

Subject Six: Study and Review Guide

The Foundations of the Recovery Process

Subject Review Developed By:
Rhonda McKillip, LLC

Text: THE BASICS, Second Edition:

A Curriculum for Co-Occurring Psychiatric and Substance Disorders
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Foreword: Kenneth Minkoff, MD

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...

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 Review and Training & Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP

Text: *THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders*; 2020 Printing; Rhonda McKillip LLC

Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD; © McKillip & Associates rhondamckillipandthebasics.com; rmckillip@ix.netcom.com

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SUBJECT SIX

The Foundation of the Recovery Process

Overview of Topics

Acceptance Is a Process · Recovery Attitudes, Process, Foundation & Commitment · Motivational Interviewing Approach · Tools for Abstinence · Cravings & Urges to Use · Managing Cravings · Cues & Triggers · Refusing Alcohol & Other Drugs · Self-Care · Develop Nutritional Habits · Malnutrition · Low Blood Sugar · Nutrition & Relapse · Eating Properly · Meal Planning & Shopping Tips · Get Plenty of Sleep & Rest · Exercise Regularly · Medical & Dental Care · Good Grooming · Balance in All Areas · Live a Positive Life · Learn to Have Fun · Live in the Present · Build a Support Network · Benefits of Self-Help Groups · Family, Friend's & Partner's Support · History of Twelve Step Program · Meeting Formats · Home Group · Getting a Sponsor · Working the Steps · Recovery Slogans · Service to Others · Promises ...more

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Subject Six Presentation Guide

The Foundations of the Recovery Process

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	Group	Handouts
			Beginning: Reading, Phrase, or Relaxation
			Introductions
C Practice	Handouts	Group Closure	Overview of Format & Subject
			Time Frames Separate Sections
			Sections of Subject
D Practice	Handouts	Group Closure	Appendices
			Appendices Related to Specific Subject
			Subject Handouts & Discussion
E Practice	Handouts	Group Closure	Group Closure & Support

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Subject Six Goal and Objectives

Goal:

Examine the areas of recovery that, when established, will provide the foundation of a strong recovery program and give the stability necessary to move forward in the on-going process of recovery.



Objectives:

1. Summarize the values helpful to the recovery process, such as acceptance, willingness, patience, and a positive attitude.
2. Outline the foundations of the recovery process, which include: staying abstinent no matter what, practicing good self-care, and developing a support network.

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Today's Subject and Why It's Important

There are specific foundations in the recovery of all illnesses that make further recovery possible. For instance, if a person has a broken leg but doesn't get the recommended cast then future treatment recommendations, like physical therapy, will be of no use. This principle doesn't apply just to illnesses. It applies to anything that is built. A house will not stand if the foundation is not built properly. No one would think about building the second floor or the roof without first building a strong foundation.

The recovery from Psychiatric and Substance Disorders works the same way. The foundation includes abstinence, self-care, and support. As with all good foundations, there is preparation work first. The best place to start is with acceptance, patience, and attitude, as well as an understanding of the "recovery process" and hope based on the fact that treatment works!

From THE BASICS, SECOND EDITION, Page Subject 6-1

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Acceptance Is The First Problem and the First Solution

- Acceptance of Disorders of The Brain Can Be Difficult
- Acceptance Is a Process of Willingness
- Acceptance of Life As It Is
- Acceptance Is an Ongoing Process (A Little Story About Accepting Life As It Is)
- Accepting Others as They Are
- Acceptance Takes Place in Many Areas – Eventually



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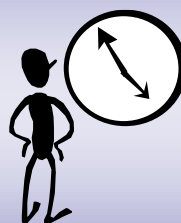
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Patience Takes Effort, Time, and Practice



Be Patient With Symptoms



Developing Patience Takes Time – Ugh!

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Attitudes About Recovery Are Everything

Some Attitudes Get In the Way

A Little Story About a Ham ☺

A child stood and watched her mother prepare the annual holiday ham. The Mother carefully cut off each end of the ham before placing it in the pan.



The child asked, "Mother, why do you always cut off the ends of the ham?" The mother replied, "Well, that's the way my mother always did it."

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Little Story About a Ham continued

The child called her grandmother and asked, "Grandma, why do you always cut off the ends of the ham?" The grandmother replied, "Because that's the way my mother always did it."

Finally, the child called her great-grandmother and asked, "Great-Grandma, why do you always cut off the ends of the ham before you bake it?"

After much thought the great-grandmother replied, "I used to do that when your grandmother was young because I had one small pan and the ham wouldn't fit, that was 60 years ago!"

Author Unknown

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Attitude Change In Stages With Recovery Commitment



Admit	Intellectually admitting to having a substance or psychiatric disorder or both.
Comply	Complying with treatment requirements.
Accept	Internalizing acceptance or recognition of the need for recovery.
Surrender	An inner journey to adopting recovery in all areas of your life.
Conversion	Experiencing internal change as recovery becomes a way of life.

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Attitudes about Recovery Are Everything...continued

- Changing Attitudes
- Keeping an Open Mind Creates a Positive Attitude
- Working on an "Attitude of Gratitude"
- Attitude "Pity Party"
- An "Attitude of Gratitude" Means Changing One's Perspective
- Things to Be Grateful For...



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The Process of Recovery

- Abstinence begins when you stop using.
- Recovery begins when the abstinent person starts growing and changing in positive ways.
- Abstinence requires a decision.

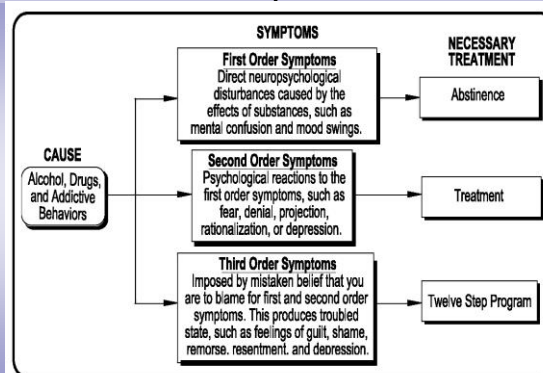
The Short-Term Versus The Long-Term View

Looking Forward

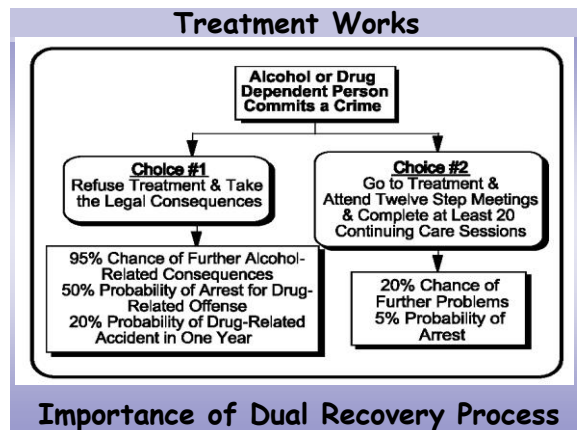


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Recovery Process



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Making The Recovery Process Your Number One Priority

#1

"Susan" and "James" came to treatment. There were asked to list their priorities in life. Susan said her priorities were:

1	NEW JOB	2	NICE PLACE TO LIVE	3	RECOVERY
---	---------	---	--------------------	---	----------

"Susan" achieved her first two goals by getting a nice place to live and a new job. She had *gained* the two most important things to her. She rewarded herself by drinking. Not only did she lose her recovery, it wasn't long before she lost her job and her new home.
(by the way...this is a true recovery story)

James listed his priorities as:

1	EXPENSIVE SPORTS EQUIPMENT	2	TRAVEL	3	RECOVERY
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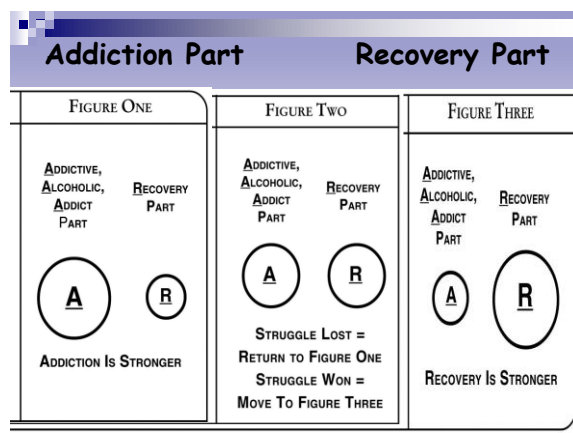
"James" was finally ready to take his dream vacation to use his expensive, new skis. His backpack with his plane tickets and the cash for his ski trip were stolen while he waited for his plane. He *lost* the two most important things to him. He took the money left in his pocket and headed straight to the airport bar. He lost his sobriety as well.
(by the way...this is a true recovery story...during the time a person had to have a ticket on them to board)

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Addiction Part Versus Recovery Part

- The recovery process can be viewed as a battle of fluctuating strengths between the "addiction part" and the "recovery part."
- Sometimes Addiction is stronger, sometimes they are equal and sometimes Recovery is stronger

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Gifts of Recovery

- From place of fear to one of faith.
- From pride to humility.
- From self-pity to gratitude.
- From resentment to acceptance.
- From dishonesty to honesty.
- From cynicism to trust.
- From isolation to connectedness.
- From reliance on self-will to a Higher Power.

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Foundations of Recovery

- Abstinence
- Self-care
- Support

First, take responsibility.

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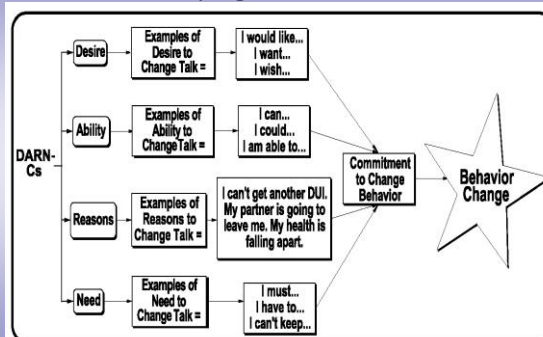
Staying Abstinent - No Matter What

- Total Abstinence Is Recommended
- Importance of Abstinence in Dual Recovery
- Total Commitment to Recovery (slogans)
 - *Thoroughly Followed Our Path*
 - *Willing to Go to Any Lengths*
 - *Half Measures Aailed Us Nothing*
 - *Completely Give Ourselves to This Simple Program*



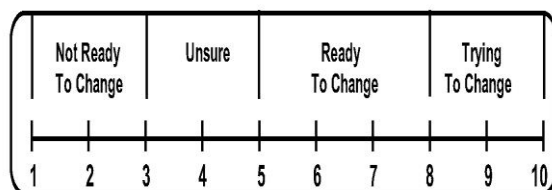
25

Identifying Your DARN-Cs

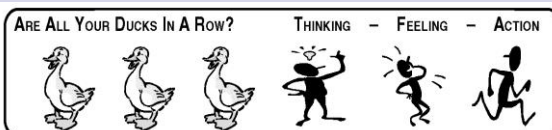


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Readiness Ruler



Getting Your Ducks in a Row – Taking Action



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Daily Plan For Recovery - Go To Bed Sober

- Stay Abstinent Today
- Spend Time With Family
- Look For a New Apartment
- Apply For a Job



*Whether time is spent with the family, or a new apartment is looked for, or if a new job is applied for...
Going to Bed Sober means you have accomplished the *most important* goal of the day!!!!

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Tools for Abstinence Convert Strengths in Addiction to Strengths in Recovery



Twelve step programs are critical to recovery...yet many "reasons" to not attend may include:
(refer to The Basics text for full psychoeducational material)

1. I'm a loner.
2. I don't join things, anything.
3. I don't need a support group
4. The war stories depress me.
5. I'm a policeman: I'll see someone I arrested.
6. I'm a _____ whatever; I can't be seen at a meeting.
7. I don't have time for meetings.
8. I can't call people in AA.

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Self-Defeating Thoughts – Challenge Old Thinking and Create New Thoughts

SELF-DEFEATING THOUGHTS	CHALLENGE OLD THINKING AND CREATE NEW THOUGHTS
1 I don't have time for meetings.	1. I have great planning skills. 2. I always found time for getting high and spent more hours looking for drugs, using them, hiding them, and recovering from them.
2 I can't call people in A.A.	1. I have lots of determination. 2. I used to call dealers at 3 a.m. or even people I was told <i>might</i> have drugs.
3 I can't fit meetings into my schedule.	1. I'm great at time management. 2. I planned ahead so I'd know where the next drugs were lined up. I always fit getting drugs into my schedule no matter how busy I was.
4 I don't do well meeting strangers.	1. I have courage when it comes to strangers. 2. I contacted dealers even though they were strangers because we were on the same mission. People in Twelve Step Meetings aren't really strangers because we're on the same mission too – sobriety.
5 Meetings are too far or inconvenient to me.	1. I'm persistent. I used to drive 150 miles to get cocaine. 2. Getting drugs or buying alcohol was never inconvenient; I always figured out a way to arrange to get them.
6 I might get rejected in a meeting.	1. I'm single-minded when I want to be. 2. Being turned down never – ever – deterred me. I never cared if a bartender or a dealer rejected me. I always got what I wanted or even found another dealer.



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Tools for Abstinence continued

Develop a survival
image and mentality.



Help yourself.

Start and end the
day with recovery.



Openly acknowledge your addiction to others...
of course, there will be some people
you decide not to tell.

Remember the old days realistically –
not euphorically.

(refer to THE BASICS text for full psychoeducational material)

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**Don't Test Control – Stay Away From
Using People and Slippery Places**



- Quit For Others, Stay
Quit For Yourself
- Learn From Your
Mistakes
- Limit Your access to
Cash

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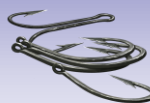
Cravings and Urges to Use

- Cravings Defined
- Brain Chemistry and Cravings or Urges
- Location of Cravings in The Brain
- Intensity, Frequency, and Duration of Cravings
- Making Cravings Better or Worse
- Take the Responsibility But
Not the Blame



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Cues or Triggers



External Cues

Avoid Triggers of People, Places, and Things

1	DEALERS	4	USING CO-WORKERS	6	USING FAMILY MEMBERS
2	USING FRIENDS	5	USING SEX PARTNERS	7	USING NEIGHBORS
3	BARS	6	USING PARTIES	8	PLACES YOU BOUGHT ALCOHOL OR DRUGS

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**Slippery People, Places,
Things, and Situations List**



1	SLIPPERY PEOPLE	1. _____	2. _____	3. _____
2	SLIPPERY PLACES	1. _____	2. _____	3. _____
3	SLIPPERY THINGS	1. _____	2. _____	3. _____
4	SLIPPING SITUATIONS	1. _____	2. _____	3. _____

Internal Cravings

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Managing Cravings

Managing Mild Cravings

Managing Intense Cravings

Thinking it Through

1. Think of the negative consequences of using.
2. Think of the positive rewards of staying sober.
3. Delay your decision another hour or until tomorrow.
4. Tell yourself the craving will pass and don't act on it.
5. Remember a very negative experience related to your active addiction.
6. Imagine a possible negative outcome if you use, such as another DUI or hospitalization.
7. Think of what you would say to a friend to get him or her not to use.
8. Remind yourself that alcohol and street drugs will make you medications not as effective.



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Get Busy and Do Something

- Anything - Except Use



- Talk with a support person.
- Get busy to distract yourself.
- Specific mental or physical distractions.
- Get something to eat.
- Leave the situation.
- Get support.



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Refusing Alcohol and Other Drugs

- Say you're not using today.
- Tell them you don't use anymore.
- State straight out that you have a problem with alcohol or drugs.
- Offer an alternative activity, such as "Let's go get cup of coffee instead."
- Tell them you are on medications and drinking or using drugs is not recommended.



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Refusing Drugs Offered by Persistent Dealers

DON'TS WITH DRUG DEALERS

1 Don't look at him or her.	5 Don't start making excuses.
2 Don't slow down or don't stop walking.	6 Don't get into a conversation.
3 Don't smile.	7 Don't let them put anything in your hand.
4 Don't use a soft voice.	

DO'S WITH DRUG DEALERS

1 Avert your gaze.	5 Keep your hands closed.
2 Turn your head away and wave them off.	6 Use a firm voice tone.
3 Stand tall and lean forward (assertive).	7 Say, "I don't want any!" over and over.
4 Walk past at a brisk pace.	

- Role-Playing Is Helpful
- Remember Your Plan



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Self Care



1 DEVELOP NUTRITIONAL HABITS	3 GET MEDICAL & DENTAL CARE	6 LIVE A POSITIVE LIFE
2 GET PLENTY OR REST & SLEEP	4 PRACTICE GOOD GROOMING	7 LIVE AN ACTIVE LIFE
3 EXERCISE REGULARLY	5 STRIVE FOR BALANCE	8 LIVE IN THE PRESENT

40

Develop Nutritional Habits

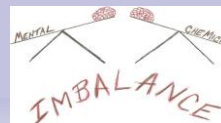


Dual Disorders and Nutrition



41

Addictions Interrupt Nutritional Balance - Cause Malnutrition



Important Fuel Source Through High Calories

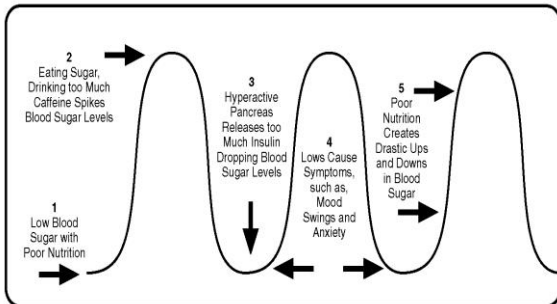
Low Blood Sugar



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Hypoglycemic Tendencies

- Differences In the Body
- Differences In The Brain



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Low Blood Sugar Symptoms

- Physical Symptoms: pounding heart, sweating headaches, nausea...more
- Mental Symptoms: forgetfulness, confusion, spaced out thinking...more
- Emotional Symptoms: anxiety, irritability, depression...more



(refer to THE BASICS text for additional examples and full psychoeducational material)

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Treatment of Hypoglycemia

- Avoid sweets, avoid stimulants like caffeine, avoid stress
- Add suitable diet, snacks, and a daily vitamin supplement



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Low Blood Sugar continued

Blood Sugar and Recovery

Poor Nutrition and Cravings

Nutrition and Relapse

Weight Concerns and Nutrition

Digestion and Nutrition in Early Recovery



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Importance of Good Nutrition and Benefits of Eating Properly

- Heals the Body: repairs cells and immune system...more
- Heals the Mind: restores neurotransmitter activity, reduces mood swings...more
- Promotes Recovery: controls unstable blood sugar, helps to heal the brain and body, reduces cravings...more

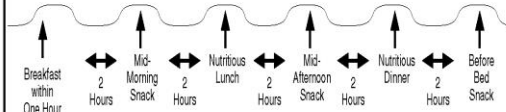


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Purpose of Eating Right

GOAL: Stable Blood Sugar Levels Throughout the Day

CONSISTENT NUTRITION STABILIZES BLOOD SUGAR



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Nutritional Planning

1. Eat Three Good Meals a Day
2. Eat Three Nutritious Snacks
3. Cut Back on Caffeine or Avoid It Altogether
4. Cut Back on Sweets or Avoid Them Altogether
5. Avoid Stress Whenever Possible
6. Increase Fluid Intake to Keep Your Body Hydrated
7. Rebuild Calcium Levels
8. Take Daily Vitamin Supplements



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Vitamins and Nutrients

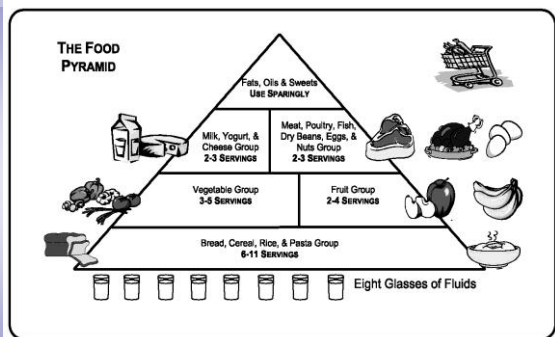
(Refer to THE BASICS for examples of each category)

1. Calcium-Rich Foods
2. Protein-Rich Foods
3. Nutritious Fruits
4. Nutritious Vegetables
5. Vitamin A-Rich Foods
6. Vitamin B-Rich Foods
7. Vitamin C-Rich Foods
8. Vitamin E-Rich Foods
9. Tryptophan-Producing Foods
10. Minerals: Potassium-Rich, Iron-Rich, Copper-Rich, and Zinc-Rich Foods



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Shopping From The Basic Food Group



Note: The specifics of this food pyramid are not relevant to all racial, religious, cultural, or ethnic groups. It does, however, give a good visual so different cultures can adapt this to their specific dietary needs.

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Planning Meals

BREAD, CEREAL, RICE, & PASTA GROUP 	MILK, YOGURT, & CHEESE GROUP
VEGETABLE GROUP 	MEAT, POULTRY, FISH, DRY BEANS, EGGS, & NUTS GROUP
FRUIT GROUP 	FATS, OILS, & SWEETS GROUP

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Shopping Tips to Eat Better for Less Money



FOOD CATEGORY		LOW COST FOODS THAT KEEP WELL		
1	BREADS, CEREAL, RICE, PASTA	Macaroni	Rice	Cream of Wheat
		Spaghetti	Tortillas	Cornmeal
		Noodles	Oatmeal	Flour
2	VEGETABLES	White Potatoes	Cabbage	Canned Pumpkin
		Sweet Potatoes	Onions	Canned Corn
		Carrots	Canned Tomatoes	Canned Peas
		Turnips	Tomato Sauce	Canned Green Beans
3	FRUITS	Apples	Canned Fruit	Frozen Fruit Juice
		Oranges	Canned Fruit Juice	Frozen Juices on Sale
4	MILK, YOGURT, CHEESE	Fresh Milk	Canned Milk	
		Dry Milk	Processed American Cheese	
5	MEAT, FISH, POULTRY, BEANS, NUTS	Frozen Meat	Canned Chili	Canned Meat
		Frozen Chicken	Canned Tuna	Peanut Butter
		Frozen Turkey	Dry Beans or Peas	Eggs
6	FATS, OILS, SWEETS, & EXTRAS	Cooking Oil	Sugar	Canned Soup
		Baking Powder	Salt, Pepper, Spices	Boxed Macaroni

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Developing Healthy Nutritional Habits

- If you have not eaten properly for months or years, you may not be hungry.
 - Ask yourself nutritional questions like “Did I eat breakfast this morning? What will I have for a snacks today?”, etc.
 - Developing new nutritional behaviors usually takes time and often happens in stages.
 - Start *somewhere* – like eat a piece of toast, banana, glass of milk or juice for breakfast...plan ahead for lunch and dinner....more
- 
- A photograph of a breakfast meal. On a white plate, there are two pieces of French toast, one of which is topped with a slice of banana. The toast is garnished with fresh blueberries and raspberries. To the right of the plate is a clear glass filled with orange juice. A silver fork and knife are placed to the right of the plate. The entire meal is set on a light-colored wooden table.



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Get Plenty of Sleep and Rest

Sleep Problems in Recovery



Getting a Good Night's Sleep



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Getting a Good Night's Sleep...continued

1. Select a Waking Time & Keep It Constant – 7 days/week
2. Don't Eat or Drink a Lot Before Bedtime
3. Snack On the Right Bedtime Snacks
4. Avoid Caffeine & Nicotine Around Bedtime
5. Exercise Regularly
6. A Slightly Cool Room Is Ideal For Sleeping
7. Sleep Only at Night, Don't Take Naps During the Day
8. Keep It Quiet
9. Prepare for Bedtime
10. Prepare Your Sleep Area
11. Separate Sleep Activity From Daytime Activity

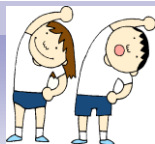
(refer to THE BASICS text for explanations and psychoeducational material)



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Exercise Regularly

- Most people with Psychiatric and Substance Disorders lead isolated and inactive lives – it's the nature of those illnesses.
- In recovery, it will be important to move.
- Any movement, even slow movement, will help you feel better – climb the stairs, take a walk, or sweep the floor.
- Regular aerobic exercise, such as walking, is beneficial for many reasons:
 - Physical Health
 - Mood Stability
 - Mental Health
 - New Recovery Behaviors



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Medical and Dental

When addictions take over, everything else takes a back seat – this is particularly true in the area of medical and dental care.

1	YEARLY MEDICAL PHYSICALS	2	YEARLY DENTIST APPOINTMENTS	3	MEDICATION APPOINTMENTS AS NEEDED
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Medications

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Good Grooming

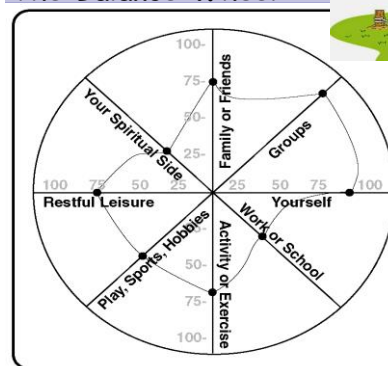
Simple grooming is vitally important in retaining human dignity and self-esteem.



1	TAKE A DAILY SHOWER OR A BATH	3	COMB YOUR HAIR
2	BRUSH YOUR TEETH	4	WEAR CLEAN CLOTHES

59

Balance in All Areas - The Balance Wheel



- Family or Friends
- Groups
- Yourself
- Work or School
- Activity or Exercise
- Play, Sports, or Hobbies
- Rest or Leisure
- Your Spiritual

60

Live a Positive Life

- Positive Thinking Is Relative
- Stopping Negative Thinking With "Stop"
- Reach Out to Others
- Learn to Have Fun
- Develop a Sense of Humor



1. Involves The Entire Brain
2. Fosters Positive & Hopeful Attitude
3. Increases Personal Empowerment

(refer to THE BASICS for Explanations of each)

61

Learn to Laugh

1	Have a Sense of Humor
2	Learn to Laugh
3	Stay In Touch With Your "Inner Clown"
4	Learn to Play
5	Read or Expose Yourself to Humorous Material

- Get some fresh air
- Hang out with successful people



(refer to THE BASICS for Explanations of each)

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Live an Active Life



- Breaking Free of Isolation
- Seek Out New Activities
- Solitude Versus Loneliness
- Get Active



63

Live in the Present

LIVE IN TODAY, THIS MOMENT...
If you Live in Yesterday's Worries or Tomorrow's Fears, You'll Miss Today's Presents.



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Support Network

- Support Through Self-Help Groups
 1. Personal Responsibility
 2. Self-Management
 3. Helping One Another

- Support Through Treatment Team

- Benefits of Self-Help Groups...continued next page



Self-help groups are valuable in so many ways.

- 1 Fills the void left when you stop addictive behaviors or alcohol and drug abuse.
- 2 Provides continuous, mutual support in a group of your peers.
- 3 Breaks isolation and lets you see what works for others.
- 4 Lets you know you're not alone in the problems you face.
- 5 Gives you a reality check as others let you know how you're doing.
- 6 Provides a place to vent your feelings and bounce thoughts off others.
- 7 Promotes independence, empowerment, stability, and self-regulation of your emotions.
- 8 Gives you the opportunity to try out new coping communication and socializing skills.
- 9 Expands your skill levels in developing new and healthier relationships.



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Building A Support Network

Qualities of a Good Support Person



QUALITIES OF A GOOD SUPPORT PERSON

1	ACCESSIBLE & AVAILABLE	8	SOMEONE YOU CAN TRUST
2	COMPASSIONATE	9	SOMEONE YOU RESPECT THEIR OPINION
3	EMPATHETIC	10	KNOWS WHAT YOU'RE GOING THROUGH
4	HONEST	11	DOES NOT ABUSE ALCOHOL & DRUGS
5	EASY TO TALK TO	12	GIVES YOU TIME WHEN YOU ASK FOR IT
6	GOOD LISTENER	13	KNOWS WHERE YOU'RE COMING FROM
7	NONJUDGMENTAL	14	WANTS TO HELP YOU

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Identify Your Support Network

MY PERSONAL SUPPORT NETWORK

SUPPORT PERSON	HOW THIS PERSON CAN SUPPORT ME	WHERE TO REACH THEM
		
		

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Family, Friend's, and Partner's Support



When The Family Is Part of The Problem



When The Family Is Part of The Solution

69

The Family in Recovery

Be Patient With Your Family

If you have earned distrust – expect it.

Help your family learn about recovery and your major issues, such as your "dangerous situations," and what your support group is like.

Try to invite at least *one* family member to be a "partner in recovery," someone you can be fully open with and rely on.

(refer to the THE BASICS text for additional examples)

70

For Family Members

1. Expect ups and downs; *full* recovery takes years.
2. Get outside support and develop outside interests.
3. Learn more about recovery and how it can affect families.
4. Keep your home free of drugs, psychoactive medication, and alcohol whenever possible.
5. Make expectations clear and confront problems honestly; but avoid giving lectures.
6. Be open to meeting some of your family member's new friends and joining in some recovery group activities.
7. Don't try to protect your loved one from problems or provide help where it's not needed.
8. Remember, you can't make someone recover. Offer the support and love you can and keep yourself well. That's the best and most that can be done.



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Attending Meetings

Attending Meetings

Getting a Sponsor

Working the Twelve Steps

Reading Inspirational Literature

Being of Service to Others

72

The History of Alcoholics Anonymous

(refer to THE BASICS text for a more complete history of A.A.)



Not Me – Other People May Need A.A., But I Don't



- First, Change Your Thinking About Meetings
- Second, Change Your Behavior.

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Attending Meetings...continued



Importance of Twelve Step Meetings

- Attending Twelve Step Meetings is like having an insurance policy for sobriety.
- People don't wait to buy insurance on their home *after* it's burned to the ground.
- Meetings will help you be prepared ahead of time if the future holds challenges or losses.

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Purpose of Twelve Step Meetings

- "...a fellowship of men and women who share their experience, strength, and hopes with each other that they may solve their common problems and help others to recover from alcoholism.
- "...The only requirement for membership is a desire to stop drinking...our primary purpose is to stay sober and help other alcoholics to achieve sobriety."



75

Short Story About Support ☺

There was a man who fell into a deep hole and the sides were very steep and he could not get out. A doctor walked by and the man called to him and said I am in this deep hole, please help me because I can't get out, the doctor wrote out a prescription and dropped it in the hole and went on.



A priest walked by and a man called out to him "please help me I am in this deep hole and I can't get out..."

continued

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Short Story About Support ☺ continued

the priest wrote out a prayer and dropped it in the hole and walked on.



A person walked by and seeing the person in the hole, jumped down in the hole. The person in the hole said "why did you do that, now you are down here with me, how will that help." The person replied, "well you see I have been down in this hole myself, and I know how to get out."

"Friends of Bill W."

77

Recovery for Families

- Al-Anon and Alateen: Families and teens learn in order to be free from their addiction to the chemically dependent loved one, they must surrender their powerlessness over the illness and allow the alcoholic or chemically dependent persons the right to live or die.
- National Alliance For the Mentally Ill (NAMI): Provide support, advocacy organization of consumers, families, and friends of people with mental illness, as well as provide useful information and assistance to people with these disorders and their family and friends.



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Modified Twelve Step Meetings

- By 1990 Alcoholics Anonymous had approximately 200 spin-off organizations that have sought and been granted permission from A.A. to adapt its program and format.
- What started with two alcoholics helping each other has exploded to a movement that spans the world.



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Modified Twelve Step Meetings...continued

Double Trouble

- Tailored to meet the needs of those diagnosed with both a psychiatric disorder and a chemical addiction.
- Provides a safe forum for discussion on medication, mental health, and substance abuse issues.
- Studies found a *positive* relationship between participation in DTR and *successful* recovery, such as *less* mental health symptoms and *less* substance use.



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Twelve Step Groups Are the Most Recommended Self-Help Groups



- Membership of Twelve Step Program World-Wide
- Community Socializing Organizations



81

Why It Works - A Sense of Family

- People in the Twelve Step Program aren't strangers, they're family.
- Closest thing to an ideal family – a safe harbor for growth, optimism, and a sense of belonging.
- Research shows that the factors of "belonging" and "fellowship" are what makes AA successful.



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Meeting Formats

1. Closed Meetings
2. Open Meetings
3. Discussion Meetings
4. Speaker Meetings
5. Big Book Study Meetings
6. Step Study Meetings
7. Beginner Meetings



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Meeting Formats...continued



- Where to Find Meetings
- Going to Ninety Meetings in Ninety Days or "90 in 90"
- How Long Do I Have to Go?
- Anonymity
- Speaking at Meetings

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Meeting Formats...continued

- Cross Talk
- Medications and the Twelve Step Program
- What to Talk About in Meetings
- Spirituality of The Twelve Step Program
- Why People Go to Meetings



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Getting a Home Group

- You may try different groups to find the one you are the most comfortable attending.
- This meeting will become your "home group."
- The home group remains the *strongest* bond between *you* and the Fellowship of the Twelve Step Group.
- Benefits of having a home group include: voting on issues that might affect the group; you can celebrate your sobriety birthdays and receive your coins (called chips).
- These are the people who will build your support group.



86

Getting a Sponsor

- Recovery is a journey.
- If you were taking a long trip – what will you need along the trip? What are the hazards to watch out for? If you get into trouble, will you have someone to call on for support?
- As adults we seek out specialists to teach us skills or to help us learn something.
- "Would you take your roller skates to a Cadillac dealership to ask about performance?" (Father Martin 1974) – no, because they aren't the people who know.
- This is where a sponsor comes in...they know the journey.



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Getting a Sponsor continued

- 1 What is a sponsor?
- 2 What are the characteristics of a sponsor?
- 3 What does a sponsor do?
- 4 How do you get a sponsor?
- 5 Choosing a sponsor.
- 6 How do I make the decision to get a sponsor?
- 7 Should my sponsor be a man or a woman?
- 8 How do I use a sponsor?
- 9 What if they say no?



(refer to THE BASICS for the full psychoeducational content on this topic)

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Working The Twelve Steps

STEP	PRINCIPLE	STEP	PRINCIPLE
Step One	Honesty	Step Seven	Humility
Step Two	Hope	Step Eight	Brotherly Love
Step Three	Faith	Step Nine	Justice
Step Four	Courage	Step Ten	Perseverance
Step Five	Integrity	Step Eleven	Spiritual Awareness
Step Six	Willingness	Step Twelve	Service

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Rewards of The Twelve Steps

1. Hope instead of despair.
2. Faith instead of despair.
3. Courage instead of fear.
4. Peace of mind instead of confusion.
5. Self-respect instead of self-contempt.
6. A clean conscience instead of a sense of guilt.
7. Real friendship instead of loneliness.
8. A clean pattern of health instead a purposeless existence.
9. The love and understanding of families instead of their doubts and fears.
10. The freedom of a happy life instead of the bondage of an addictive behavior.



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Recovery Slogans Offer Mottos to Live By



Slogans Are Simple, Yet Have Profound Meanings

Easy Does It, Keep It Simple,
One Day At a Time

Slogans Help People Stay on The Path

- Turn It Over
- Keep It Simple
- First Things First
- Live and Let Live
- Paralysis of Analysis
- Walk the Talk
- Fake It 'Til You Make It
- Live Life on Life's Terms

(refer to THE BASICS for the entire psychoeducational content on this topic)

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Reading Inspirational Literature

- If you want to be inspired then it is recommended that you read inspirational material.
- There are hundreds of choices that can provide comfort and strength, as well as give insight into problems and strength to deal with them.
- Inspiration can be found in many ways including.
 - Poems & Phrases
 - Coins or Chips



Service to Others

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The Promises of Working The Twelve Step Program

- 1 If we are painstaking about this phase of our development, we will be amazed before we are halfway through.
- 2 We are going to know a new freedom and a new happiness.
- 3 We will not regret the past nor wish to shut the door on it.
- 4 We will comprehend the word serenity and we will know peace.
- 5 No matter how far down the scale we have gone, we will see how our experience can benefit others.
- 6 That feeling of uselessness and self-pity will disappear.
- 7 We will lose interest in selfish things and gain interest in our fellows.
- 8 Self-seeking will slip away.
- 9 Our whole attitude and outlook upon life will change.
- 10 Fear of people and of economic insecurity will leave us.
- 11 We will intuitively know how to handle situations, which used to baffle us.
- 12 We will suddenly realize that God is doing for us what we could not do for ourselves.

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Subject Six Handouts

Worksheet Handout

Controlling Cravings Before They Control You

Inspirational Handout

1. Autobiography in Five Short Chapters
2. Lessons From Geese
3. I've Learned



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

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Example of an Inspirational Handout

Autobiography in Five Short Chapters

Chapter I: I walk down the street. There is a deep hole in the sidewalk. I fall in. I am lost. I am helpless. It isn't my fault. It takes forever to get out.



Chapter II: I walk down the same street. There is a deep hole in the sidewalk. I pretend I don't see it. I fall in, again. I can't believe I am in this same place. But, it isn't my fault. It still takes a long time to get out.

Chapter III: I walk down the same street. There is a deep hole in the sidewalk. I see it is there. I still fall in...it's a habit...But, my eyes are open...I know where I am. It is my fault.

Chapter IV: I walk down the same street. There is a deep hole in the sidewalk. I walk around it.

Chapter V: I walk down another street.

Source: Portia Nelson "There's a Hole In My Sidewalk"

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THE END: Subject Six 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.

