

Behavioral Health Group Plan

Week 1: Laying the Ground Rules and Creating a Safe Space.....Page 6

The first week of treatment should focus on laying the ground rules for the behavioral health group. Allow patients to develop their own set of ground rules for the group. Review the ground rules at each meeting and add to them as necessary. Given the risk of impaired safety that occurs in the setting of ongoing substance use, the first group should also emphasize the need to create and find safe spaces for people in recovery. Establishing ways to ensure that the behavioral health group and START clinic remain a safe space while simultaneously establishing other settings and people who may be safe agents. Explore ways to anchor patients in reality even if they may be experiencing persecutory perceptions of reality.

Handouts:

1. START BH Group confidentiality contract
2. Hotlines/resources for interpersonal violence
3. Safety Planning worksheet

Activity: Develop a mock safety plan with patients to identify who the safe contacts are in the clinic and within the group.

Week 2: Realistic Goal Setting and Scheduling.....Page 10

Many patients in early recovery may find it difficult to know how to spend their days or what they would like to do when they are not using substances. This session will help patients to establish realistic goals for recovery. Work with patients to develop an individualized recovery schedule to identify strategies to avoid boredom or risky idle time.

Handouts:

1. Change Plan worksheet
2. Setting Recovery Goals worksheet
3. DCG Group A. Scheduling (TRUST Workbook)
 - Daily/hourly schedule worksheet
4. The Boredom List worksheet

Activity: Have patients create an individualized recovery schedule for the week and list at least three major weekly activities that may be beneficial in recovery.

Week 3: Building a Recovery Support Program and Making Friends...Page 19

Identifying ways to create a supportive personal recovery community is important in early recovery. Sober support people and friends can be difficult to find, and it can be intimidating to start many of these conversations. Additionally, finding places that support recovery is

another important aspect of building a personal recovery support program.

Handouts:

1. Drug-Using Friends worksheet (TRUST Workbook)
2. Making Friends: Conversation Starters worksheet
3. Healthy friendship/sober support resources

Activity: Have patients create a personalized recovery support program. Using the worksheets, have patients identify at least three people in their support network and at least two locations where they can further build and work on their recovery support program.

Week 4: Triggers and Thought Stopping.....Page 26

Identifying triggers for use is an important component of drug use prevention. Understanding the learned cues and stressors that may lead to substance use provides an opportunity to try and intervene prior to substance use. A process called thought-stopping can be taught to try and disrupt triggers and patterns of thinking that may lead to substance use.

Handouts:

1. DCG 3 - TriggersThought-Stopping (TRUST Workbook)
 - Techniques for Thought-Stopping
2. RSG 2 - Internal Trigger Questionnaire (TRUST Workbook)
3. RSG 3 - External Trigger Questionnaire (TRUST Workbook)
4. RSG 2a-3a - Trigger Chart (TRUST Workbook)
5. Urge Monitoring Cards

Activity: Identify triggers and strategies for thought-stopping/activity-stopping strategies for a particular trigger.

Week 5: Building Early Recovery Capital.....Page 36

Recovery capital refers to an individual’s ability to self-direct and drive recovery through motivations and personal strengths. For patients in recovery from substances, recovery capital is necessary to build stronger recovery networks and strategies for drug use prevention.

Handouts:

1. RSG 4 – Taking Care of Yourself (TRUST Workbook)
 - Worksheet

Activity: Identify strategies to build recovery capital. Help patients recognize their strengths and previous successes in recovery. Rather than dwelling on recurrent use, encourage patients to focus on continued attempts to decrease or stop use and the strategies that were most successful during those periods.

Week 6: Be Smart, Not Strong.....Page 40

Substance use disorders are chronic medical illnesses, and it is often unhelpful to believe that if one were just “stronger” they would be able to manage their illness better. Instead, focus on smarter ways to reduce risky exposures that put patients at risk for recurrent use. Understand that scenarios with high-risk potential may be avoided rather than overcome.

Handouts:

1. RSG 5 – Be Smart; Not Strong (TRUST Workbook)
 - Worksheet

Activity: Have patients complete the worksheet, letting them rate how well they are doing in avoiding recurrence of use and identify any areas they’d like to improve in.

Week 7: Recognizing and Reducing Stress.....Page 43

Stress is a major contributive factor to why patients use substances. Identifying that we all have internal and external drivers of stress may be an important component of treating someone’s stimulant use disorder. Importantly, for patients using stimulants, stress may lead to paranoid thinking or persecutory perceptions of reality.

Handouts:

1. “Did that really just happen?” Paranoia and Stimulant Use
2. RSG 11 – Signs of Stress worksheet (TRUST Workbook)
3. RSG 11a – Reducing Stress worksheet (TRUST Workbook)

Activity: Grounding activity to identify stress and strategies for reality testing when patients become paranoid.

Week 8: Managing the Overwhelming.....Page 49

Trauma is a major contributing factor to the development of substance use disorder and its ongoing harmful effects on a person’s health. Given the vulnerable nature of patients in early recovery, it may be important to provide patients with tools to identify when they are feeling overwhelmed and strategies to re-contain those feelings to make them more manageable.

Handouts:

1. Trauma and Stimulants
2. How Trauma Lingers in the Body
3. What Happens in the Brain During a Potentially Traumatic Event?
4. How Trauma Can Affect Your Window of Tolerance
5. Recognizing Signs of Feeling Overwhelmed worksheet

Activity: Review containment exercises with patients to help them manage recurrent traumatic episodes/being overwhelmed by emotions related to past traumatic events.

Week 9: Exploring the “Why?”.....Page 56

Patients may have many reasons for using substances, particularly stimulants. It is important to identify what the substances may be doing to help an individual in order to identify if there are alternative ways to achieve that need.

Handouts:

1. RSG 6 – Drug Use Justification worksheet (TRUST Workbook)

Activity: Review and complete the Drug Use Justification worksheet.

Week 10: Building Resiliency.....Page 61

Given the chronicity of substance use disorder, it is important to recognize that there will likely be challenging periods in a person’s recovery, with multiple triggers and stressful events. An important part of recovery is recognizing how to manage these challenges and build resiliency. Resiliency may help foster an improved sense of care for oneself and improve the ability to re-engage or continue engagement with treatment even in the setting of recurrent use or periods of struggle.

Handouts:

1. DCG 2 – Five Common Challenges in Stopping Drug Use worksheet (TRUST Workbook)

Activity: Review and define resiliency. Have patients create a resiliency plan that includes identification of potential expected challenges and ways to manage them and cope with them. In addition, create a plan for an unexpected catastrophic challenge and how you would manage stress and concerns about recurrent use in this setting.

Week 11: Initiating Intimate Relationships.....Page 64

Blurred boundaries related to intimate relationships and sex often occur in the setting of substance use. Many patients in early recovery find it difficult to find, initiate, or maintain intimate relationships while in recovery and without the use of other substances. Identify the stressors related to intimate relationships and stimulant use and ways to mitigate these concerns to develop safe boundaries and healthy intimate relationships.

Handouts:

1. ICS 9 – Stimulants and Sex - A Natural Connection worksheet (TRUST Workbook)
2. Creating New Boundaries worksheet
 - Exploring your relationship to sex
 - Building healthy relationships
3. Boundary Exploration worksheet
4. Words That We Associate with Healthy & Unhealthy Relationships

Activity: Using the worksheets, have patients establish personal boundaries for intimate relationships, partner expectations, expectations of self, and healthy goals involving sex and intimate relationships.

Week 12: Looking for Joy.....Page 72

Physiologic changes in the brain in the setting of stimulant use disorder may impair the brain's ability to regulate dopamine effectively and may drive depressive thoughts, mood, and anhedonia. Educate patients regarding dopaminergic brain changes secondary to stimulant use and their impact on recovery. Work with patients to develop a plan for joy.

Handouts:

1. DCG 4 – Your Brain and Recovery resource/worksheet (TRUST Workbook)
2. ICS 8 – Social/Recreational Counseling (TRUST Workbook)
3. ICS 8a – Leisure Interest Ideas (TRUST Workbook)

Activity: Have patients identify personal signs and symptoms of depressed mood in the setting of abstinence from stimulants and recognize moments of joy that may balance those depressed thoughts/feelings. Encourage patients to find a Patronus moment (a happiness moment) that is one endless source of joy or happiness in their life that they can draw on to preserve hope in recovery.

Week 1

Laying the Ground Rules and Creating a Safe Space



START BH Group Confidentiality Contract

Confidentiality is essential to the progress of an effective group, each person will be expected to respect and maintain the confidentiality of the group. What is said in the group is not to be repeated or discussed at any other time or place.

Rules of confidentiality

- Each person is expected to respect and maintain confidentiality of the group. As a group member you are bound by respect to keep what is discussed in group within the group.
- When compelled/asked to discuss events that occurred in group (with a non-group member), please remember not to talk about how the event unfolded during group in any way that would compromise the confidentiality of your fellow group members.
 - Do not mention names or identifying factors to anyone outside of the group
 - Speak only from your perspective
- Saying hello outside of group
 - If you choose to acknowledge someone, do not reveal that you know them through group
 - Do not mention group, attendance at group or clinic unless you have special arrangements with someone
- Do not share another member's contact information or photos, with members or non-members, unless the person approves of it

Limits of confidentiality

- Confidentiality will only be broken if a member's discloses interest in wanting to harm themselves or others.

Consequences of breaking confidentiality

- Failure to comply with the above rules will lead to the following consequences
 - For a first time :
 - Rules and requirement will be reviewed and discussed in group
 - For a second time
 - Member will be required to meet with the group facilitator outside of group
 - They will also be suspended from group for a duration that is to be determined by fellow members
 - *Consequences for further offenses will be discussed with group facilitator

I _____ acknowledge that I have read the above rules and consequences and agree that I will respectfully follow them.

Signature: _____

Date: ___ / ___ / ___

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Request Services

Thank you for your interest in services at the Boston Area Rape Crisis Center.

Please note: BARCC is currently providing remote services for survivors and their loved ones. For more information, visit barcc.org/covid-19. Please submit a request online below or by phone at 617-492-8306, and our service access team will explore your individual needs with you. If you are interested in time-sensitive medical care and evidence collection options, we recommend that you call the hotline 24-7 at 800-841-8371 or chat online 9:00 a.m.- 11:00 p.m., instead of completing this form.

Protecting your privacy can feel especially important after a sexual assault. If you are concerned about your privacy rights, your safety, or that somebody else might find out that you are contacting us, please call our hotline at 800-841-8371 or our office during business hours at 617-492-8306, instead of completing this form.

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Stimulant Treatment and Recovery Team
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Safety Planning

Who are my safe people?

Write the names of three of your safe people. Fill out their contact information – phone number, email, and where they stay.

MY SAFE PEOPLE CHART	 Phone	 Email	 Where they stay	How would I contact them in an emergency?
<i>Person 1:</i>				<input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> In-Person
<i>Person 2:</i>				<input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> In-Person
<i>Person 3:</i>				<input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> In-Person

Where is my safe place (where do I feel the safest)?

What feelings do I have when I am feeling unsafe?

- | | | | |
|-----------------------------------|------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Defensive | <input type="checkbox"/> Numb | Other: |
| <input type="checkbox"/> Agitated | <input type="checkbox"/> Scared | <input type="checkbox"/> Worried | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Hungry | <input type="checkbox"/> Concerned | <input type="checkbox"/> _____ |

What are three things I can do when I'm feeling unsafe?

1. _____
2. _____
3. _____

Week 2

Realistic Goal Setting and Scheduling

Change Planning

Change planning typically begins when you discuss with the client his or her readiness to prepare a change plan. Working on such a plan is a collaborative activity between you and the client. You will typically address a number of critical aspects of change planning, such as the client's self-identified goals, steps for achieving those goals, supportive people available to help the client, any obstacles to the change plan that might exist, and how to address impediments to change.

Engaging the client in change planning:

This skill involves you helping the client develop a change plan. The process may include an initial discussion of the client's readiness to prepare a change plan. It may include a more formal process of completing a Change Planning Worksheet or a less formal discussion in which you facilitate the development of a plan without completing a worksheet. In either case, the intervention typically involves a discussion that touches on a number of these issues:

1. The desired changes,
2. Reasons for wanting to make those changes,
3. Steps to make the changes,
4. People available to support the change plan,
5. Impediments or obstacles to change and how to address them, and
6. Methods of determining whether the plan has worked.

What is important here is that you guide the client through a thorough discussion of change planning. The process does not have to include review of a completed Change Planning Worksheet, but it does require the development of a detailed change plan during the session.

Change Plan Worksheet

The changes I want to make (or continue making) are:
The reasons why I want to make these changes are:
The steps I plan to take in changing are:
The ways other people can help me are:
I will know that my plan is working if:
Some things that could interfere with my plan are:
What I will do if the plan isn't working:

Change Plan Worksheet Outline

The changes I want to make are:

*List specific areas or ways in which you want to change
Include positive goals (beginning, increasing, improving behavior)*

The most important reasons why I want to make these changes are:

*What are some likely consequences of action and inaction?
Which motivations for change seem most important to you?*

The steps I plan to take in changing are:

*How do you plan to achieve the goals?
Within the general plan, what are some specific first steps you might take?
When, where and how will these steps be taken?*

The ways other people can help me are:

*List specific ways that others can help support you in your change attempt
How will you go about eliciting others' support?*

I will know that my plan is working if:

*What do you hope will happen as a result of the change?
What benefits can you expect from the change?*

Some things that could interfere with my plan are:

*Anticipate situations or changes that could undermine the plan.
What could go wrong?
How might you stick with the plan despite the changes or setbacks*

Change Plan Worksheet Example

The changes I want to make are:

1. Stop smoking crack
2. Reduce my drinking
3. Take better care of my kids

The most important reasons why I want to make these changes are:

1. Get out of trouble with probation—avoid dirty urines
2. Take better care of my health
3. Give my kids a better chance.

The steps I plan to take in changing are:

1. Keep coming to group and treatment here.
2. Give urines to my P.O. every week.
3. Spend time each day focusing on my children
4. Go to my kids' schools to meet their teachers.
5. Stop using crack, one day at a time.
6. Get a sponsor at NA.
7. Avoid hanging out with people who use.
8. Go back to church.

The ways other people can help me are:

1. My P.O. can encourage me when I give a clean urine.
2. My counselor can help me deal with my depression.
3. My group can help me talk about my difficulties in quitting.
4. My mom can care for my kids when I'm working or at treatment.
5. My sponsor can help me when I have a craving.

I will know that my plan is working if:

1. I am not using crack.
2. I am giving clean urines.
3. I am coming to group 8 out of 10 times.
4. I am spending time each day focusing on my children and their needs.
5. I am going to NA 3 times a week.

Some things that could interfere with my plan are:

1. If I get sent back to jail for a dirty urine.
2. If I don't plan ahead for cravings and urges
3. If I don't stop hanging with using friends.
4. If I quit treatment.

What I will do if the plan isn't working:

1. Be honest with my counselor and my group and ask for help.
2. Make another plan that takes care of cravings/urges better.
3. Tell my P.O. I need residential treatment or more treatment.
4. Refuse to let myself feel like a failure

Setting Recovery Goals

Recovery is a process of change to improve health and wellness. Recovery often accompanies many different parts of a person's life. In trying to set goals for recovery it can be helpful to break down processes for change into different dimensions. Try setting some goals in the four dimensions in recovery listed. Goals should be simple, concrete, and achievable.

Health	Home
1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
Purpose	Community
1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____

DCG Group A. Scheduling

What is scheduling?



A schedule is a plan you make for yourself. You will need to schedule recreation and rest as well as work and appointments. Scheduling will leave less room for impulsive, possibly high risk, behavior which may result in your using drugs. Scheduling helps you change your behavior in line with a new, drug-free, lifestyle.

Why should I schedule?



If you begin your recovery in a residential setting, you have the structure of the program and the building to help you stop using. As an outpatient, you must build that structure around yourself as you continue functioning in the world. Your schedule is your structure. Moving from addiction is like getting out of a mine field. You need to be very careful where you are going and where you are stepping. Initially, how you got to where you are is not important; getting out is.

Do I need to write it down?



Absolutely. Schedules that are in your head are too easily, spontaneously revised. If you write it 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).

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	
2:00		2:00		2:00	
3:00		3:00		3:00	
4:00		4:00		4:00	
5:00		5:00		5:00	
6:00		6:00		6:00	
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	

Notes/reminders: _____

The Boredom List

Boredom is a major challenge for many individuals in recovery. The boredom list is a list of activities that could be done at any time. Tasks should be simple and concrete and can be repetitive in nature so that these can occur multiple times throughout the day/week.

- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____

Week 3

Building a Recovery Support Program & Making Friends

Drug-using Friends



Friends and acquaintances who use drugs present an extreme risk. The risk is not related to who they are, whether they are close friends or casual acquaintances, or whether or not they support your recovery. The risk is that they are “triggers” for your use.

- If you can avoid these people do so.
- If you expect to run into them, you need to be clear and direct. “I’m not using anymore.” “Nothing personal, but I can’t be around you. It’s not that I don’t trust you, I don’t trust me.” Then immediately GO.
- If someone unexpectedly shows up at your place, be clear and direct and do not invite them inside.

Who are people you need to avoid? (first names and initial)

What will you say to these people?

Making Friends: Conversation Starters

Early recovery can be an unfamiliar place for many people. It can be hard to make new friends especially if you are trying to distance yourself from friends who have used in the past. One thing to consider is if you can make friends who may also be sober or abstaining for substances. Once you have identified places to find new friends started the conversation can be the next big barrier.

Places to find new friends

List some places where you might find sober people and sober supports in your life.

1. _____ 2. _____
3. _____ 4. _____

Now think about some of the conversations you might start with people in these places. Remember lead with something light and ask a question. Practice some of these things now.

Tell me about you.

Working on anything exciting lately?

Have you ever seen _____ on tv?

What's the best time to come to a place like this?

How often do you come here?

I really like that.....where did you get it?

What's your favorite thing that you're working on right now?

What's been the highlight of your day/week/month so far?

Having fun yet?

Devine Recovery Center - 70 Devine Way, South Boston, MA 02127 - July 2022

Jul 2022 (Eastern Time - New York)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26 1pm - Weekend FUNDAY Pool, Ping 2pm - Dinner with The Hub Church 3pm - Dinner with The Hub Church 6pm - Refuge Recovery	27	28 10am - The Plymouth house family 5:45pm - Al-Anon Meeting 7:30pm - There is a Solution Meeting	29 6:30pm - Womans Meeting	30 12:30pm - Narcan Training 2pm - Families Do Recover 7pm - Spanish 12 Step Meeting 7:30pm - The Devine Way	1	2 1pm - Weekend FUNDAY Pool, Ping
3 1pm - Weekend FUNDAY Pool, Ping 6pm - Refuge Recovery	4 Closed	5 10am - The Plymouth house family 5:45pm - Al-Anon Meeting 7:30pm - There is a Solution Meeting	6 6:30pm - Womans Meeting	7 2pm - Families Do Recover 7pm - Spanish 12 Step Meeting 7:30pm - The Devine Way	8	9 1pm - Weekend FUNDAY Pool, Ping
10 1pm - Weekend FUNDAY Pool, Ping 3pm - Dinner with The Bay Church 6pm - Refuge Recovery	11	12 10am - The Plymouth house family 5:45pm - Al-Anon Meeting 7:30pm - There is a Solution Meeting	13 12:30pm - Community Meeting 6:30pm - Womans Meeting	14 2pm - Families Do Recover 7pm - Spanish 12 Step Meeting 7:30pm - The Devine Way	15	16 1pm - Weekend FUNDAY Pool, Ping
17 1pm - Weekend FUNDAY Pool, Ping 6pm - Refuge Recovery	18	19 10am - The Plymouth house family 5:45pm - Al-Anon Meeting 7:30pm - There is a Solution Meeting	20 6:30pm - Womans Meeting	21 2pm - Families Do Recover 7pm - Spanish 12 Step Meeting 7:30pm - The Devine Way	22	23 1pm - Weekend FUNDAY Pool, Ping
24 1pm - Weekend FUNDAY Pool, Ping 3pm - Dinner with The Hub Church 6pm - Refuge Recovery	25	26 10am - The Plymouth house family 5:45pm - Al-Anon Meeting 7:30pm - There is a Solution Meeting	27 6:30pm - Womans Meeting	28 12:30pm - Narcan Training 2pm - Families Do Recover 7pm - Spanish 12 Step Meeting 7:30pm - The Devine Way	29	30 1pm - Weekend FUNDAY Pool, Ping
31 1pm - Weekend FUNDAY Pool, Ping 2pm - Dinner with The Hub Church 6pm - Refuge Recovery	1	2 10am - The Plymouth house family 5:45pm - Al-Anon Meeting 7:30pm - There is a Solution Meeting	3 6:30pm - Womans Meeting	4 2pm - Families Do Recover 7pm - Spanish 12 Step Meeting 7:30pm - The Devine Way	5	6 1pm - Weekend FUNDAY Pool, Ping



A NEW WAY RECOVERY CENTER - JULY 2022

85 Quincy Avenue, Quincy, MA 02169 (617) 302-3287

MON 9-8	TUESDAY 9-4	WEDNESDAY 9-8:30	THURSDAY 9-8	FRIDAY 9-8	SATURDAY 9-1
<p>THE CENTER IS CLOSED FROM 12PM UNTIL 1PM EVERY WEEKDAY. ADMITTANCE TO NOONTIME MEETINGS ONLY.</p>	<p>Community Meeting Every TUESDAY @ 1pm. Bring your ideas</p>			<p>1</p> <p>10 DAILY MOTIVATION 1 ALL PATHWAYS 2:30 JUST BREATHE (WOMENS GROUP) 6 AI ANON 7 BIG BOOK (AA/OD)</p>	<p>2</p> <p>THE CENTER WILL BE CLOSED FOR THE WEEKEND</p>
<p>4</p> 	<p>5</p> <p>10 YOGA 11 VETERANS 11:15 SELF-CARE/STRESS MANAGEMENT 1 COMMUNITY MEETING 2 THE ART OF MINDFULNESS 3 - CHECK-MATE</p> <p style="text-align: center;">Closing at 4</p>	<p>6</p> <p>9:30 AL-ANON 10 DAILY MOTIVATION 10:30 Adult Children 12 IT'S IN THE BOOK 1 ALL PATHWAYS 2 ARTISTIC EXPRESSION 6 QUINCY MEN'S AA 7 A NEW WAY (AA/OD)</p>	<p>7</p> <p>10 DAILY MOTIVATION 11 SUBTLE ART OF NOT GIVING A F*CK 12 SMART Z#6173023287 5 FLAB-U-LESS @5 6 BURN THE BOATS Zoom 845-0974-4979, PW 888630 7 TODAY'S STRUGGLE, TOMORROW'S STRENGTH FAMILY SUPPORT</p>	<p>8</p> <p>10 DAILY MOTIVATION 1 ALL PATHWAYS 2:30 JUST BREATHE (WOMENS GROUP) 6 AI ANON 7 BIG BOOK</p> 	<p>9</p> <p>10 -Awakening Love 11 - NARCOTICS ANONYMOUS 12 - OVER COMING NEGATIVE THOUGHTS</p>
<p>11</p> <p>9:30 - DOUBLE WINNERS 10 - DAILY MOTIVATION 11 CODEPENDENCY REVISITED 1- CREATIVE MINDS 1:30-ALL PATHWAYS 6:30 - N.A. Zoom 856-8485-2795, PW 0000</p> 	<p>12</p> <p>10 YOGA 11 VETERANS 11:15 SELF-CARE/STRESS MANAGEMENT 1 COMMUNITY MEETING 2 THE ART OF MINDFULNESS 3 - CHECK-MATE</p> <p style="text-align: center;">Closing at 4</p>	<p>13</p> <p>9:30 AL-ANON 10 DAILY MOTIVATION 10:30 Adult Children 12 IT'S IN THE BOOK 1 ALL PATHWAYS 2 ARTISTIC EXPRESSION 6 QUINCY MEN'S AA 7 A NEW WAY (AA/OD)</p> 	<p>14</p> <p>10 DAILY MOTIVATION 11 SUBTLE ART OF NOT GIVING A F*CK 12 SMART 3:30 Mixed Media Art 5 FLAB-U-LESS @5 6 BURN THE BOATS Zoom 845-0974-4979, PW 888630 7 TODAY'S STRUGGLE, TOMORROW'S STRENGTH FAMILY SUPPORT</p>	<p>15</p> <p>10 DAILY MOTIVATION 1 ALL PATHWAYS 2:30 JUST BREATHE (WOMENS GROUP) 6 AI ANON 7 BIG BOOK (AA/OD)</p>	<p>16</p> <p>10 -Awakening Love 11 - NARCOTICS ANONYMOUS 12 - NA POTLUCK 12 - OVER COMING NEGATIVE THOUGHTS</p>
<p>18</p> <p>9:30 - DOUBLE WINNERS 10 - DAILY MOTIVATION 11 CODEPENDENCY REVISITED 1- CREATIVE MINDS 1:30-ALL PATHWAYS 6:30 - N.A. Zoom 856-8485-2795, PW 0000</p>	<p>19</p> <p>10 YOGA 11 VETERANS 11:15 SELF-CARE/STRESS MANAGEMENT 1 COMMUNITY MEETING 2 THE ART OF MINDFULNESS 3 - CHECK-MATE</p> <p style="text-align: center;">Closing at 4</p> <p>6:30 The Sun Will Rise Will be meeting @ picnic tables</p>	<p>20</p> <p>9:30 AL-ANON 10 DAILY MOTIVATION 10:30 Adult Children 12 IT'S IN THE BOOK 1 ALL PATHWAYS 2 ARTISTIC EXPRESSION 6 QUINCY MEN'S AA 7 A NEW WAY (AA/OD)</p> 	<p>21</p> <p>10 DAILY MOTIVATION 11 SUBTLE ART OF NOT GIVING A F*CK 12 SMART 3:30 Mixed Media Art 5 FLAB-U-LESS @5 6 BURN THE BOATS Zoom 845-0974-4979, PW 888630 7 TODAY'S STRUGGLE, TOMORROW'S STRENGTH FAMILY SUPPORT</p>	<p>22</p> <p>10 DAILY MOTIVATION 1 ALL PATHWAYS 2:30 JUST BREATHE (WOMENS GROUP) 6 AI ANON 7 BIG BOOK (AA/OD)</p> 	<p>23</p> <p>10 -Awakening Love 11 - NARCOTICS ANONYMOUS 12 - OVER COMING NEGATIVE THOUGHTS</p>
<p>25</p> <p>9:30 - DOUBLE WINNERS 10 - DAILY MOTIVATION 11 CODEPENDENCY REVISITED 1- CREATIVE MINDS 1:30-ALL PATHWAYS 6:30 - N.A. Zoom 856-8485-2795, PW 0000</p>	<p>26</p> <p>10 YOGA 11 VETERANS 11:15 SELF-CARE/STRESS MANAGEMENT 1-3pm FOOD TRUCK 1 COMMUNITY MEETING 2 THE ART OF MINDFULNESS 3 - CHECK-MATE</p> <p style="text-align: center;">Closing at 4</p>	<p>27</p> <p>9:30 AL-ANON 10:30 Adult Children 10 DAILY MOTIVATION 12 IT'S IN THE BOOK 1 ALL PATHWAYS 2 ARTISTIC EXPRESSION 6 QUINCY MEN'S AA 7 A NEW WAY (AA/OD)</p>	<p>28</p> <p>10 DAILY MOTIVATION 11 SUBTLE ART OF NOT GIVING A F*CK 12 SMART 5 FLAB-U-LESS @5 6 BURN THE BOATS Zoom 845-0974-4979, PW 888630 7 TODAY'S STRUGGLE, TOMORROW'S STRENGTH FAMILY SUPPORT</p>	<p>29</p> <p>10 DAILY MOTIVATION 1 ALL PATHWAYS 2:30 JUST BREATHE (WOMENS GROUP) 6 AI ANON 7 BIG BOOK (AA/OD)</p>	<p>30</p> <p>10 -Awakening Love 11 - NARCOTICS ANONYMOUS 12 - OVER COMING NEGATIVE THOUGHTS</p>

Quincy Young People BB: Monday, 7pm, has moved to 6 Baxter Street, Quincy MA 02169.



**IF YOU ARE UNABLE TO MAKE AN IN-PERSON MEETING PLEASE
CALL US AT 617-302-3287 AND WE WILL SEE ABOUT GETTING A MEETING UP ON ZOOM FOR YOU.**

A New Way: An open discussion meeting of Alcoholics Anonymous.

ACOA: A support group to help individuals who desire to recover from the effects of growing up in an alcoholic family.

Al-Anon: A 12-step support group to help family and friends recover from the effects of someone else's drinking.

All Pathways to Recovery: is an open discussion meeting that welcomes all pathways in recovery.

Artistic Expression: Using art therapy as a springboard, intention being to use art as a means of expressing thoughts and feelings. One intention being open to new perspectives and new ways to view oneself and the world in which we live.

Big Book Meeting: a 12-step discussion Big Book meeting of Alcoholics Anonymous.

BREAKING FREE: An approach to relapse prevention with the goal of identifying and presenting high risk situations and triggers.

Burn The Boats: Are you a father in Recovery, or willing to try? This group will be an A.A. solution-based recovery meeting, speaker/ open discussion. Join us and be a part of our development, we will discuss our intentions and meeting style at our first group conscious meeting. All Fathers are welcome.

Check-Mate – Come and chill while playing games at The Recovery Center.

Chips & Flicks – Come and enjoy a movie day at The Recovery Center.

Codependency Revisited: We are currently reading Melody Beattie's newest book on codependency please join us.

Community Meeting: is an open meeting where Peers are encouraged to bring their ideas to the community. It's a great way to get involved with the goings on at A New Way.

Creative Minds Inspire: Encourage people to express their creative sides and discover how healing and enlightening it can be.

Daily Motivation: Join us every morning for our daily check in.

Double Winners (AA/AL-ANON) A Combined AA meeting & AL-ANON meeting which is a 12-Step support group for loved ones of someone who suffers with addiction.

Flab-u-less @ 5 Exercise Group: A fun, supportive, and challenging way to enhance the mind/body connection through physical activity and wellness planning. Come join the crew as we exercise our way to health and happiness.

FOOD PANTRY: Sponsored by QCAP. Free dry goods & some dairy products.

Just Breathe: A women's discussion meeting based on the book "The Language of Letting Go" by Melody Beattie.

It's in the Book: open discussion meeting.

Learn to Cope: Outside Family support group.

Living Sober: An OD meeting reading from the "Living Sober" book of Alcoholics Anonymous.

Mixed Media ART: A relaxing and engaging group utilizing multiple mediums to create exciting designs.

NA Meeting: Narcotics Anonymous is a 12-step fellowship for anyone struggling with the disease of addiction.

Narcan HIV/HepC testing – Monthly Narcan training, HIV/HepC testing performed by Manet Community Health Services.

Overcoming Negative Thoughts: A discussion group based on Dr. David Burns' book "Ten Days To Self-Esteem"

Quincy Men's Meeting: A.A. discussion meeting utilizing AA's daily meditation for men.

Self-Care/Stress Management: Explores the many different types of self-care.

SMART Recovery: a science-based self-help support group whose methods can be used to alter any negative behavior (substance use, eating disorders, gambling, etc.) Zoom ID# 617-302-3287

Subtle Art of Not Giving A F@#k: Reading and Discussion of aforementioned book

The Art of Mindfulness: A deeper dive into the workings and benefits of meditation.

The Sun Will Rise: A once a month support meeting for those dealing with the loss of a loved one from overdose. (3rd Tuesday)

Today's Struggle, Tomorrow's Strength – Family Support Group for anyone affected by addiction or recovery and the effect it has on all of us.

Veterans Support: The Veteran's Support group is a support group run for veterans by veterans.

Yoga: We learn how to develop a healthy relationship to how we perceive, react, and ultimately live. The goal of yoga is to take the tools you find on your mat and apply them to your life. An all-level class.

PLEASE JOIN US ON OUR FACEBOOK PAGE  "A NEW WAY RECOVERY CENTER GROUP"
If someone says they love you, they should never harm you. SafeLink 24 Hours Toll Free 1-877-785-2020

Quincy Young People BB: Monday, 7pm, has moved to 6 Baxter Street, Quincy MA 02169.

STEPRox Recovery Support Center Calendar

Monday	Time	ID/Phone	Password	Link
How You Doin'? (morning check-in)	10:00 AM 30 min.	Call 470-869-2200	Enter ID # 149-336-5301	https://meetings.ringcentral.com/j/1493365301
All Pathways to Recovery	12:00 PM 1 hr.	88102538909	NONE	https://us02web.zoom.us/j/88102538909
How You Doin' Now? (evening check-in)	7:00 PM 30 min.	88578658497	NONE	https://us02web.zoom.us/j/88578658497
Tuesday				
How You Doin'? (morning check-in)	10:00 AM 30 min.	Call 470-869-2200	Enter ID # 149-336-5301	https://meetings.ringcentral.com/j/1493365301
Just a Moment with Louray (inspiration)	1:00 PM 30 min.	Facebook Live Imani Temple COGIC	NONE	https://www.facebook.com/Imani-Temple-COGIC-109897992385266
NAMI (National Association of Mental Illness)	4:30 PM 1 hr.	84571202895	NONE	https://us02web.zoom.us/j/84571202895
How You Doin' Now? (evening check-in)	7:00 PM 30 min.	88578658497	NONE	https://us02web.zoom.us/j/88578658497
Wednesday				
How You Doin'? (morning check-in)	10:00 AM 30 min.	Call 470-869-2200	Enter ID # 149-336-5301	https://meetings.ringcentral.com/j/1493365301
All Pathways to Recovery	12:00 PM 1 hr.	88102538909	NONE	https://us02web.zoom.us/j/88102538909
Dual Recovery Anonymous	4:00 PM 1 hr.	470634361 OR Call 646-558-8656	NONE	https://us04web.zoom.us/j/470634361
How You Doin' Now? (evening check-in)	7:00 PM 30 min.	88578658497	NONE	https://us02web.zoom.us/j/88578658497
Thursday				
How You Doin'? (check-in)	10:00 AM 30 min.	Call 470-869-2200	Enter ID # 149-336-5301	https://meetings.ringcentral.com/j/1493365301
Book Club	5:30 PM 1 hr.	87627378059	NONE	https://us02web.zoom.us/j/87627378059
Peer Support for Veterans	7:00 PM 1 hr.	134570100	NONE	https://zoom.us/j/134570100
Friday				
How You Doin'? (check-in)	10:00 AM 30 min.	Call 470-869-2200	Enter ID # 149-336-5301	https://meetings.ringcentral.com/j/1493365301
All Pathways to Recovery	12:00 PM 1 hr.	88102538909	NONE	https://us02web.zoom.us/j/88102538909
Women Moving Forward	3:00 PM 1 hr.	662663014	NONE	https://us02web.zoom.us/j/662663014
A Safe Place (LGBTQ+)	8:30 PM 1 hr.	Call 515-604-9099	310346616#	PHONE
Saturday				
How You Doin'? (check-in)	10:00 AM 30 min.	Call 470-869-2200	Enter ID # 149-336-5301	https://meetings.ringcentral.com/j/1493365301
A Safe Place (LGBTQ+)	8:30 PM 1 hr.	2110579392	NONE	https://us04web.zoom.us/j/2110579392

Week 4

Triggers and Thought Stopping

DCG 3 – Triggers/Thought-stopping

The Losing Argument

- If you decide to stop drinking or using and end up moving toward drugs, sometimes your brain tries to give you permission to use through a process we call “drug use justification.”
- Thoughts about stimulant use start an argument inside your mind, your “rational brain” versus your “addicted brain.” You feel as though you are in a fight and you must come up with many reasons to stay away from drugs.
- Your addiction is just looking for the excuse, a drug use justification. The argument inside you can be part of a series of events leading to drug use.

Thoughts Become Cravings



If you allow yourself to focus on the thought and think about details and next steps (eg. get cash, call a user friend), without your awareness, you are making a choice to use drugs. The longer time period that you allow the thoughts to go on, the more likely you are to develop powerful cravings and subsequently use drugs.

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

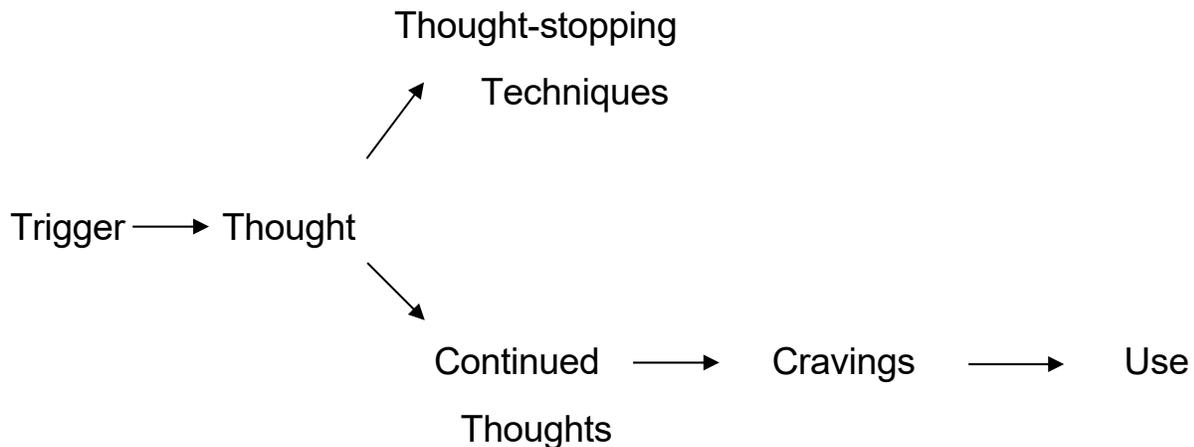
Thought-Stopping



- The key to success is stopping the thought before it becomes a craving.
- It is important to respond to the thought as soon as you recognize it occurring.
- Effective thought-stopping can prevent a craving from occurring. Once a craving occurs, there is a powerful biological push toward use. It becomes much harder to stop this process.

A New Sequence

In order to get recovery started it is necessary to change the trigger - use sequence. Thought - stopping provides a tool for breaking the process. The choice is:



You make a choice. It is not automatic.

Techniques for Thought-Stopping

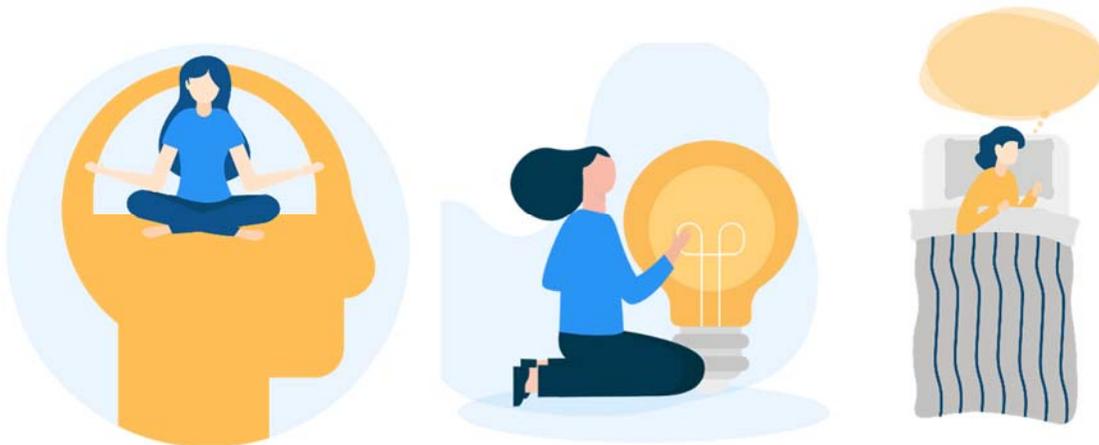
Try the techniques described and use those that work best for you.

VISUALIZATION -There are many ways to use your imagination to substitute a new thought in place of the drug thought. Some include:

- ✓ Picture a switch or a lever in your mind. Imagine yourself actually moving it from ON to OFF to stop the drug thoughts.
- ✓ Focus on a positive memory/scene from your life that is something you enjoy thinking about. A great view from a mountain when you went on a hike. The face of your child or a parent. Any thought that has a strong positive effect.

SNAPPING - Wear a rubber band on your wrist loosely. Each time you become aware of drug thoughts snap the band and say "NO!" to the thoughts as you make yourself think about another subject. Have a subject ready that is something meaningful and interesting to you.

RELAXATION/MEDITATION - Thoughts can be avoided or replaced by taking a deep breath and then focusing on your normal breathing.



RSG 2 – Internal Trigger Questionnaire



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

- | | | |
|-------------------|------------------|-----------------|
| _____ Afraid | _____ Frustrated | _____ Neglected |
| _____ Angry | _____ Guilty | _____ Nervous |
| _____ Confident | _____ Happy | _____ Sexy |
| _____ Criticized | _____ Inadequate | _____ Pressured |
| _____ Depressed | _____ Insecure | _____ Relaxed |
| _____ Embarrassed | _____ Irritated | _____ Sad |
| _____ Excited | _____ Jealous | _____ Bored |
| _____ Exhausted | _____ Lonely | _____ Tired |

A. Check the above emotional states or feelings that have triggered your use of drugs recently.

B. Has your use in recent weeks/months been:

_____ 1. Primarily tied to emotional conditions

_____ 2. Routine and automatic without much emotional triggering.

C. Are there any times in the recent past in which you were attempting to not use and a specific change in your mood clearly resulted in your using? (For example, You got in an argument with someone and used in response to getting angry.) Yes _____ No _____

If yes, describe: _____

D. Go back to the trigger chart and enter these triggers if you haven't already.

RSG 3 – External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you frequently used stimulants. Place a zero (0) next to activities or situations in which you never have used stimulants.

- | | | |
|--|--|---|
| <input type="checkbox"/> When home alone | <input type="checkbox"/> Before a date | <input type="checkbox"/> After Payday |
| <input type="checkbox"/> At home with friends | <input type="checkbox"/> During a date | <input type="checkbox"/> Before going out to dinner |
| <input type="checkbox"/> At a friend's home | <input type="checkbox"/> Before sexual activities | <input type="checkbox"/> Before breakfast |
| <input type="checkbox"/> At parties | <input type="checkbox"/> During sexual activities | <input type="checkbox"/> At lunch break |
| <input type="checkbox"/> While at dinner | <input type="checkbox"/> After sexual activities | <input type="checkbox"/> At sporting events |
| <input type="checkbox"/> At movies | <input type="checkbox"/> Before work | <input type="checkbox"/> After work |
| <input type="checkbox"/> At bars/clubs | <input type="checkbox"/> When carrying money | <input type="checkbox"/> Driving near some streets |
| <input type="checkbox"/> At concerts | <input type="checkbox"/> After going past a dealer's place | <input type="checkbox"/> At a school residence |
| <input type="checkbox"/> In the park | <input type="checkbox"/> With drug using friends | <input type="checkbox"/> When driving |
| <input type="checkbox"/> When I gain weight | <input type="checkbox"/> At or near a liquor store | <input type="checkbox"/> When internet browsing |
| <input type="checkbox"/> In certain neighborhoods | <input type="checkbox"/> Texting certain people | <input type="checkbox"/> Calling friends who use |
| <input type="checkbox"/> Travelling (airports, hotels, planes) | <input type="checkbox"/> After medical visits | <input type="checkbox"/> At a pharmacy |

2. List any other settings or activities where you frequently use.

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

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

RSG 2a-3a – Trigger Chart

Name: _____

Date: _____

Instructions: List people, places, objects, situations, and emotions below according to how likely they would trigger drug or alcohol use.



Chance of Using

Chance of Using



Never Use

Almost Never Use

Almost Always Use

Always Use

These are "safe" situations.

These are low risk, but caution is needed.

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

Involvement in these situations is deciding to stay involved with drug use. Avoid totally.

Urge Monitoring Cards

Date, time, situation:	Intensity 100 90 80 70 60 50 40 30 20 10 00	Coping:
Thoughts:		Outcome:

Date, time, situation:	Intensity 100 90 80 70 60 50 40 30 20 10 00	Coping:
Thoughts:		Outcome:

Date, time, situation:	Intensity 100 90 80 70 60 50 40 30 20 10 00	Coping:
Thoughts:		Outcome:

Instructions

1. Use this as a worksheet or cut the card out (along dotted line) and fold to the size of a credit card.
2. Keep a couple of cards and a pen or pencil with you at all time.
3. When you feel an urge to drink or use drugs, write it down as soon as possible. If you wait you may not remember all the details.

For each urge record:

- Date and time of day
- Situation (where you were, who you were with, what you were doing or thinking)
- How strong the urge was (0 = no urge at all and 100 = strongest you've ever felt)
- What you did to cope with the urge
- Outcome (whether you drank or got high, and, if not, what else you did)

Week 5

Building Early Recovery Capital

RSG 4 – Taking Care of Yourself



During periods of drug use people often do not take care of themselves. There is often not enough time or energy to attend to health and grooming when you are using. How you look becomes unimportant. Health is secondary to drug use.

- Not caring for yourself is a major factor in losing self-esteem.
- This is a time to recognize your own value. In recovery, your own health and appearance become more important as you care more for yourself.
- It is part of starting to like and respect yourself.

Attending to the following will strengthen your image of yourself as a healthy, drug-free, person.



1. Have you seen a doctor for a thorough check-up?

2. When is the last time you went to the dentist?

3. Have you considered getting a "new look" next time you cut your hair?



What kind of changes might you like to try?



4. Are you paying attention to what you are eating? Is it too much, too little or of adequate nutritional value? How many meals a day do you eat?



5. Do you still wear the same clothes you wore during your using episodes?



6. Do you need to have your vision or hearing checked?



7. What exercise do you do regularly?



8. Is your caffeine or nicotine intake out of control?

- If doing all these things at once is too overwhelming, work on one or two items each week.
- Decide which are the most important and do those first.
- You will begin to see a person you like and respect.

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

Week 6

Be Smart, Not Strong

RSG 5 – Be Smart; Not Strong

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

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

"I think I can have a drink or smoke a joint and not use stimulants. I never had a problem with alcohol anyway."

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



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

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
1. Practicing Thought-Stopping	1	2	3	4
2. Scheduling	1	2	3	4
3. Keeping Appointments	1	2	3	4
4. Avoiding Triggers	1	2	3	4
5. Not Using Alcohol	1	2	3	4
6. Not Using Drugs	1	2	3	4
7. Avoiding Individuals who use Drugs/Alcohol	1	2	3	4
8. Avoiding Drug/Alcohol Places	1	2	3	4
9. Exercising	1	2	3	4
10. Being Truthful	1	2	3	4
11. Going to 12-Step or other support meetings	1	2	3	4

Which area(s) you want to improve?

How do you plan to do that?

Week 7

Recognizing and Reducing Stress

“Did that really just happen?” Paranoia and Stimulant Use

Paranoia or the feeling that people are out to get you is a common experience for people using stimulants. Stimulants increase the amount of dopamine in the brain. Dopamine is a chemical that increases feelings of pleasure and when released from the amygdala (part of the hindbrain) can cause fear memory. Frequent stimulant use can increase dopamine from the part of the brain, further increasing feelings of fear and worry.

Sleep Deprivation + Increased Dopamine + Changes in Brain Function = Increased risk for paranoia

Common Presentations of Paranoia

- Thinking people are talking about you
- Believing that people are watching you
- Being worried that someone is filming you
- Worrying that someone is following you
- Concern that people are using their phones to follow or monitor you.
- Family or friends are “out” to get me

Ways to decrease the risk of paranoia and problems from paranoia:

1. Take breaks from use
2. Sleep!
3. Have an anchoring friend/provider that is safe and can always be trusted.
4. Avoid places with bright flashing lights.
5. Avoid places with lots of noises and alarms
6. Avoid crowded places or locations with lots of people.
7. Turn off alarms or notifications on your phone.
8. Keep a diary.
9. Relaxation techniques.
10. Meditation.

Satel, S. L., Southwick, S. M., & Gawin, F. H. (1991). Clinical features of cocaine-induced paranoia. *American Journal of Psychiatry*, 148(4), 495-498. <https://doi.org/10.1176/ajp.148.4.495>

Satel, S. L., & Edell, W. S. (1991). Cocaine-induced paranoia and psychosis proneness. *American Journal of Psychiatry*, 148(12), 1708-1711. <https://doi.org/10.1176/ajp.148.12.1708>

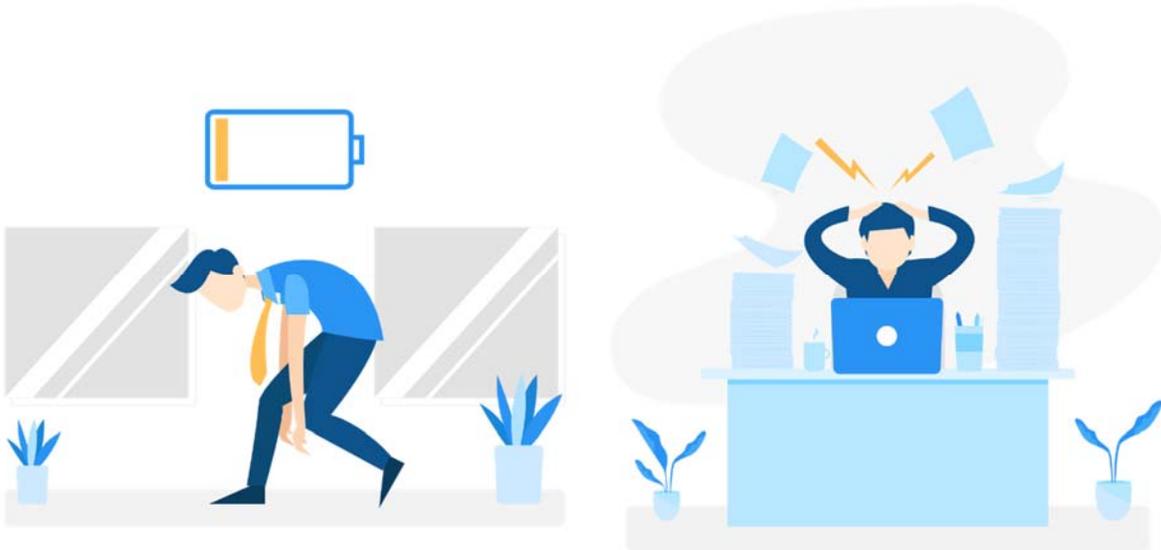
Freeman, D., Pugh, K., Vorontsova, N., & Southgate, L. (2009). Insomnia and paranoia. *Schizophrenia Research*, 108(1-3), 280-284. <https://doi.org/10.1016/j.schres.2008.12.001>

Miller, N. S., Gold, M. S., & Mahler, J. C. (1991). Violent behaviors associated with cocaine use: possible pharmacological mechanisms. *International Journal of the Addictions*, 26(10), 1077-1088. <https://doi.org/10.3109/10826089109058942>

Self-care for paranoia. (2020, July). Mind. Retrieved September 1, 2021, from <https://www.mind.org.uk/information-support/types-of-mental-health-problems/paranoia/helping-yourself/>

Waters, F., Chiu, V., Atkinson, A., & Blem, J. D. (2018). Severe sleep deprivation causes hallucinations and a gradual progression toward psychosis with increasing time awake. *Frontiers in Psychiatry*, 9, 303. <https://doi.org/10.3389/fpsy.2018.00303>

RSG 11 – Signs of Stress



Stress is what a person experiences as the result of difficult or upsetting events, particularly those which continue for a period of time. Stress is a major cause of a return to drug use.

Stress is the experience people have when the demands they make of themselves or those placed upon them are greater than what they feel they can handle. Sometimes we are unaware of this emotional state until the stress is producing physical symptoms. Check off any of the following problems you have experienced in the past 30 days:

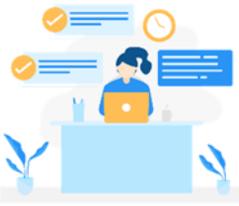
- _____
1. Sleep problems
 - a. Difficulty falling asleep
 - b. Waking up off and on during the night
 - c. Nightmares
 - d. Waking up early and being unable to fall back to sleep

- _____ 2. Headaches
- _____ 3. Stomach problems
- _____ 4. Chronic Illness
- _____ 5. Fatigue
- _____ 6. Moodiness
- _____ 7. Irritability
- _____ 8. Difficulty concentrating
- _____ 9. General dissatisfaction with life
- _____ 10. Feeling overwhelmed

If you have checked some of these items, you might want to think about ways to reduce stress. By becoming more aware of stress and learning ways to cope, you can further ensure your continuing recovery and improve your physical and mental health.

RSG 11a – Reducing Stress

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

	<p>Do you enjoy your work, does it satisfy you? Yes _____ No _____</p>
	<p>Focusing on the present means giving your attention to the task at hand without past and future fears crippling you. Are you usually able to stay in the here and now? Yes _____ No _____</p>
	<p>Do you appreciate things like music, reading, nature, and personal relationships? (Or are you focused on having money and things?) Yes _____ No _____</p>
	<p>Are you forcing yourself to do things that increase your self-confidence? Yes _____ No _____</p>

	<p>Do you tackle large goals by breaking them into smaller, more manageable tasks? Yes _____ No _____</p>
	<p>Are you careful to make your environment peaceful? Yes _____ No _____</p>
	<p>Can you and do you say "NO" when that is how you feel? Yes _____ No _____</p>
	<p>Do you know how to use self-relaxation/ meditation/ yoga techniques to relax your body and do you allow time in your day to do it? Yes _____ No _____</p>
	<p>Are you careful to avoid large swings in body energy caused by taking in excess caffeine or nicotine? Yes _____ No _____</p>
	<p>Are there specific ways you deal with anger and get it out of your system physically? Yes _____ No _____</p>

Week 8

Managing the Overwhelming

Trauma and Stimulants

What is trauma?

It is the lasting feeling people have after experiencing a traumatic event. Trauma can affect people both in the short term and in the long term.

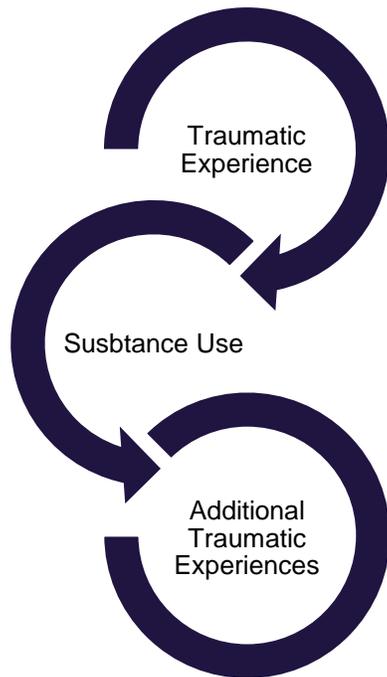
Types of Trauma

- A recent single event like car crash, violence, assault etc.
- A single traumatic even that occurred in the past including as a child (often referred to as adverse childhood events)
- A long-term chronic pattern of neglect, abuse, or assault

Symptoms of Trauma

- Feeling afraid
- Feeling ashamed
- Feeling powerless
- Feeling unsafe
- Feeling abandoned
- Anxiety
- Panic
- Nightmares

Substance Use and Trauma



People may use substances as a way to cope with childhood traumatic experiences or even recent traumas.

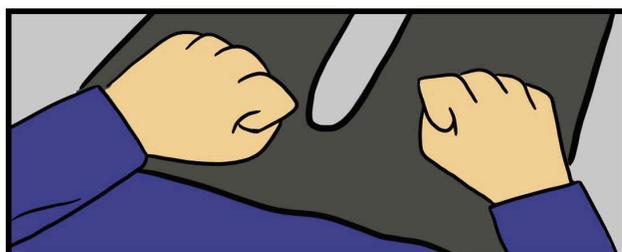
Ongoing substance use may contribute to high-risk situations for additional traumatic experiences.

20133 Trauma. (n.d.). CAMH. Retrieved September 15, 2021, from <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma>

American Psychological Association. (n.d.). *Trauma and shock*. Retrieved September 15, 2021, from <https://www.apa.org/topics/trauma>

What is trauma? (2020, January). Mind. Retrieved September 15, 2021, from <https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/about-trauma>

How Trauma Lingers in the Body



We look for the story the body is telling.



What story is your body telling?

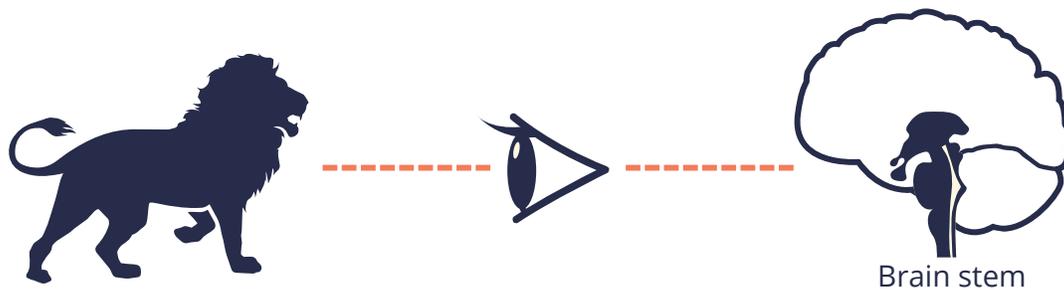
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WHAT HAPPENS IN THE BRAIN

during a potentially traumatic event?

The brain stem is critical in fast, defensive responses. It's directly connected with the retina.

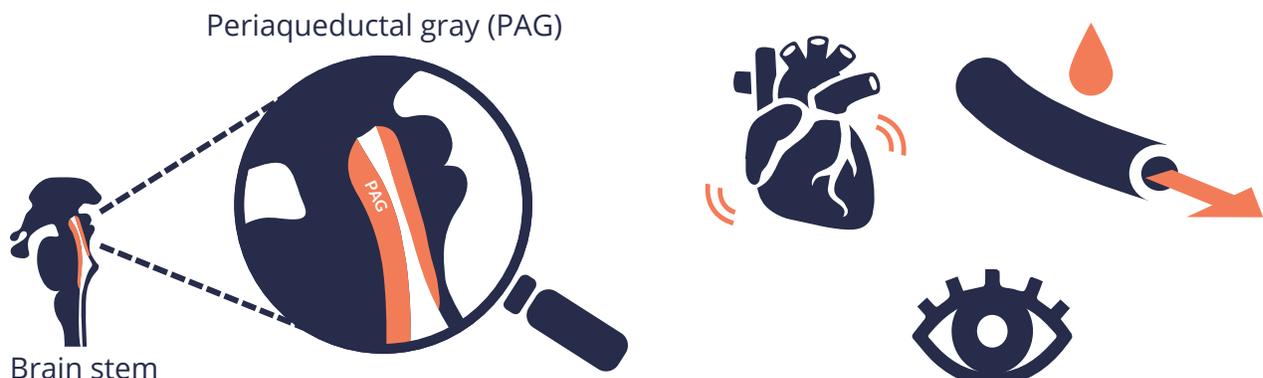
The retina sends visual information to the brain stem immediately - before higher levels of the brain are even aware of the threat.



If the predator moves closer, the periaqueductal gray initiates a fight or flight response.

The periaqueductal gray activates the sympathetic nervous system.

Heart rate goes up. Blood flow to muscles increases. Blood pressure increases. Pupils dilate.



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But it's not always safe or possible to fight or escape.

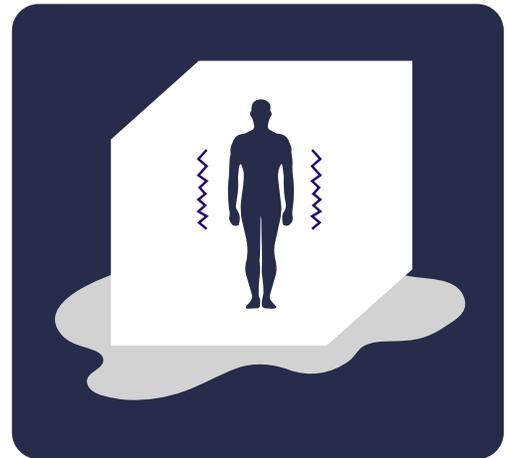
That's when a person may enter the freeze response, or feigned death.

Now the periaqueductal gray activates the parasympathetic nervous system as well.

Muscles get tight and freeze. Both gaze and breath may freeze.

This is not a cognitive choice.

These "decisions" are made at the level of the brain stem and the nervous system.



If the predator doesn't move away, the person may shutdown completely.

Heart rate drops. Respiratory rate drops. Some people stop breathing. Muscles become limp. Metabolism shuts down. Endorphins are released.

The person enters a state of "no pain". They are no longer aware of their surroundings.



During inescapable trauma, this is a very adaptive way for the brain and body to respond.

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How Trauma Can Affect Your Window Of Tolerance

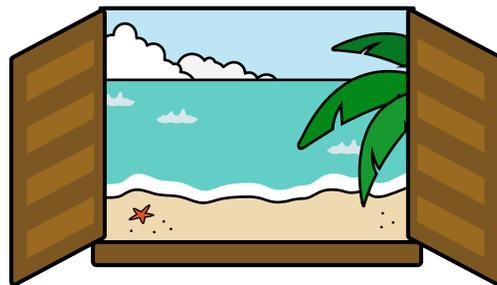
HYPERAROUSAL

Anxious, Angry, Out of Control, Overwhelmed
Your body wants to fight or run away.
It's not something you choose – these reactions just take over.



WINDOW OF TOLERANCE

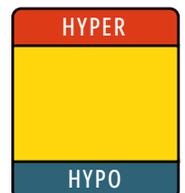
When you are in your Window of Tolerance, you feel like you can deal with whatever's happening in your life. You might feel stress or pressure, but it doesn't bother you too much. This is the ideal place to be.



When stress and trauma shrink your window of tolerance, it doesn't take much to throw you off balance.



Working with a practitioner can help expand your window of tolerance so that you are more able to cope with challenges.



HYPOAROUSAL

Spacy, Zoned Out, Numb, Frozen
Your body wants to shut down.
It's not something you choose – these reactions just take over.



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Recognizing Signs of Feeling Overwhelmed

What does it mean to be overwhelmed?

Overwhelmed is a combination of have stress, anxiety, and other feelings that become obtrusive or overtake other normal thoughts or feelings.

Why is it important to recognize when we are overwhelmed?

For people with a history of substance use the feeling of being overwhelmed can often be a clue that someone is at risk for recurrent substance use.

What are some clues that you have when you are feeling overwhelmed?

Addressing Feelings of Being Overwhelmed

Recognize what's going on

Allow the experience to be there, just as it is

Investigate with kindness

Natural awareness, which comes from not identifying with the experience

Acknowledge what feelings and behaviors that are affecting you. Determine what feelings or judgments you may be placing on yourself.

Accept what you are feeling as valid but do not dismiss the importance of your feelings.

Explore where the feelings are coming from. Why are these feelings beginning to overwhelm you and why have you placed judgments on yourself.

Rather than becoming overwhelmed be aware of your feelings and provide some self-compassion to allow you to shift your perspectives.

Practice using the RAIN acronym to deal with a time when you felt overwhelmed recently.

Branch, T. (2019, February 7). *Feeling overwhelmed? Remember RAIN*. Mindful. <https://www.mindful.org/tara-brach-rain-mindfulness-practice/>

Daino, J. E. (2019, January 11). *How to manage when we feel overwhelmed*. Talkspace. <https://www.talkspace.com/blog/feeling-overwhelmed/>

Week 9

Exploring the “Why?”

RSG 6 – Drug Use Justification

Once a person decides not to use drugs anymore, how does it happen again? Is there some way of avoiding the return to drug use?

Drug use justification is a process that happens in people's minds. The addicted part of the brain invents excuses that move the person close enough to drug use situations so that “accidents” can and do happen. You may remember times when you were planning to stay drug free and the mental justification process happened before you used again.

Use the questions below to help you identify justifications your addicted brain might use and interrupt the process with thought-stopping.

Accidentally or Other People

Does your addicted brain ever try to convince you that you have no choice when an unexpected situation catches you off-guard? Have you ever said any of the following to yourself?

1. It was offered to me. What could I do?
2. An old friend called, and we decided to get together.
3. I was cleaning my house and found drugs I'd forgotten about.
4. I had friends come for dinner and they brought me some wine.
5. I was in a bar and someone offered me a beer.
6. Other _____.

Catastrophic Events

Is there one unlikely, major event that is the only reason you would use? What might such an event be for you? How would using drugs improve the situation?

1. My spouse left me. There's no reason to stay drug free.
2. I just got injured. It's ruined all of my plans. I might as well use.
3. I just lost my job. Why not?
4. Other _____.

For a Specific Purpose

Has your addicted brain ever suggested that using a certain drug or alcohol is the only way to accomplish something?

1. I'm gaining weight and need stimulants to control my weight.
2. I'm out of energy. I'll function better.
3. I need drugs to meet people more easily.
4. I can't enjoy sex without using.
5. Other _____.

Depression, Anger, Loneliness, and Fear

Does feeling depressed, angry, lonely or afraid make using seem like the answer? Is it really? What might you do when your addicted brain says the following to you?

1. I'm depressed. What difference does it make if I use or not?
2. When I get mad enough I can't control what I do.
3. I'm scared. I know how to make the feeling go away.
4. If they think I've used, I might as well use.
5. Other _____.

My Addiction is Cured

Everyone struggles with the fact that addiction and recovery are on-going processes. Does your addicted brain ever try to convince you that you can use just once or just a little?

1. I'm back in control. I'll be able to stop when I want to.
2. I've learned ... I'll only use small amounts and only once in a while.
3. This drug (or alcohol) was not my problem – the other one was. So I can use this and not use the other.

Testing Yourself

Would your brain like to prove you can be stronger than drugs/alcohol? It's very easy to forget that being smart is the key to staying sober; not being strong. Have you ever thought:

1. I'm strong enough to be around it now.
2. I want to see if I can say "no" to drinking/using.
3. I want to see if I can be around my old friends.
4. I want to see how stimulants feel now that I've stopped.

Celebrating

Both the addicted brain and other people may encourage you to fall for the following:

1. I'm feeling really good. One time won't hurt.
2. I'm doing so well. Things are going great. I owe myself a reward.
3. This is such a special event and there's only one way to celebrate.

Week 10

Building Resiliency

DCG 2 – Five Common Challenges in Stopping Drug Use

Everyone who attempts to stop using stimulants runs into situations that make it difficult to maintain abstinence. Listed below are five of the most common situations that are encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for handling these situations.

Challenges

1. Friends and acquaintances who use: You want to continue associations with old friends who use.



2. Anger, irritability: Small events can create feelings of anger that seem to preoccupy your thoughts and can lead to relapse.



3. Drugs and alcohol in the house: You have decided to stop using, but others in your house may still be using.



New Approaches

- Try to make friends at 12-step or other community support meetings.
- Participate in new activities that increase chances of meeting abstinent people.
- Plan activities with abstinent friends and family members.
- Remind yourself that you are experiencing a healing of the brain and strong unpredictable emotions are a natural part of recovery.
- Exercise.
- Talk to a therapist or supportive friend.
- Get rid of all drugs and alcohol.
- Ask others not to drink or use at home.
- If the problem continues, consider moving out.

4. Boredom, loneliness: Stopping substance use often means that activities you did for fun can be a problem.



- Put new activities on your schedule.
- Go back to activities you enjoyed before your drug use took over.
- Try to find new friends at community support meetings.

5. Special Occasions: Parties, dinners, holidays, celebrations.



- Have a plan for answering questions about drug or alcohol use (or not using).
- Start your own drug-free celebrations and traditions.
- Have your own transportation to and from events.
- Leave if you get uncomfortable or start feeling deprived.

Are some of these issues likely to be a problem for you in the next few weeks? Which ones?

How will you handle them?

Week 11

Initiating Intimate Relationships

ICS 9 – Stimulants and Sex - A Natural Connection



Stimulants affect the same part of the brain that controls both sexual behavior and sexual pleasure. Were any of these true for you?

In the Beginning

Stimulants increased sexual pleasure	___yes ___no
Stimulants helped sex last longer	___yes ___no
Stimulants allowed me to do things I might not otherwise do	___yes ___no
Stimulants helped me meet people	___yes ___no
Stimulants made me less anxious in new sexual encounters	___yes ___no
Stimulants added excitement to an existing relationship	___yes ___no

It is not unusual for people to experience some of the above effects from stimulant use in the beginning. As the addiction gets worse, less pleasant things often begin to happen. Did you experience any of the following?

Near the End

Continued ability to prolong sexual activity with decrease in pleasure from the experience	___yes ___no
Increased, more unusual sex (looking for pleasure)	___yes ___no
Thinking about sex and drugs became more exciting than the real thing	___yes ___no
Difficulty achieving erection (males) or orgasm (females)	___yes ___no
Using stimulants replaced sex	___yes ___no

All these things are commonly experienced when people use stimulants in connection with sex. They also move people away from sexual pleasure faster.

Many people notice that thinking about sex is a trigger for drug use. If that is true for you, be aware that you will need to avoid both the drugs and the sexual triggers, at least for a while. Use the checklist below to identify situations that may still be dangerous for you.

Are you getting triggered from any of the following?

Porn: Looking at porn internet sites or cruising through areas of prostitution can result in arousal and then cravings. It is difficult to fight this 1-2 punch from your addicted brain.

Bars/Clubs: Many people miss the social scene that goes along with using and try to return to the same places where stimulants and sex were used together. A menu for drug use.

Extra-relationship Sex: Forbidden sex can be a trigger during recovery. One of the reasons for this is that such activity may involve lying, cheating, etc. All of these are addictive behaviors.

Dysfunction: It takes a while after stopping drug or alcohol use to experience pleasurable, normal sex again. There are times it is not unusual to lose all interest in sex. For some people it's difficult not to get anxious about this.

Over time, with abstinence, normal sexual functioning will return. Some people may be faced with drug-free sex for the first time since adolescence – or ever! It's important not to rush back to sex. The triggering will occur less often and with less power over time. Let your triggers (or the lack of them) be your guide for your return to sexuality.

1. In what ways does your sexual functioning interact with your recovery?

Name: _____

Creating New Boundaries

Exploring your relationship to sex

People who use drugs and have sex at the same time can have trouble beginning to have sex again when they become sober. Sober sex may be strange or uncomfortable for people who are use to have sex while under the influences of substances. It is important to remember that sex may be different now and that is okay. It is important to explore new ways to have healthy sex in the absence of substances to continue to promote your own health overall.

<p><u>What do you like about sex?</u></p>	<p><u>What don't you like about sex?</u></p>
<p><u>What makes you nervous about sex?</u></p>	<p><u>What makes you more comfortable about sex?</u></p>

Building healthy relationships

Finding new partners to have sex with may be helpful in creating a different dynamic around your sex life. However, it can be difficult for people in recovery to find new partners. Develop some strategies to meet and build relationships with a person or people you may want to have sex with then identify your safety zones and what to do when experiencing each of the different levels of safety/comfortability.

1) Where can you meet new friends?

2) How do you know if someone is interested in you?

Safety Zones	Action Items
Green:	
Yellow:	
Red:	

Boundary Exploration

Think about a person, or a group of people, with whom you struggle to set healthy boundaries. This could mean that your boundaries are too rigid (you keep this person at a distance), too porous (you open up too much), or there's some other problem that isn't so easily labeled.

Who do you struggle to set healthy boundaries with? (e.g. "my husband" or "coworkers")

In your relationship with the person you listed above, how are your boundaries in each of the following categories? Add a check in the appropriate column for each boundary category.

Boundary Category	Porous	Rigid	Healthy	Other
Physical Boundaries				
Intellectual Boundaries				
Emotional Boundaries				
Sexual Boundaries				
Material Boundaries				
Time Boundaries				

Take a moment to imagine what it will be like when you begin to establish healthy boundaries with this person. If your boundaries are too rigid, that might mean opening up. If they're porous, it might mean setting limits and saying "no" when you don't want to do something.

What are some specific actions you can take to improve your boundaries?

How do you think the other person will respond to these changes?

How do you think your life will be different once you've established healthy boundaries?

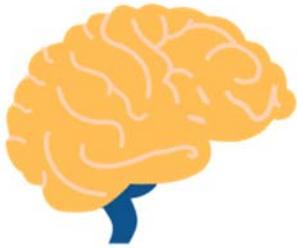
Words That We Associate with Healthy & Unhealthy Relationships

Healthy	Healthy and/or Unhealthy	Unhealthy
Love Supportive Kindness Non-judgmental Compromise Trustworthy Honesty Empathy Respect Compatibility Passion Communication Acceptance Teamwork Commitment	Lies Blame Exciting Sarcastic Awkward Confusion	Insecurity Secrecy Keeping Information Control Irrational Predictability Judgmental Pushy Disrespect Thoughtfulness Jealousy Loneliness

Week 12

Looking for Joy

DCG 4 – Your Brain and Recovery



In understanding and dealing with addiction it is important to think about your brain regarding two very powerful and different parts:

1. The higher, rational brain. This is the decision-making part of your brain.
2. The lower, emotional centers in the brain. This is your pleasure center.

Decisions to use drugs or alcohol start in the higher brain. You weigh the positives and negatives associated with using, and when you use, the pleasurable experiences happen in the lower brain.

After a time, as the negative consequences of use mount, you have probably decided at times to stop using but you are not able to stop. You decide in your higher brain, but the decision to stop is overpowered by your lower brain.

What happens?

Most people describe cravings that overpower the rational decision to stop using.

Why does this happen?

1. After a period of regular substance use, the people, places, and circumstances that have been associated with the drug use have the power to trigger a response in the lower, “addicted,” brain.
2. When this happens, you feel a craving and your thinking changes making it seem OK to use, “one more time,” or “just a little bit,” etc.

Why is this important?

1. The triggered reaction in the lower brain cannot be directly controlled. This automatic reaction is like a reflex.
2. No amount of good intentions, promises, or commitments will reduce the strength of the cravings.

3. If you are around people, in places, or in situations where you have used in the past, the chances are great that you will use again even if you have a sincere desire to stop using.
4. If you understand substance dependence you can begin to effectively deal with it.

What can you do about this?

1. Change your behavior so that you avoid the things that will trigger cravings.
2. Start doing new, healthy, alternative behaviors.
3. Reassume higher brain control of what you do by planning your day and scheduling you time.

Understanding the brain and addiction makes sense out of your behavior up until now and provides the key to beginning your first steps in recovery.

1. Have you tried to stop in the past and failed? What happened?

2. What could you have done differently in light of what you know now about the brain?

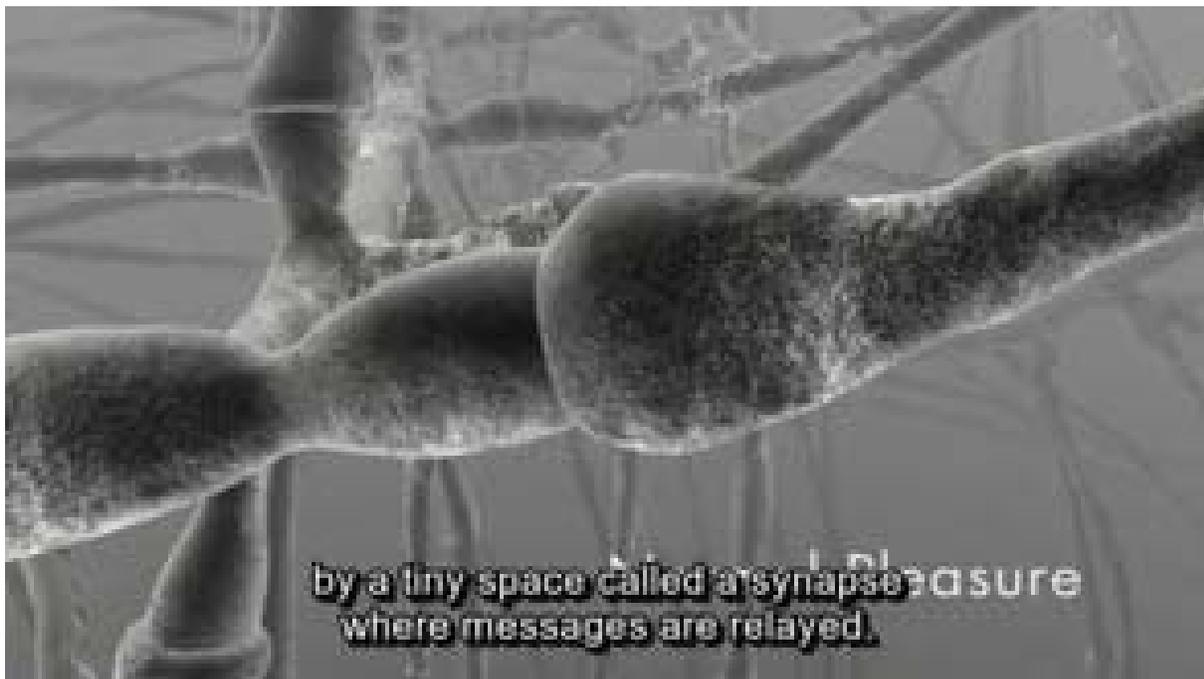
Brain Changes by Drug Use.

The brain has neurons that release and receive dopamine. Dopamine is a brain chemical that allows us to feel pleasure, happiness, and positive emotions. As people use meth and cocaine, the brain becomes addicted, one of the major parts of the biology of addiction is the result of how methamphetamine and cocaine change the dopamine system. The good news is that the brain recovers with time and no stimulant use. In a sense the brain “heals.” Understanding this aspect of addiction is important for people to understand so they can see hope for the future when stimulant use is stopped.

Video Clip 1. Normal dopamine function

Press play below, or access the video online here:

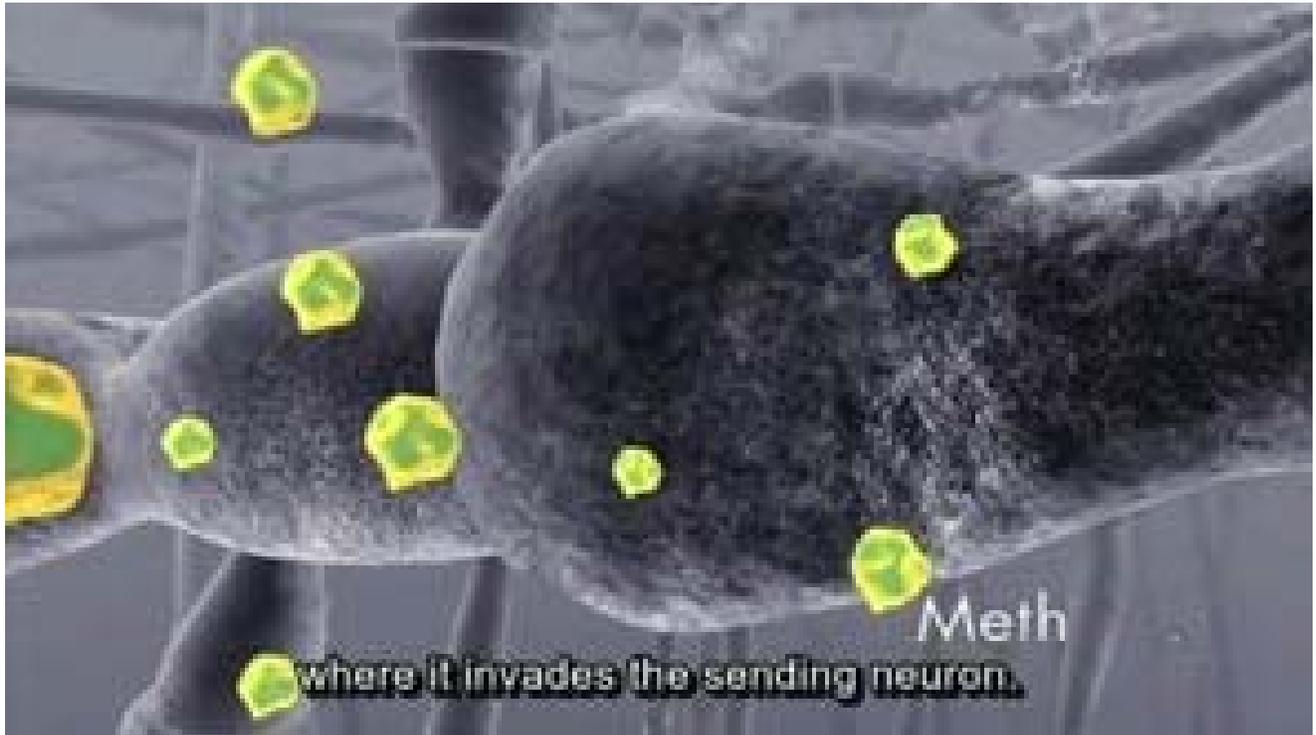
<https://vimeo.com/418131516>



Video Clip 2. Dopamine system changes from the use of methamphetamine

Press play below, or access the video online here:

<https://vimeo.com/418132723>



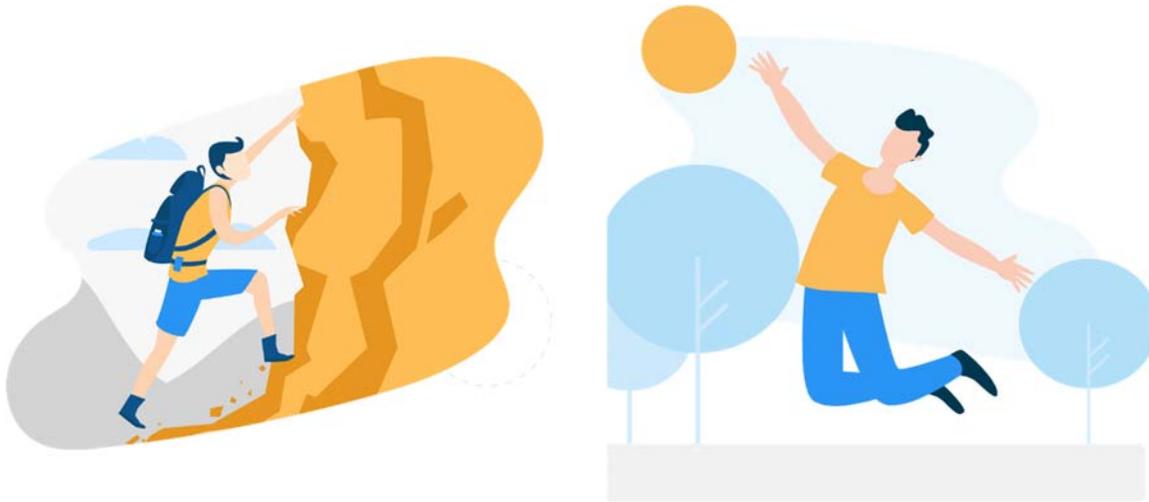
Video Clip 3: Dopamine recovery with abstinence from methamphetamine.

Press play below, or access the video online here:

<https://vimeo.com/433507468>



ICS 8 – Social/Recreational Counseling



This session focuses on developing interest and participation in recreational and social activities that are pleasurable and do not involve drug use. The goal is to increase your participation in social activities that may serve as alternatives drug use.

Why this is important?

Social and recreational activities provide a source of enjoyment that can be looked forward to after a stressful day. They are a way to decrease boredom and to feel physically healthy. They are a way to develop a skill that makes you feel good about yourself, and an opportunity to be with new people and to develop friendships.

These activities can play a very important part in becoming and staying drug free. When you give up using drugs, you must do something else during the times you were using. If the things you do are not satisfying or enjoyable, or you don't do anything but sit around and feel lonely or bored, you are more likely to use drugs.

List Activities and People

The first step is to develop a list of activities that you are interested in pursuing. (See the Leisure Interest Checklist for ideas.)

- What are some current activities you enjoy?

- What are some activities you enjoyed in the past?

- What are some activities you have always wanted to do, but have never done?

- Of these activities which are the most realistic with regard to: your amount of interest, cost, others' involvement, time commitment, your likelihood of engaging in the activity?

- List some non-drug-using people who might participate in these activities with you?



Set Goals

- What activities could you take part in over the next week?

- What activities could you take part in over the next month?

- Who could take part in these activities with you?



ICS 8a – Leisure Interest Ideas

Read these suggested activities and circle ones you might try in the future:

Acting/Dramatics	Gardening	Political activities
Attending concerts	Garage/yard sale	Reading
Attending swap meet	Go to movies	Religious activities
Auto repairing	Go to park	Roller skating
Backpacking	Go to plays/lectures	Rowing/Boating
Badminton	Golf	Scouts, PTA, coaching,
Baseball/Softball	Gymnastics	Sculpture
Basketball	Hiking/Walking	Sewing
Bicycling	Home decorating	Singing
Bird watching	Horseback riding	Skiing
Bowling	Horseshoes	Surfing
Camping	Ice-skating	Swimming
Canoeing	Jogging	Tennis
Carpentry	Judo/Karate	Video games
Ceramics/Pottery	Kite flying	Visiting museum
Checkers	Knitting/Crocheting	Volleyball
Chess	Leatherwork	Volunteer work
Child-related activities	Model building	Walking
Civic organizations	Motorcycling	Watching sports
Cooking/Baking	Mountain climbing	Weaving
Dining out	Needlework	Weight lifting
Electronics	Painting/Drawing	Woodworking
Fishing	Ping Pong	Writing poetry/songs
Flower arranging	Playing a musical instrument	
Folk dancing	Playing cards	
Football		