you can make them grow. Perhaps you can create more depression by focusing on the physical sensation of depression or creating even more depressing images or thoughts. The idea is to increase the sensation of depression, so you can work to really practice bearing it. Spend a few minutes doing this before going further.

Now that you have created a clear sense of depression, magnify or intensify it. Make it as strong as you can while sitting with it. Fear not, this is a safe process. If tears come let them flow. It's only a feeling it will not last forever.

Once your feeling of depression reaches maximum intensity, see if you can hold onto it. Set a timer or look at your watch and attempt to hold this state for 10 minutes. Note when impulses arise to avoid the sadness or depression and how you respond.

Now that you have practiced being with your depression, bring your attention back to your breathing. Just notice the breath moving in and out again.

Take a few minutes to write down your experience.

Lovingkindness

Working with emotions can be challenging. In this section on lovingkindness, you are asked to take some time to support yourself with a loving and kind stance toward all that you are working through. Health or wellness psychology recognizes the importance of not only addressing difficulties but also creating positive health states. Lovingkindness is a time honored approach to working with tendencies to be harsh or judgmental with yourself and others.

To benefit from this exercise it is suggested you practice at least two 10 minutes sessions or one 20 minute session each day. Occasionally you may have an opposite response to lovingkindness - judgment or harshness may increase temporarily. This is a normal response and will pass. There is no need to try and force your way through this or avoid these difficult states if they emerge. Just accept these states of mind with as much kindness as possible.

Exercise

Take a moment to close your eyes, simply focusing on the breath moving in and out of the body. As you allow yourself to settle in, repeat the following phrases (or similar phrases) to yourself:

May I be happy, May I be at peace, May I be free of suffering.

Other variations could be:

May I be accepting, May I learn to let go, May I be courageous.

Your mind may wander, this is normal, simply return to the phrases with gentleness and compassion. After generating lovingkindness toward yourself, it may be useful to gently turn it towards others, perhaps starting off with someone you care about: "May you be happy, may you be at peace, may you be free from suffering." Lastly turn lovingkindness to groups such as your family, co-workers, neighbors or any other groups. You may expand this to include, your town, state, country or even the entire planet.

After completing this exercise, make some notes about what happened with each section, as if you are telling a story to a friend. It may be useful to write about your experience several times over the course of the week while you formally practice lovingkindness.

Reconciling with Self

This exercise is based on the work of Anthony DeMello (1983,pp14-15). It is a powerful tool for reconciling with yourself. You can write as much or as little as you would like. You may want to do everything at once or you may decide to spend 20-30 minutes a day working on this exercise. Regardless, it is important to set a limit on how much time you will spend with this exercise, usually no more than a week.

RECONCILING WITH MYSELF

I imagine that today I am to make peace with my life up until now. I ask for time to be alone and write down for my friends a sort of life review for which the points that follow could serve as chapter titles. (Use additional sheets of paper if necessary)

These things I have loved:

These things I have cherished:

These ideas have brought me freedom:

RECONCILING WITH MYSELF

These beliefs I have outgrown:

These convictions I have lived by:

These things I have lived for:

RECONCILING WITH MYSELF

These insights I have gained in the school of life: (God, the world, human nature, love)

These risks I have taken:

These sufferings have made me grow:

RECONCILING WITH MYSELF

These lessons life has taught me:

These influences have shaped my life: (people, occupations, books, events)

These are the dark secrets I have held close:

RECONCILING WITH MYSELF

These things I regret about my life:

These are my life's achievements:

These persons are enshrined in my heart:

RECONCILING WITH MYSELF

These are my unfulfilled desires:

I chose an ending to this document
(a poem, a prayer, a picture of something else)

After completing this exercise, meet with your counselor or another trusted support person and share as much of it as you wish. You will want to choose someone who is willing to simply listen and bear witness to your life story.

Family of Origin

The following worksheets are designed to help identify early decisions and conditioning that are no longer helpful in dealing with daily life and adult relationships. This exercise can be done alone with a journal or in a group format. As you work through this experience, go slow, be mindful and gentle. Take the time to experience each part on as many levels as possible - physically, emotionally, mentally and spiritually. Often our early experiences with caregivers affect us until they are resolved. This isn't a blame or victim game, it is simply a fact finding process. Nothing changes until it becomes what it is.

Write out your answers to each section on the Worksheets.

Drivers: Parental Values and Beliefs (spoken and unspoken)

Pick the ones from each parent that fit and put a check mark under the parent if the Driver applies. These may be actual or imagined experiences or statements made to you.

DAD	DRIVER	MOM
	Be Perfect	
	Try Hard	
	Be Strong	
	Please Me/Others	
	Hurry Up	
	Be Careful	

Permissions

Pick the ones from each parent that fit for you and write out a few examples. These may be actual or imagined experiences or statements made to you.

MOM	DAD
Its okay to...	Its okay to...
Its okay to...	Its okay to...
Its okay to...	Its okay to...

Behavioral Injunctions

Check all that apply.

MOM	INJUNCTION	DAD
	Don't be or exist	
	Don't be important	
	Don't be well or sane	
	Don't be you (i.e. sex, etc.)	
	Don't make it or succeed	
	Don't be a child	
	Don't be close or trust	
	Don't grow up	

Feeling Injunctions

Check all that apply.

MOM	INJUNCTION	DAD
	Don't feel; Don't express	
	Don't feel specific feelings	
	Don't feel what you/I feel	

Thinking Injunctions

Check all that apply.

MOM	INJUNCTION	DAD

MOM	INJUNCTION	DAD
	Don't think	
	Don't think specific thoughts	
	Don't think what you/I think	

Allow yourself to imagine being about 6 years old. When you consider the above injunctions and drivers what do you experience? (i.e. hopeless, fearful, lonely, anger, etc.). Write your thoughts below:

What were your conclusions about the above?

- What I say about my family of origin is that they are...

- What I say about me is that I am...

What was your main life decision about how to adapt to the drivers, permissions, injunctions and decisions?

If things gets bad enough what will I (you) do?

Create statements that would be the cure for these drivers and injunctions.

-
-
-
-
-

After completing this worksheet discuss what you learned with your counselor. You may decide to go in deeper with this work and use imagery or role play to create new experiences for yourself as well as changing your life script to one that works better for you.

Family of Choice

Family process letters are designed to help you begin resolving issues with your current family members. Identify at least 2-3 members of your current family. You may be living with them, estranged, or in some case they may be dead, yet you still have strong emotional responses when you think about your relationship with these people. (You will need to use separate sheets of paper or a notebook for this exercise)

For each person you identify you will need to develop four separate lists to help you work through any issue in these relationships. The four lists are Regrets, Resentments, Appreciations and Hopes (see below). This material is private and unless specifically approved to share with others, confidential. In each list include 2-4 items, ideally these will be the most significant issues that concern you. The format is as follows. Write in the first person, present tense, be specific about behaviors, thoughts and feelings.

Regrets: These are behaviors you have engaged in that may have harmed the relationship.

Examples:

- I regret the time I lied to you about stealing money from your purse. I feel guilty about this.
- I regret all the instances when I said I would be home by dinner and never made it. I feel sad about treating you and the kids this way.

Resentments: These are experiences you have had with others where you are still harboring anger, fear or other painful emotions concerning their behavior toward you.

Examples:

- I resent the time you wouldn't bail me out of jail for DWI. I was afraid you were going to leave me.
- I resent you having an affair with Jane at work. I am angry and feel betrayed.

Appreciations: Often others will touch your life in a way that helps you. This is a time to share any of those experiences.

Examples:

- I appreciate the time you went to see my mother in the hospital, even though you didn't get along with her. I felt supported.
- I appreciate your work ethic. You go to work every day and help support our family. I feel grateful.

Hopes: This describes any future thoughts/wants in a relationship, for healing or other wishes you would like to see occur in your relationship with this person.

Examples:

- I hope we can begin to communicate more honestly and openly. I want our friendship to heal.
- I hope that even though you have been dead for 4 years you are finally at peace and won't worry about me.

There are several ways to work with this material, you may decide to actually present these letters to your family as part of family therapy. Another equally powerful (and often less threatening) way is to use role

play to work through these issues with the help of your counselor. It is your choice as to how you express yourself. You may even decide to simply sit alone and read these letters out loud or offer them up in prayer.

Reconciling with Others

Reconciliation with others can be an important part of recovery. These exercises are applicable to different situations. You get to choose which one you wish to work with in reconciling with others. You may come up with your own versions or entirely new and different ways to make peace with all your relationships.

A note on forgiveness: There is some discussion in the therapy world if forgiveness is necessary for healing. Some say it is, others say it isn't. In most spiritual traditions forgiveness plays a role in a disciplined spiritual life. According to Jack Kornfield, Ph.D., "Forgiveness does not condone the behavior of [those] who have caused suffering, nor does it mean that we do not openly tell the truth and take strong action to prevent future abuse. In the end, forgiveness simply says we will not put someone out of our heart. From the perspective of forgiveness, we recognized that we have all been wronged and we have caused suffering to others. No one is exempt. When we look into our hearts and we see what we cannot forgive, we also see how we believe the person who has wronged us is different from us. But is their confusion, fear and pain really different from our own?" Forgiveness is a bold choice to let go - to let go of the debt that someone owes us - to let go of allowing another's actions to cause further pain in our lives. It is a choice for peace, within self, in relationship to others and the world at large. The choice is yours.

Lovingkindness Toward Someone Who Has Wronged You

Lovingkindness is a time honored approach for working with our tendencies to be harsh or judgmental with one's self and others and to bring forgiveness to difficult relationships.

To benefit from this exercise it is suggested you practice at least two 5 minute sessions each day for a week, focused on the difficult relationship you are working through. Occasionally you may have judgment or harshness increase. There is no need to try and force your way through this or change it, accept these states with as much kindness as possible.

Exercise

First begin with yourself. Take a moment to close your eyes, simply focusing on the breath moving in and out of the body. As you allow yourself to settle in, repeat the follow phrases (or similar phrases) to yourself.

May I be happy, May I be at peace, May I be free of suffering.

Other variations could be:

May I be accepting, May I learn to let go, May I be courageous.

Spend a couple of minutes generating lovingkindness for your self. Your mind may wander. This is normal. Simply return to the phrases with gentleness and compassion. After generating lovingkindness toward

6. Discuss your list, wrongs and actions with a trusted support person or counselor?
7. Your counselor may have you role play how to go about approaching this individual, what to say and how to respond to various scenarios.
8. Lastly, decide how you would like to follow through and make contact - letter, email, phone or in person. It may not be possible to address the issue directly. If so, brainstorm with your counselor some indirect ways to clear up this issue.

It is important to let go of any expectations about the response you may receive. The payoff is in taking responsibility for your actions and moving on without carrying around excessive guilt and shame over the past.

You have completed the third section of this tool book. In addition to consciousness raising, self-evaluation, self-liberation and helping relationships, all which you have continued to expand and work with in section three, you have added these other important tools:

Counter conditioning: You have developed coping skills such as emotional identification, working with anxiety and depression and practicing lovingkindness towards self and others.

Emotional arousal and dramatic relief: You have worked on reconciliation with self, family of origin, family of choice and other relationships.

Environmental evaluation: You have taken a realistic appraisal of how substance abuse has affected relationships as well as action plans to reconcile with others.

Self Reflection on Section Three:

Please take some time to review your work to date.

What has been helpful?

What was not particularly helpful?

What did you learn or relearn about yourself?

How might you use these tools to assist you in your recovery?

Section Four

Introduction to Relapse Prevention

Mindfulness Based Relapse Prevention (MBRP) is an 8 week educational approach to relapse prevention developed at the University of Washington Bower, (S., Chawla, N., Marlatt, G.A., 2011) as an evidenced based practice for addicted patients.. The MBRP program is generally used in a group setting, however it may also be used 1:1 with your counselor if that works better for you. MBRP has been researched and proven effective for individuals with at least 30 days of recovery. (It is based on the highly successful Mindfulness Based Stress Reduction (MBSR) for pain management and Mindfulness Based Cognitive Therapy (MBCT) for depression) For more information please review the web site:

<http://www.mindfulrp.com/default.html>

This process requires a lot of homework. Due to copyright limitations the handouts you need to work through this relapse prevention process are not included in this tool book. You will receive everything you need from your counselor. For this tool book you will be asked to report on your progress each week. The weekly lessons are based on the central themes listed below and build on each other during the 8 week course. (You will need additional sheets of paper or a notebook to complete this exercise)



Week One: Automatic Pilot and Relapse

The theme for this week is how individuals with substance abuse problems often make decisions without full awareness of the consequences, as if on “automatic pilot”. This week will focus on increasing awareness and decreasing “mindless” actions that lead to relapse.

1. On a scale of 1-10 (1 being almost none at all and 10 being fully engaged), how well did you participate in your homework assignments. How will this week’s theme help you with relapse prevention?
2. Do you have any questions or need clarification about anything from your facilitator?
3. Any additional comments?

Week Two: Awareness of Triggers and Craving

Triggers are those cues that seem to create automatic reactions. This week will focus on how to become mindful of triggers and automatic responses as well as increasing your choices in responding to cravings and the desire to use.

1. On a scale of 1-10 (1 being almost none at all and 10 being fully engaged), how well did you participate in your homework assignments.
2. How will this week’s theme help you with relapse prevention?
3. Do you have any questions or need clarification about anything from your facilitator?
4. Any additional comments?

Week Three: Mindfulness in Daily Life

Bringing mindfulness into daily activities helps recovering people make better choices in the moment. Present-focused awareness and SOBER meditations are taught as “in the moment” solutions to potential relapse.

1. On a scale of 1-10 (1 being almost none at all and 10 being fully engaged), how well did you participate in your homework assignments.
2. How will this week’s theme help you with relapse prevention?
3. Do you have any questions or need clarification about anything from your facilitator?
4. Any additional comments?

Week Four: Mindfulness in High-Risk Situations

Addicted people are often exposed to challenges which have high risks and associations with relapse if not properly addressed. Learning to experience intense and uncomfortable situations is addressed in this weeks session.

1. On a scale of 1-10 (1 being almost none at all and 10 being fully engaged), how well did you participate in your homework assignments.
2. How will this week's theme help you with relapse prevention?
3. Do you have any questions or need clarification about anything from your facilitator?
4. Any additional comments?

Week Five: Acceptance and Skillful Action

Acceptance and skillful actions are two sides of the same coin. Learning to discern when to accept situations and when to actively attempt to change situations is a critical skill for avoiding relapse.

1. On a scale of 1-10 (1 being almost none at all and 10 being fully engaged), how well did you participate in your homework assignments.
2. How will this week's theme help you with relapse prevention?
3. Do you have any questions or need clarification about anything from your facilitator?
4. Any additional comments?

Week Six: Thoughts as Thoughts

The role of thoughts in the relapse cycle is explored in this week's session. Many recovering people need to learn that thoughts are just thoughts. They rise and fall and may or may not be accurate. Learning to let thoughts go without acting on them is another important recovery skill.

1. On a scale of 1-10 (1 being almost none at all and 10 being fully engaged), how well did you participate in your homework assignments.
2. How will this week's theme help you with relapse prevention?
3. Do you have any questions or need clarification about anything from your facilitator?
4. Any additional comments?

Week Seven: Self-Care and Lifestyle Balance

While much of the previous work has been specifically focused, this week is designed to take a look at a number of life areas as possible issues in relapse prevention.

1. On a scale of 1-10 (1 being almost none at all and 10 being fully engaged), how well did you participate in your homework assignments.
2. How will this week's theme help you with relapse prevention?
3. Do you have any questions or need clarification about anything from your facilitator?
4. Any additional comments?

Week Eight: Social Support and Continuing Practice Awareness

Support systems will be reviewed this week. Recovery and relapse prevention are usually best done with the help of others. Identifying and developing relationships is the focus of this week's work.

1. On a scale of 1-10 (1 being almost none at all and 10 being fully engaged), how well did you participate in your homework assignments.
2. How will this week's theme help you with relapse prevention?
3. Do you have any questions or need clarification about anything from your facilitator?
4. Any additional comments?

You have completed the fourth section of this tool book. You can now add these additional tools to your tool kit:

Stimulus control: You learned to avoid situations which have historically created problem behaviors.

Reinforcement management: By this time recovery has become its own reward.

Self Reflection on Section Four:

Please take some time to review your work to date.

What has been helpful?

What was not particularly helpful?

What did you learn or relearn about yourself?

How might you use these tools to assist you in your recovery?

Section Five

Co-creative Choices

This exercise will help you determine your next steps in the recovery process. Gather four or five sheets of drawing paper and some art supplies such as oil pastels, markers, or crayons. If it is helpful you may have your counselor guide you through this process or you may do it on your own and discuss it later in a counseling session.

Exercise

Begin by sitting comfortably, closing your eyes, paying attention to your breath, simply breathing in and breathing out, allowing your body to come to rest. Now observe your feelings and thoughts. Let them be there, allowing your thoughts and feelings to come to rest. Now find a quiet place inside yourself, where you can be open and receptive, where you can be patient, where you can receive responses from within. Allow yourself to rest in this place as you contemplate the first question:

Now ask yourself: “Where am I now in my recovery?”

Allow images, sensations, feelings, thoughts to arise in response. Simply observe them. When you feel ready, find a way of capturing these responses on paper, in colors, shapes, symbols or pictures. Open your eyes and begin drawing.

When you finish, set that drawing aside and once again close your eyes and quiet your body, feelings and thoughts. Seek the quiet receptive place again.

Now ask yourself: “What is emerging in my recovery now? What is my next step?”

Again observe and trust whatever images, sensations, feelings and thoughts arise. Find a way of representing and recording your responses on paper and begin drawing.

When you finish, set the drawing aside and return to the quiet place within.

Now ask yourself: “What is getting in my way? What is holding me back?”

Observe your responses and draw.

Set this drawing aside and return to the quiet place.

Now ask yourself: “What do I need to develop in order to take my next step and move through my block? What qualities do I need to develop in my recovery?”

Take your time to allow images, sensations and feelings to respond. Observe, trust and draw whatever comes.

When you finish, look back at all four drawings and notice what there is to see. You may want to write about your response to each drawing, what you felt and thought. You may want to share your drawings with a support person or your counselor. If one drawing is particularly meaningful to you, put it on the wall of your home somewhere so it can continue to inspire you.

Endings and New Beginnings

You have covered a great deal of material as you worked through this tool book. Hopefully you have learned much about yourself, acquired new skills, developed attitudes and taken actions to help you stay well. This tool book ends with questions, not answers. Perhaps life is more of a mystery to be lived than a problem to be solved. Good luck on your journey.

The Big Questions

Pose five big questions that are most important for your life right now. Don't worry about answering them. If the questions are right, your whole life will become an answer to the questions.

Question 1:

Question 2:

Question 3:

Question 4:

Question 5:

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