

Treatment Improvement Protocol (TIP)

Treatment for Stimulant Use Disorders:
Methamphetamine & Cocaine - 1999
Treatment Improvement Protocol (TIP) Series 33
Center for Substance Abuse Treatment

Appendix B -- Client Worksheets

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Client Worksheet 1

Daily Schedule and Planner

Date: _____
 7:00 _____
 8:00 _____
 9:00 _____
 10:00 _____
 11:00 _____
 12:00 _____

1:00 _____
 2:00 _____
 3:00 _____
 4:00 _____
 5:00 _____
 6:00 _____
 7:00 _____
 8:00 _____
 9:00 _____
 10:00 _____
 11:00 _____

- Do you have a clinic visit today? What time is the appointment?
- When will you have breakfast, lunch, and dinner?
- Are you going to work or school today? When are those commitments?
- When is your 12-Step or other self-help meeting?
- Have you scheduled time for exercise?
- Have you scheduled time for recreation and leisure activities?

Client Worksheet 2

Identifying External Cues and Triggers

Stimulant cues are those things in your life that remind you of stimulant use and can trigger drug hunger. Below are lists of people, places, events, objects, and activities. Check those items around which or whom you have frequently used stimulants. Within each list, circle the item that you think is most strongly associated with your stimulant use.

People

- Drug dealers
- Employer
- Dates
- Friends
- Family members
- Neighbors
- Coworkers
- Spouse/lover
- _____

Places

- Neighborhoods
- Hotels
- Certain freeway exit
- School
- Friend's home
- Worksite
- Bathrooms
- Downtown
- Bars and clubs
- Concerts
- Stash storage place
- _____

Events

- Meeting new people
- Payday
- During work
- Before sex
- Anniversaries
- Group meetings
- Calls from creditors
- After work
- During sex
- Holidays
- Parties
- Before work
- Going out
- After sex

- _____

Objects

- Paraphernalia
- Movies
- Credit cards
- Magazine
- Television
- ATM machines
- Pornography
- Cash
- _____

Behaviors and Activities

- Listening to certain music
- Going out to dance or eat
- When hanging out with friends
- When driving
- After paying bills
- Before or during a date
- When home alone
- When dancing
- After an argument
- _____

Client Worksheet 3

Identifying Internal Triggers

Stimulant cues can include certain feelings and emotions that can trigger drug hunger. Below are lists of emotions, feelings, and circumstances. Check those items that, in the past, have been associated with your stimulant use. Within each list, circle the item that you think may be the internal trigger with which you may struggle the most.

"Negative" Feelings

- Feeling afraid
- Feeling anxious
- Feeling guilty
- Feeling irritated
- Feeling overconfident
- Feeling angry
- Feeling criticized
- Feeling hateful
- Feeling jealous
- Feeling overwhelmed
- Feeling ashamed
- Feeling depressed
- Feeling inadequate
- Feeling left out
- _____

"Normal" Feelings

- Feeling bored
- Feeling insecure
- Feeling nervous
- Feeling sad
- Feeling embarrassed
- Feeling lonely
- Feeling pressured
- Feeling tired
- Feeling frustrated
- Feeling neglected
- Feeling relaxed
- _____

"Positive" Feelings

- Feel like celebrating

- Feeling excited
- Feeling happy
- Feeling passionate
- Feeling strong
- Feeling confident
- Feeling exhausted
- Feeling "normal"
- Feeling sexually aroused
- _____

- How do you feel immediately before using stimulants?
- Typically, how do you want to feel immediately before using stimulants?
- In the past few days, what were you feeling when you either used or wanted to use stimulants?

Client Worksheet 4

Action Plan for Cues and Triggers

Stimulant use becomes associated with certain people, places, activities, behaviors, and feelings. These act as reminders about your previous stimulant use. When you experience these reminders or cues and do nothing about them, they can develop into thoughts about using, feelings of craving, and possibly stimulant use. But the process can be interrupted.

Many external triggers can be avoided. All triggers can be defused. However, when you try to ignore the triggers, they can become overwhelming and lead to cravings. You should develop action plans so that you can avoid being exposed to cues and reminders, and if you are exposed, so that you can stop them from becoming triggers and cravings.

- Do you have the feeling that an upcoming event or situation will become a trigger for stimulant cravings? If so, avoid the event or situation if possible!
- Are you in a situation or at an event that is making you think about stimulants? Can you leave the situation? If you can, leave now!
- Are you stuck in a situation that is making you think about stimulants? If so, visualize a switch or lever in your mind. Imagine that you can move the lever from the "On" to the "Off" position and thereby turn off the drug thoughts. Have another picture ready to think about in place of the drug thoughts.
- Were you just in a situation that made you think about stimulant use or that provoked stimulant cravings? If so, take action now! Call your 12-Step sponsor, call your counselor or a sober friend, take a quick walk, do physical exercise, or engage in a relaxation exercise. Also, make plans to attend the next available 12-Step meeting.
- Imagine a situation during which you cannot leave but which makes you think about using stimulants. What specific steps would you take to stop having thoughts about stimulants? What would you do once you left the situation?
- Imagine that you just left a situation that made you think about using stimulants. You are now having thoughts about stimulant use and are feeling stimulant cravings. What specific steps would you take?
- In the previous example, imagine that you are at work and you have stimulant thoughts and cravings. What specific steps would you take?
- In the same example, imagine that it is 6:00 p.m. and you have stimulant thoughts and cravings. What specific steps would you take? What steps would you take if it happened at 11:00 p.m.?

Client Worksheet 5

Action Plan for Avoidance Strategies

Stopping your stimulant use is more than simply having the desire and determination to stop. Rather, it requires action and behavior. More specifically, it requires specific plans of action that can decrease the likelihood of encountering reminders of your stimulant use.

Because there are numerous reminders of stimulant use in your environment, it is essential that you take specific steps to avoid them. Some of these steps may seem unnecessary to you at first glance. But experience shows that decreasing the reminders of your stimulant use will reduce the chances of experiencing drug thoughts, triggers, and cravings.

Getting rid of drugs and paraphernalia

- What drugs do you have left in your possession? What paraphernalia did you use to prepare or use stimulants? What objects or things did you use when taking drugs (such as pornographic magazines and videotapes, phone numbers of prostitutes)?
- Do you have a non-using friend or family member who can help you to collect and throw these away? Can you arrange to do this today? Can you arrange to do it immediately prior to a counseling session or a 12-Step meeting?

Stopping contact with stimulant users

- With whom do you use stimulants? From whom do you obtain stimulants? Do you have their phone numbers written down? Do you have their phone numbers programmed on your phone? What steps can you take to break contact with dealers and users? Do you have family members or lovers who use stimulants? What are your plans to not use if they are still using?

Avoiding high-risk areas

- What neighborhoods, streets, houses, or other locations are especially associated with obtaining or using stimulants? Do you encounter these during your daily routine, such as going to work or to the treatment program? Are there any ways that you can avoid these high-risk areas? What is your specific plan to avoid them?

Being prepared for confrontations

- You will encounter people who will offer you drugs. What are some of the things that you can say to refuse these drugs and leave the situation?

Client Worksheet 6

Feelings, Thoughts, and Behaviors

When you use stimulants, things tend to get out of control. You spend more money than you mean to, you use more drugs than you intend, and you experience negative consequences because of your stimulant use. Because of this, you probably experienced embarrassment, shame, and guilt. These feelings are a normal part of the addiction process. To deal with these problems, you probably developed certain patterns that helped you cope and make it through another day.

- **Feelings:** Because you had to deal with intense feelings, such as shame or guilt, you may have shut down your emotions. You probably stopped talking about how you felt and stopped being concerned about how others felt.
- **Thoughts:** Because it was hard to face the fact that you were engaging in behaviors that you didn't really like, you may have developed ways of thinking that allowed you to believe that there was no problem or that the problem was someone else's. You may have denied to yourself and to others that there was a problem, you may have minimized the extent of the problem, you may have developed some type of justification for the situation, or you may have blamed someone else.
- **Behaviors:** Because it was hard to listen to other people tell you that you had a problem, you may have learned to walk away and stop the discussion, blown up in anger, or intimidated others so that they wouldn't confront you. Or you may have spent a lot of time alone so that no one would bother you.

Relapsive Feelings, Thoughts, and Behaviors

These types of feelings, thoughts, and behaviors are tools that you learned that helped you to survive while you were using stimulants. They need to be replaced by healthy tools that will help you to survive and grow when not using stimulants.

- What are some of the ways in which you shut down your feelings? What are the benefits and risks associated with this? What can you do to change this?
- What are some of the ways in which your thinking becomes distorted so that you don't have to face

reality? What are the benefits and risks associated with this? What are some ways to help you avoid this?

- What are some of the behaviors that you engage in so that you can avoid difficult feelings or facing reality? What are the benefits and risks associated with this? What types of behaviors would be more healthy?

Client Worksheet 7

Permission To Relapse

Relapse is not an event. It is not simply using stimulants after a period of abstinence. Rather, like addiction and recovery, relapse is a process. Similarly, relapse does not suddenly appear out of nowhere. Like recovery, it generally begins with small steps that ultimately lead to full-blown relapse and a return to stimulant use.

One of these small steps that lead to relapse is making up reasons why starting to use stimulants again may be okay. For example, you might start daydreaming about certain circumstances and situations in which using stimulants would be permissible.

The problem is, fantasizing about situations can lead you to situations that are very high risk for relapse. All of a sudden, you "find yourself" in a dangerous situation and experience powerful cravings and urges. The good news is that by identifying examples in which you justify relapse, you can stop the chain of events and avoid relapse.

Self-medicating your feelings

When you feel depressed, angry, lonely, or scared, do you want to use stimulants? When you feel this way, how would you like to feel? Have you ever said something like:

- "I am depressed and feel like hell. What would it matter if I used or not?"
- "I feel lonely. Who would know if I used?"
- "I hate my job. I need to use to get through another day."

It just happened

Do you ever believe the fantasy that you have no choice or that unexpected things just happen to you? Do you ever hear yourself say, "It just happened. I didn't choose to do it?" Have you ever said something like:

- "An old friend called, we decided to get together, and he offered me some cocaine."
- "I was just cleaning the house and found some drugs that I had forgotten about."
- "It was offered to me. I didn't know what to say. I couldn't leave the bar."

Blame it on something else

Have you ever heard yourself blame another person or a situation for your own behavior? Have you ever used stimulants to get back at someone else? Have you ever said something like:

- "Well, if she didn't stay on my back all the time, I probably wouldn't use."
- "Why should I stay clean? He doesn't."
- "As long as she thinks that I am using, I might as well use."

Client Worksheet 8

Delayed Stimulant Withdrawal

Most people expect to experience several problems when they stop using stimulants. You may have been very sad or depressed, felt extremely tired and sleepy, had severe stimulant cravings, and found it very hard to concentrate. It is easy to recognize that these problems are directly related to abruptly stopping the use of stimulants. Most people call them withdrawal symptoms.

However, many people don't realize that some of these symptoms can reoccur a few months after last using stimulants. For example, after a few months, some people will feel sad or depressed, but generally

not as depressed as during withdrawal. Some people will have a lack of energy and feel that they just don't care about things (apathy). Even though it may have been several months since you last used stimulants, you can experience a type of delayed stimulant withdrawal. These symptoms:

- Are a normal part of recovery
- Are part of the brain's healing process
- Are temporary
- Can be endured
- Can be lessened by participation in recovery efforts

Delayed Withdrawal Checklist

The items listed below can be part of a delayed stimulant withdrawal. How many of them are you experiencing?

- Sadness
- No energy
- Alcohol craving
- Poor memory
- Stopping exercise
- Being alone
- Feeling lonely
- Anxiety
- Mood swings
- Alcohol use
- Feeling hopeless
- Feeling uneasy
- Fuzzy thinking
- Magnified feelings
- Irritability
- Cravings and urges
- Not interested in treatment
- Not participating in meetings
- Canceling appointments
- Relationship problems
- Other negative thoughts/feelings/actions

Client Worksheet 9

What About Alcohol?

You came to treatment because you have a problem with stimulants. You made a commitment to stop using stimulants. But you may not have made a commitment to stop using alcohol, especially if you have never had any problems with it. At the same time, people in your recovery program and in your 12-Step group may be putting a lot of pressure on you for complete abstinence from all drugs, including alcohol. Why should you stop using alcohol?

Using alcohol masks your emotions and feelings and does not allow you to fully experience them

- In what ways have you used alcohol to diminish certain feelings, avoid certain feelings, or change the way that you feel?

Using alcohol can arouse stimulant cravings

- During the last few times that you had a drink, in what ways did drinking arouse cravings for stimulants?

Using alcohol reduces your ability to resist stimulant cravings

- Describe some of the times that you thought you would enjoy having a drink but ended up experiencing cravings and urges for stimulants.

Using alcohol can lead to irresponsible and inappropriate behavior

- In what ways have you embarrassed yourself or experienced personality changes when using alcohol?

Using alcohol keeps you in contact with people, places, and situations that trigger stimulant cravings

- In what ways has using alcohol kept you in contact with people, places, and situations associated with stimulant use?

Adapted with permission from Washton, 1990b.

Client Worksheet 10

Action Plan for the Holidays

Are you the kind of person who normally looks forward to and enjoys the holidays? Or do you typically hope that the holidays pass by quickly? Either way, the holidays and other special events can be high-risk situations.

Times of celebration

For many people, the holidays are a time of fun and family. Although they may be fun, the holidays often involve parties with alcohol, intense involvement with family members, and time off from work. The desire to spend time with family and friends can seem like a good excuse to skip treatment and recovery meetings. Time off from work can turn into periods of boredom and restlessness, or isolation. The parties can be fun but filled with reminders of substance use as well as actual use. Overall, it can be an intense time.

Times of sadness

For many people, the holidays are reminders of the problems in their lives. Christmas, Chanukah, and Kwanza, which are family-oriented holidays, may be emotionally difficult times for people who are single, divorced, or in broken families. The holidays can provoke intense memories from childhood. These holidays and New Year's Eve can prompt some people to focus on what they consider their failures over the past year. Overall, it can be an emotionally stressful time.

- Alcohol and other drugs can be plentiful at holiday parties. What are the specific situations that you can expect to encounter this year? What happened last year? What specific steps can you take to address this problem?
- In what ways can the recovery-related routines of your life become disrupted during the holidays? What steps can you take to deal with this?
- During the holidays, do you have a lot of family members around? If so, in what ways can your family members interfere with your recovery? What can you do to strengthen your recovery routines and perhaps involve your family members in them?
- If you don't have a lot of family members around during the holidays, how can that be a problem? What steps can you take to strengthen your recovery routine during the holidays?
- Do the holidays represent to you times of intense activity or boring isolation? What can you do to help make the holidays as normal as possible? What kind of recovery-related activities can you plan to do?

Client Worksheet 11

Evaluating Your Self-Efficacy Regarding Relapse

An important lesson to be learned during recovery is to avoid high-risk situations whenever possible. Thus, one of your most important goals during recovery is learning how to avoid situations that are high risks for triggers, cravings, and relapse. However, not all high-risk situations can be avoided. You may run into your old dealer or drug-using friends, or someone at work may offer you drugs.

Because you will not be able to avoid all high-risk situations, another important goal during recovery is learning to respond to high-risk situations and preparing yourself for these. A part of this goal is evaluating your ability to handle these emergencies. The feeling that you can handle certain high-risk situations and prevent relapse is called "self-efficacy."

On one hand, it is foolish to believe that you can handle all high-risk situations or that you can handle any high-risk situations without first developing skills and tools to avoid relapse. On the other hand, it is equally foolish to believe that you cannot develop skills and techniques to handle high-risk situations. The task is to evaluate how you think you can handle certain situations that you are likely to encounter.

- Describe a high-risk situation that you encountered since starting treatment. How did you handle the situation? What happened?
- How would you rate your ability to handle the situation? Were you unsure and fearful? Were you certain

and confident? Were you somewhere in the middle?

- What do you wish you had done? What would you do if the same situation happened today? Do you feel that you have made some progress in learning to deal with high-risk situations?
- What do you feel that you need to learn about to increase your ability to handle high-risk situations?

Client Worksheet 12

Increasing Your Self-Efficacy

Self-efficacy regarding relapse is the belief that you have developed the skills to handle certain high-risk situations. This usually involves having specific action plans to (1) refuse going to an even higher risk situation, (2) refuse offers of alcohol or other drugs, (3) leave the high-risk situation, (4) defuse the trigger by engaging in some activity, (5) speak with a sponsor or recovering friend, and (6) process the situation in a 12-Step or recovery meeting.

You can increase your self-efficacy in dealing with high-risk situations through experiences in real life as well as through role-playing exercises. You may discover that you are over-confident and need to develop more tools. Or you may discover that you have more tools than you thought.

Role-playing exercises

In the following role-playing exercises, the counselor will play "the other person." In each of these exercises, think about the action plan steps above mentioned above and imagine yourself really being in the situation.

- The phone rings. It is 6:00 p.m. It is the person from whom you have typically obtained your stimulants. He said that he called to see if you needed anything. Up to this point, you have not told him that you were in recovery.
- The phone rings. It is a friend with whom you have used stimulants for several months. You told him that you had stopped using stimulants but you knew that he still used. He asks if you want to go to the neighborhood bar and watch Monday Night Football.
- Your next-door neighbor is having a small party to celebrate graduating from college. You accept an invitation to attend. While you are there, someone whom you don't know well but who knows you from the neighborhood asks you if you want to go "for a walk" and smoke some marijuana.

Self-evaluation

For each of these role-playing exercises, describe how you felt regarding

- Effectiveness: Do you think that what you said in the role-playing exercise would be effective in the real world? What do you think was effective? What do you think needs work?
- Confidence: Do you feel confident to deal with this type of situation in real life? About what aspects do you feel confident? About what aspects do you feel that you need more work?
- Action plan: What specific action plan steps did you mention in the exercise? What action plan steps did you forget?

Client Worksheet 13

Stress: Identifying Your Warning Signs

Stress, anxiety, and anger are strongly connected to the ways in which you think and feel. They are also strongly connected to your physical well-being. That is, your experience of stress is related to the ways in which you think and perceive; they cause strong emotional responses, and they affect your physical well-being.

Above all, stress, anxiety, and anger are warning signs. They are ways that your body alerts you to the fact that something is wrong. They may not tell you exactly what is wrong, but they are warning signs that something needs to be changed.

When you are involved in stimulant use, it becomes easy to ignore these warning signs. An important task

of recovery is to learn ways to decrease the levels of stress, anxiety, and anger in your life. But in order to do so, you must first learn to identify your warning signs. To help you accomplish this task, check off the following that have applied to you since being in treatment. Discuss what was going on in your life shortly before and while experiencing these warning signs of stress.

- Feeling anxious, nervous, fearful, or afraid. When do you have these feelings?
- Worrying about what might happen; imagining the worst. About what?
- Feeling irritable, cranky, and moody. When? What days and times?
- Feeling overly stimulated and distressed by the things around you. When? Where?
- Feeling angry, annoyed, and combative. When? Where? With whom?
- Feeling restless, impatient, and fidgety. When? What days and times?
- Experiencing tension in your muscles. Where? When?
- Experiencing stomach aches, cramps, diarrhea. When?
- Feeling exhausted, weary, and fatigued. When?
- Having problems concentrating and following what you read or hear.
- Having problems falling or staying asleep or having restless sleep.

Client Worksheet 14

Anger: Identifying Your Warning Signs - Physical signs of anger

Because the physical signs of anger are caused by a part of your nervous system, they happen automatically. During an episode, you may have a few or all of these signs. They are temporary and will rapidly fade if you allow yourself an opportunity to cool down.

- When you are angry, the pupils of your eyes can open up to let in more light. Have you ever noticed that it suddenly seemed brighter than before when you were angry?
- When you get angry, can you feel your heart beating faster and harder than normal?
- Do you remember your breathing becoming faster and harder than normal?
- When angry, your blood sugar level can rapidly rise. Have you ever noticed that when angry, you suddenly have a lot of energy and feel like doing something physical?
- When you are really angry, your body produces extra sweat to cool you off. Have you ever noticed that you became sweaty and had clammy hands when you were angry?
- When you are angry, do you feel your muscles becoming tense, perhaps especially in your face or hands? Do you become red in the face? Do you become suddenly hot or cold? Do you get a knot in your stomach?

Emotional signs of anger

People have different emotional experiences when they are angry. Some people feel inadequate and insecure whereas others become aggressive and hostile. Others feel victimized.

* When was the last time that you were angry? During that episode, how did you feel? What were you thinking?

Behavioral signs of anger

People have different behavioral reactions to anger. Some explode in fits of rage and yell at or hit other people. Some people become silent and go off to be alone.

* During the last time that you were angry, what did you do? What did you say to others? How did that make you feel at the time? How do you feel about that now?

Situations associated with anger

It is important to examine the situations that seem to be associated with your getting angry. You may be able to identify certain patterns and learn to avoid them.

* What was going on during the past few times that you were angry? What happened?

Client Worksheet 15

Recovery-Related Stress Reducers

Life is full of stressors, or things in the world that put some type of pressure on us to do something, to act in a certain way, or to follow a rule. But stress is our internal response to stressors. For example, being caught in a traffic jam is a stressor. Getting angry, agitated, and anxious is a response to being caught in the traffic jam. That's stress. However, there are things that can stop the cycle of stressors becoming stressful experiences. These can be important aspects of your recovery.

Broadcast your recovery

If you are typical, a lot of people know that you use stimulants. Probably more than you realize. If you try to go through treatment without telling people, they will assume that you are still using. Your stimulant-using friends will call, drop by, and contact you to get together. That can cause a lot of stress. But if you broadcast your recovery, these people may stay away, and nonusing friends and family can help support your recovery. That can reduce your stress.

- Which people have you been reluctant to tell about your recovery? Why have you been reluctant? What benefit would there be in telling them? What steps can you take to do so?

Let go of certain things

Being in recovery means starting many new activities, such as attending group therapy and 12-Step meetings, and exercising. Because there are only so many hours in a day, some activities will have to stop. The goal is to let go of unhealthy and unproductive routines and replace them with healthy ones. Therefore, you must make priorities about which activities you must let go. Prioritizing your daily activities can reduce your stress.

- What are some healthy activities that you should add to your daily or weekly routine? Why have you been reluctant to add them? What would you have to stop doing? What specific steps must you take in order to start engaging in these activities?

Don't recover alone

Many people feel alone during certain phases of recovery. It is easy to focus on past mistakes and problems and feel depressed and anxious. But the focus of recovery is being with others, talking to others about your struggles and successes, and listening to others regarding the ways that they are getting healthy. The alternative is being alone, whether physically or emotionally. That's stressful. Make recovery-related and recreational-related plans with others. That can reduce stress.

- What are some examples in which you shut out others and don't let them become part of your recovery program? Why have you done this? What steps can you take to recover with others rather than alone?

Client Worksheet 16

Learning To Solve Problems

During periods of active stimulant use, people are often overwhelmed by drug-related problems. They often hope that problems will disappear. When ignored, problems tend to worsen and become more numerous. The good news is that problems can be solved. But the solution involves an action plan.

Identify one problem at a time.

Stimulant-related problems can seem overwhelming and prompt strong emotions. Focus on one problem at a time.

- Which of your stimulant-related problems seems to be the most important for you to address?

Understand the problem

- How did the problem get started? What made it get worse? How can you avoid it in the future?

- What is the nature of the problem? What did you do to cause it or make it worse?

Identify potential solutions

Write down all the potential solutions you can think of, especially those that you haven't tried before. Get advice from others.

- What are some solutions that worked in the past? What might happen if you use these solutions?

Make an action plan

Identify one solution that you feel might work. Make a plan to put the solution into action. What should you do? When should you do it? Who can help you?

- What are the specific steps that you need to take to get the job done?

Don't give up

If the problem is not solved as you had hoped, do not give up. See if you can figure out why the solution did not work. Was there something that worked partially but not completely? Identify new potential solutions and make another action plan. Most important, don't procrastinate and ignore the problem.

Client Worksheet 17

Managing Your Anger

People get angry. It's a part of life. You will become angry at various times in your life. However, it is unhealthy to remain angry. Anger can make you impulsive, prompting you to say and do things that you don't mean to do. Anger can be a trigger for stimulant cravings.

You will become angry during your recovery. You will think about situations associated with deep-seated emotions. You will be expected to talk about feelings that you have never discussed with anyone before. As you become increasingly aware of the negative consequences of your stimulant use, you may experience strong emotions that are uncomfortable.

You probably learned unhealthy ways to deal with anger. You may tend to repress your anger and pretend that everything is okay. You may impulsively explode and express your anger through physical or emotional abuse of others. Or you may let it build up and let it eat away at you. However, you can learn to manage and express your anger in healthy ways.

- Identify your anger signs. What are the physical, emotional, and behavioral warning signs of anger? Do your muscles get tense? Do you clench your fist or teeth? Do you become irritable, nervous, or short tempered?
- Evaluate the situation. Why are you angry? Are you overreacting to a real situation? Are you reacting to a situation that may never happen? Are you angry about one thing but expressing anger about another? Are you feeling impulsive, threatened, or scared?
- Talk it out. Rapidly identify someone with whom you can talk about the problem. Who do you know whom you can call immediately? Can you call your sponsor or a friend in recovery? Make plans now to attend the next 12-Step or recovery group meeting to talk about it. Identify someone who is not part of the problem.
- Cool off. It is better to talk out your anger rather than to act on it. Whether or not you can rapidly find someone with whom you can talk, take a break from the situation and cool off. Before you act on your anger, take a walk, do some exercise, do something physical, or take a shower.
- Wait before responding. If the problem is such that you have to respond, then don't respond until your physical and emotional signs of anger have gone away. Don't make a decision while feeling the signs of anger. Can you wait an hour? Can you wait a day? It will give you time to organize your thoughts and review your options. Talk with the person with whom you are angry only after you cool off.
- Review options for action. If you must respond, review your options. What has worked in the past? What option would be best for your recovery?

Client Worksheet 18

Selective Memory About Stimulant Use

There is no question that stimulants can provide a dramatically euphoric experience that is outside of normal human experiences. That is one of the reasons why people use stimulants. You probably had several stimulant-induced experiences during which you felt intensely euphoric, extremely powerful, and invulnerable. However, these experiences are accompanied by equally strong but negative experiences.

You also had many experiences during which you felt extremely depressed, agitated, and irritable. Similarly, you also experienced many adverse consequences related to your stimulant use, such as financial and employment problems, problems with family and friends, health-related concerns, and legal problems.

It is natural to focus on the positive side of things and to want to downplay the negative side. In certain areas of life, that is a good rule to live by. But one of the tasks of recovery is to always remember the negative consequences caused by your stimulant use. One of the signs of relapse is when people selectively remember only the good times associated with stimulant use, especially the euphoric experiences. People who tell "war stories" and focus on their wild stimulant-related experiences can make themselves and the people listening to them experience triggers, cravings, and urges for stimulants.

- Do you sometimes catch yourself either fantasizing or talking about "how good things were" back when you used stimulants? When you did this, what were you feeling? How did you feel afterward?
- Have you ever heard someone give a "drugalogue" or a "war story" about his wild experiences using stimulants and about all the positive but none of the negative aspects? How did it make you feel? Why do you think that people do this?
- Some people tend to have vivid memories of the euphoric effects of stimulants during certain times, such as when they feel overwhelmed, when they don't feel good, or when they are exhausted. Have you ever fantasized or talked about the euphoric effects of stimulants during times when you were not feeling good?

Client Worksheet 19

Fantasies About Controlled Use

After being in recovery for several weeks or months, you generally start feeling better. Although the healing process is just beginning, your thinking begins to be somewhat more clear, you are learning to experience and express your feelings more effectively, and you are learning problem-solving skills. A few or many of the negative consequences of your stimulant use are becoming less severe and numerous.

It is during these early recovery phases that you may have fantasies about being able to return to stimulant use. You may believe that if you made some changes, you could once again use stimulants. You may tell yourself that if you are "careful" you could use stimulants without losing control. You may believe that you are ready to try using stimulants "one last time" to test whether you can use stimulants without losing control over its use. These are called "fantasies of controlled use." They are classic warning signs of impending relapse.

If you experience fantasies of controlled use, you should immediately develop an action plan. This plan should include: (1) recognizing these as fantasies and rejecting them as options; (2) recognizing these as warning signs of impending danger; (3) immediately seeking a 12-Step sponsor, a counselor, or a recovering friend to speak with; (4) attending a 12-Step and recovery group meeting as quickly as possible; and (5) talking about these warning signs at the meetings.

- Have you ever thought about how nice it would be to use stimulants without all the adverse consequences?
- Have you ever thought about how good it would be to use stimulants but not lose control over them?
- Have you ever used stimulants without eventually losing control, such as losing control over the amount of the drugs, the amount of money or time spent on the drugs, or on your stimulant-induced behavior?
- When you used stimulants in the past, what were some of the most troubling problems that you experienced as a result of your stimulant use?
- What is your action plan for dealing with the warning sign of fantasies of controlled use? What are the specific steps of your action plan?

Client Worksheet 20

Those Ugly Reminders

If you find yourself thinking about those "great" times when you used stimulants or fantasizing about being able to control your stimulant use, you may benefit from what can be called "ugly reminders" about your stimulant use. These can help you to remember that your stimulant use included some fairly serious negative consequences and problems.

But don't go overboard. It is important to remember the kinds of problems that your stimulant use caused. You don't, however, want to beat up on yourself. Rather, when you experience the warning signs of selective memory and fantasies of control, remind yourself about the dark side of your stimulant use.

- Make a list of all the people who were hurt as the result of your stimulant use. List the friendships that were damaged as a result of your stimulant use. Put down friends' names and mention at least one specific way in which they were hurt because of your stimulant use. When you feel cravings, fantasize about controlled use, or begin to daydream about how nice things were when you used stimulants, review the names on this list and call one of them.
- Do you have some visible reminder of the negative consequences of your stimulant use? This can include an eviction notice, a job termination notice, divorce papers, a car repair bill, notices from bill collectors, or a hospital bill. Take one of these and put it inside a table-top picture frame. Whenever you feel cravings, have selective memories about the positive aspects of stimulant use, or fantasize about controlled use, put the ugly reminder where you will see it for the next couple of hours.
- Make a list of all of the things that you lost as a result of your stimulant use. These can include lost jobs, opportunities for advancement, relationships, cars, money, and memories. Keep this list handy and look at it when you begin having cravings or thinking about the stimulant highs.

Client Worksheet 21

Recreational and Leisure Activities

When you were using stimulants, there were times when your life focused on obtaining, using, and recovering from the effects of the drugs. There were times when your life was probably chaotic, out of control, and without structure. Recovery is an opportunity for you to develop a structure to your life and fill it with healthy activities.

Recreational activities are experiences in which you actively participate in an organized activity, generally with others, to have fun and enjoy life. They include participation in sports, arts and crafts endeavors, and table games, as well as sober dances, bowling, touch football, and card games. Some involve physical exercise. Leisure activities are things that you do primarily for relaxation and pleasure, and which don't involve much work. These include taking walks, having friendly conversations, reading books, watching movies, or watching sports activities.

- Before you began using stimulants, what type of recreational activities did you enjoy? What type of leisure activities did you enjoy? What were some of the benefits that you obtained from these activities?
- On Client Worksheet 22, Examples of Recreational and Leisure Activities, there are lists of recreational activities. Which of these do you find interesting? What are some of the benefits that you might obtain from these activities? In what ways could you incorporate these into your recovery program?
- On Client Worksheet 22 there are lists of leisure activities. Which of these do you find interesting? What are some of the benefits that you might obtain from these activities? In what ways could you incorporate these into your recovery program?
- Do you have any healthy hobbies? Do you see anything on Client Worksheet 22 that grabs your attention? Can you think of something else that would be personally satisfying?

Action plan

- Which recreational and leisure activities would you like to do within the next couple of weeks? Where would you go? When would you go? With whom would you go?
- What obstacles do you think you might encounter? What do you need to do to overcome these obstacles?
- What steps do you need to take in order to engage in these activities? Do you need help to organize the activities? When can you take the first step?

Client Worksheet 22

Examples of Recreational and Leisure Activities

Recreational activities, leisure activities, and hobbies are all ways in which you can have fun, enjoy being with others, and add healthy activities to your life. They can also help you take your mind off drugs, add structure to your life, and maybe even learn something new. They can help you avoid being bored and restless. They can help you reduce stress and anxiety.

Recreational Activities Leisure Activities Hobbies
 Backpacking Attending auctions Amateur radio
 Baseball/softball Attending auto races Aquarium making
 Basketball Attending concerts Arts and crafts
 Billiards/playing pool Attending plays Astronomy
 Bowling Attending sports events Auto repairing
 Camping Bicycling Carpentry
 Canoeing Bird watching Ceramics/pottery
 Checkers Coin collecting Coaching Little League
 Chess Crossword puzzles Computers
 Dancing Dining out Cooking/baking
 Golf Driving Electronics
 Ice skating Fishing Flower arranging
 Playing cards Hiking Gardening
 Sailing/boating Horseback riding Genealogy
 Shuffleboard Listening to music Home decorating
 Skiing Painting Hunting
 Skindiving Picnics Model building
 Surfboarding Playing video games Photography
 Swimming Reading books Playing music
 Table tennis Roller skating Sewing
 Touch football Sightseeing Singing
 Volleyball Sunbathing Stained glass making
 Weightlifting Talking to friends Volunteering
 Other: _____ Visiting museums Woodworking
 Walks in parks Other: _____
 Watching movies and TV
 Writing
 Other: _____

Client Worksheet 23

Exercise and Recovery

Some people find having a regular schedule of intense exercise workouts, such as aerobics and step-aerobics especially enjoyable. But exercise doesn't always have to be intense to be healthy and can be somewhat more gentle, such as vigorous walks, bike rides, and skating. Also, some people find it difficult to engage in exercise just for the sake of exercise. They may find greater satisfaction in exercise activities that are social and involve groups of people. This can include dancing, tennis, swimming, or having entire groups going for walks, taking bike rides, going for runs, and skating.

Some of the benefits of exercise include increasing your physical well-being, improving your emotional well-being, improving your mental alertness, improving your sleep, providing you with more energy, and reducing your stress and anxiety. Exercise also provides structure to your life and can help to prevent weight gain.

- When was the last time that you engaged in regular exercise? What kind of exercise have you been involved with in the past?
- What type of exercise appeals to you the most? Intense, vigorous workouts by yourself? Competing with others? Social and gentle aerobic activities?
- What would you like to gain from exercise? What is the primary thing that would motivate you to exercise?
- Look at Client Worksheet 24, Types of Exercise Activities. What specific types of exercise would you consider doing? What would be a reasonable exercise schedule that you could incorporate into your recovery program?
- What obstacles might get in the way of your engaging in regular exercise? What steps can you take to overcome these obstacles? Are there clubs or organizations that you could join?

Client Worksheet 24

Types of Exercise Activities

You may not have noticed, but there are numerous opportunities for participating in exercise activities nearby. Unless you live in a very rural area (and maybe even if you do), you probably live near a county or city recreation department, a local YMCA gym, a Jewish Community Center, and private exercise clubs and gyms. Many of these, especially gyms that are sponsored by non-profit organizations, offer services that are low-cost or even free. You can get local information through the yellow pages under "gyms," "exercise," "recreation," and by contacting the local city or county recreation department.

Traditional activities

- Jogging
- Walking
- Bicycling
- Skating
- Swimming
- Weightlifting
- Nautilus-type workouts

Exercise classes

- Aerobics classes
- Jazz-aerobics
- Low-impact aerobics
- High-impact aerobics
- Step-aerobics classes
- Water-aerobics

Martial arts

- Judo
- Jujitsu
- Karate
- Kung-Fu
- Tai-Chi Sports-type exercise

- Baseball
- Basketball
- Racquetball
- Roller hockey
- Softball
- Soccer
- Tennis
- Volleyball

Dance classes

- Ballet dancing
- Ballroom dancing
- Country and western
- Ethnic dancing
- Jazz dancing
- Latin dancing
- Modern dancing
- Swing dancing
- Tap dancing

Client Worksheet 25

Nutritional Self-Assessment

If you are typical, your use of stimulants and other drugs, especially alcohol, has had a bad impact on your diet. Stimulants suppress your appetite by making you feel as if your hunger is satisfied, even though you have not eaten anything. When your appetite is artificially suppressed by stimulants, you eat less and therefore do not consume sufficient calories and nutrition. At the same time, stimulants speed up the

metabolism of your body, creating an even greater need for calories. Also, if you typically use alcohol in combination with stimulants, you may have gotten most of your calories from alcohol, often called "empty calories."

In addition to not eating frequently enough, you may have learned poor ways of eating. For instance, you may have learned to eat impulsively. Also, you may have developed the habit of eating foods with little nutritional value when you did eat.

Nutritional self-assessment

- If you tended to use stimulants in binges, for how many days did you binge? During a typical stimulant binge, how many days would you go without eating? What was the longest period of time that you went without eating?
- During a typical stimulant binge, how many times did you actually stop and eat a meal? Did you frequently "forget" to stop and eat?
- During or following a stimulant binge, when you did eat, what did you eat? What would you eat for breakfast? What would you eat for lunch? What would you eat for dinner?
- When you did eat, did you make plans to prepare and eat meals or did you eat impulsively?
- Now, during your recovery, do you make plans to prepare and eat meals or do you eat "when you can?"
- What did you eat for breakfast today? What did you have for lunch today or yesterday? What did you have for dinner yesterday?
- Do you notice that there are times when you crave fats and sweets?

Client Worksheet 26

The Food Guide Pyramid

You probably remember reading something about the Food Guide Pyramid, a guide to daily food choices, although you may not have thought about how it applies to you. Reviewing these five food groups and incorporating this information into your life can be important aspects of your recovery. Eating regularly, and eating meals that are balanced among these food groups, can help to decrease stimulant cravings, increase sleep, increase concentration, decrease withdrawal-related anxiety and depression, and provide sufficient energy required for recovery. The following provides a basic description of the five food groups and the recommended number of servings per day for each food group. Keep in mind that a "serving" is actually a fairly small amount.

Fruit group and vegetable group

These are good sources of fiber and vitamins. Having sufficient fiber prevents constipation. Having sufficient vitamins ensures the healthy functioning of the brain, nerves, muscles, skin, and bones. Some vitamins help energy to be released from food. A healthy diet should include three to five servings of vegetables and between two and four servings of fruits each day. A serving can consist of 1/2 cup of fruit or vegetables, a small salad, one medium potato, or a wedge of lettuce.

Bread, rice, cereal, and pasta

These are good sources of protein, vitamins, and minerals. Proteins are the primary building blocks of muscle, skin, blood, and bones. The brain chemicals that become depleted by chronic stimulant use are made from proteins. A healthy diet should include between 6 and 11 servings from this group each day. A serving can consist of 1 slice of bread, 1/2 cup of pasta or rice, or 1 ounce of cereal.

Milk and cheese

These include milk, ice cream, yogurt, cheeses, and cottage cheese. These foods are a source of calcium, protein, and vitamins. Calcium is required for healthy bones and teeth. A healthy diet should include at least two to three servings each day. A serving can consist of 1 cup of skim milk, 1 1/2 cups of natural cheese, 1 1/2 cups of lowfat ice cream, or 1 1/4 ounces of hard cheese.

Meat, poultry, fish, dry beans, eggs, and nuts

These foods are rich in protein, minerals, and vitamins. A healthy diet should be limited to two to three servings per day from this food group. A serving can consist of 2 to 3 ounces of chicken, fish, or lean beef; 1 egg; 1/2 cup of cooked dry beans; 1/2 cup of nuts; or 2 tablespoons of peanut butter, which is

equivalent to 1 ounce of lean meat.

Fats, oils, and sweets

No serving sizes are suggested because these foods should be eaten sparingly.

- Write out all of the foods that you ate yesterday. How many of the essential food groups did you consume yesterday?
- Which of the food groups do you need to increase? Which do you need to cut down? What steps do you need to take to make that happen?

Client Worksheet 27

My Nutrition Improvement Action Plan

Stimulant-addicted people learn to act on impulse. It becomes commonplace to not eat regularly, to eat on the run, and to select foods based only on taste and not nutritional value. There is often no set schedule for meals, no meal planning, and an overreliance on high-calorie, high-fat fast foods, such as hamburgers and fries. However, with a little planning, eating can be transformed from an impulsive activity to an important and healthy component of recovery.

Make a schedule and a commitment

It is important to stop eating on the run. Making a schedule for meals can be a simple but very effective way to help add structure to your day. If you live with family members, mealtime can be a point during which all family members come together at least briefly. Take the time to list your daily and weekly priorities, such as 12-Step and recovery group meetings, and make a schedule that includes both meals and recovery priorities. Then make a commitment to continue and update this pattern.

Plan a few meals

It may seem foolish at first, but take the time to reflect on what meals you would like to have over the next several days or week. You don't have to plan out each meal. Rather, make a decision about some of the meals that you would like to have over the next several days, especially for dinner. In this way, you can plan ahead and purchase only those grocery items that you need to make the meals.

Make a grocery list

Once you have decided which meals you would like to have over the next several days, take the time to make a list of the grocery items that you need to prepare the meals. This helps you to avoid walking around the grocery store without a plan and buying groceries impulsively. Also, it will save money. You can divide your list into breakfast items, lunch items, dinner items, and snacks. Consider getting fruit as the primary type of snacks.

Plan meal preparation

Many people don't like to cook or clean up. If you live with others, it can be valuable to make a schedule about who does what. You can make agreements with others so that if one person cooks, another person cleans up.

Plan exceptions to the schedule

Most people enjoy eating out from time to time. You may have a favorite restaurant. However, eating out is often an impulsive behavior learned during periods of stimulant use. Thus, you can learn to incorporate eating out into your weekly schedule. In this way, eating out can be seen as a treat or a reward for keeping a healthy dining schedule.

Client Worksheet 28

Sample Behavioral Contract for Stimulant Abstinence

This is an agreement between _____ (the client) and _____ (the clinician) to help _____ (the client) maintain abstinence from stimulants.

I request my counselor to establish a schedule for collecting urine specimens from me for 24 weeks. I will provide urine samples three times per week on a Monday, Wednesday, and Friday schedule during the first 12 weeks of treatment. During the second 12 weeks (weeks 13 through 24), urine samples will be collected two times per week on a Monday-and-Thursday schedule. A clinical staff member of my sex will observe the urination. Half of each urine sample will be submitted for immediate analysis, and half will be saved at the clinic. Samples will be assayed for a variety of drugs of abuse, among which are cocaine, amphetamines, opioid drugs, marijuana, and sedatives. Each specimen for the collection request will consist of 3 ounces of urine. If the quantity is insufficient for analysis, that shall be considered a failure to provide a scheduled sample.

If I travel out of town due to an emergency, I will inform my therapist in advance of leaving. My therapist is authorized to verify such absences with _____ [significant other, etc.]. If I require hospitalization, my therapist will arrange to collect urine samples in the hospital. If I am sick and do not require hospitalization, I will still arrange to produce scheduled urine specimens. If I have difficulties with transportation, or inclement weather makes it difficult to travel, I will arrange (with the help of clinical staff) a way to get to the clinic for urine collection. On certain major holidays, the clinic will be closed. My therapist and I will mutually agree to modifications of the urine testing schedule during holiday weeks.

If for appropriate medical reasons, I am prescribed medication that is also a drug of abuse, I will provide to my therapist the name and phone number of my physician or dentist. I hereby give my therapist permission to contact my physician or dentist by phone and mail if I am given such a prescription. I agree to provide to my therapist a photocopy of the prescription or permit my therapist to see the prescription container. If the medication is appropriately prescribed, the appearance of the drug in urine tests will not be counted as relapse to drug use.

Stimulant-free urine samples

For each stimulant-negative urine sample collected during weeks 1 through 12 of treatment, _____ points will be earned. A voucher stating the earned point value will be presented to me following the collection of a stimulant-free sample. This voucher will specify the number of points earned for that day, as well as the cumulative points earned to date and their monetary equivalent.

During the first 12 weeks of treatment, the first stimulant-free urine sample will be worth 10 points, with each consecutive stimulant-free sample collected thereafter earning an increment of 5 points above the previously earned amount. For example, if 10 points are earned on Wednesday for a stimulant-free sample, Friday's stimulant-free sample will earn 15 points, Monday's will earn 20 points, and so on. As an added incentive to remain abstinent from stimulants, a _____ bonus will be earned for each week of three consecutive stimulant-negative urine samples collected. Assuming there are no stimulant-positive urine samples collected, the _____ bonus can be earned during the first 12 weeks of treatment. During the second 12 weeks of treatment, the incentive program will be changed. Rather than earning points for stimulant-negative samples, _____ will be earned.

For the entire 24 weeks of treatment, immediately after the urinalysis test results indicate that the urine sample is stimulant-negative, the following will happen. The _____ [positive incentive] (weeks 1 through 12) or _____ [positive incentive] (weeks 13 through 24) will be delivered.

Stimulant-positive urine samples

All urine samples will be screened for drug use. A record will be kept of all drugs that screened positive, although this contract will be in effect for stimulants only. For each stimulant-positive urine sample, I will not receive _____ [positive contingency].

Failure to provide urine samples

The failure to provide a urine sample on the designated date without prior approval from my therapist will be treated as a stimulant-positive sample, and the procedure above will be in effect.

My signature below acknowledges that I have read, understand, and agree to the conditions of this urinalysis monitoring process. This process has been carefully explained to me, and I understand the consequences related to providing both stimulant-positive and stimulant-negative samples while I am a client at the program.

(Client)

(Date)

(Counselor)

(Date)

Client Worksheet 29

Components of a Functional Analysis

A functional analysis is a technique that can help you to understand your stimulant use so that you can engage in problem-solving solutions that will reduce the probability of future stimulant use. It allows you to identify the immediate causes of your stimulant use. A functional analysis is a method that helps you examine three aspects of your stimulant use: >

- The types of circumstances, situations, thoughts, and feelings that increase the likelihood that you will use stimulants (triggers)
- The positive, immediate, and short-term consequences of your stimulant use
- The negative and often delayed consequences of your stimulant use.

Triggers

In general, triggers are those circumstances, situations, people, locations, thoughts, and feelings that increase the likelihood that you will use stimulants. They do not force you to use stimulants, but they increase the likelihood that you will use them.

Feelings and thoughts

When you encounter a trigger, you typically respond with certain thoughts and feelings regarding the immediate consequences of using stimulants, such as feeling better, having fun, or forgetting about troubles. You may think about the steps that you need to take to obtain and use stimulants.

Behaviors

Once you are exposed to triggers, and after you start having thoughts and feelings about stimulants, you engage in certain behaviors. One of those behaviors is using stimulants. However, through treatment, your stimulant use can be replaced with alternate coping behaviors.

Positive consequences

Almost immediately after using stimulants, you experience positive, strongly reinforcing consequences. Some of the positive consequences include feeling euphoric, having more energy, feeling more sexual, forgetting negative events or feelings, not feeling sadness or depression, or not feeling emotional pain. These positive consequences are generally immediate and short-term.

Negative consequences

Some of the negative consequences are experienced during or shortly after stimulant use episodes, such as spending too much money, engaging in high-risk sexual behavior, irritating or injuring others, or missing work or school. Many of the negative consequences are delayed or take a while to develop, such as damage to family and social relations, financial health, emotional health, physical health, educational goals, vocational stability, and legal status.

Client Worksheet 30

Preparing To Conduct a Functional Analysis: Identifying Your Triggers

This worksheet should be completed before using Client Worksheet 32, Conducting a Functional Analysis of Your Stimulant Use, and Client Worksheet 31, The Functional Analysis Worksheet. This worksheet will help you to identify the circumstances, situations, people, locations, thoughts, and feelings that increase the likelihood that you will use stimulants.

- List the places where you frequently used stimulants:
- List the people with whom you frequently used or purchased stimulants:
- List the times or days when you most frequently used stimulants:
- List the kinds of activities in which you were typically engaged when you used stimulants:
- List the feelings and emotions that you experienced after you were exposed to triggers:
- List the kind of things that you were thinking about after you were exposed to triggers:

Client Worksheet 31

The Functional Analysis Worksheet

Trigger Feelings and Thoughts Your Behavior Positive Consequences Negative Consequences

Client Worksheet 32

Conducting a Functional Analysis of Your Stimulant Use

This worksheet is used in combination with Client Worksheet 31, The Functional Analysis Worksheet. It should be used only after completing Client Worksheet 30, Preparing to Conduct a Functional Analysis: Identifying Your Triggers.

Step 1

On the Functional Analysis Worksheet, in the column titled "Your behavior," briefly describe an example in which you recently used stimulants.

Step 2

Think about what you were doing immediately prior to this episode of stimulant use. Can you remember who you were with, what you were doing, or the time of day? Place these in the "Trigger" column.

Step 3

Immediately prior to using stimulants during this episode, what were you thinking about? Do you remember what you were feeling? Place whatever thoughts and feelings that you can remember in the "Feelings and thoughts" column.

Step 4

What happened immediately after you used the stimulants? How did your mood change? Did you feel euphoric or powerful? Did you feel that you had more energy or power than normal? Did you feel happy or not as depressed as before? Did you stop feeling bad about something?

Step 5

What have been the long-term consequences of this and other episodes of stimulant use? How has it

affected your relationships with friends? How has it affected your family? How has it affected your work or school situation? How has it affected your financial situation? How has it affected your emotional health? How has it affected your physical health?

Return to Step 1

Describe another example of a relatively recent episode of stimulant use. Repeat all the steps as before. Repeat this until Client Worksheet 31, The Functional Analysis Worksheet, has been completely filled.

Client Worksheet 33

Functional Analysis: Important Points To Consider - You can quit

You can learn to stop using stimulants. Other people with stimulant problems have been able to learn how to stop using stimulants.

Stimulant abuse is a learned habit

It is important to begin thinking of your stimulant use as something you have learned to do. It is a learned habit. Learning how to stop using stimulants does not require that you understand exactly how your stimulant problem began. Blaming other persons, events, or circumstances does not help you learn how to stop. But what is effective is learning that your stimulant abuse is a problem that you can do something about.

The goal is to learn to stop using and start living

One goal of this treatment program is to help you learn how to stop using stimulants and other drugs. Another equally important goal is to help you learn how to live a drug-free lifestyle. You will obtain the most benefit from treatment if we can help you stop your stimulant use so that we can focus on helping you make other lifestyle changes that will promote long-term abstinence from stimulants.

Slips are not treatment failures

Mistakes are preventable and should be prevented. But mistakes happen. If you use stimulants during treatment, you should not view it as failure. Rather, such incidents can be used to help you learn more about your stimulant use so that you can more effectively learn to stop using completely. However, it does not give you permission to use stimulants.

Practice is important

You must learn to work on these new skills between treatment sessions. Learning and practicing new skills and behaviors is necessary. Talking about making changes is not sufficient to deal with high-risk situations. Rather, you learn by practice.

Client Worksheet 34

Self-Management Planning

By now, you have identified several of your triggers. You can organize them into categories, such as high-risk places, people, times of the day, activities, and feelings. This helps you to see that certain triggers are external and exist primarily in your environment (such as places) and some are internal, such as feelings and thoughts. Different triggers require different responses.

Avoiding triggers

Some triggers, such as certain high-risk places and people, can be avoided. This can involve taking alternate ways home so that you don't pass by your stimulant dealer's house, or not passing by bars and

clubs that you frequently went to in the past.

Rearranging the environment

Although you don't have complete control over your entire environment, you have a lot of control over much of it, such as in your home. You can rid your home of stimulants, drug-using paraphernalia, and dealers' phone numbers. You can stop carrying cash, especially when you know that you will be passing by high-risk places.

Developing a new coping plan

You cannot avoid certain triggers. If cash or a certain family member is a trigger for you, it will not always be feasible to avoid these triggers. Thus, you must learn to prepare to encounter such triggers by developing new strategies or plans to help you to not use stimulants in such situations (such as calling your spouse after handling cash).

Make several copies of Client Worksheet 35, Self-Management Planning Worksheet. For each worksheet, you will address one trigger. Engage in the following steps.

Step 1

Select a specific trigger that you need to address. It should be a trigger that you are likely to encounter before the next session. Write this down in the "Trigger" column.

Step 2

Think about the different ways in which you can deal with this trigger. Can you avoid the trigger? Can you rearrange your environment so that you don't have to encounter the trigger? Is there some new coping strategy that you can engage in the event that you do encounter the trigger? Write these down in the "Plans" column. You may have several plans for each trigger.

Step 3

Working with your counselor, consider the overall effects or consequences of each plan. Write these down in the "Positive and Negative Consequences" column.

Step 4

How hard will it be to carry out each plan? With "1" being the least difficult, and "10" being the most difficult, write down the level of difficulty in the "Difficulty" column.

Step 5

Select a plan that seems to be reasonable. Working with your counselor, engage in role-playing exercises and practice engaging in this action plan.

Working with your counselor, you should repeat the above steps for at least three triggers in this session, and identify three additional triggers to work on before the next session.

Client Worksheet 35

Self-Management Planning Worksheet

Trigger Plans Positive and Negative Consequences Difficulty (1-10)

- Plan 1:
- Plan 2:
- Plan 3:
- Plan 4:
- Plan 5:

Plan 6:

Client Worksheet 36

Relationship Happiness Scale

This scale is intended to estimate your current happiness with your relationship in each of the ten areas listed below. Ask yourself the following question as you rate each area: How happy am I with my partner today in this area? Then circle the number that applies. Remember, you are indicating your current happiness. That is, it represents how you feel today. Also, do not let your feelings in one area influence the rating in another area.

Completely Unhappy Completely Happy
 Household responsibilities 1 2 3 4 5 6 7 8 9 10
 Rearing of children 1 2 3 4 5 6 7 8 9 10
 Social activities 1 2 3 4 5 6 7 8 9 10
 Money 1 2 3 4 5 6 7 8 9 10
 Communication 1 2 3 4 5 6 7 8 9 10
 Sex & affection 1 2 3 4 5 6 7 8 9 10
 Academic or occupational progress 1 2 3 4 5 6 7 8 9 10
 Personal independence 1 2 3 4 5 6 7 8 9 10
 Partner's independence 1 2 3 4 5 6 7 8 9 10
 General happiness 1 2 3 4 5 6 7 8 9 10
 Name _____
 Date _____

Client Worksheet 37

Daily Reminder To Be Nice

It is easy for partners to take each other for granted, especially when stimulant use is part of the relationship. This worksheet is a way to help remind you that there are some simple and effective things that you can do to help reverse certain negative behaviors that may have become habitual in your relationship. This worksheet can help to remind you to do a few nice things for your partner and to record how often you actually engage in these behaviors.

Topic Date Date Date Date Date

Did you express appreciation at least once to your partner today?
 Did you compliment your partner at least once today?
 Did you give your partner any pleasant surprises today?
 Did you express visible affection to your partner at least once today?
 Did you spend some time devoting your complete attention to pleasant conversation with your partner?

Did you initiate at least one of the pleasant conversations?
 Did you make any offer to help before being asked?

with permission from Sisson and Azrin, 1989.

Client Worksheet 38

The Perfect Relationship

In each area listed below, write down the activities that would exist in what would be an ideal relationship for you. Be brief, specific, and positive about what you would like to occur.

Regarding "household responsibilities," I would like my partner to:

1. _____
2. _____
3. _____

4.

Regarding "child-rearing," I would like my partner to:

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

Regarding "social activities," I would like my partner to:

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

Regarding "independence," I would like my partner to:

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

Regarding "personal habits," I would like my partner to:

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

Regarding "managing money," I would like my partner to:

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

Adapted with permission from Sisson and Azrin, 1989.

Client Worksheet 39

Positive Requests

If you or your partner wants the other to make changes, the most effective way to accomplish this is by

using positive communication. This is more effective and more pleasant than by negative communication, such as making demands, nagging the other person, or trying to order the other person to do something.

Engaging in positive communication is a skill, and it can be learned. It also takes practice. In the beginning, it may seem unnatural, but as you practice and incorporate it into your daily lives, it becomes natural.

The ways in which requests are made can be pleasant and will increase the likelihood that the requests will be fulfilled.

Be selfish

Don't be greedy, but don't be shy. Think about what would make you really happy. If it seems reasonable, ask for it.

Take the other person's point of view

Try to take the other person's point of view and understand how he or she feels. The other person may not recognize what you feel you need. The other person may not even realize that you are unhappy.

Take partial responsibility

When appropriate, accept partial responsibility regarding the current situation. You may never have expressed how important a specific situation is to you. Similarly, you may be equally responsible for the way a specific situation has evolved. For example, you may want your partner to become more involved in the children's homework. You may want to remind your partner that you have never expressed how important it is to you that both of you should help the kids with their homework. Also, you may want to state to your partner that you recognize that you haven't been spending sufficient time helping the kids with their homework, either.

Offer to help

Offer assistance to make it easier for your partner to fulfill your request.

Always try to say yes, if possible

Because you are going to be asking your partner to do things that will make you happy, you should be willing to do the same for your partner.

Compromise when necessary

Things will not always be black or white. There are times when it is best to compromise. Be willing to compromise so that both partners have something to gain.

Client Worksheet 40

Reciprocal Contract for Behavior Change

This contract is designed to assist you in achieving and maintaining positive changes in your relationship. During treatment, you will be asked to develop several of these contracts which will document reciprocal changes requested by you and your partner. By making a public commitment and placing it in writing, you are actively taking steps toward achieving and maintaining positive changes in your relationship.

I, _____, agree to make every effort possible to make the following changes at my partner's request. I understand that this change is very important to him/her and therefore is also very important to me.

Behavior change

I, _____, agree to make every effort possible to make the following changes at my partner's request. I understand that this change is very important to him/her and therefore is also very important to me.

Behavior change

This contract will continue throughout treatment unless a new contract is substituted or until one or both of the parties decides to terminate his or her participation.

Signatures

Client _____	Date _____
Partner _____	Date _____
Counselor _____	Date _____

Client Worksheet 41

Improving Communications - Be polite to your partner

When talking to your partner, use the same courteous words and tone you would use with a stranger or a coworker.

Express positive feelings

Let your partner know what you like about the things that he or she has done. Focus on successes as much as on things that are not going well.

Do something nice

Without being asked or without a special reason, do something that your partner would like or find special. Also, do it without expecting something in return.

Determine the importance of an issue before complaining

Ask yourself whether or not something is worth complaining about. Express complaints only about things that matter.

Choose an appropriate time

Choose settings and times that are conducive to a positive discussion. Don't do it when either of you is angry or doesn't have time.

Have a goal in mind

What are you trying to achieve? What are you looking for? Why do you want these changes? Are they reasonable or achievable?

Be specific about your complaints

Focus on one thing at a time. Have a specific example of the problem. Be prepared to tell your partner precisely what you would like him or her to do differently. Stay focused, and don't bring up other problems.

Request changes in a positive manner

In a positive way, tell your partner what is bothering you and what you would like to see changed. Avoid criticisms, put-downs, and assumptions about motives.

Prepare to compromise

Be prepared to discuss solutions that work for both of you. Don't declare ultimatums or dismiss your partner's ideas.

Client Worksheet 42

Disagreements and Fights - Expect to have disagreements

Disagreements are normal aspects of relationships, even healthy ones. People in relationships will not always agree on everything.

Some disagreements are not disagreements

Very often, what people characterize as disagreements are in fact examples of miscommunication or poor communication.

Miscommunications involve unexpected responses

Miscommunications happen when the message that you are trying to send to your partner provokes a response that you did not expect or intend for him or her to have.

Miscommunications involve poor expression

Miscommunications often result from not expressing yourself clearly, specifically, or completely. Don't assume that you know what your partner does or does not know. Provide reasons why you are complaining or making a request.

The problem may be the message

You may have conveyed a message that you did not intend by not saying what you really meant, leaving out information, or by providing nonverbal messages inconsistent with the verbal message.

Arguing and fighting

People can argue and fight because communication skills used in this approach are not being followed. For example, when people don't remain focused on a topic, when they try to bring up issues when angry or at inappropriate times, or when they are overly critical, a discussion can easily get out of control and become a fight or an argument.

Recognize your pattern of fighting

The first step of gaining control of fighting and arguing behavior is to recognize your pattern of fighting. Fights can be thought of as bringing up issues without discussion or resolution. You can make lists of the types of situations that typically result in fights with your partner.

Avoidance

Some couples rarely argue but avoid conflict by never talking about important issues. In such situations, one partner typically gives in all of the time or both become adept at ignoring issues when they arise. This avoidant style of communication usually results in one or both partners feeling resentful, unloved, not cared for, or unimportant. It is important to develop communication skills that help you to recognize the issues that are important to both of you and to communicate requests and complaints at appropriate times.

Recognize avoidance problems

Some of the clues that avoidance may be a problem in your relationship are: (1) believing that there is no conflict in your relationship, (2) having dull and routine conversations that leave you feeling not connected,

(3) avoiding certain topics because they will start fights, and (4) feeling resentful toward your partner so that you do not want to do special favors.

Client Worksheet 43

Good and Poor Listening Skills - Good listening promotes effective communication

It is important to engage in active listening to your partner. Active listening involves trying to completely understand what your partner is trying to communicate, specifically understanding what your partner wants and what your partner is feeling. When you think that you understand what your partner is trying to communicate, you can summarize what you think he or she is communicating and ask if you understand it correctly. You can ask your partner to explain it in more detail, or to provide examples, or ask him or her to explain it differently. You can ask what your partner is specifically feeling right now. Validate your partner's feelings.

It is important for you to let your partner feel that you can understand how and why he or she might feel the way that he or she is feeling. That is, you can communicate to your partner that his or her feelings make sense. You may not necessarily agree with your partner, but you can convey to your partner that you understand his or her point of view. This is an important way for you to communicate the message that you care about your partner and you care about the way that your partner feels. If you are angry and cannot validate your partner's feelings at the moment, you can request a short break, cool off for a few moments, and return when you can do so.

Poor listening sends poor messages

When you listen poorly, you can convey messages to your partner that will interfere with good communication. Poor listening conveys to your partner such messages as (1) I am not interested in your opinions or feelings; (2) Your feelings are silly; (3) You are foolish to have these feelings; (4) Your feelings don't deserve my attention; (5) My opinions and feelings are more important than yours; (6) My opinions and feelings are more reasonable than yours.

Types of poor listening behaviors

Self-summarizing involves the continual restatement of a position over and over during a discussion. Cross-complaining occurs when the complaint of one partner is met by a complaint by the other rather than trying to solve the original problem. Mind-reading occurs when issues are avoided by one partner feeling and acting as if he or she knows how the other partner feels or what the other would like to do. This results in the second partner feeling unimportant, left out of decisions, and resentful. Yes-butting involves one partner responding to the other with a series of "Yes, but...." statements. This sends the message that you don't want to change or meet your partner's needs or to understand your partner's point of view. Character assassination involves making requests or comments that attack your partner's whole self, rather than specific problem behaviors or areas for change. The complaining rut describes a pattern of communication characterized by continual complaints without suggestions for change or alternatives and without noting positive behavior changes.

Client Worksheet 44

Recovery Self-Evaluation

For each of the following topics, rate how satisfied you are at this time.

Recovery Self-Evaluation

Very Dissatisfied Very Satisfied

Job/School 1 2 3 4 5 6 7 8 9 10

Friendships 1 2 3 4 5 6 7 8 9 10

Family Life 1 2 3 4 5 6 7 8 9 10

Leisure activities 1 2 3 4 5 6 7 8 9 10

Recreational activities 1 2 3 4 5 6 7 8 9 10

Stimulant use 1 2 3 4 5 6 7 8 9 10

Stimulant cravings 1 2 3 4 5 6 7 8 9 10

Alcohol/drug use 1 2 3 4 5 6 7 8 9 10

Alcohol/drug cravings 1 2 3 4 5 6 7 8 9 10

Self-esteem 1 2 3 4 5 6 7 8 9 10

Physical Health 1 2 3 4 5 6 7 8 9 10
Emotional health 1 2 3 4 5 6 7 8 9 10
Sexual fulfillment 1 2 3 4 5 6 7 8 9 10
Spiritual well-being 1 2 3 4 5 6 7 8 9 10

- Which areas have you improved the most since you began treatment?
- What are the areas that you feel need the most improvement?
- What specific action plans do you plan to engage in to accomplish these goals?
- What areas of your treatment plan do you think need enhancement?

Adapted with permission from Rawson et al., 1995.

[TIP: Chapter Listing](#)