

Subject Five:
**Subject Review &
 Training/Teaching Guide**

**Coping With Stress
 and Emotions With Healthy
 Alternatives to Alcohol
 and Other Drug Abuse**

Subject Review Developed By:
 Rhonda McKillip, LLC
 Text: THE BASICS, Second Edition:
 A Curriculum for Co-Occurring Psychiatric and Substance Disorders
 © McKillip & Associates; rhondamckillipandthebasics.com; Review/Revision May 2021
 Author: Rhonda McKillip, M.Ed., LMHC, MAC, CCDCIII, CDP (RET)
 Foreword: Kenneth Minkoff, MD

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Purpose of the Subject Review & Teaching Guide

1. Cross-train staff on Co-Occurring Psychiatric and Substance Disorders using *THE BASICS, Second Edition* as the text. Training, study, or review by treatment providers of the curriculum/subjects in *THE BASICS, Second Edition* either individually or by the entire staff.
2. Provide discussion and teaching format for Universities and Colleges using *THE BASICS* as their course work text.
3. Assist professionals in Subject Review for Credentialing Exams offered by the International Certification & Reciprocity Consortium (IC&RC) and other national boards.

❖ **NOTE:** These PowerPoint presentations are **NOT** the officially endorsed "Study Guides" for the IC&RC and other National Exams recommending *THE BASICS, Second Edition* as material to be studied for their exams. *THE BASICS, Second Edition* – the two volume set – is the recommended Study Guide for the credentialing exams. These Subject Reviews are overviews that I created to give professionals a way of reviewing subject material or training presentations on *THE BASICS*. These are not sufficient or intended to be the sole credentialing preparation for any credentialing, CEU, or licensing exams as they are only an overview.

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- Permission Is Granted to Use this Study Guide for the Purpose of Training on *THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders*.
- Permission Is Not Granted to Add, Remove, or Change Any Part of this Study Guide or To Use Portions for Any Training Other Than The Purpose of Training on *THE BASICS, Second Edition* © McKillip & Associates. You may contact me if you have additional questions.

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Bibliographies/References/Resources

- *THE BASICS, Second Edition* is supported by thousands of professional research studies, references, and resources...over 1,600 of these are listed in the curriculum.
- In each of the eight subjects and six appendices there are sources/references listed within the subject text itself.
- At the end of each of the eight subjects and six appendices you will find extensive bibliographies of the references and resources.
- An enormous gratitude is extended to the treatment participants who – while being taught the psychoeducation in this curriculum – commented and shared what was helpful. They contributed through their responses (without knowing I had written the curriculum) what I needed to add, eliminate, or explain differently.
- Much appreciation to the thousands of professionals who contributed to the psychoeducation found in *THE BASICS, Second Edition* through their trainings, research studies, books, mentoring, collegial support, and sharing their vast experience and knowledge with me.

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**Putting Evidence Based Practice
 (EBP) into Action**

1. **PURPOSE:** *THE BASICS* eliminates the "gap" between the system and the professionals providing the services; between the evidence based practices and the person seeking services. *THE BASICS* is a compendium of materials designed to help clinicians teach the evidence based practice skills to persons with co-occurring disorders. It is designed to ensure the continuity of care.
2. **EBP:** Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptoms Management; Best Practices Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and much more...

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Scope of the SUBJECT REVIEWS & DSM-5 UPDATE INFO

1. The Subject Reviews for each of the eight subjects in *THE BASICS, Second Edition* is meant to provide bullets of the curriculum content and examples.
2. It is *not*, of course, intended to present the entire curriculum in this PowerPoint format.
3. Please refer to the actual curriculum for the complete list of the examples, explanations, and psychoeducation on all the topics in these Subject Reviews.
4. Also please take a look at the *LESSON PLANS* located on my website for detailed group lesson plans to put the curriculum into action.
5. *THE BASICS* was never written with the intention of making a diagnosis either by professionals or treatment participants. It was purposely written without sufficient information available to make a diagnosis possible. There are other forms, evaluations, and specifically trained professionals to make diagnoses.
6. Yet symptom identification and discussion is extremely important.
7. During the printing of *THE BASICS, Second Edition* the format of the *Diagnostic and statistical manual of mental disorders*, originally published by the American Psychiatric Association in 1952, was the DSM-IV-TR, 2000.
8. So this was my dilemma as the author of the curriculum...

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9. Do I publish a *Third Edition* for the sole purpose of updating the limited amount of diagnostic criteria to align with the DSM-5? Or do I find a way to update the material that would be available at no cost on my website?
10. I chose the latter...no additional cost to current owners and purchasers.
11. The limited references to the DSM on the symptoms of psychiatric disorders are primarily located in *Subject Two: Psychiatric Disorders Within A Co-Occurring Diagnosis*. This subject, of course, does not cover all of the psychiatric disorders. It includes only the ones typically found among co-occurring psychiatric and substance use disorders like Depression, Anxiety, Mood Disorders, Thought Disorders, Personality Disorders, etc.
12. The limited references to the DSM on Substance Disorders are located in *Subject Three, Substance Disorders Within a Co-Occurring Diagnosis*.
13. The updates from the DSM-IV-TR to the DSM-5 (American Psychiatric Association, 2013) are located in Subject Two & Subject Three of these Reviews.
14. You will find extensive lists of symptoms from other sources on Psychiatric Disorders in APPENDIX II and Substance Disorders in APPENDIX III.
15. These Appendices are worded in everyday language and are by far the very best way for individuals to understand their symptoms or identify those they may wish to discuss further with their group or individual counselor.

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SUBJECT FIVE

Coping with Stress and Emotions with
Healthy Alternatives to Alcohol and
Other Drug Abuse

Overview of Topics

Emotions or Feelings · Levels of Intensity · Avoiding Painful
Emotions · COD · Projecting · Filling the "Void" · Neurochemistry
and Emotions · Toxicity · Brain "Wakes Up" + Emotions ·
Augmentation Intensifies Emotions · Coping With Neurochemical
Processes · Recovery Process & Emotions · Stress and COD ·
Identifying Stressors, Signs & Stress Cycle · Finding Personal
Stress Reduction Skills · Anger (Intensity; Cycle; Secondary Emotion,
Myths; Diverting, Suppressing; Externalizing; Mismanagement; Resentments;
Managing Personal Anger) · Depression (COD; Sadness; Coping with
Depression) · Grief & Loss (Understanding; Stages; Working Through Grief)
· Guilt & Shame · Anxiety, Worry, Fear, Boredom · Coping Skills ·
Managing Emotions · Rational-Emotive Therapy · Practicing
RET · Relaxation with Deep Breathing Exercises...and more

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Subject Five Presentation Guide

Coping With Stress and Emotions With Healthy Alternatives to Alcohol and Other Drug Abuse

Presentation Subject Guide Example Located at the Beginning of Each Subject

PRESENTATION GUIDE: SEGMENTS	A Prepare	Professionals	Goal, Objectives, and Methods
			Subject Sections
			Appendices
B Present	C Practice	Group	Handouts
			Beginning: Reading, Phrase, or Relaxation
			Introductions
C Practice	Group Closure	Subject Material	Overview of Format & Subject
			Time Frames Separate Sections
			Sections of Subject
D Practice	Group Closure	Handouts	Appendices Related to Specific Subject
			Subject Handouts & Discussion
			Group Closure & Support

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Subject Five Goal and Objectives

Goal:

Explore techniques and skills to cope with
stress and emotions with healthy alternatives
to alcohol and other drug abuse.



Objectives:

1. Specify how people typically try to avoid painful emotions.
2. Outline how brain chemistry affects emotions in the early
recovering process.
3. Review "stress" and explore unpleasant emotional states.
4. Discuss specific healthy alternative skills to cope with emotions –
without using alcohol or other drugs – such as identifying
feelings, delaying response, and taking responsibility for feelings.
5. Discuss Rational-Emotive Therapy (RET) as an alternative skill in
coping with stress and uncomfortable feelings.

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Today's Subject and Why It's Important

- It is sometimes said, "You feel better in recovery. You feel everything better!" This
statement can generate fear for people who have numbed out or coped with stress
and emotions with addictive behaviors. This fear is the foundation of another recovery
saying that F-E-A-R in the recovery process is "feel everything and recover."
- People who struggle with Psychiatric or Substance Disorders usually find it difficult to
identify feelings, share feelings, cope with feelings and relate feelings to others either
in group or out. So how do people face the fear, feel the emotions, and cope with
feelings without the use of substances?
- They accomplish these goals by learning new, healthy behaviors. Any newly learned
behavior takes a lot of practice before the skill becomes comfortable. People don't
learn how to ride a bicycle the first time out. They often use the support of training
wheels or another person running along beside them. Then they ride, fall off, get back
on, and fall off some more.
- People also don't learn how to communicate their feelings without practicing,
stumbling, and practicing some more. The purpose of this subject is to provide the
education about coping with stress and emotions by developing healthy alternatives
to alcohol and drug abuse. In other words, this material will provide the learning and -
if you choose - you will provide the practice.

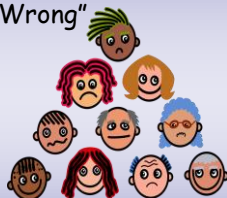
From THE BASICS, Second Edition, Page Subject 5-1

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Emotions or Feelings

Emotions Are Not "Good or Bad
or "Right or Wrong"

Emotions Are Brought
About By External and
Internal Factors



External or
Exogenous

Internal or
Endogenous

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Intensity Levels of Emotions

	EMOTION	MILD INTENSITY	MEDIUM INTENSITY	HIGH INTENSITY
1	Happy	Glad	Cheerful	Ecstatic
2	Sad	Blue	Down	Depressed
3	Mad	Annoyed	Angry	Furious
4	Confused	Undecided	Mixed-up	Lost
5	Afraid	Apprehensive	Scared	Terrified
6	Weak	Unsure	Incapable	Helpless
7	Strong	Capable	Confident	Powerful
8	Guilty	Embarrassed	Sorry	Ashamed

Feelings May Be Signs of a Problem or
Are Just Typical Emotions

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Avoiding Painful Emotions

Dissociation or Suppression of Emotions

Families Give Messages About Emotions




Messages From Society About Expressing Emotions



1	Men should be strong and in control and not cry.
2	Women are weak and usually fall apart emotionally.
3	Nice people don't get angry.
4	Good people should only have good feelings.
5	It's better to keep your feelings to yourself.

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Avoiding Painful Emotions continued

Trying to Control Psychiatric Disorders

Projecting Emotions Onto Others




Personal Attitudes About Certain Emotions

Substance Use Creates an Emptiness or "Void"

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Substance Abuse Creates a Void

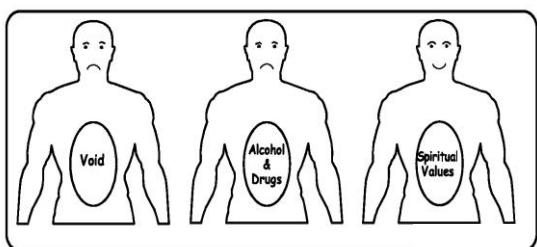
- Chemicals reinforce habits of suppressing or dissociation.
- Often disconnect people from themselves and others and block true awareness.
- People with addictions often report a feeling of emptiness or a void of not feeling okay about who they are.
- People vulnerable to developing Addictive Disorders are lower in baseline levels of certain brain chemicals that play an important role in people feeling good about themselves, and in building self-esteem and self-confidence.
- It's painful emotionally for anyone to not feel okay about who they are as a person.



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Using Substance to Fill the Void

- Not feeling all right, at the very core of one's being, feels so *empty*.
- Deficiencies are actually in the brain chemistry, yet the person experiences these lower levels as not feeling whole.
- It's no wonder people use substances to block out that emptiness or fill the void.





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Mistaken Beliefs Contribute to Low Self-Esteem and Self-Doubt

Addictions Alter or Change Emotional States


1	Taking the drug of choice.	2	Initiating the addictive behavior of choice.
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1	ALCOHOL OR OTHER DRUG ADDICTION	<ol style="list-style-type: none"> You decide to have a drink or some other drug. Within minutes your chemical brain is changing and you feel better or different so you drink or drug some more. That's an alcohol or other drug addiction.
2	GAMBLING ADDICTION	<ol style="list-style-type: none"> You begin driving to the casino. Within minutes your brain is on a chemical roll as you anticipate the sounds of the casino and the soothing metallic dings of the slots - your pulse is up, the blues are gone, and the fix is on. That's a gambling addiction. 
3	FOOD ADDICTION	<ol style="list-style-type: none"> You fill yourself to an uncomfortable level with junk food. Within minutes you feel better or different so you eat more. That's an eating addiction.
4	SEX ADDICTION	<ol style="list-style-type: none"> You phone an old girlfriend or boyfriend and arrange to meet at a motel. By the time you hang up the phone, your chemical brain is going full tilt - you know this is going to get you in trouble again, but you go anyway. That's a sex addiction. 
5	SPENDING ADDICTION	<ol style="list-style-type: none"> You might run to the mall and max out your credit cards. This produces a high, not by using a brain drug, but a brain behavior. That's a spending addiction.

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Early Recovery Produces Exaggerated Emotional Responses

- Addiction means that people react in an irregular way to the *use* of substances.
- It also means they act irregularly to *not* using substances – at least at first.
- The initial states of *any* treatment that is designed to bring about the recovery of disease puts stress on the body, such as chemotherapy, physical therapy, etc.
- The initial stages of substance abuse and addiction will also place stress on the system.
- Recovery means every cell of the body is adjusting to not having substances in the system.
- It feels physical. Yet they are the nervous system's initial response to sobriety.

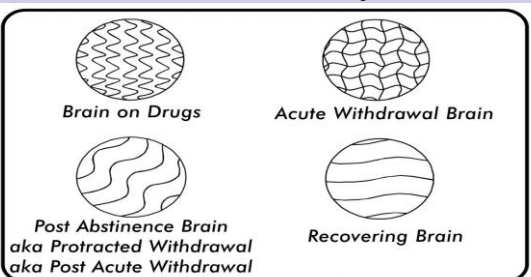


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Neurochemistry and Emotions

Toxicity Defined - Toxicity and Brain States

1. Brain on drugs.
2. Acute Withdrawal Brain
3. Post Acute Withdrawal Brain
4. Recovering Brain

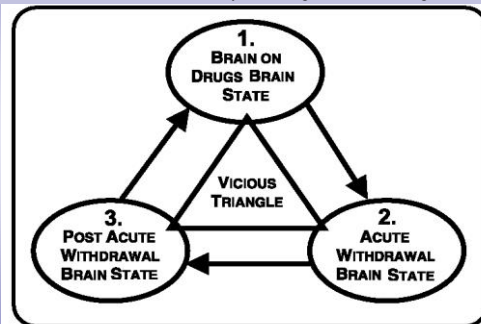


(refer to THE BASICS for a much more detailed explanation of the Brain States and Toxic Response)

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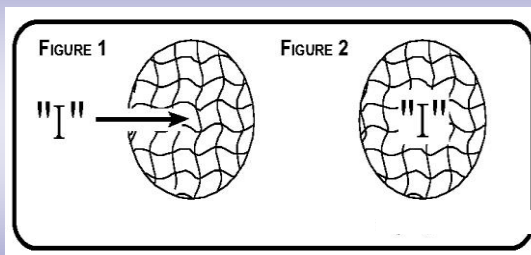
Vicious Cycle

People who continue to use will stay in the continuous triangle of the three toxic brain states without really reaching the "recovering brain state."



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Toxicity Affects Perceptions



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Toxicity Affects Perceptions continued

1. Toxicity contaminates perceptions or reduces the ability to gain insight, intuition or knowledge about oneself, environment, or intention of others.
2. People think that they view themselves objectively. In other words, they think they are *outside* themselves looking *in*. But that isn't the case.
3. They are actually *inside* with the toxicity.
4. People lose their objective ability to perceive when they're okay and when they're not okay.
5. It is as if they have been wearing sunglasses for a very long time. Everything looks like the sun has gone down and after a while the person doesn't know the difference.



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Toxicity Affects Thinking

1. The Twelve Step slogan, "Take the body and the mind will follow," becomes clear when talking about how toxicity affects thinking.
2. Recovery then becomes the process of first taking the body. As the brain clears, it will follow - eventually.
3. Other sayings like "Suit up and show up" are all meant to remind newly recovering people of the importance of doing the work that is in front of them.
4. Eventually they will come out of the fog. The fog is known as toxicity.



Effects of Toxicity Anxiety & Irritability

1. Touchy or overly sensitive.
2. Sense of impending doom or like something bad is going to happen.



Concentration Problems

1. Random thoughts or difficulty keeping mind on any one thought.
2. Short-term memory impairment, reading and retention problems.

Mood Swings

1. Feeling like the bottom is dropping out of emotional stability.
2. Feeling exposed, vulnerable, overwhelmed, distressed, or in despair.

Sleep Problems

1. Insomnia or difficulty falling asleep.
2. Trouble staying asleep, non-restful sleep, or nightmares.

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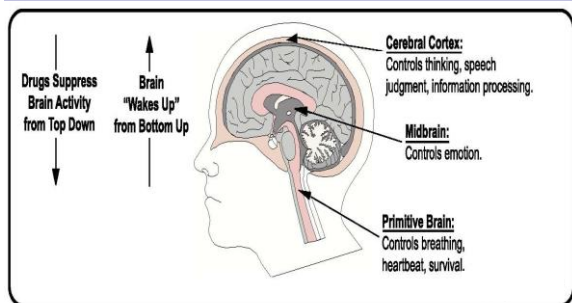
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Brain Wakes Up From Toxicity

1. Drugs, including alcohol, first affect the brain in a way similar to anesthetic by suppressing functions from the top centers down.
2. The "waking up" process happens from the bottom centers – up.



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Brain Wakes Up From Toxicity continued

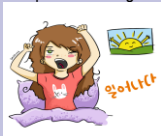
1. When the higher centers of the brain are anesthetized or "put to sleep" people act without the benefit of reason or judgment.
2. The higher brain centers are also responsible for helping people *understand* or *make sense* of their emotions. Impairment can result in people feeling out of control with their emotional responses.
3. The mid-section, often called the limbic system or emotional brain, is the next to go. This mid-section is responsible for emotion.
4. When alcohol and drugs block out unpleasant feelings, such as depression or emptiness, they also eventually block out pleasant emotions. That's just the way it works when the emotional brain is anesthetized.
5. This is also the area of the brain where the maternal and paternal concerns are found. Once this area has been affected, mothers and fathers begin to do what they would have previously considered the unthinkable.
6. The lower section or the primitive brain is the last to be affected. This area is responsible for survival as it controls functions like breathing and heartbeat. As addiction progresses, a person's actions will become primarily driven by survival. This means in the last stages of the disease – "survival" will mean continuing to use regardless of the consequences.
7. That is why people will eventually do whatever it takes to get the drug.



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Effects on Emotions in The Waking Up Process

1. Once substances are no longer being used, the brain "wakes up" in the opposite way it "went to sleep" – from the bottom to the top.
2. The emotional brain or the "emotions" becomes activated *before* the higher centers of judgment or the "thinking" part. Remember the cognitive centers are responsible for making sense of our emotions.
3. In the early months of recovery, people's emotions will be all over the place because the brain's cognitive centers are still in a fog.
4. People in recovery for addictions will really believe that the reason they are upset is because of something like, "She used *my* coffee cup this morning..."
5. Recovery is about acting in a healthy way, even when your still drug-affected feelings tell you not to. As the brain clears, people can more accurately assess their feelings and use them as guides to their behavior.
6. It is important to learn coping skills to lessen the mood swings and extreme thinking.
7. These symptoms feel very *emotional*, they are actually the *physical* healing of a nervous system that has become accustomed to alcohol and other drugs.



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Augmentation Defined

1. Augment means to increase or to make greater.
2. When stress is put on the human body, the nervous system responds in a way that is intensified, amplified, or *augmented*.



Recovery Produces Stress

1. In early recovery there will be many times when *augmenting* will occur based on the brain and body healing.
2. Individuals can experience feelings with such *intensity* that it feels overwhelming.
3. It's not good or bad, it is a physiological phenomena that occurs in the neurological system during *augmentation*.

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Augmentation Intensifies Emotions

- People with Substance Disorders react differently to the use of substances.
- They also react differently, at least at first, to *not* using substances.
- This is because the entire system is *augmenting*.
- This augmenting is due to the stress brought about by the cellular changes that are adjusting to sobriety.
- Results in exaggerated emotional responses or reactions.
- Anger may feel like rage, sadness may feel like despair, and loneliness may feel unbearable.



Augmentation Intensifies Emotions continued



- Intensified feelings is also a good way to explain the compulsion to use.
- If an individual has a *desire* to use and is augmenting, they can feel *driven* to drink or use drugs.
- Emotions fluctuate greatly from hour to hour and certainly from day to day.
- Intense emotions are like a "white out." A *white* out is feeling almost incapable of coping or like being emotionally out of control.
- Recognizing overwhelming emotions for what they are, *augmentation* caused by the healing process, can lead to empowerment and a gaining a sense of control over what may seem uncontrollable.

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Augmentation Intensifies Emotions continued

EXAMPLE: NUMBER OF AUGMENTING TIMES IN ONE WEEK PLUS LENGTH OF TIME EACH EPISODE LASTS

DEPRESSED LEVEL 8

"BLUE" LEVEL 5

SADNESS LEVEL 3



With continued abstinence, three things will happen:

- Augmented emotional responses will lessen in intensity.
- Augmentation won't happen as often.
- Times of augmentation won't last as long once they occur.

**Blaming Internal Emotions on
External People, Places, and Things**

Animal Studies

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Working Through and Coping With Neurological Processes

First, Lighten Up ☺

A Little Story About a Woman and A Brain Disorder

There was a woman who began acting strangely. She had crying spells, mood swings, and flew off the handle for no apparent reason. In short, she was a mess. Her family began to try to help her by taking her to the family doctor. She began to be treated for stress but her condition worsened to the point that she couldn't even get out of bed.

She was sent to a counselor who began looking into "issues" like who stole her little red wagon when she was a kid or if she was abused as a child. Her condition deteriorated and she was put on tranquilizers. The family system deteriorated as her family began to isolate from others because of her unpredictable behavior. continued..

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Working Through and Coping With Neurological Processes continued

A Little Story About a Woman and A Brain Disorder continued

A neurologist finally saw her and found a small tumor pressing against her hypothalamus. The tumor was removed and her symptoms disappeared.

Now the family didn't remind her of all the stupid things she did. They didn't do a guilt trip on her or tell her she was a bad mother. Her brain disorder had affected all of her behavior and now she was recovering. She took responsibility for her recovery. The family spontaneously got into recovery as well. They learned about her illness, how they could support her recovery, and how it was important for them to take care of themselves and let her take care of herself. She didn't have to forgive herself, she was absolved by understanding she had a physical ailment.

Don't Analyze or Pathologize Augmented Emotions

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Working Through and Coping With Neurological Processes continued

Short-Term Pain Equals Long-Term Gain



Discomfort and Pain Can Be Necessary, Helpful, and Motivating

Suppressed Feelings Come Out Somewhere




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Working Through and Coping With Neurological Processes continued

Difficulty in Sharing Feelings Is Common

Don't Let Emotions Drive Your Bus



The Recovery Process and Emotions

- The goal of recovery is to no longer feel "numb." That will mean experiencing a full range of feelings, pleasant and not so pleasant.
- Emotional numbness disappears with continued abstinence.
- May initially go through a period of *extreme* emotional sensitivity where you tend to *overreact* to stressful or even non-stressful situations.
- May overreact or under react to things in the beginning.
- Living life substance free will not feel natural for a while.

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Working Through and Coping With Neurological Processes continued

Overreacting and Under-Reacting



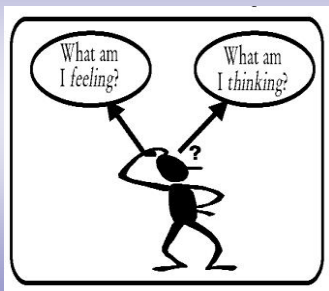
Feelings Are Not Always Accurate



Delaying Response Gives Time to Check Out Over or Under-Reactions

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Balance Between Suppressing and Overly Expressing Emotions



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Working Through and Coping With Neurological Processes continued

Facing Emotions Without Addictive Behaviors Takes Courage



Remaining sober in spite of anxiety, depression, mood swings, phobias, despair, sleeplessness, hallucinations, or paranoia is no less inspiring than the physically challenged person learning to walk again.

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Working Through and Coping With Neurological Processes continued

Identifying Feelings

Happy	Afraid
Sad	Weak
Mad	Strong
Confused	Guilty



Uncomfortable Emotional States

1 STRESS	4 ANXIETY	7 WORRY	10 GUILT
2 DEPRESSION	5 FEAR	8 SHAME	11 EMPTINESS
3 ANGER	6 BOREDOM	9 RESENTMENT	12 LONELINESS

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Working Through and Coping With Neurological Processes continued

Unhealthy Ways of Reacting to Intense or Unpleasant Feelings

1 SUBSTANCE ABUSE	3 ACTING OUT	5 DEFENSIVE BEHAVIORS
2 CUTTING OR HARMING SELF	4 AVOIDANCE	6 SUPPRESSING EMOTIONS

Becoming Aware of Feelings and Emotions in Recovery



- Learning to recognize your feelings.
- Learning how to tolerate those feelings.
- Developing healthy coping strategies & problem solving skills.

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Working Through and Coping With Neurological Processes continued

Take Responsibility For Your Feelings

Don't Give Up or Become Discouraged



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Stress

Eustress or Distress Produce Same Effects


Stressors in Our Society

STRESSORS	
1 EMOTIONAL	8 DECISION
2 FAMILY	9 COMMUTING
3 SOCIAL	10 PHOBIC OR FEAR
4 CHANGE	11 PHYSICAL
5 CHEMICAL	12 DISEASE
6 ENVIRONMENTAL	13 PAIN
7 WORK	


(refer to THE BASICS for examples of each of the above Stressors in Our Society)

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Treatment and Recovery Bring About Changes Changes in The Recovery Process



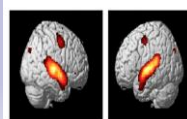
1	Learning new ways of coping by developing healthy alternatives to addictions.
2	Making an effort to become comfortable attending group sessions.
3	Changing old habits and developing new ones.
4	Coping with slippery people, places, and things.
5	Looking at the problems caused by untreated disorders.
6	Choosing solutions to these problems so they won't be repeated in the future.
7	Practicing new skills and techniques until they become comfortable and automatic.
8	Socialize with others without alcohol and drugs and developing a support network.
9	Changing or rebuilding relationships.



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Recognizing Signs of Stress

Stress Specific Responses of Neurotransmitter or "Brain Reactors"




1. Since different individuals react in different ways, what makes the difference? It is because of something called "response specificity."
2. People tend to develop symptoms in ways where they are most reactive.
3. *Physical* reactors such as gastro reactors = stomach problems, blood pressure reactors = hypertension, skin reactors = hives, and stomach reactors = ulcers.
4. People who have Psychiatric or Substance Disorders = mental processes *react* in ways designed to defend against the stress (suspicious, thoughts may begin to race, coping mechanisms begin to strain, and the ability to remain rational may be lost).

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Recognizing Signs of Stress continued

Effects of Stress on Psychiatric and Substance Disorders



1. Stress worsens all Psychiatric Disorders including Anxiety, Mood, Thought, Personality, Eating, and Substance Disorders.
2. The worsening of symptoms or threat of relapse does not happen because people are weak. It is because stress worsens *all* illnesses.
3. When stress goes unmanaged a person with a heart condition is more likely to have another heart attack, managing blood pressure is more of a problem for people with hypertension, etc....
4. The ability to manage psychiatric symptoms and remain abstinent will become much more difficult during times of stress.


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Stressors and Stress Reactions

1. We all face stressors on a daily basis that have the *potential* to cause stress.
2. It isn't these changes or events that actually determine whether or not a person will have a stress *reaction*.
3. Events don't cause stress, people do.

Is It Stressful or Not?

1. Mental or psychological reaction determines if an event is personally stressful to you or not.
2. Although stress isn't all in our head, that's where it starts.



Taking Charge of Your Reactions

1. People possess the ability to be in charge of their reactions and *not* be passive victims to the stress in their life.
2. Even *when* experiencing a stress *reaction*, you still have the ability to either *escalate* or *reduce* your stress.

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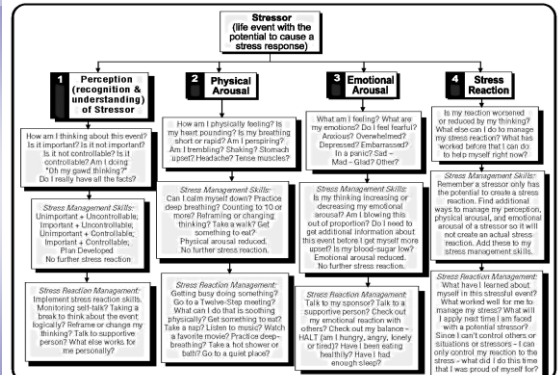
Hardiness or Stress Resistant Factors

1	Commitment	2	Control	3	Challenge
---	------------	---	---------	---	-----------

Stressors - Importance and Control

"How important is it?"		"Can I control this event?"	
Important & Uncontrollable	_____	Important & Controllable	_____
Unimportant & Uncontrollable	_____	Unimportant & Controllable	_____

Stress Cycle




(refer to THE BASICS page 5-31 for enlarged view)

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Finding The Stress Reduction Skill That Works For You

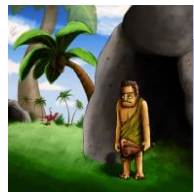
Co-Occurring Disorders and Stress Management Skills



Stress Management Techniques

1	THINKING	1. Ask if it's important and controllable. 2. Decide if it's your problem to solve or not.	
2	FEELINGS	Learn to Tolerate and Forgive Talk Out Troubles Learn Several Methods of Relaxing Practice Deep Breathing Skills	Make a Gratitude List Be a Positive Person Learn to Have Fun Share Your Feelings with Others
3	BEHAVIORS	Practice Healthy Nutrition Surround Yourself with Positive People Do Something Nice for Someone Else Get Active – Get Up and Do Something	Get Regular Exercise Recognize and Accept Limits Avoid Unnecessary Competition Learn to Plan

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Anger

- Anger is a completely natural human emotion.
- It's one of the first emotions we experience and the last one we learn to manage effectively.

Anger Helps Us Survive


- A certain amount of anger is necessary for survival.
- It's nature's way of empowering us to ward off threats to our well-being.
- Most of the time, the situations where we feel threatened are the result of being irritated by some person, place, or thing.
- There's a big difference though between being irritated and being attacked.

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Intensity of Anger



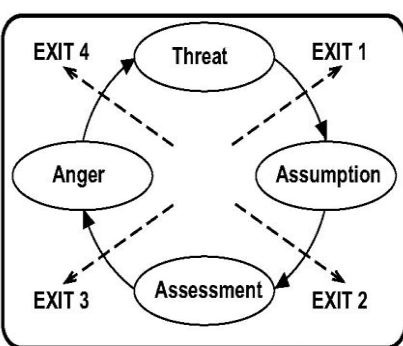
Situations That Trigger Anger



1	Taken Advantage Of	6	Unloved	11	Treated Unfairly
2	The Need to be Perfect	7	Misunderstood	12	Mentally & Physically Exhausted
3	Hurt by Criticism	8	Helpless	13	Unappreciated or Unaccepted
4	Not Heard	9	Disrespected	14	Made Fun Of
5	Stolen From	10	Devalued	15	Wrongly Accused

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Anger Cycle




- Perception of a threat - internal or external
- Assumption - nature of the threat
- Assessment
- Anger

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Anger As a Secondary Emotion

- In many situations anger will be a *secondary* emotion.
- People are often uncomfortable with what is referred to as the "softer" emotions – such as sadness, hurt, inadequacy, vulnerability, or guilt.
- Acknowledging or experiencing these emotions is considered so unpleasant that anger is substituted in its place. In these cases, the "softer" emotions are primary and anger is the secondary emotion.

ROOT EXPECTATIONS	ACTIVATING EVENT	EGO BRUISE	PRIMARY FEELING	SECONDARY FEELING
People should value me enough to be fair.	Someone cheats me.	They don't respect me.	HURT	ANGER
I should be competent and never forget.	I forgot something.	I'm imperfect.	INADEQUACY	ANGER
I should put my children first.	I put my needs first.	I'm selfish.	GUILT	ANGER



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Myths About Anger

1	It's not okay to feel angry.
2	Good, nice people don't feel angry.
3	People will go away, leave me, or not like me if I get angry.
4	If I get angry, I'll lose control and I can't ever lose control.

Diverting and Suppressing Anger

Suppressed Anger May Lead to Passive-Aggressive Personality Traits

Messages About Anger From Families & Childhood

1	Was punished.	5	Was told I should not get angry.
2	Was told to turn the other cheek.	6	Was told I was weak or bad.
3	Was made fun of.	7	Was told to go to my room until I cooled off.
4	Had love withheld from me.	8	Was told I had hurt my mother or my father.

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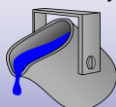
Ways of Avoiding or Suppressing Anger

1	Eat	5	Avoid People	9	Put Yourself Down
2	Sleep	6	Kick the Dog	10	Feel Guilty
3	Watch TV	7	Read	11	Exercise
4	Cry	8	Drink or Use Drugs	12	Withhold Love

Reasons Persons Don't Express Anger

Fear of Confrontation Fear of Losing Control Fear of Being Disliked or Rejected

Externalizing Anger By Dumping It on Others



Mismanagement of Anger Leads to Problems

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Inappropriate Expressions of Anger

1	Bullying	4	Manipulation	7	Blaming	10	Sexual Aggression
2	Control	5	Domination	8	Vulgarity	11	Road Rage
3	Sadism	6	Dumping	9	Sarcasm	12	Violence

Resentments

- When anger is denied or suppressed it becomes cold and resentful.
- Resentments are "old" anger that has not been expressed openly. The word resent means to "re-sense" or "re-feel."
- When anger is experienced over and over instead of managed and expressed openly, it does great harm.
- Harboring resentments hurts you, not others.
- While anger can be an honest and appropriate response in certain situations, there is nothing good to be said for "old anger" or resentment.
- When people hold onto resentments they are displaying a lack of acceptance of people for who they are and unwillingness to leave the past where it belongs, in the past.
- Resentment is like a coin, with the face of anger on one side and hurt on the other.

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Self-Pity Is Also Anger

Managing Personal Anger

- Anger a powerful source of energy.
- If creatively and appropriately expressed, anger can lead to personal growth and improved interpersonal functioning.
- Expressing angry feelings in an assertive, not aggressive, manner is the healthy way to express anger.
- To do this, learn how to make clear what your needs are and how to get them met – without hurting others.
- Being assertive doesn't mean being pushy or demanding; it means being respectful of yourself *and* others.



Benefits of Expressing Anger Assertively

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Managing Personal Anger continued

First,
Accept Responsibility For Your Anger

Second,
Identify Triggers, Cues, and
Management Strategies



TRIGGERING EVENT	CUES TO ANGER	MANAGEMENT STRATEGIES
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Changing Thinking to Positive Self-Talk

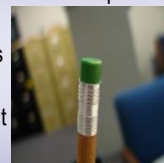
1. I don't need to feel threatened here. I can relax and stay cool.
2. I feel angry, which might mean I have been hurt or have some other primary feeling.
3. No need to doubt myself. I'm the only person who can make me mad or keep me calm.
4. Time to relax and slow things down. I can take a time-out if I get uptight.
5. Nothing says I have to be strong all the time. It's okay to feel unsure or confused.



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Changing Thinking to Positive Self-Talk...continued

6. I can't control other people, places, or things. I only have control over myself.
7. If another person goes off the wall, I don't need to respond to their anger *with* anger.
8. People put erasers on the ends of pencils for a reason. It's okay to make mistakes.
9. People are going to act the way *they* want to, not the way *I* want them to.
10. It's nice to have other people's approval, but even without it, I can still accept myself.



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Anger Management Strategies

1. Acknowledge Anger
2. Ask Important Questions
3. Communicate Assertively
4. Practice Relaxation Techniques
5. Change The Way You Think
6. Get Social Support
7. Change Your Environment If Possible
8. Practice Anger Management



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Depression

Co-Occurring Disorders and Depression

Reasons for Sadness and Depression

1	Substance Abuse, Withdrawal, & "Crashing"
2	Sadness from Just Being in Treatment
3	Problems & Losses from Psychiatric or Substance Disorders
4	Depression about Giving up Addiction
5	Sadness About "Wreckage of the Past"
6	Relapse & Depression
7	Negative Thinking
8	Self-Defeating Behaviors
9	Poor Nutrition Creates Depression



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Depressive Disorders Co-Occurring With Substance Disorders When Something More Is Needed Coping With Depression

- The first step in coping with depression is to *want* to.
- This means wanting to bad enough to do whatever is recommended, in spite of not feeling like it.
- When people are depressed they often want to withdraw from all activities.
- They'd probably rather just stay in bed. They want to blot out worries, cares, and obligations.
- The last thing anyone wants when depression sets in is to *do* anything. These are actually *symptoms of depression*.
- You must *actively* work to change the attitudes, conditions, and circumstances that contribute to depression.
- When people are struggling with depression or a Depressive Disorder – these things can be tall orders.

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Get Busy and Take Action

- Eat
- Move
- Wash
- Do Something
- Drown the Noise of Habitual Negativity
- Get Outside Yourself
- Develop Realistic Expectations
- Pace Yourself and Be Patient



64

Grief and Loss

Understanding Grief

What Grief Is Not

- 1 Grief is not an indicator of how much we loved someone or something we have lost.
- 2 Grief is not a problem that has to be solved; it is a natural process that needs time to take its course.
- 3 Grief is not an end; it's the beginning of the process of healing – the first step in accepting the pain of separation or loss.
- 4 Grief is not an instant process. It takes time. Just when it seems like it may be over; grief can resurface by hearing a favorite song, or seeing, smelling, or touching something that reminds you of your loss.



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Grief and Loss continued

What Grief Is

1. Grief Can Be Physical
2. Grief Can Be Confusing
3. Grief Can Seem Overwhelming
4. Grief Brings Uncertainties

Gender, Culture, and The Grieving Process

1. Hispanic (Cuban Catholic)
2. Black or African American)
3. Native American (Colville)
4. Jewish People

(refer to THE BASICS for a few examples of the Traditions, Customs, and Beliefs of Specific Cultures)



Stages of The Grieving Process

1. Denial, Disbelief, or Shock
2. Anger or Rage
3. Bargaining
4. Depression
5. Acceptance

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The Difference Between Grieving and Depression

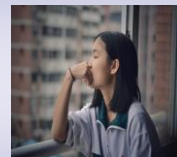
- It is important to distinguish depression from a grieving process, which occurs in response to the many losses resulting from a person's dual disorders.
- Grief is the real or the imaginary loss of a cherished person or thing.
- Depression on the other hand exists in spite of all evidence to the contrary.
- The person suffering grief is very much aware of the nature of grief as to its cause or origin.
- The depressed person is not aware of the cause.
- Grief is a natural reaction to loss.
- It only becomes unnatural when it is not acknowledged or expressed. In the *active* disease process, persons are *unable* to grieve their losses. As a result their grief becomes *frozen* or *unresolved*, which in turn *resembles* depression.



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Coping With Grief

- People in recovery will experience grief at different times in their sobriety.
- Similar to the grieving process related to a death, people experience waves of grief in their recovery process.
- These symptoms are a regular part of the healing process.
- The reason it comes in waves is because as people gain strength in their recovery, their ability to view past experiences with more clarity and honesty improves as well.
- What was at first too painful to see, may suddenly become clear.
- This new awareness can result in yet another wave of grieving and "letting go."



Grief and Co-Occurring Psychiatric and Substance Disorders

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The Grieving Process

1	Discovering What's Lost	2	Discovering What's Left	3	Discovering What's Possible
---	-------------------------	---	-------------------------	---	-----------------------------

Losses Related to Psychiatric or Substance Disorders

1	Health	5	Friends	9	Self-Esteem or Confidence
2	Relationships	6	Significant Others	10	Drinking and Drugging
3	Lifestyle	7	Opportunities	11	Being Like "Everyone Else"
4	Hopes & Dreams	8	Jobs or Employment	12	Life as You Thought It Would be

Physical Signs of Grieving

1	Reduced Concentration	4	A Sense of Numbness
2	Disrupted Sleep Patterns	5	Changes in Eating Habits
3	Roller Coaster of Emotional Energy	6	Fatigue

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What You Can Do For Yourself When Experiencing Grief

- Grieving doesn't just passively happen but is actively engaged and worked through – or avoided – by the person who has experienced the loss.
- With grief comes a profound awareness of what has been lost and what needs to be faced. Step1, Step 2, and Step 3 of the Twelve Step Programs are a marvelous way of responding to this state of awareness and grief.
- Don't despair – grief takes time, and although it may feel that you will never get past it, you will.
- Remember the grieving process can be an extremely difficult time, and you need to take care of yourself. There are things you can do to help yourself cope with grief.



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Working Through Grief

1	Accepting the Reality of the Loss
2	Working Through the Pain of Grief
3	Readjusting to the Environment After the Loss
4	Reinvesting Energy in the Present and Future

- First...Get in Touch & Stay in Touch With Reality
- Second...Accept the Pain
- Third...Talk It Out
- Fourth...Make Some Changes



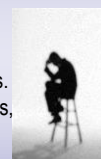
71

Guilt

- Guilt is feeling remorseful over doing something we feel badly about. Feelings of guilt are often healthy. It reminds us that we are imperfect human beings.
- It can signal to us that we've missed something or need to take a closer look at our behavior. We can learn from our guilt and learn from our mistakes.

Shame

- Shame is more than remorse over a wrongdoing.
- It is the sense that something is basically wrong with us.
- In other words, guilt is, "I made a mistake" and shame is, "I am a mistake." Shame is a pervasive feeling of worthlessness.
- It is often a chronic feeling of inadequacy, emptiness, and self-doubt.



Origins of Shame Moving Through Shame

72

Anxiety, Worry, and Fear

Most people feel nervous or anxious and worry at times. A certain amount of anxiety is natural and serves to improve performance. Anxiety has three components:

FIRST	There is the physical component, such as a racing heart and sweating.
SECOND	There is the mental or psychological component, such as lack of concentration or feeling on edge.
THIRD	There is the interpersonal component, such as an inclination to cling to other people for reassurance.

Anxiety Disorders

- 1 Anxiety and worry that is excessive or unrealistic.
- 2 The avoidance of situations that cause fear or anxious feelings.



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Anxiety, Worry, and Fear continued

Withdrawal From Substances and Anxiety

Forms of Anxiety

1	Anticipatory Anxiety	3	Worry
2	Anxiety	4	Fear



Co-Occurring Disorders and Anxiety

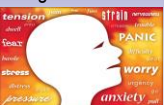
- Psychiatric disorders, substance disorders, withdrawal, and even early recovery can be filled with anxiety, worry, fear, irritability, and feelings of being tense, jumpy, shaky or jittery.
- The unknown journey of "recovery" can at best bring about apprehension.
- There is a light at the end of the tunnel when a dual recovery path is walked!

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Anxiety, Worry, and Fear continued

Anxiety Is Difficult to Work Through

- Anxiety makes it difficult to get out and do the things recommended to help work through anxiety.
- When people are anxious that means they are often filled with dread, worry, and fear.
- Even walking into a treatment center can be a challenge, much less sitting in a group, a Twelve Step meeting, a 1x1 with a therapist, or even taking medications.
- These fears and worries are symptoms of anxiety. Even though the signals of the brain are telling the person that "real danger" is near, it is not.
- Recovery lies in doing what is recommended in spite of the anxiety.



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Anxiety, Worry, and Fear continued

Worry

- Most of what we worry about *never* happens.
- If we live in the past or future, we are missing today.



Choosing to Live Without Worry

Each of us can begin to worry less by making a decision to live in the moment.

Managing Anxiety



1	Develop and Practice Healthy Lifestyle
2	Develop Daily Plan to Cope with Anxiety
3	Practice Relaxation Techniques
4	Practice Stress Management Skills
5	Develop a Support System

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Anxiety, Worry, and Fear continued

Fear

Understanding Fear

Healthy Fear Versus Unhealthy Fear

- There are many things it is healthy for us to be fearful of – leaping off tall buildings, drinking poison and so forth. When our body is in imminent danger...our *instincts* warn and takes action.
- All other fears – the ones we face *most* often every day – are illusions.
- Most people approach a fearful situation as though the fear was a solid wall.
- This wall of fear is not real. If fear is not a wall, what is it?
- It's a *feeling*, that's all. It cannot keep you from physically moving toward something unless you let it.



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Anxiety, Worry, and Fear continued

Fear About Recovery is Natural

- Recovery begins with abstinence, but, as one alcoholic put it, "If that's part of getting well, I'd rather die first." ☺
- It is one of the bizarre facts of this bizarre disease of addiction that the torture is not in the drinking or drugging but in the *not drinking and drugging*.
- You probably have tried to quit time and time again with periods of success.
- No wonder you would be fearful of trying again.

Fear Is a Normal Response to a New Situation – Even Treatment

- It's okay, even natural, to feel some fear when learning new recovery information.
- Remember *real* fear occurs in the presence of danger and is linked to pain or possible death.
- What most of us indulge in on a daily basis is worry, which is a *voluntary* choice.
- Remind yourself that it is not *real* fear because recovery *can't* result in pain or death...active addiction and untreated Psychiatric Disorders can!

Anxiety, Worry, and Fear continued

Don't Let Fear Keep You From Moving Forward



Working Through Fear

- | | |
|---|--|
| 1 | Ask Yourself, "What is the Worst Thing that Can Happen?" |
| 2 | Expect the Fear to Get Worse and Know It's Okay |
| 3 | Rename Your Fear |



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Boredom



- Addictions create a life of crisis for most, if not all, people.
- The recovery process initially sounds to most people like a life of one boring day after another.
- If weekends were filled with playing pool, hanging out at the bar, or with using friends – what are you supposed to do instead?

Socializing Can Be Difficult

- Many people also find themselves in the new, even awkward, position of socializing for the first time either without alcohol and other drugs or without the conversation focusing on addictions.
- People may not be as social as they once thought they were.
- Even people who used to be the "life of the party" may now find themselves feeling like a fish out of water.



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Boredom continued

Develop a Plan to Cope With Boredom

- Being bored can be a quick trip to the pity-pot and a risk for relapse.
- No one can afford to allow boredom and a lack of constructive activities.



Learning to Have Fun Without Alcohol and Drugs

- | | | | |
|---|----------------|---|-------------------------|
| 1 | Try New Things | 3 | Meet New Friends |
| 2 | Get Involved | 4 | Retain a Sense of Humor |



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Rational-Emotive Therapy (RET)

- The first basic point of Rational-Emotive Therapy or RET is that people are not disturbed by *things*, but by the *views* they take of those things.
- Whether or not we become upset depends on our belief or attitude about something.
- The second basic point of RET is that when people learn to think rationally, they are more likely to stop inappropriately evaluating themselves, as well as things they have no control over like other people and events in the world
- Rational thinking also reduces or prevents intense, *prolonged*, irrational emotions – such as anger, anxiety, depression, guilt, or feelings of inferiority and worthlessness.

Outside Events Do Not Cause Emotions

Thinking Determines Feelings and Actions
Reasonable and Irrational Emotions

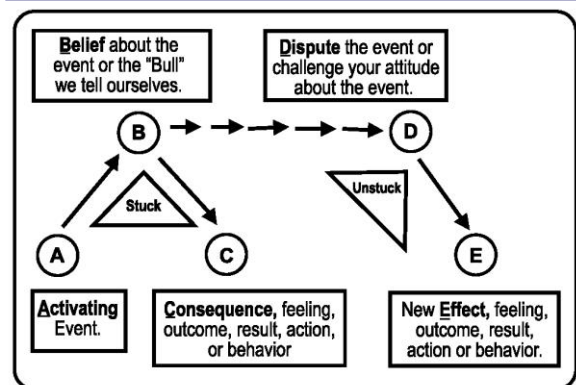
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The Basics of RET

- Human beings are born with the potential for both rational and irrational thinking.
- We learn and invent disturbing beliefs and keep ourselves disturbed through self talk.
- We develop emotional and behavioral problems when we mistake simple preferences – love, approval, success – for dire needs.
- We escalate these disturbing beliefs into irrational absolutes of "shoulds, musts, or oughts."
- These irrational beliefs need to be changed.
- We each have the capacity to change our thinking, emotional and behavioral processes.
- Replacing irrational thoughts with new rational thoughts and belief systems leads to healthier emotions.



ABC's of RET



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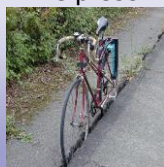
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Example: "Stuck Mode"

- 1. Activating event:** entering treatment
- 2. Belief:** You believe this means you are weak-willed and possess poor character
- 3. Consequence:** You don't work on your therapy because you feel worthless and helpless.



- Mental health deteriorates and addiction progresses.
- No progress toward dual recovery is made.....STUCK....

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Irrational Beliefs That Disturb People

1. Need for Approval
2. Perfection & Fear of Failure
3. Blame
4. Frustration & Catastrophe
5. Helplessness
6. Preoccupation
7. Avoidance
8. Victim of the Past or Present
9. Chasing Nirvana (perfect peace and harmony)
10. Passivity & Avoiding Risks



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Subtle Irrational Beliefs Sneak In Even If It Is True - So What? Shoulds, Oughts, and Musts

DEMANDS	RELATED THOUGHTS	DISPUTED NEW THOUGHTS
1 SHOULD	I shouldn't have to put up with hassles, irritations, pain, or annoyances.	Everyone has hassles and irritations in their life, I will too – I can also learn to deal with them when they come up.
2 OUGHTS	People ought to act the way I think they should act.	I can't control how people act. I can only control my belief systems and myself.
3 MUSTS	I must get them to treat me the way I want them to.	I would prefer to be treated in a different way.

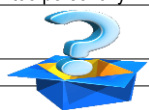


**Awfulizing, Terriblizing,
Dreadfulizing, or Horriblizing**

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Disputing Illogical Beliefs With Logical Questions

- 1 Who said it must be so? What is the evidence? Where is the proof? Is this fact or opinion?
- 2 What am I telling myself about this situation that is causing me to feel this way?
- 3 What are my negative thoughts, attitudes, and beliefs about this situation?
- 4 What are my unreasonable expectations about this person in this situation?
- 5 What are my unreasonable expectations about myself in this situation?
- 6 How am I taking this situation too seriously or too personally?
- 7 How could this situation possibly turn out to be in my best interest?
- 8 How am I judging myself or someone else?
- 9 How important is this – really?



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Disputing Old Beliefs With New Logical Questions



Old Beliefs	New Rational Thinking
1 Things should be the way I want.	1 This should have happened because it did.
2 Things must be the way I want.	2 I would prefer they be the way I want.
3 I need him or her to do that.	3 I want or wish for him or her to do that.
4 This is awful or terrible.	4 This is disappointing.
5 I can't stand it.	5 I am standing it – even though I may not like it.
6 Life ought to be easier.	6 I wish this was easier, but "no pain – no gain."
7 I am a failure.	7 I'm human and sometimes I make mistakes.

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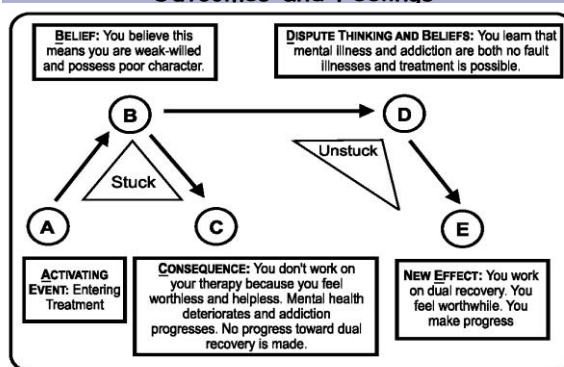
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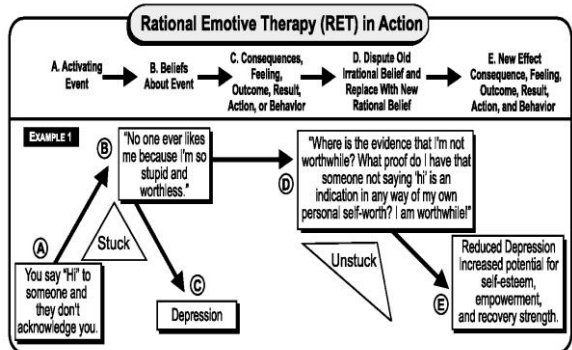
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Disputing Old Beliefs Produces New Outcomes and Feelings



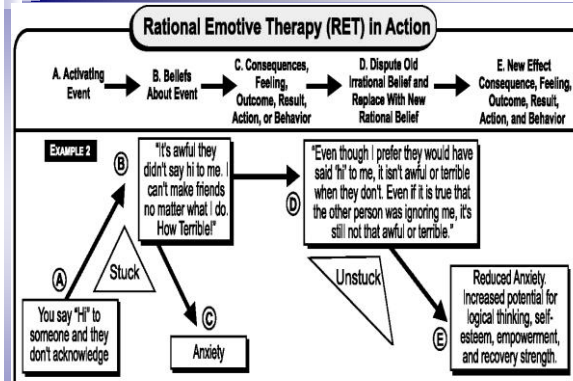
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Belief Systems Directly Affect Emotions – Putting RET Into Action



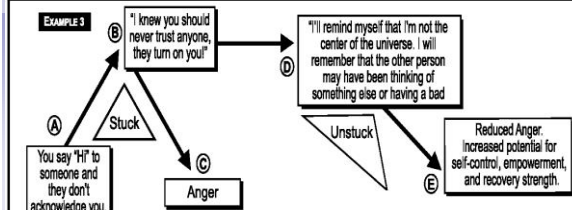
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Belief Systems Directly Affect Emotions – Putting RET Into Action (continued)



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Belief Systems Directly Affect Emotions – Putting RET Into Action (continued)



Co-Occurring Psychiatric and Substance Disorders and RET

- Psychiatric and Substance Disorders are not, of course, caused *only* by irrational thinking or belief systems.
- They are disorders that have a biological foundation. It's always important to remember to not beat yourself up whenever you experience intense and prolonged emotional responses.
- Identifying and disputing irrational beliefs is one good way to help reduce the symptoms associated with dual disorders. It can lessen depression or anxiety and help you reach your goals of continuous sobriety.

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Practicing RET

A RECOVERING PERSON'S STORY ABOUT RET

"Jerry" attended treatment and learned RET. He then attended one of his first A.A. meeting's. An "old-timer" noticed that he had not put his name on the sign-in sheet and said, "If you don't want to get involved, you might as well keep getting drunk." Jerry fumed as he thought, "I'll never come back again, I knew these people were unfriendly. In fact, I'll never attend another A.A. meeting." Jerry decided he'd try RET just so he could go back to treatment and tell his counselor how it doesn't work. He decided to dispute his beliefs – a little bit anyway – that perhaps the intentions of the "old-timer" may not have been as hostile as he thought. He went back to the meeting and walked right up to the guy, mostly with the intention of having the opportunity to tell him off. The "old-timer" recognized him immediately, enthusiastically he reached out his hand to give him a welcoming, warm handshake, and saying, "I'm so glad you came back, I was hoping you would get involved, it worries me for people when they don't." After 13 years of continuous sobriety, Jerry still counts this man among his dearest friends in A.A. He came back to his recovery group and said, "Wow, it does work after all!"

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Group Closure

God grant me the serenity

*To accept the things that I cannot change,
The courage to change the things I can,
And the wisdom to know the difference.*

1	ACCEPTING THE THINGS I CANNOT CHANGE	1. Recognizing what can and can't be controlled is a recovery skill of learning to "let go" of controlling people, places and things or projecting your wishes on them. 2. As one person in recovery put it, "I found the only thing I can control is myself and what I can't control is basically everything else."
2	COURAGE TO CHANGE THE THINGS I CAN	1. Changing what can be controlled is developing skills of focusing on today, taking action, working on yourself, developing long-term goals and a strong sense of self, and nurturing sensitivity in your relationships with others. 2. These changes do indeed take courage.
3	WISDOM TO KNOW THE DIFFERENCE	1. This means learning the difference between the impossible and the possible. 2. This means talking about feelings, accepting limitations, and asking yourself, "Can I change this?"

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"Self-Coaching" Questions

- What is the worst thing that can happen?
- Most situations have a good side – what am I overlooking?
- Is my thinking helping or hurting me?
- What needs to be done? Am I the one to do it?
- Is my thinking 100% correct or am I "catastrophizing" and making my response worse?
- How can I handle this in a way that will help me?



Positive Self-Statements

1	I can handle this by taking one step at a time.
2	I can calm down with a slow, deep breath.
3	I can get support, advice, and help if I need it.
4	This is a chance for me to use what I have learned.
5	I can use my energy and strategies to cope with this.
6	It's better to just think about what I can do about this instead of worrying.
7	I can choose how I want to feel and act in this situation.
8	One mistake doesn't mean I have failed because mistakes are opportunities to learn.
9	I can stop and take a look at the positive side of the situation.
10	Keep the situation in perspective.
11	I can focus on the solution instead of the problem.
12	I can find a positive statement that is helpful and repeat it to myself – such as, "I can do this! Things are looking good. I know this will pass or 'This too Shall Pass.' I can hang in there. Tough times don't last, but tough people do. I am making progress every day."



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Relaxation Through Deep Breathing Exercises

1	Sit in a quiet place where you will not be interrupted for a few minutes.
2	Think about something that makes you feel good like a sunset, lake, or something peaceful you enjoy.
3	With your mouth closed and your shoulders relaxed, inhale through your nose slowly and deeply to a count of eight.
4	Breathe deeply from your diaphragm because breathing from your chest won't relax you.
5	Push your stomach out as you inhale. Place your hand gently on your abdomen to be sure it is expanding as you inhale and contracting as you exhale.
6	Hold that breath to the count of four.
7	Breathe out slowly and gently through your mouth to the count of eight and be sure to not raise your shoulders.
8	Picture your breath coming up from your "gut."
9	As you exhale try to imagine you are bringing up from within you any discomfort and muscle tension and releasing it through your breathing.
10	Allow a sense of quiet and calm to take over your body.
11	Repeat this inhale-hold-exhale cycle five times.
12	Silently and slowly repeat a calm word or phrase such as "relax" or "take it easy" or "serenity" or something of your choice. Repeat it to yourself while breathing deeply.



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Inspirational Handout Example

Here Are Some Helpful Hints On the Care of Depression Monsters

During my five years in A.A. I've noticed a steady dwindling in the number, intensity and duration of my depressions. I've welcomed this slow fading and so have my friends.

The surprising thing about depressions is that when they happen, alcoholics and addicts often tend to nurse them and keep them alive. I know I did. If I continue to stay sober (and I hope to, with A.A.'s help) the day may come when I'm almost completely free of these mental binges of depression. So before I forget the many tricks of how to care for and feed a depression, I'd like to list some of them for the record.

Avoid A.A. meetings. By eliminating attendance at A.A. meetings, you will reduce your chance of running into anyone who might understand your depression; listen to you, ask for your help or kick you in the pants. You will also avoid hearing any A.A. slogans or advice that could help you get rid of your depression.

(continued....these are a few examples of the Inspirational Handout...refer to THE BASICS for the entire Handout)



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Miss a couple of meals. Hunger is to depression as fertilizer is to weeds - makes it thrive and blossom. While you're starving, steer clear of hot showers, a fresh change of clothing, a walk in the spring air, or anything else that might lift your spirits. If you're a man, go an extra day without shaving. If you're a woman, let your hair get dirty. With depression, every bit of grime and misery helps.

Above all don't permit any cracks in your armor. Avoid smiling and saying hello to people, giving another motorist the right of way, sending a birthday card to your invalid aunt, being pleasant to anyone, or surrendering your bus seat to any women less than eight months pregnant. Acts of kindness and simple decency can spell "bye-bye" for your depression.

Avoid all 12 Step meetings such as A.A. (Alcoholics Anonymous), N.A. (Narcotics Anonymous) or D.R.A. (Dual Recovery Anonymous) meetings, and recovering people or recovery literature; stay alone, hungry, and uncomfortable; don't pray; think about booze and drugs; and be as mean and petty as you can. With the help of these simple measures, you can stretch a one-day depression into a week-long binge.

So there you are. My former world and welcome to it!!! Author Unknown



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Subject Five Handouts

Worksheet Handout

PERSONAL EMOTIONS MANAGEMENT
PLAN: Coping with Stress &
Uncomfortable Emotions (Stress,
Anger, Depression, Anxiety, and Worry)
WITHOUT Drinking and/or Drugging

Inspirational Handout

1. Here Are Some Helpful Hints On the Care of Depression Monsters
2. Risk Taking Is Free
3. Recovery "Letting Go"

Extensive Bibliographies for Every Subject Are Located
in THE BASICS at the End of Each Subject



THE END: Subject One Review and Training/Teaching Guide

- I am deeply honored to have worked with hundreds upon hundreds of the millions of individuals who have struggled and continue to struggle with Co-Occurring Psychiatric and Substance Disorders.
- Their courage and strength in pushing ahead toward health, in spite of seemingly insurmountable obstacles, is nothing short of amazing.
- I am sometimes asked why this is the Second Edition.
- The first printing (250 pages) was distributed without charge to agencies to receive feedback from treatment participants – many of which I sat in or taught across the country without them knowing I was connected to the curriculum in any way.
- When we listen and ask – treatment and therapy participants will tell us what is working, what is not helpful, and what they need.
- Thank you for your input which is the heart of this curriculum.



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