

Practical Applications of *The ASAM Criteria*

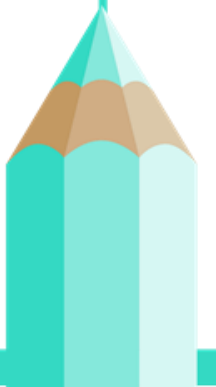
Scott Covert

Vice President of Early Intervention Services
The Change Companies®



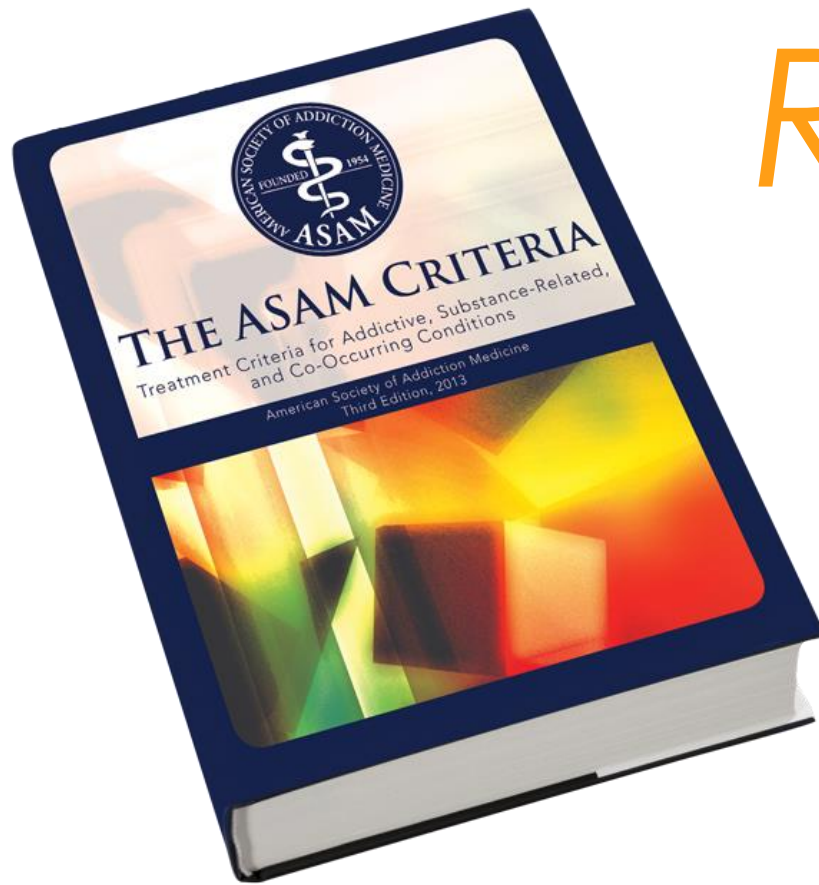
TRAINING OBJECTIVES

- Revisit ASAM training objectives & goals
- Identify key treatment planning objectives
- Demonstrate effective implementation strategies for treatment goals and objectives
- Develop a plan for back at the office





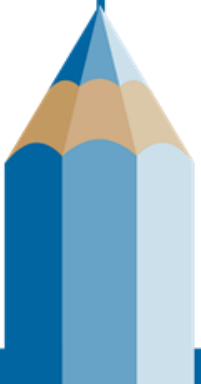
ASAM



Revisited

Paradigm Shift

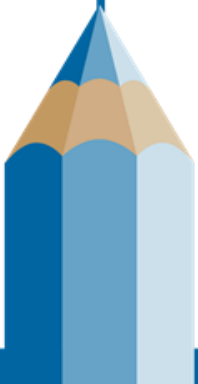
- Complications-driven treatment
- Program-driven, diagnosis-driven treatment
- **Individualized, clinically driven treatment**



Paradigm Shift

The criteria have evolved over time to reflect the current scientific research.

- **from one-dimensional to more multidimensional assessment**
- **from program-driven to more clinically driven treatment**
- **from a fixed length of stay to variable length of service**
- **from a limited number of discrete levels of care to a continuum of care**



Why did you train on ASAM?

- Because my Clinical Director told me to.
- So my agency gets paid by Managed Care.
- Because I care about the individuals who present themselves with mental health and substance using disorders, and want to provide services that match their needs.



Intake and Assessment

- What does the patient want? Why now?
- Does the patient have immediate needs due to imminent risk in any of the six assessment dimensions?
- Conduct multidimensional assessment
- What are the DSM diagnosis?



DAPPER-3

Placement & Dimensional Assessment

DAPPER-3™
Dimensional Assessment for Patient Planning Engagement and Recovery - 3
Norman G. Hoffmann, Ph.D., David Mee-Lee, M.D., & Gerald D. Shulman, M.A., M.A.C., FACATA

Name: _____ Gender: Identifies as Male ___ Female ___
 ID: _____ Date of Birth: / / Age: _____

Assessment Dates

Date for A-1: / / Date for A-2: / /
 Date for B-1: / / Date for B-2: / /
 Date for C-1: / / Date for C-2: / /
month day year month day year

With which ethnic grouping does patient identify:
 (1) Hispanic/Latino – white
 (2) Hispanic/Latino – non-white
 (3) African-American
 (4) Native American
 (5) Native Hawaiian/Pacific Islander
 (6) Asian
 (7) Middle Eastern
 (8) Caucasian/White
 (9) Multiracial/Biracial/Other

Current marital status at entry into treatment:
 (1) Never married
 (2) Divorced
 (3) Separated
 (4) Widowed
 (5) Living as married
 (6) Married

Highest degree earned:
 (1) No high school diploma earned
 (2) High school diploma or GED
 (3) Vocational/technical/business school grad.
 (4) Associate degree
 (5) Bachelor's degree
 (6) Master's, doctoral, or other postgrad. degree

Employment status upon entry into treatment:
 (1) Working full time for pay (30 hr./wk. or more)
 (2) Working part time for pay (< 30 hr./wk.)
 (3) Unemployed
 (4) Not working for pay by choice
 (5) Disabled
 (6) Retired

Primary job type when working for pay:
 (1) Professional
 (2) Upper-level management/business owner
 (3) Mid-level management
 (4) Sales/marketing
 (5) Supervisory
 (6) Craft/skilled trades/technical
 (7) Office/white collar/clerical
 (8) Transportation/equipment operator
 (9) Laborer/unskilled worker
 (10) Service worker (waiter/waitress)
 (11) Domestic worker (housekeeper, etc.)
 (12) Military service
 (13) Other (specify) _____

Diagnostic Impressions

Substance	Not Determined	No Diagnosis	Mild	Moderate	Severe
Alcohol					
Marijuana / Cannabis					
Cocaine (powder or crack)					
Stimulants of any type					
Sedative/hypnotics/etc.					
Heroin/Prescribed Opioids					
Inhalants					
PCP/designer drugs					
Hallucinogens					
Other/unknown/mixed					

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Treatment Planning Considerations

Indicate areas requiring immediate attention and/or areas of concern to be addressed. High ratings (e.g., 3-4) may suggest priorities or areas requiring greater attention. List item numbers corresponding to the areas of concern.

Initial Assessment

Dimension 1: _____

Dimension 2: _____

Dimension 3: _____

Dimension 4: _____

Dimension 5: _____

Dimension 6: _____

Second Assessment

Dimension 1: _____

Dimension 2: _____

Dimension 3: _____

Dimension 4: _____

Dimension 5: _____

Dimension 6: _____

Third Assessment

Dimension 1: _____

Dimension 2: _____

Dimension 3: _____

Dimension 4: _____

Dimension 5: _____

Dimension 6: _____

Additional Notes

Fourth Assessment

Dimension 1: _____

Dimension 2: _____

Dimension 3: _____

Dimension 4: _____

Dimension 5: _____

Dimension 6: _____

Fifth Assessment

Dimension 1: _____

Dimension 2: _____

Dimension 3: _____

Dimension 4: _____

Dimension 5: _____

Dimension 6: _____

Sixth Assessment

Dimension 1: _____

Dimension 2: _____

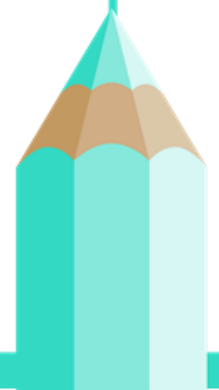
Dimension 3: _____

Dimension 4: _____

Dimension 5: _____

Dimension 6: _____

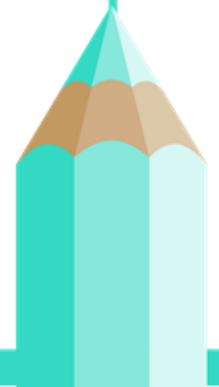
Hoffmann, Mee-Lee & Shulman DAPPER © 2000, 2014, Norman G. Hoffmann, Ph.D.



SUDDS-5

Diagnosis of DSM-5 Criteria

SUDDS-5™ Substance Use Disorders Diagnostic Schedule - 5	
<small>Norman G. Hoffmann, Ph.D. and Patricia A. Harrison, Ph.D.</small>	
Name _____	Interviewer _____
ID# _____	Location Code _____
Birth date ____/____/____	Date of Interview ____/____/____
Sex (Circle) 1 Male 2 Female	
GENERAL INFORMATION	
1. What is your ethnic origin? 1 Asian 2 African-American 3 Hispanic 4 Native American 5 Caucasian 6 Biracial/Multiracial/Other	5. What is your primary job when you are working? 1 Professional/technical 2 Manager/administrator/business owner/farmer 3 Sales 4 Clerical/office worker 5 Craft/skilled trades 6 Transportation/equipment operator 7 Laborer 8 Domestic worker (housekeeper, daycare, etc.) 9 Service worker (waiter/waitress) 10 Military Service 11 Other (specify) _____
2. What is your current marital status? 1 Never married 2 Married 3 Separated 4 Divorced 5 Widowed	6. What was your total personal income last year? 1 None to \$10,000 2 \$10,001 to \$20,000 3 \$20,001 to \$30,000 4 \$30,001 to \$40,000 5 \$40,001 to \$50,000 6 Over \$50,000
3. What is the highest degree you have earned? 1 Not a high school graduate 2 High school diploma/GED 3 Vocational/technical/business school 4 Associate Degree (2 year) 5 Bachelor Degree (4 year) 6 Master's Degree 7 M.D., J.D., Doctorate	7. Are any minor children living with you? 0 No 1 Yes
4. Are you employed? 1 Yes, full-time (35 hours or more) 2 Yes, part-time (less than 35 hours) 3 No, unemployed (seeking work) 4 Not working by choice	
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SUDDS-5

Diagnosis of DSM-5 Criteria

SUDDS-5 Diagnostic Checklist

Name: John Doe ID: 453 5682 Date: 08-16-2013

Q#	Indicator	Criterion	Alcohol	Cannabis	Cocaine	Stimulant			
16	Frequent Drinking (5+ days/wk) and 5+ drinks per occasion	3	E 3 C	---	---	---	---	---	---
17	Usually drink 7+ drinks per occasion	10	E 10 C	---	---	---	---	---	---
23	Urnys fifth per day	10	F 10 C	---	---	---	---	---	---
21	Amnesic periods (Blackouts)	9	E 9 C	---	---	---	---	---	---
22	Frequent Drug Use (5+ days/wk) injected drug to get high	3	---	E 3 C	F 3 C	E 3 C	E 3 C	E 3 C	E 3 C
25	Unintended use	1	E 1 C	E 1 C	E 1 C	F 1 C	E 1 C	E 1 C	E 1 C
29	Longer use than intended	1	E 1 C	E 1 C	E 1 C	F 1 C	E 1 C	E 1 C	E 1 C
27	Binge of 21+ days	3	E 3 C	E 3 C	E 3 C	E 3 C	E 3 C	E 3 C	E 3 C
28	Using most of the day	3	E 3 C	E 3 C	E 3 C	E 3 C	E 3 C	E 3 C	E 3 C
29	Tolerance	10	E 10 C	E 10 C	E 10 C	E 10 C	E 10 C	E 10 C	E 10 C
30	Preoccupation with use	4	F 4 C	E 4 C	E 4 C	E 4 C	E 4 C	E 4 C	E 4 C
31	Compulsion to use	4	E 4 C	E 4 C	E 4 C	F 4 C	E 4 C	E 4 C	E 4 C
32	Failed to follow rules for use	2	E 2 C	E 2 C	E 2 C	F 2 C	E 2 C	E 2 C	E 2 C
33	Wanted to stop	2	E 2 C	E 2 C	F 2 C	E 2 C	E 2 C	E 2 C	E 2 C
34	Life revolved around use	3	E 3 C	E 3 C	F 3 C	E 3 C	E 3 C	E 3 C	E 3 C
35	Withdrawal indications	11	E 11 C	E 11 C	E 11 C	E 11 C	E 11 C	E 11 C	E 11 C
36	Use to alleviate withdrawal	11	E 11 C	E 11 C	E 11 C	E 11 C	E 11 C	E 11 C	E 11 C
37	Objections to use by others	6	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C
38	Use damaged a relationship	6	F 6 C	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C
39	Became violent or hit someone	6	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C
40	Sacrifice activities to use	7	F 7 C	E 7 C	E 7 C	E 7 C	E 7 C	E 7 C	E 7 C
41	Effects of use interfere with activities	7	E 7 C	E 7 C	E 7 C	E 7 C	E 7 C	E 7 C	E 7 C
42	Neglected responsibilities	5	E 5 C	E 5 C	E 5 C	F 5 C	E 5 C	E 5 C	E 5 C
43	Unable to pay bills or obligations	5	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C
44	Financial impediments to activities	7	E 7 C	E 7 C	F 7 C	E 7 C	E 7 C	E 7 C	E 7 C
45	Missed work or school	5	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C
46	Reduced work effort/opportunity	5	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C
47	Difficulties at job or school due to use	5	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C
48	Conflicts at work due to use	6	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C	E 6 C
49	Lost job or suspended from school	5	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C	E 5 C
50	Medical consequences of use	9	F 9 C	E 9 C	E 9 C	F 9 C	E 9 C	E 9 C	E 9 C
51	Medical contraindications	9	E 9 C	E 9 C	F 9 C	E 9 C	E 9 C	E 9 C	E 9 C
52	Injury while drinking/using	8	E 8 C	E 1 2+	E 1 2+	E 1 2+	E 1 2+	E 1 2+	E 1 2+
53	Risky sexual behavior when using	8	E 8 C	E 8 C	F 8 C	E 8 C	E 8 C	E 8 C	E 8 C
54	Used more than intended	1	E 1 C	F 1 C	E 1 C	E 1 C	E 1 C	E 1 C	E 1 C
55	Failure to seal properly	9	E 9 C	E 9 C	E 9 C	E 9 C	E 9 C	E 9 C	E 9 C
56	Emotional problems due to use	9	E 9 C	E 9 C	E 9 C	E 9 C	E 9 C	E 9 C	E 9 C
57	Memory/concentration problems	9	E 9 C	E 9 C	E 9 C	E 9 C	E 9 C	E 9 C	E 9 C
58	Motor vehicle accident after use	8	E 8 C	E 8 C	E 8 C	E 8 C	E 8 C	E 8 C	E 8 C
59	Driven while under the influence	8	E 8 C	E 8 C	E 8 C	E 8 C	E 8 C	E 8 C	E 8 C
61	Wanting to cut down	2	E 2 C	E 2 C	L 2 C	E 2 C	E 2 C	E 2 C	E 2 C
62	Craving	4	F 4 C	E 4 C	E 4 C	E 4 C	E 4 C	E 4 C	E 4 C
63	Other withdrawal indications	11	E 11 C	E 11 C	E 11 C	E 11 C	E 11 C	E 11 C	E 11 C
Total number of positive criteria			8	4					

Alcohol - 10, 1, 4, 2, 11, 7, 5, 8
Cannabis - 3, 1, 6, 5

The DSM-5 requires that at least two criteria of events or behaviors specific to a given substance occur during the same 12-month period for an individual to be diagnosed as having a substance use disorder.

DSM-5 Substance Use Disorder Criteria

- The substance is taken in larger amounts or over a longer period than intended.
- There is a persistent desire or unsuccessful effort to cut down or control use.
- A great deal of time is spent obtaining, using, or recovering from the effects of use.
- Craving or a strong desire, or urge, to use.
- Recurrent failure to fulfill major role obligations at work, school, or home.
- Continued use despite persistent or recurrent social or interpersonal problems caused by or made worse by continued use.
- Important social, occupational, or recreational activities are given up or reduced because of use.
- Recurrent use in situations in which it is physically hazardous to be impaired by use.
- Continued use despite knowledge of having a physical or psychological problem that is caused by use or is likely to be made worse by continued use.
- Tolerance as defined by needing increased amounts to get the desired effect or diminished effect with the same amount.
- Withdrawal syndrome or using the same substance to relieve or avoid withdrawal symptoms.

DSM-5 Diagnoses
DSM-5 Diagnostic designations are determined by the number of positive criteria as follows:
0 - 1 no diagnosis
2 - 3 mild substance use disorder
4 - 5 moderate substance use disorder
6+ severe substance use disorder

Comments:

Diagnostic Conclusions and Codes
The F codes in parentheses are ICD-10 codes.

Alcohol
Mild: 305.00 (F10.10)
Moderate: 303.90 (F10.20)
Severe: 303.90 (F10.20)

Cannabis
Mild: 305.20 (F12.10)
Moderate: 304.30 (F12.20)
Severe: 304.30 (F12.20)

Cocaine
Mild: 305.60 (F14.10)
Moderate: 304.20 (F14.20)
Severe: 304.20 (F14.20)

Stimulants - amphetamine or other
Mild: 305.70 (F15.10)
Moderate: 304.40 (F15.20)
Severe: 304.40 (F15.20)

Inhalants
Mild: 305.90 (F18.10)
Moderate: 304.00 (F18.20)
Severe: 304.00 (F18.20)

Opioids
Mild: 305.50 (F11.10)
Moderate: 304.00 (F11.20)
Severe: 304.00 (F11.20)

Sedatives/hypnotics/anxiolytic
Mild: 305.40 (F13.10)
Moderate: 304.10 (F13.20)
Severe: 304.10 (F13.20)

Hallucinogens: Phencyclidine / other
Mild: 305.90 / 305.50 (F18.10)
Moderate: 304.80 / 304.50 (F18.20)
Severe: 304.80 / 304.50 (F18.20)

Other/unknown
Mild:
Moderate:
Severe:

ICD-10 codes for all hallucinogens are the same

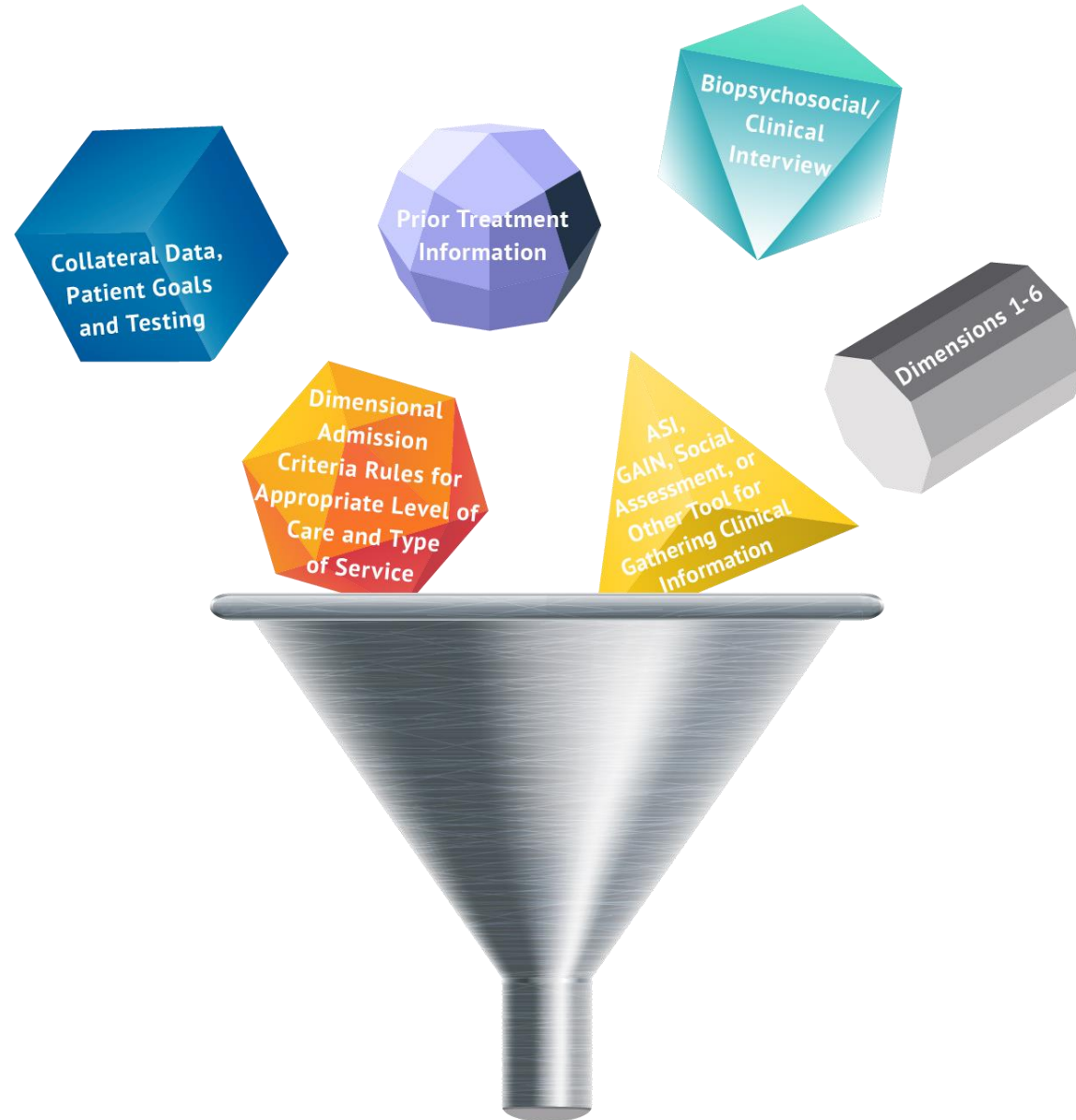
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Service Planning and Placement

- Multidimensional severity/level of function profile
- Identify which assessment dimensions are currently most important to determine treatment priorities
- Choose specific focus and target for each priority dimension
- What specific services are needed for each dimension?



What is a Treatment Plan?



Sample

Treatment

Plan

SAMPLE TREATMENT PLAN

Recipient Information		Provider Information	
Medicaid Number: 12345678		Medicaid Number: 9101121	
Name: Jill Sprat		Name: Tom Thumb, Ph.D.	
DOB: 05-25-99		Treatment Plan Date: 10-03-16	
Other Agencies Involved			
Jack Horner, M.D. Child Psychiatrist		Phone contact during the first month of treatment, then as needed, but at least 1 time every 3 months	
Dayton High School		Request teacher to complete Achenbach teacher Report Form (TRF) 1 time during the first month of treatment. Continued contact by phone as needed	
Medication(s):			
Prozac	Dose: 20 mg	Frequency: 1 x day	Indication: Depression
Vivitrol	Dose: 20 mg	Frequency: 1 shot per month	Alcohol/Marijuana Use Disorder
1. Problem/Symptom: Depression as manifested by sadness, irritability, poor self-esteem, low energy, excessive sleep and suicidal ideation. Severe substance use disorder for alcohol and Moderate using disorder for Marijuana using DSM 5 criteria.			
Long-term Plan: Symptoms of depression will be significantly reduced and will no longer interfere with Jill's functioning. Jill will be abstinent with both alcohol and marijuana use.			
Short-term Goals/Objectives	Date Established	Anticipated Comp. Date	Date Achieved
1. Jill will develop a safety plan and no harm contract.	10-06-16	10-20-16	
2. No suicidal ideation for 90-days	10-06-16	01-06-17	
3. Jill will be med compliant for 90-days	10-06-16	01-06-17	
4. Jill will increase insight regarding mental illness and demonstrate realistic expectations	10-06-16	11-06-16	
5. Jill will decrease denial about substance abuse and achieve and maintain abstinence.	10-06-16	11-06-16	

Treatment Plan Elements

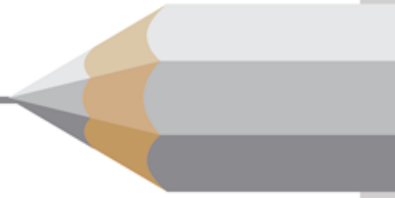
Treatment Plan Elements

1. Describe problem.
2. Reflect data that supports dimensional admission or continued stay criteria.
3. Describes specific behavior that manifests problem.
4. Indicates why it's a problem ("as evidenced by") or consequences. Does NOT state what patient "doesn't have" or "lacks."
5. Describes patient's view of problem.

Admission Criteria

Track Progress on Goals,
Objectives and Methods, with
Progress Notes

Summarize Treatment Plan Progress
with Continued Stay Reviews, Identify
New Issues and When Transfer/
Discharge Criteria is Met



Treatment Plans Drive Care

Treatment plan problems

- Language the client can accept?
- Language that is individualized and client-centered





Scott's Treatment Goals

- Don't drink...total abstinence or you're out.
- Don't use drugs...total abstinence or you're out.
- Go to group and learn something useful.
- Go to AA/NA meetings.
- Collaboration with client: We voted and you're not going to make it.

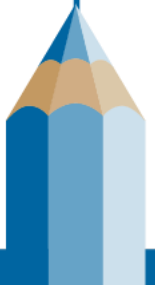


Jill's Goals & Objectives

- I want to have enough energy to focus on my job.
- I don't want to feel dopey all the time.
- I need to get along better with my coworkers. My boss said I will be fired if I can't figure it out.
- I want to finish my GED but I don't know where to start.
- I don't know how to cope with what I have been through. I need to figure out other ways of coping.

WHAT

WORKS?





Individualized Care

This person

in this setting

on this day

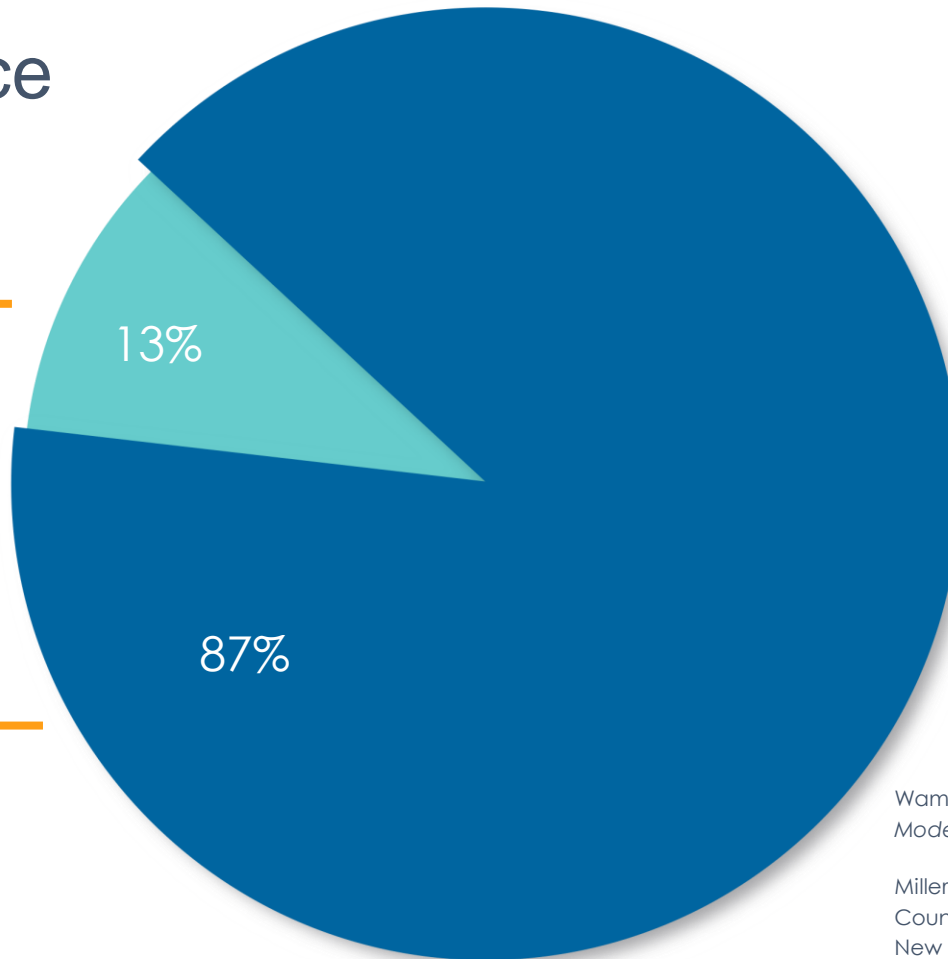
at this stage of interest or readiness to change

What works in behavior change?

- The empirical evidence

Treatment

- Alliance
- Hope
- Model/Modality



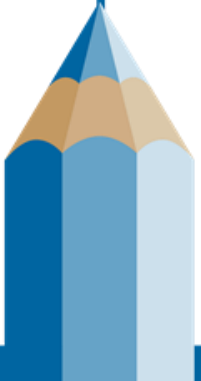
Extratherapeutic

Wampold, BE. (2001). *The great psychotherapy debate: Models, methods, and findings*. New York: Lawrence Erlbaum.

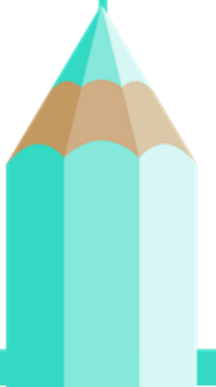
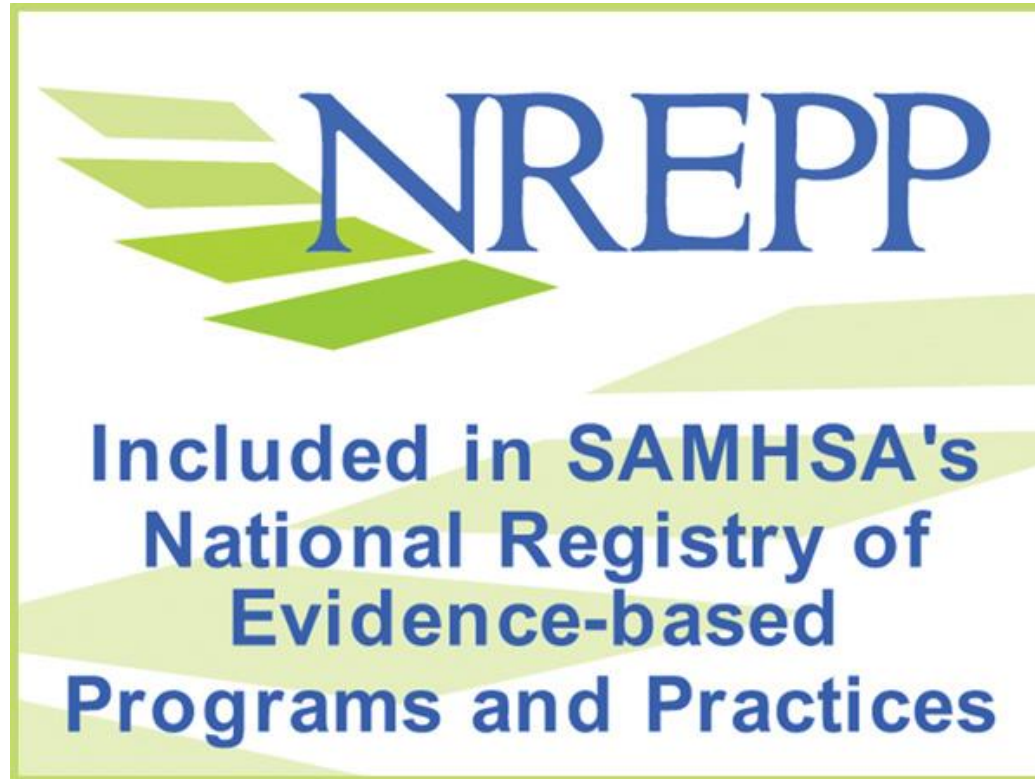
Miller, SD, Mee-Lee, D, & Plum, B. (2005). Making Treatment Count. In J. Lebow (ed.), *Handbook of clinical family therapy*. New York: Wiley.

Extratherapeutic FACTORS

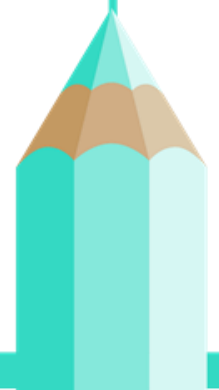
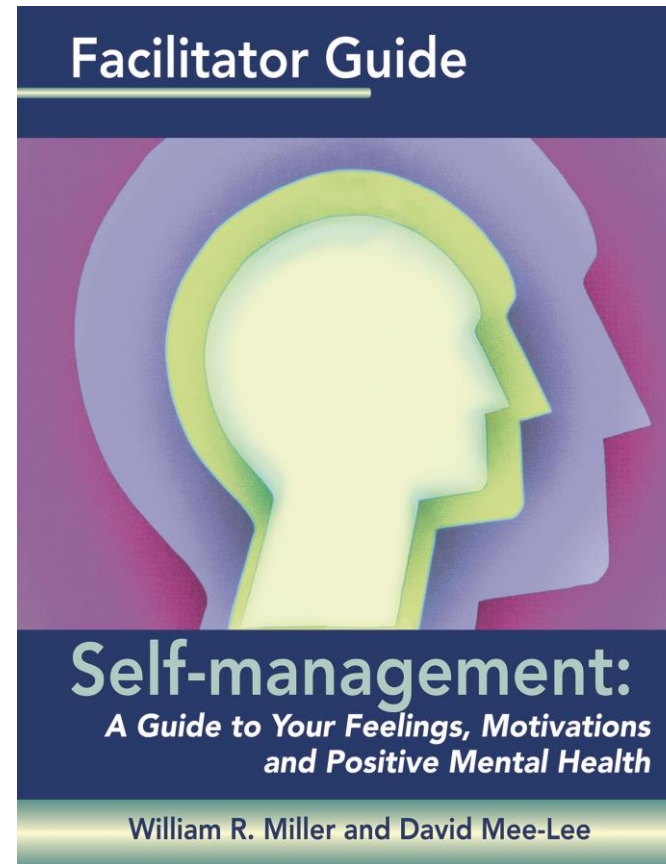
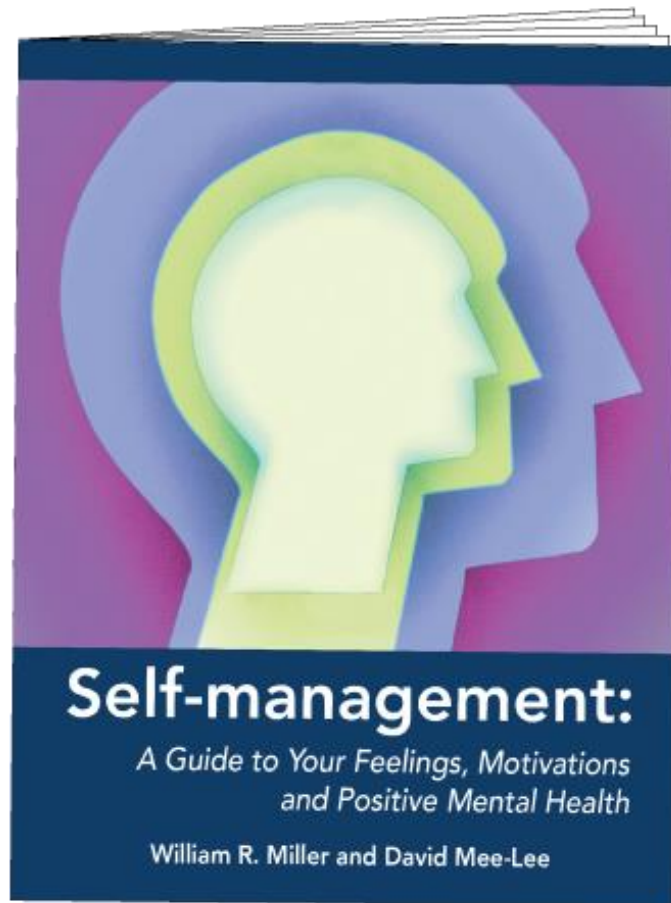
- Readiness to change
- Existing social support network
- Strengths and resources
- Personal motivations
- Level of functioning
- Life events
- Socioeconomic status



Interactive Journaling[®]

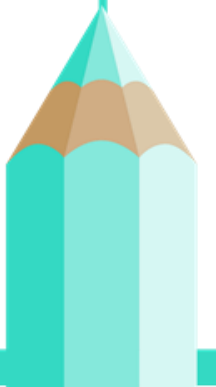


Interactive Journaling[®]



Manualized Modalities

- Transtheoretical Model of Behavior Change
- Motivational Interviewing Principles
- Cognitive-behavioral Approach



Guided Process

Organic patterns

Self-management Facilitator Guide



Drugs that are misused have direct physical effects, particularly on the brain (which is the principal motivation for their use), but also on other organ systems. A seventh way to influence health through Organic processes, then, is to refrain from the use of alcohol, tobacco and illicit drugs (O7). The box at the bottom of page 66 invites participants to consider what adverse effects alcohol and other drugs have had on their body.



One-to-one
Explore with the participant the negative physical (Organic) effects that he or she has experienced that were (or might have been) a result of alcohol or other drug use. What impact has alcohol/drug use had on the participant's body and physical wellness? Encourage and facilitate appropriate consultation (medical, dental, etc.) for continuing physical problems.



Group
Explore with participants the negative physical (Organic) effects that they have experienced that were (or might have been) a result of alcohol or other drug use. What impact has alcohol/drug use had on their bodies and physical wellness? Encourage and facilitate appropriate consultation (medical, dental, etc.) for continuing physical problems.

Avoid alcohol and other drugs

Finally, the state and well-being of your body are affected by drugs you put into it. The use of prescription medications was discussed earlier (pages 62-64).

To oversimplify, most drugs associated with problem use fall into one of three categories: Up, Down or Out. Uppers (such as caffeine, cocaine and methamphetamine) artificially increase heart rate, energy, concentration

and a sense of well-being. Downers like alcohol and barbiturates depress or shut down body functions (including breathing and heart rate). "Outer" drugs like hallucinogens and cannabis directly alter thought and perception. Some drugs do more than one of these things. Opioids, for example, have both Down and Out functions – they depress heart rate and breathing while also altering mental

processes. Most of these drugs also have additional and sometimes dangerous effects. Alcohol, for example, impairs judgment, perception, reaction time and coordination. It also tends to increase aggression and the misperception of social situations. While alcohol can make it easier to fall asleep, it also tends to disturb the quality of sleep and can cause nightmares and awakening in the night.

What negative effects (if any) do you suspect your own use of alcohol or other drugs has had on your body and physical wellness?

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With further probing, participants' responses on page 66 can provide information regarding ASAM Dimension 4, readiness to change and awareness about a condition.

Responses

Self-management Facilitator Guide



This page introduces six strategies for changing the Response component of STORC. The overall emphasis is that behavior (one's Response) is a choice among options. The box on page 67 asks participants to identify a time when they could have made the wrong choice, but instead chose to respond in a different way that turned out well. The STORC elements are used to analyze the situation, including the Response that the person avoided, and what he or she did instead. These incidents provide rich material for discussion, and having people tell these personal stories is likely to strengthen confidence for change.



Change your responses

The preceding sections have focused on things you might consider and change with regard to your Situation, your Thinking and your Organic pattern – your mind and body. The fourth link in the STORC chain, R, is how you Respond, what you do, your behavior. It offers yet another place where it is possible to make positive changes.

How you Respond is a choice. If someone slaps you, do you strike back, "turn the other cheek" in some way or walk away? When you aren't getting what you want, do you angrily demand it and threaten, persistently ask for it or quietly give up? In every situation, many different Responses are possible, and what you choose to do is up to you. This section focuses on learning about and managing your own behavior, which is another form of self-control and self-determination.

Describe a Situation in which you could have made the wrong decision or might have responded badly, but instead you acted in a different way that turned out well.

What was the Situation?

What were you Thinking to yourself at the time?

How were you feeling at the time?

What might you have done (that could have resulted in a bad outcome)?

How did you actually Respond instead?

What happened as a Consequence? How did it turn out?

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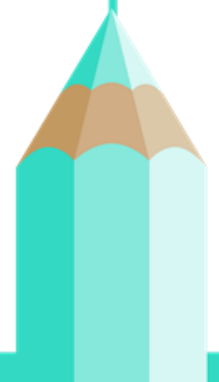
One-to-one
Discuss the participant's responses on this page. Start with the Situation (S), then what he or she was Thinking (T) and Feeling (O) at the time, how he or she Responded (R) and how the situation turned out well (C). Then ask what else the participant might have done (R) that would not have turned out so well (C). Explore how the participant made the "right" choice in responding to this situation and affirm that decision (as appropriate).



Group
Discuss participants' responses on this page. Start with the Situation (S), then what they were Thinking (T) and Feeling (O) at the time, how they Responded (R) and how the situation turned out well (C). Then ask what else the participants might have done (R) that would not have turned out so well (C). Explore how the participants made the "right" choice in responding to this situation and affirm that decision (as appropriate).



Some professionals have believed that it is not a good idea to strengthen clients' confidence (self-efficacy) about change, for fear of causing them to be overconfident. One popular model included confidence about abstinence as a risk factor for relapse. A test of this model found that increasing clients' levels of self-efficacy about maintaining abstinence actually predicted a lower, not higher, rate of relapse (Miller & Harris, 2000).



Engaging the *Individual*

Choosing your goals

Now look back over pages 4 through 7 and decide what are your three most important goals for change. Remember to make each goal one that you can get your ARMS around: make it Achievable, Rewarding, Measurable and Specific. Describe each of your ARMS goals below:

My first goal for change is: _____

- Achievable
- Rewarding
- Measurable
- Specific

My second goal for change is: _____

- Achievable
- Rewarding
- Measurable
- Specific

My third goal for change is: _____

- Achievable
- Rewarding
- Measurable
- Specific

Your **first** goal

Here are some things to consider about your first goal. On the line below, write a short description of your first goal from page 8.

My first change goal is to: _____

Circle a number on the scale reflecting how *important* it is for you to make this change:

0 1 2 3 4 5 6 7 8 9 10

Not at all important

Extremely important

Why did you choose this number rather than a lower number or zero? Why is it important for you to make this change?

Circle a number on the scale that reflects how *confident* you are about making this change:

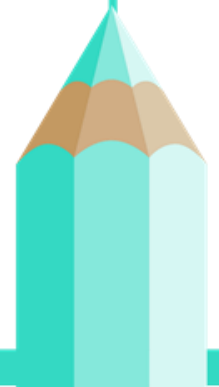
0 1 2 3 4 5 6 7 8 9 10

I'm sure I can't

I'm sure I can

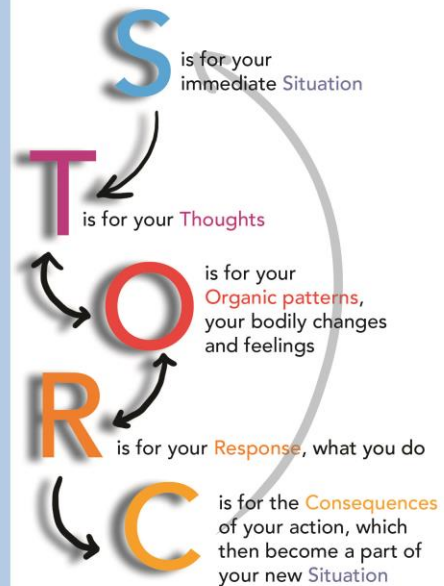
Why did you choose this number rather than a lower number or zero? What helps you believe that you can make this change?

What do you need, or what would help you to succeed in making this change?



Skill-building

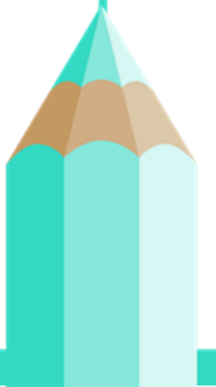
Self-understanding and the **STORC** Cycle



Your feelings and actions don't just happen randomly. So where do they come from? Would you believe the STORC brings them?

STORC is a sequence of five events. When you feel stuck, it's often the same STORC pattern repeating over and over, like a broken record. The good news is that it's usually possible to change several of the components of STORC, and changing any one of them affects the others and can change the whole pattern.

You have a lot of say about what happens to you, as well as how you feel and think.



ASAM Dimensions



Acute Intoxication and/or
Withdrawal Potential



Biomedical Conditions and
Complications



Emotional/Behavioral/ Cognitive
Conditions and Complications



Readiness to Change



Relapse/Continued

Use/Continued Problem Potential



Recovery Environment

1

Acute Intoxication and/or Withdrawal Potential

When should you use medication?

In a life-threatening crisis or medical emergency, others may make a decision for you about which medication you need. Except in these emergency situations, consider the following questions when thinking about using medication:

1. Have you tried any nonmedication coping strategies before? What worked for you and what didn't?
2. Did you have significant psychological problems long before you developed problems with alcohol or other drugs? Or have you had mental health problems continue or get worse even when you were not using alcohol or other drugs for a period of weeks or months? If so, just getting free from alcohol/drug use is not likely to make these problems go away. It may be beneficial to consider medication in addition to counseling and behavior changes.
3. Did you start having mood swings, anxiety, depression, hallucinations or paranoid feelings only after developing alcohol/drug problems or addiction? Do these problems seem to happen only when you are intoxicated or withdrawing from alcohol/drug use? If so, it may make sense to hold off on trying other medications for these problems until you see whether they clear up again when you have quit or cut back on your alcohol/drug use. You can also learn other nonmedication coping strategies to help with these problems.
4. Do you now have both mental health and active substance use problems that are causing you distress? Usually it is best to treat both problems at the same time, whether using medication or other coping strategies to help resolve them.

S
T
O⁵
R
C

Try biofeedback

Biofeedback is a way of learning how to make specific physical changes in your body when you want to. Research with

biofeedback has shown that it is possible to learn self-control over body functions once thought to be beyond voluntary control.

A piece of biofeedback equipment measures a particular Organic function of the body and converts it into something you can see, hear or feel.

For example, there are biofeedback devices to measure your heart rate, skin temperature, tension in particular muscles and electrical brain waves. The machine might turn one of these, such as the alpha waves in your brain, into a tone you can hear. As you try to make the pitch go up or down, you learn how to increase this restful and peaceful form of electrical brain activity.

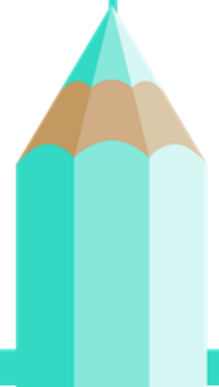
Biofeedback has been used successfully to help people learn how to relax muscle tension, reduce headaches, manage anxiety or pain and increase a drug-free sense of well-being. This approach, of course, requires the help of a professional with experience in biofeedback and the proper equipment.



S
T
O⁶
R
C

How might biofeedback be useful to you?

How might biofeedback help you reach your change goals?



2

Biomedical Conditions and Complications

Eat healthy

It also makes a big difference what fuel you put into your body. Like exercise, eating healthy can help you maintain your mood, energy

and weight, and prevent or manage chronic problems like heart disease, high blood pressure or diabetes. While your doctor or a dietician can

give you specific advice about healthy eating, the five basic principles are fairly simple:

1. Eat more fresh vegetables and fruit – at least five servings a day.
2. Get enough protein. This doesn't have to be meat. Beans, nuts, fish and eggs are good sources of protein.
3. Eat more fiber.
4. Eat less fat and salt, and particularly high-fat high-salt fast foods.
5. Cut down on carbohydrates, especially white foods like sugar, white flour, pasta, potatoes and pretzels.

But, I don't like these foods! Here's a little secret: We not only eat what we like, we like what we eat. Especially when you're hungry, satisfy

your hunger with healthier food and your body will start liking it. Avoid junk food and fast food as a quick fix when you're hungry.

And experiment! There are far more kinds of vegetables, fruits and fibers than most people know. Try new foods and recipes. Widen the range of things you like.

What particular foods do you think you should eat less of?

What particular healthy foods might you be able to eat more of instead?

Stay active

Another way to keep your body healthy is to make sure it gets the activity it needs. Being active can improve your mood, energy, appearance, and sleep. It can also help to prevent or manage chronic problems like depression, diabetes, hypertension and heart disease.

The basics of exercise are simple: move your body and use your muscles. Consider your current activity level – are you moving enough?

Find a form of activity you enjoy. If you have exercise equipment, try using it while watching movies or favorite television shows. Listen to your favorite music or audio books while you exercise. Move in ways you enjoy – dance, swim, run, walk, play sports, do yoga or tai chi, bicycle, skate, ski or go to a gym.

The point is to take charge and be active, to keep moving instead of falling into an unhealthy, sedentary lifestyle.



What forms of exercise do you already enjoy?

What other ways of moving your body and using your muscles might you enjoy?

What specific things could you do to be more physically active, to move your body and use your muscles?

Sleep well

Sleep is important. Being deprived of good sleep can disturb your mood, energy, concentration and normal thought processes. Having a healthy and balanced lifestyle includes getting a good night's sleep on a regular basis.

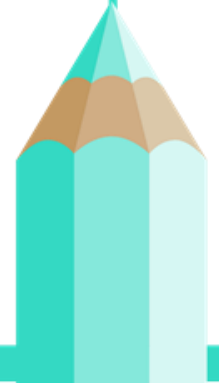
Yet many people don't sleep well. Some have trouble getting to sleep; others wake up in the night and have difficulty getting back to sleep. Some wake up feeling unrested.

There are things you can try on your own to improve the quality of your sleep. Here are some basic guidelines for sleeping well:

- Go to sleep about the same time each night. A regular sleep pattern helps.
- Do something relaxing just before bedtime. Avoid stimulating activities.
- Use your bed for sleeping. Don't read, eat, watch TV or use electronics.
- Be careful about chemicals. Caffeine and other stimulants can keep you awake. Alcohol may help you fall asleep, but too much disturbs your sleep in the night.
- Don't lie in bed awake. If you're not asleep within 15-30 minutes, get up and do something else. Go back to bed when you feel sleepy.
- Finally, get up at about the same time each morning. Don't sleep in no matter how much you've been awake during the night. And don't nap during the day.

How would you rate the quality of your sleep in general?

What changes could you make to improve your sleep?



2

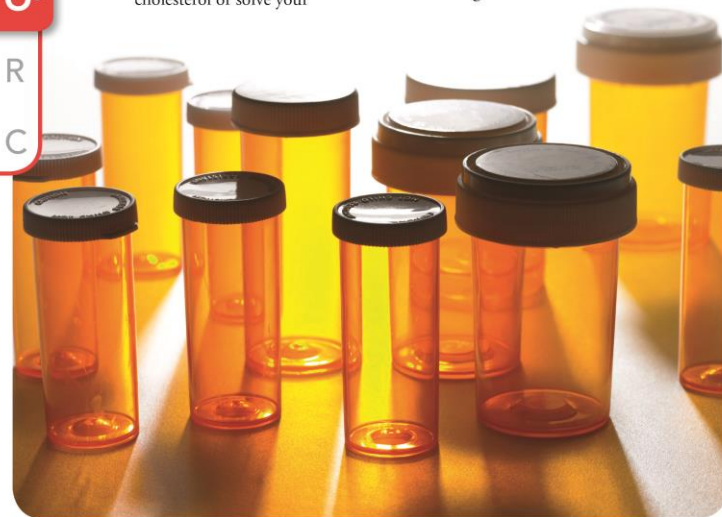
Biomedical Conditions and Complications

Consider **medication**

We live in a time when popping a pill is often the first thing recommended for coping with pain, emotional problems, insomnia or trouble concentrating. Pharmaceutical companies once marketed their medications to medical professionals. Now it's difficult to read a magazine or newspaper, watch TV or surf the Internet without coming across advertisements for medications to fix your depression, lower your cholesterol or solve your

sexual problems. At a time when taking medication is the default response for almost any ailment, it's no surprise that some people also turn to alcohol and illicit drugs to cope with life's difficulties.

However, medications do have a place in self-management when they are used as prescribed under competent medical supervision. Let's take a look at the "What" and "When" of using medication for self-management.



What medication should you consider?

You are probably familiar with medication to help improve your physical health such as when you take antibiotics to help fight bacterial infections.

You may also know there are many effective medications to help people cope with depression, anxiety, mood swings, sleep problems and cravings to use alcohol or other drugs.

These medications work by changing the balance of natural chemicals in the brain. Psychiatrists and other doctors can prescribe these medications, but it's important that you understand how they work and when to use them.

If you choose to take the medications recommended for you, you have a responsibility to yourself to help the medications do what they're supposed to do.

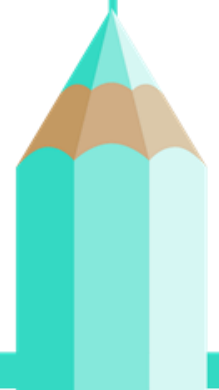
Be sure to take the correct dosage at the right times of day and for as long as prescribed. For some medications, it is particularly important to take the full amount for the full length of time recommended – don't just stop when you start feeling better.

Some medications come with specific instructions, such as to take them with food or to avoid certain things like alcohol, direct sunlight or driving or using heavy machinery while taking them. Read the instructions carefully.



What medications are you already taking (either prescription or over-the-counter)?

Medication Name	Daily Dose	Taken to Help With



3

Emotional, Behavioral and Cognitive Conditions and Complications

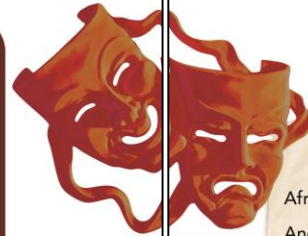
What are feelings?

Your feelings or emotions are personal to you. Although someone else may be able to guess how you are feeling by your appearance or from the things you say, only you know for sure what you are experiencing.

Some people find it quite easy to identify and name how they are feeling. Others find it more difficult or confusing, perhaps because it is possible to experience a mixture

of different and unique feelings. Sometimes you'll even experience feelings that seem opposed to each other (for example, feeling sadness, anger and relief about the end of a relationship).

Feelings are also sometimes confused with thoughts. This is because thoughts and feelings are closely linked, as is discussed later in this Journal.



A simple test to see if something is a thought or a feeling is to use the word, "that." For example, a person might say, "I feel that I'm doing OK," or "I feel that you're disrespecting me." If the word "that" logically follows the word "feel," then it's not a feeling – it's a thought. Even if a person uses a phrase where "that" could be inserted, it's still a thought. "I feel I'm doing fine" and "I feel you are disrespecting me."

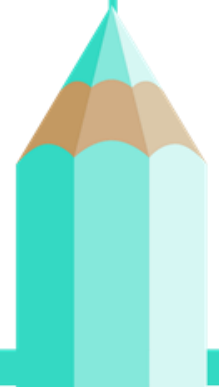
Another way to check if something is a thought or feeling is to see if the word "think" can be sensibly substituted for "feel": "I think I'm doing fine" and "I think you are disrespecting me." If so, it's probably a thought rather than a feeling.

On the other hand, when actual feelings are being described, it makes no sense to substitute the word, "think." "I feel sad" makes sense. "I think sad" just doesn't sound right.

Feelings from A to Z

Here are some of the many names for common feelings people often experience. Circle those feelings you experience most often. Feel free to add other emotions you often feel (that's what the extra lines at the end are for). Finally, cross out feelings you rarely experience.

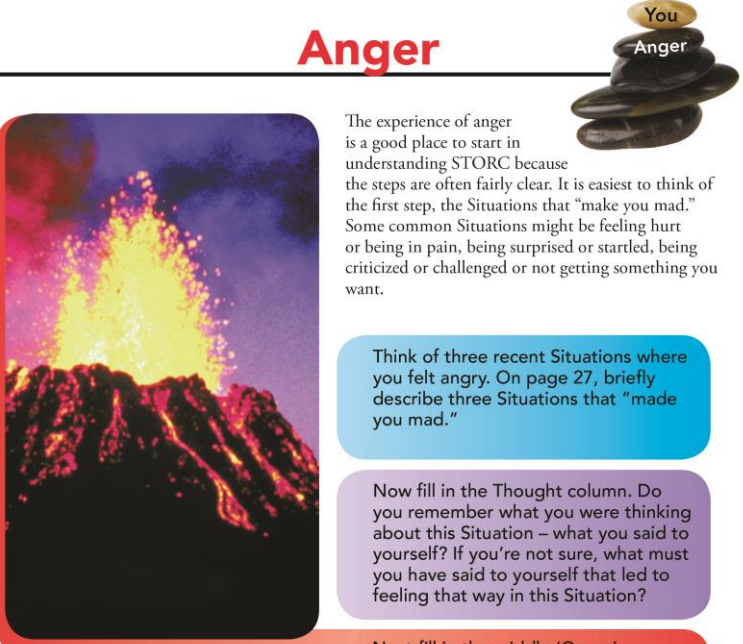
Afraid	Frightened	Lonely	Stubborn
Angry	Frustrated	Lost	Tense
Annoyed	Furious	Loving	Uncomfortable
Anxious	Guilty	Miserable	Vengeful
Bitter	Happy	Nervous	Worried
Bored	Hateful	Outraged	Zany
Carefree	Hopeful	Overwhelmed	Zestful
Caring	Hopeless	Passionate	_____
Confused	Horrified	Peaceful	_____
Disappointed	Hurt	Pleased	_____
Disgusted	Hysterical	Rejected	_____
Down	Indifferent	Relieved	_____
Ecstatic	Interested	Resentful	_____
Embarrassed	Jealous	Sad	_____
Empty	Joyful	Sexy	_____
Envious	Kooky	Shocked	_____
Excited	Lazy	Shy	_____
Exhausted	Lighthearted	Sorry	_____



3

Emotional, Behavioral and Cognitive Conditions and Complications

Anger



The experience of anger is a good place to start in understanding STORC because the steps are often fairly clear. It is easiest to think of the first step, the Situations that “make you mad.” Some common Situations might be feeling hurt or being in pain, being surprised or startled, being criticized or challenged or not getting something you want.

Think of three recent Situations where you felt angry. On page 27, briefly describe three Situations that “made you mad.”

Now fill in the Thought column. Do you remember what you were thinking about this Situation – what you said to yourself? If you’re not sure, what must you have said to yourself that led to feeling that way in this Situation?

Next fill in the middle (Organic patterns) column describing how you felt. Do you remember any feelings or changes in your body? What were your emotions?

Next fill in the Response column. What did you do in response to your angry feeling?

Finally fill in the Consequence column. What happened as a result of your action?

“Sometimes when I get real mad it’s like someone else takes over, someone I don’t even recognize. I really need to work on fixing my anger problem.”

Analyzing anger

Situation What was happening? <i>Example</i> My girlfriend didn't show up for dinner at my place as planned.	Thought What did you think to yourself? How could she? She didn't even call to let me know. She must be with someone else.	Organic patterns What did you feel? Annoyed. Tight stomach. Then furious. Lonely.	Response What did you do? Drank. Turned on the TV. Smashed a picture. Cried some. Left an angry message on her voice mail.	Consequence What happened next as a result? Fell asleep on the couch. She apologized for forgetting. We aren't talking now.
Situation 1				
Situation 2				
Situation 3				

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3

Emotional, Behavioral and Cognitive Conditions and Complications

Depression and negative mood



A second kind of feeling that is useful to analyze with the STORC cycle is depression and negative mood. Certain Situations, especially those involving loss, prolonged stress or lack of social support, tend to increase the chance for negative moods. If these negative moods persist, some might find them leading to full-blown, debilitating depression.

Think of three Situations where you experienced negative moods or feelings of depression. Describe them in the **Situations** column.

Now, fill in the **Thought** column. Do you remember what you were thinking about in this **Situation**?

Next, fill in the middle (**Organic patterns**) column describing how you felt. Do you remember any feelings or changes in your body? What were your emotions?

Next, fill in the **Response** column. What did you do in response to your feelings?

Finally, fill in the **Consequence** column. What happened as a result of your action?

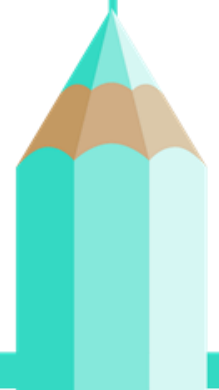


"It felt like a cloud was hanging over me the whole day."

Think of a time when you were experiencing negative moods or depression. How do you plan to avoid that level of negative mood in the future?

Analyzing depression and negative mood


Situation	Thought	Organic Patterns	Response	Consequence
What was happening?	What did you think to yourself?	What did you feel?	What did you do?	What happened next as a result?
Example <ul style="list-style-type: none"> My closest friend moved away. 	<ul style="list-style-type: none"> I don't have anyone to spend time with anymore. She'll forget about me. 	<ul style="list-style-type: none"> Alone Hopeless Abandoned 	<ul style="list-style-type: none"> Avoided everybody. Stayed home alone. I got drunk. 	<ul style="list-style-type: none"> I missed her going away party. We got in a fight before she left.
Situation 1				
Situation 2				
Situation 3				



3

Emotional, Behavioral and Cognitive Conditions and Complications

Stress and anxiety



We will explore stress and anxiety in the STORC cycle using a slightly different approach.

On the opposite page, in the Triggers column, list some of the circumstances in which you might feel stressed, anxious, nervous, worried, upset or afraid. These can be particular situations, or specific things you are thinking, feeling or doing.

Next fill in the boxes in the column that says, "What I usually do." Write down some common responses for when you feel stressed or anxious in this circumstance.

Finally, in the Alternatives column, consider what else you might do instead that could have better results. How else could you respond to these specific triggers?

The examples below may help you complete your own chart on page 31.

Triggers	What I usually do when I feel anxious in this circumstance	Alternatives
Situations <ul style="list-style-type: none"> When I am with people I don't know When I have to speak to people When I have too much to do at work 	<ul style="list-style-type: none"> Keep to myself Say something short and get out ASAP I snap at people because I don't have enough time 	
Thoughts <ul style="list-style-type: none"> Thinking about my past Thinking about things that might happen Feeling sorry for myself 	<ul style="list-style-type: none"> Turn on the TV Keep on worrying Drink alcohol 	
Organic Patterns <ul style="list-style-type: none"> Stomach getting tight Breathing fast Sweating 	<ul style="list-style-type: none"> Get away from people Lie down Get high 	
Response <ul style="list-style-type: none"> Driving Talking to someone new 	<ul style="list-style-type: none"> Drive too fast Keep it short, walk away 	


Analyzing stress and anxiety

Triggers	What I usually do when I feel anxious in this circumstance	Alternatives
Situations		
Thoughts		
Organic Patterns		
Response		




3

Emotional, Behavioral and Cognitive Conditions and Complications



Self-esteem



Finally, the STORC cycle can be used to help you explore your self-esteem. Self-esteem refers to how you feel about yourself. You can have positive self-esteem, negative self-esteem or feel somewhere in-between the two.

Have you ever felt a difference between the person you think you are and the person you want to be? Does this difference ever feel like it gets too big? When the distance between these two versions of yourself gets too big, it can affect your self-esteem.

Self-esteem can also be influenced by the circumstances in your life, as well as the goals or ideals you have created for yourself. The way you view your successes, failures, intelligence, social skills, family, creativity, sexuality and physical appearance all can have a positive or negative impact on how you see yourself.

Let's use the STORC model to identify an occasion where you experienced an increase in your self-esteem, and one when you experienced a decrease in your self-esteem. What was the Situation for each of these? What were you Thinking and what were your Organic patterns telling you? What was your Response to feeling both high and low self-esteem? Finally, what were the Consequences?

Example	Increased Self-esteem	Decreased Self-esteem
Situations	<ul style="list-style-type: none"> A customer gave me a good review. 	<ul style="list-style-type: none"> I got stood up for a blind date.
Thought	<ul style="list-style-type: none"> I'm really good at what I do. I'm finally getting recognized. 	<ul style="list-style-type: none"> My date must have seen me and taken off.
Organic Pattern	<ul style="list-style-type: none"> Happy Full of energy Excited for my job 	<ul style="list-style-type: none"> Embarrassed Disappointed Worthless Rejected
Response	<ul style="list-style-type: none"> I showed the review to my boss. 	<ul style="list-style-type: none"> I'm avoiding all dating opportunities now.
Consequence	<ul style="list-style-type: none"> My boss gave me good feedback and more responsibility. 	<ul style="list-style-type: none"> I'm still alone. I still feel isolated.

Analyzing self-esteem

	Increased Self-esteem	Decreased Self-esteem
Situations		
Thought		
Organic Pattern		
Response		
Consequence		



4

Readiness to Change

What makes a good goal for change?

Just about everybody has things they would like to change in their lives. A particular change is more likely to happen when they make it a goal, a priority. Here are four things that make a good goal:

Your goal should be **ACHIEVABLE** – something that is possible and realistic. It doesn't have to be easy; it's okay for your goal to be challenging. Just make it doable.

Your goal should be **REWARDING** – something you really want that would make life better for you or others. When possible, state it as a positive change – something you want to increase, improve, create or strengthen.

Your goal should be **MEASURABLE** – a change that you and others can observe. How will you know you are making progress toward it?

Your goal should be **SPECIFIC** – General goals like, "I want to be a better person" aren't clear enough to work on. For a bigger long-term change project, one way to make a specific goal is to decide on the next step you want to take.

**A
R
M
S**



Make a goal something you can get your ARMS around.

Your first goal

Here are some things to consider about your first goal. On the line below, write a short description of your first goal from page 8.

My first change goal is to: _____

Circle a number on the scale reflecting how *important* it is for you to make this change:

0 1 2 3 4 5 6 7 8 9 10

Not at all important

Extremely important

Why did you choose this number rather than a lower number or zero? Why is it important for you to make this change?

Circle a number on the scale that reflects how *confident* you are about making this change:

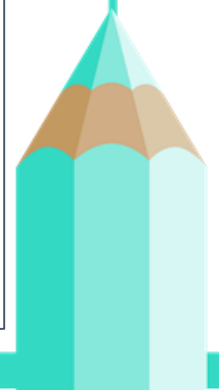
0 1 2 3 4 5 6 7 8 9 10

I'm sure I can't

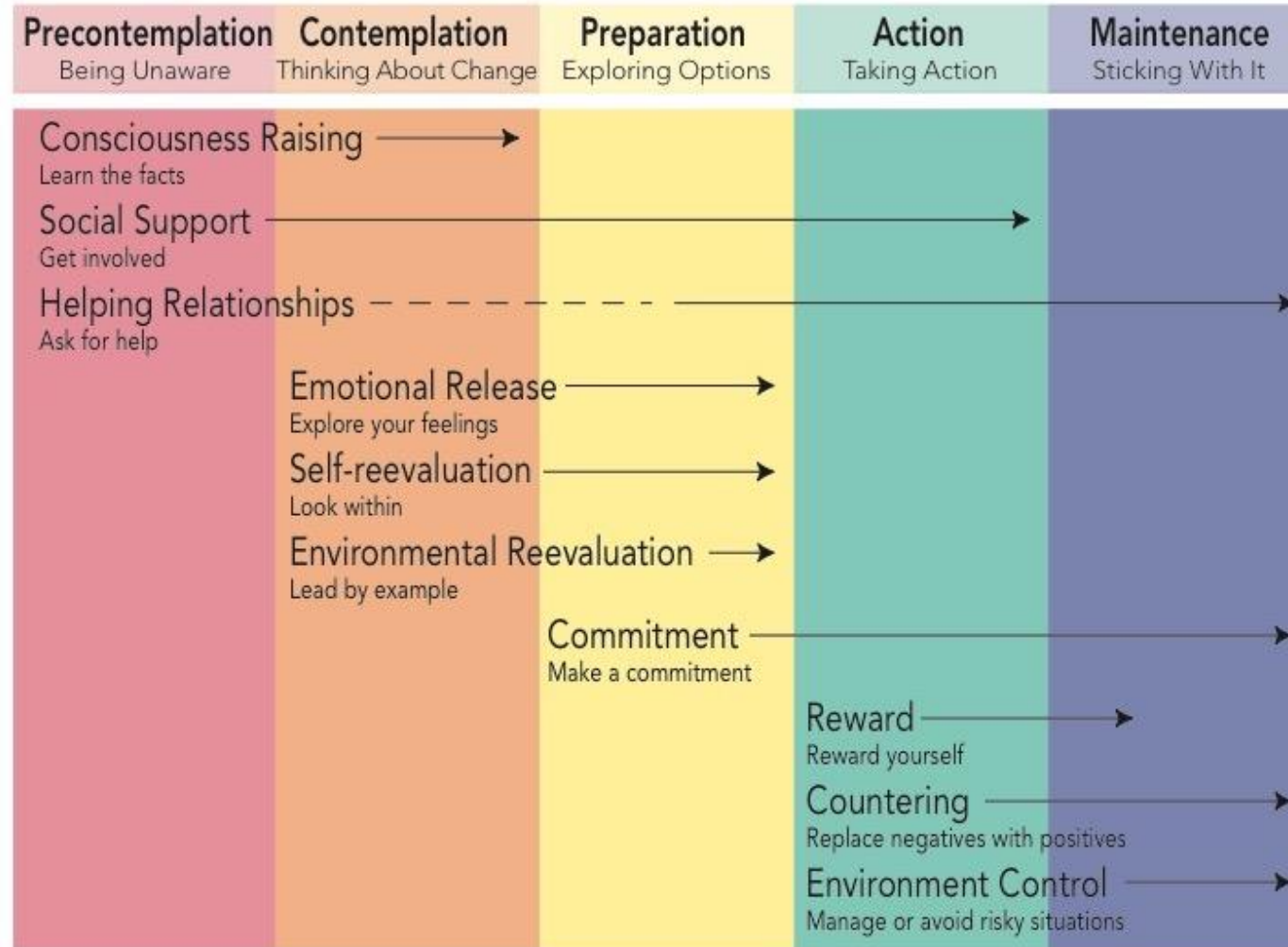
I'm sure I can

Why did you choose this number rather than a lower number or zero? What helps you believe that you can make this change?

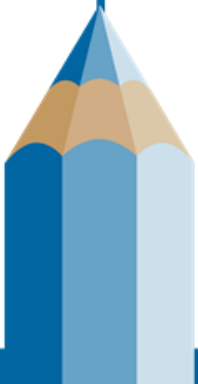
What do you need, or what would help you to succeed in making this change?



Processes of Change



Adapted from *Changing for Good* by James Prochaska, PhD, John Norcross, PhD, and Carlo DiClemente, PhD



4

Readiness to Change

Try **biofeedback**

Biofeedback is a way of learning how to make specific physical changes in your body when you want to. Research with

biofeedback has shown that it is possible to learn self-control over body functions once thought to be beyond voluntary control.



A piece of biofeedback equipment measures a particular Organic function of the body and converts it into something you can see, hear or feel.

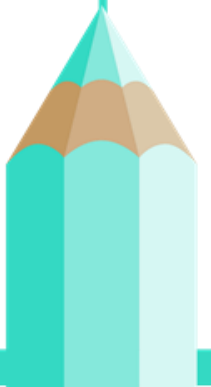
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Biofeedback has been used successfully to help people learn how to relax muscle tension, reduce headaches, manage anxiety or pain and increase a drug-free sense of well-being. This approach, of course, requires the help of a professional with experience in biofeedback and the proper equipment.

S
T
O⁶
R
C

How might biofeedback be useful to you?

How might biofeedback help you reach your change goals?



Relapse, Continued Use or Continued Problem Potential



Change your Situation

The first link in the STORC chain is S, the Situation in which you find yourself. These are things outside your skin, but nevertheless you often have a lot of choice about them. There are many things you can change about your situation.

Many of the examples used in this Journal are about alcohol/drug use and problems because that is what just about everyone who uses this Journal has in common. However, the very same brainstorming approach can be used at each step in the STORC cycle to come up with ways to make changes in other areas of your life as well.

To help you get an idea how to use STORC in this way, pick out one of the three change goals you described on pages 9-11. Which one of the three seems highest priority for you right now? As you go through the pages that follow and the steps of the STORC cycle, be thinking about your own change goal and how the information applies to it.

Remember the three goals you set on pages 9-11. You can use STORC to achieve them.

Which one of your change goals will you use for practice, and why?

Identify problem Situations



One way to take charge is to identify those Situations that are most likely to lead in the wrong direction. These are sometimes called:

Slippery places

Trouble spots

High-risk situations

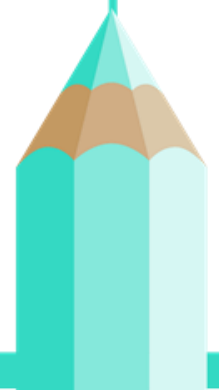
Triggers

In what external Situations are you most likely to experience problems, urges or temptations, stress, feeling low or whatever it is that you want to change? Where are your slippery places regarding your change goal?

Places _____ Things you see or hear _____

People _____ Times of the day/week _____

Activities _____



5

Relapse, Continued Use or Continued Problem Potential

Surround yourself...

Even if you really want to change some thought, feeling or behavior, it can still be hard especially if you try to do that all by yourself. If you're fortunate enough to already be surrounded by people who support your recovery, good for you! But, if support for change is not all around you, then consider going where you can find a whole ready-made community of people rooting for you. Recovery support groups are self-help groups where people are working together on change. They are mostly mutual-help groups where people help each other and in the process help themselves as well.

In many communities there are all kinds of mutual-help groups. You might have to try several before you find where you are most comfortable and where you are getting the best support. Here are some that might be available close to where you live and open to you several times a week. If not, chances are there is at least one of these groups in your area.

First, there are the Twelve-Step programs.

Dual Recovery Anonymous (DRA) and Dual Diagnosis Anonymous (DDA) – For people recovering from mental health and substance use problems. www.draonline.org

Alcoholics Anonymous (AA) – For people who have a desire to quit drinking. Even if you are not sure, you are welcome to listen and learn from the experiences of others. www.aa.org

Narcotics Anonymous (NA) – For people who have a desire to quit drugs other than alcohol. There are also more specific groups like Cocaine Anonymous. www.na.org



...with support

There are lots of other similar groups that are based on the same philosophy of the Twelve Steps and Twelve Traditions such as Methadone Anonymous (MA); Gamblers Anonymous (GA); Overeaters Anonymous (OA); Sex and Love Addicts Anonymous (SLAA); and Schizophrenia Anonymous (SA).

Family members and any person affected by someone else's addiction can attend Al-Anon, or Nar-Anon, which is more specifically for families of those with drug problems. There are even groups for young people whose lives have been affected by someone else's drinking or drug use, called Alateen. Double Trouble in Recovery (DTR) was designed to meet the needs of people who have addictive substance problems as well as having been diagnosed with a psychiatric disorder.

There are also support groups for people that are not based on a Twelve-Step approach.

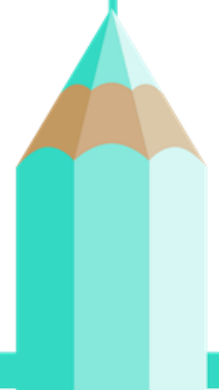
Moderation Management is a national recovery program and support group network for people who have decided to reduce their drinking. www.moderation.org

Secular Organizations for Sobriety (SOS) is an alternative recovery method for those alcoholics or drug addicts who are uncomfortable with the spiritual content of 12-Step programs. www.cfiwest.org/sos/index.htm

SMART Recovery offers free support groups to individuals who desire to gain independence from any type of addictive behavior. www.smartrecovery.org

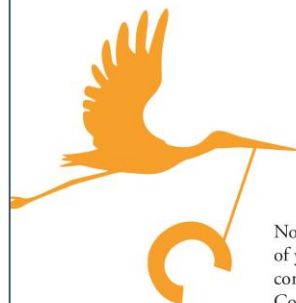
Women For Sobriety (WFS) is dedicated to helping women overcome alcohol and other drug problems. www.womenforsobriety.org

Which group might be best for you?





Recovery Environment



Change your consequences

Now for the last link in the STORC chain, C, the Consequences of your actions. Perhaps these sound like they are beyond your control, but in fact there is much you can do here as well. These Consequences in turn become part of your ongoing Situation, and so the STORC cycle continues. Remember, the good news is that you can make changes at any link in the chain: S, T, O, R or C.

Choose your consequences

You can choose your Consequences by choosing your Responses wisely. There is a trap worth mentioning here. Sometimes people are told, "You can't..." and often it is not actually true. If a probation officer says, "You can't leave the city," it is not actually true. What it means is: "If you leave the city and get caught, there will be negative consequences." Similarly, people with alcohol use problems who

are told, "You can't drink" know perfectly well that they can choose to do so. The meaning is that if they do drink, the results are likely to be negative.

The trap is that a person who is told, "You can't..." tends to experience resentment and a desire to say, "Oh yes I can!" Whenever someone claims to limit your choices, there is a natural reflex to assert your freedom. Even if you

know very well the possible negative consequences, just being told, "You can't" may tempt you to prove that you can. A possible antidote thought here is: "I can, but I choose not to because..."

For example, a person with diabetes might be told, "You can't have sweets." A liberating thought is: "Actually, I can eat sweets; I just choose not to in the interest of my health."

S
T
O
R

C¹

What have you been told that you can't do? _____

Is that actually true – that you are literally unable to do it? ___Yes ___No

What do you feel or think when someone tells you that you can't do something?



6

Recovery Environment

Who can help?

Besides yourself, who might be able to help you make the changes you want in your life? These supporters might be family, friends,

spiritual leaders, health professionals, teachers, co-workers or others you know. Who could help you and how might they help?

One person who might help me with the changes I want to make is: _____

This person could help me by: _____

Someone else who might help me with the changes I want to make is: _____

This person could help me by: _____

Someone else who might help me with the changes I want to make is: _____

This person could help me by: _____



Recovery

What about your longer-term hopes? What future do you wish for yourself and those you love? Recovery is all about the positive changes you hope for, not only escaping from a current problem or illness. It is about returning to or finding a place of health and balance.

Think about what your life might be like in the future if you made mental balance a priority and no longer used alcohol or illicit drugs. What do you hope your life will be like with your:

Family: _____

Work or School: _____

Role in Your Community: _____

Finances: _____

Health: _____

Spirituality: _____



6

Recovery Environment

Celebrate with **others**

This is one common meaning of "self-control" – the ability to put off an immediate reward for a later or better one. Try an example:

Example:



You know how I enjoy it when you give me a back rub. You're so good at that. Well, I have a job I need to do, which is to get up on the roof and unplug the rain spouts.

It's a nasty job and I've been putting it off. After I've done it, would you massage my back? But only after I'm all done cleaning out the spouts.

Asking for the other person's help in this way increases your motivation.

Just letting someone else know what you intend to do increases your commitment to get it done.

When you do complete your task, there's a quick and simple reward – sharing a positive experience with someone. The shared reward might be going out for ice cream, having a dinner together, going to a movie or just relaxing together and talking.

What rewards could you share with someone else?

I could ask [person] _____ to celebrate with me by [activity] _____

I could ask [person] _____ to celebrate with me by [activity] _____

I could ask [person] _____ to celebrate with me by [activity] _____

Use the space below to draw a situation like the example on page 86 where you are involving someone else in your change goals.



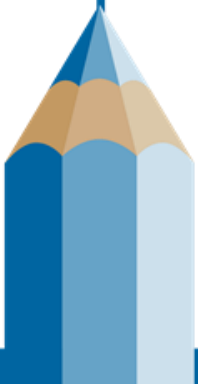
S
T
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FACILITATION AND NOTE-TAKING

- Open group format
- Process Group: Everyone at different places in their Journals
- Clinicians track clients based on dimensional needs
- First person documentation





REMEMBER!

Individualized Care *means...*

This person

in this setting

on this day

at this stage of interest or readiness to change

Back at the Office



See page 19 of the Training Journal

Thank you!

Scott Covert, VP of Early Intervention Services

www.changecompanies.net

www.trainforchange.net

