

Relapse Prevention –

Written By Dylan Kerr 2018

This booklet was written in order to help people prevent slipping back into unwanted patterns of behaviour or substance use.

Dylan Kerr Relapse Prevention Workbook

Whilst overcoming difficulties you have been reviewing yourself, sharing with others and been working on issues surrounding your well-being. You have made changes to your life and your understanding of self. Whilst this is great it is important that you sustain these changes.

The main aim of this workbook is that you are able to self-manage difficult areas of your life and areas which you cannot self-manage that you are able to tap into a network of support in order to help you overcome or support you through those problems.

When overcoming difficulties in mental health it can be a lot like climbing out of a pit of despair, although you may find yourself outside of the pit you might find that you are still on the edge and certain factors could push you back inside.

All of the following conditions are prone to relapse of some nature:

- -Stress
- -Depression (of any nature)
- -Addictive behaviours
- -Bio-Polar Disorder (any type)
- -Chronic fatigue
- -Anger
- -Schizophrenia
- -Psychosis
- -Personality Disorder
- -Trauma reactions
- -Hyper-vigilance
- -Anxiety (including panic attacks)
- -Weight management
- -Eating disorder

When overcoming these issues that are prone to relapse it's important to think about how you can continue to work on yourself to committing to change.

If you think back to when you learnt something difficult and new. Perhaps like driving a car or undertaking advanced academic work, it might have seemed over-whelming at first, it may have even been a very nervous experience. However, over-time and with guidance you were able to assimilate the learning and then apply it yourself.

“YOUR DEFAULT SETTING MUST BE YOUR BEST SETTING”.

Dr.Patrick Carnes, a researcher in the field of behaviour change, states that in order to overcome difficulties that *“your default setting must be your best setting”*. That’s an interesting concept to think upon. What could you achieve if during every event or situation you were able to act to your best interests? Although this can seem challenging it can be achievable through there simple process, which we’ll develop during the course of this hand-book.

1. COMMITMENT
2. ACTIVITY
3. TAKING STEPS

1. Commitment – Your commitment to overcoming problems must remain intact. This might seem difficult at first, you might find that you are hit by waves of obstacles. You might even endure hardship, but it is during these difficult moment if you can continue to walk the line where.
2. Activity – Recovery is not a passive role, it’s not something which you can have done for you, there can be plenty of help along the way, but it will require your input, your daily routines and your activity.
3. Taking Steps - Taking steps is that you....

Where does your motivation to change come from?

There are two forces at work when it comes to change, forces within you and outside of you. Let's take a look at what these are?

External:

Family: *Trouble with loved ones, arguments, missing out on children, not meeting expectations*

Work/occupation: *Being late, long-term unemployment, disappointing, not delivering*

Friends/social circles: *Broken promises, letting people down, warnings from friends*

Warning signs: *Noticing languishing in comparison to others*

Unable to meet goals: *Losing grasp of goals after hours or days of setting them, unable to commit*

Breakdown in daily routines: *Late for breakfast, going to bed late, missing alarms, eating disorder*

Law: *Risking breaking the law or getting into trouble*

Internal:

Physical health: *Physical health problems developing, continuing unhealthy behaviours*

Mental Health: *Depression, suicidal thoughts, unable to control mental health, nothing working*

Spiritual well-being: *Lack of faith in the future, dark outlook on life, no sense of belonging*

Physical appearance: *Weight issues, letting self-go, dressing scruffy, feeling unattractive*

Feelings: *Rage, Anger, fear, anxiety, upset,*

Before a person makes the change that they want to make in their life they will often move through different stages of change.

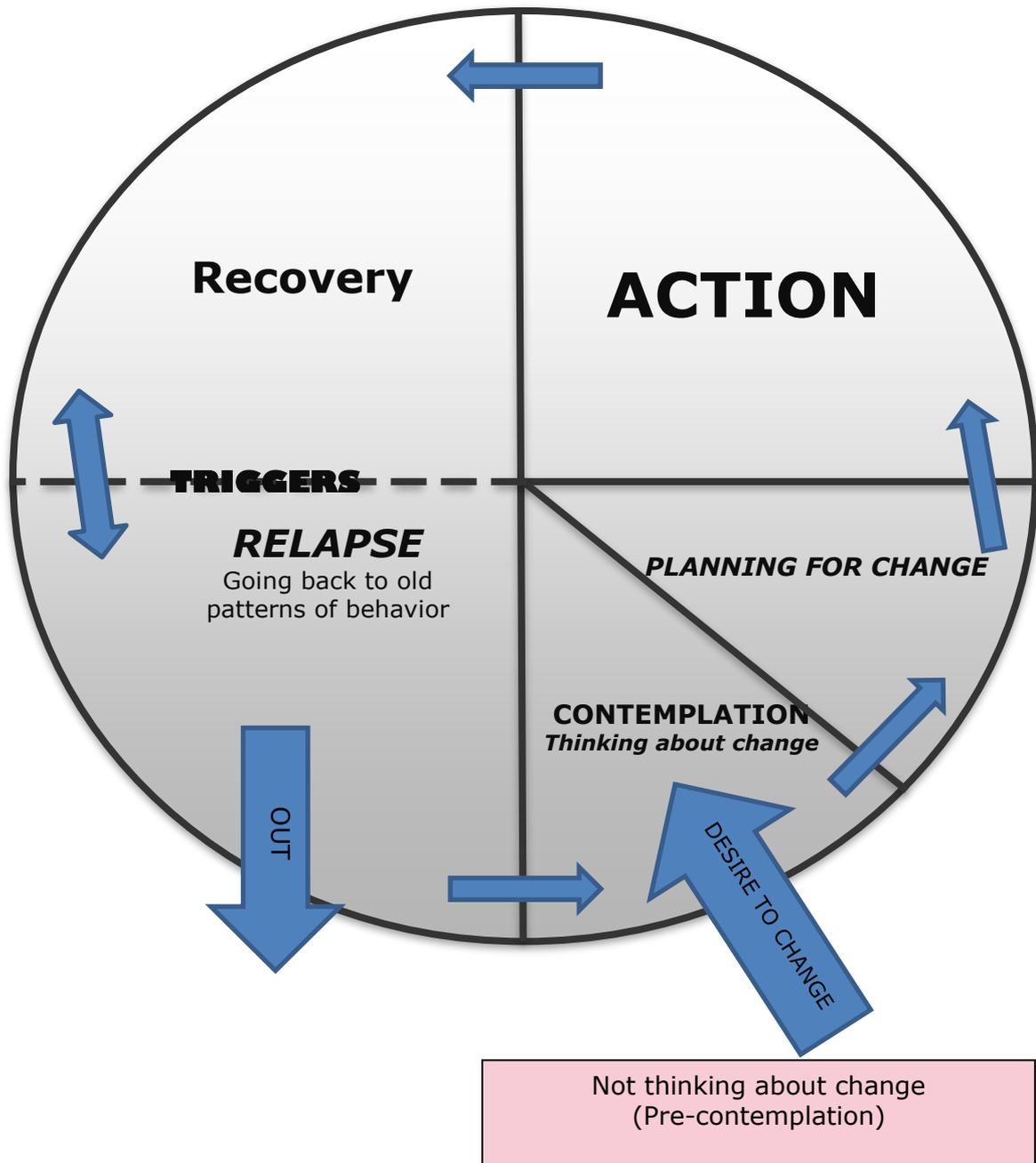
These may depend on the different types of circumstances a person find themselves in or what they may be facing in their life. Although external influences can play a big part in the way they have shaped you and where you may currently find yourself, it is important not to continue to play the blame game. It's easy to point towards people, places and things that have shape the way you feel about yourself and the world but you cannot change those things. The best place to start is with yourself.

Roughly eighty percent of things that happen to you will be outside the remit of your control.

During this workbook we will get you to examine **your behaviour** and the way you position **yourself** around situations, people, places and deal with events that could set you back.

Where are you on the cycle of change?

The cycle of change is a simple model created in 1980's by two psychologists "**Prochaska and DiClementi**". Their aim was to illustrate the different phases of change a person goes through. It was originally invented to help those who wanted to give up smoking, but since its invention it has become a very useful tool in helping people in all addictions.



Think about the stages of change that you have been through in experiencing those stages?

Pre-contemplation- When you didn't need to think about change

Contemplation – Thinking about change

Planning for Change – What plans did you make?

Action- What action have you taken or are taking?

Maintenance of change – Have you made changes you are maintaining or have maintained in the past

Relapse – Have you ever relapsed back on a change to old ways?

RELAPSE

As is the nature of this workbook, a relapse is a process that some people face during their recovery from mental health issues.

NOT EVENT – RELAPSES ARE PROCESSES.

From years of experience with working with people it is often stated that people are surprised by their relapse, that one day “it just suddenly happened”. Through vigorous research into the relapse and occurrences of setbacks in people’s wellbeing it has been established that relapses are **NOT EVENT – RELAPSES ARE PROCESSES.**

Allow that to sink in for a moment, process, not an event. What does that mean for you at this moment?

Relapses happen usually with the occurrence of certain features, they can be internal and external. The most common cause of a relapse is unresolved internal conflicts or the inability to cope with these.

The process of relapse happens when a person disengages with their program of recovery, this can happen by means:

- Prioritising work commitments over personal recovery

I need to keep people happy at work more than anything else

- Putting family members' first

If I don't take care of my husband I'll have nothing

- Not adhering to a discharge summary or relapse prevention plan

I learn some nice ideas but I'm too busy to follow all that advice

- Allowing emotions to build up without affectively dealing with them

It's just one thing after enough, but I can cope, can't i?

- Forgetting they still have an existing condition which needs continue support and attention

I've lost weight and got myself a decent position, I've got other stuff going on

- Experiencing a string of problems and not coping through them

Car not working, baby screaming all night, bad report from work, I can't bloody cope!

- Not using a network of support

I don't need to hang around people moaning all day long

- Stopping medication or methods of treatment (such as CBT)

Now I'm better I don't need pills or to do those exercises

- Becoming complacent that problems are all over

Happy days are here FOREVER!

- Entering into high-risk situations

I can still sit around people who drink and make me upset or push my buttons

- Being “triggered” by stressors

I just have to “roll with the punches”, I can’t change the world

- Still in denial that problems don’t exist

It’s fine not to take care of myself, I’m not as bad as other people in the world

- Losing focus of goals

Why am I even bothering? What was I trying to achieve?

Using CBT for Relapse Prevention

Cognitive distortions.

Most people who come to treatment report that they have some levels of identifiable depression and anxiety, much more commonly than the average person. Feeling depressed or suffering from low moods can undermine a person's personal recovery.

Many people slip up and lose focus because emotional triggers can become overwhelming at times.

Can you identify emotions that you find challenging?

It's easy to look to the outside world and blame things externally for how we feel. Sometimes we don't get the attention we deserve, events disappoint us, people reject us...etc.

Can we control how we react to these events and situations?

Can you control your emotions? If so, how?

It can be very hard to **control** our emotional responses, but CBT tasks us with looking at how we **think** and **behave** in response to these problems.

This has been the topic of discussion for thousands of years, but it is only in the last century have we been able to form practical ways to deal with it.

The Greek philosopher Epictetus (52AD – 135 AD) wrote many things on how we respond and feel to the outside world. From his writings it shows us that he believed that we were largely responsible for our own feelings about the world:

“PEOPLE ARE NOT DISTURBED BY THINGS, BUT THE VIEW THEY TAKE ON THINGS” – EPICTETUS

HE ALSO WROTE HOW WE SHOULD STOP, PAUSE AND THINK BEFORE RESPONDING WHEN EVENTS IN LIFE CHALLENGED US.

Maladaptive thinking styles

In the 1970's a doctor by the name David Burns was a student of the Aaron T Beck (one of the godfather's of modern day CBT), he was a doctor of psychiatry and working with a large case-load of people who suffered from severe depression. He began to research his work and discovered that people who reported depression were all prone to ***“Maladaptive thinking styles”***.

These thinking styles were very rigid, biased towards negative, unhelpful, offered no solution, ruminated on problems and boosted anxiety.

He noticed every single one of his patients with depression and anxiety reported these ten distinct thinking styles known as **cognitive distortions**.

Although people have added to the list of cognitive distortions over the years here are the main ones:

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Always being right
Being wrong is unthinkable. This cognitive distortion is characterized by actively trying to prove one's actions or thoughts to be correct, while sometimes prioritizing self-interest over the feelings of another person.
Blaming
The opposite of personalization; holding other people responsible for the harm they cause, and especially for their intentional or negligent infliction of emotional distress on us. Example: a spouse blames their husband or wife entirely for marital problems, instead of looking at his/her own part in the problems.
Disqualifying the positive
Discounting positive events. Example: Upon receiving a congratulation, a person dismisses it out-of-hand, believing it to be undeserved, and automatically interpreting the compliment (at least inwardly) as an attempt at flattery or perhaps as arising out of naïveté.
Emotional reasoning
Presuming that negative feelings expose the true nature of things, and experiencing reality as a reflection of emotionally linked thoughts. Thinking something is true, solely based on a feeling. Example: "I feel (i.e. think that I am) stupid or boring, therefore I must be." Or, feeling that fear of flying in planes means planes are a very dangerous way to travel. Or, concluding that it's hopeless to clean one's house due to being overwhelmed by the prospect of cleaning
Fallacy of change
Relying on social control to obtain cooperative actions from another person.
Mental Filtering

Focusing entirely on negative elements of a situation, to the exclusion of the positive. Also, the brain's tendency to filter out information which does not conform to already held beliefs.

Example: After receiving comments about a work presentation, a person focuses on the single critical comment and ignores what went well.

Jumping to conclusions – Mind reading and fortune telling

Mind reading: Inferring a person's possible or probable (usually negative) thoughts from their behavior and nonverbal communication; taking precautions against the worst reasonably suspected case or some other preliminary conclusion, without asking the person.

Fortune-telling: predicting negative outcomes of events.

Example: Being convinced of failure before a test, when the student is in fact prepared.

Labelling and mislabeling

A more severe type of overgeneralization; attributing a person's actions to their character instead of some accidental attribute. Rather than assuming the behavior to be accidental or extrinsic, the person assigns a label to someone or something that implies the character of that person or thing. Mislabeling involves describing an event with language that has a strong connotation of a person's evaluation of the event.

Example of "labeling": Instead of believing that you made a mistake, you believe that you are a loser, because only a loser would make that kind of mistake. Or, someone who made a bad first impression is a "jerk", in the absence of some more specific cause.

Example of "mislabeling": A woman who places her children in a day care center is "abandoning her children to strangers," because the person who says so highly values the bond between mother and child.

Magnification and minimization

Giving proportionally greater weight to a perceived failure, weakness or threat, or lesser weight to a perceived success, strength or opportunity, so the weight differs from that assigned to the event or thing by others. This is common enough in the normal population to popularize idioms such as "make a mountain out of a molehill". In depressed clients, often the positive characteristics of other people are exaggerated and negative characteristics are understated. There is one subtype of magnification:

Catastrophizing – Giving greater weight to the worst possible outcome, however unlikely, or experiencing a situation as unbearable or impossible when it is just uncomfortable.

Example: A teenager is too afraid to start driver's training because he believes he would get himself into an accident.

Overgeneralization

Making hasty generalizations from insufficient experiences and evidence. Making a very broad conclusion based on a single incident or a single piece of evidence. If something bad happens only once, it is expected to happen over and over again.

Example: A person is lonely and often spends most of her time at home. Her friends sometimes ask her to come out for dinner and meet new people. She feels it is useless to try to meet people. No one really could like her.

Personalization

Attributing personal responsibility, including the resulting praise or blame, for events over which a person has no control.

Example: A mother whose child is struggling in school blames herself entirely for being a bad mother, because she believes that her deficient parenting is responsible. In fact, the real cause may be something else entirely.

Should statements (Musterbation)

Doing, or expecting others to do, what they morally should or ought to do irrespective of the particular case the person is faced with. This involves conforming strenuously to ethical categorical imperatives which, by definition, "always apply," or to hypothetical imperatives which apply in that general type of case.

Albert Ellis termed this "musturbation". Psychotherapist Michael C. Graham describes this as "*expecting the world to be different than it is*"

Example: After a performance, a concert pianist believes he or she should not have made so many mistakes. Or, while waiting for an appointment, thinking that the service provider should be on time, and feeling bitter and resentful as a result.

Splitting (All-or-nothing thinking or dichotomous reasoning)

Seeing things in black or white as opposed to shades of gray; thinking in terms of false dilemmas. Splitting involves using terms like "always", "every" or "never" when this is neither true, nor equivalent to the truth.

Example: When an admired person makes a minor mistake, the admiration is turned into contempt.

The key idea behind this way of explanation of our thinking is to accept we are prone to these thinking styles, that they are **not facts**, the way we feel about the world doesn't make it so.

THOUGHTS ARE NOT FACTS

It is acknowledged by experts, as a general rule, the more difficult our upbringing has been the more severe and numerous our cognitive distortions are. One of the very first books written on CBT was called “Overcoming the fears learned in Childhood” by Mary Cover Jones.

In order to critique our negative thinking it’s important we keep in mind our styles of thinking and continue to check thoughts against them.

Once we become more aware of these thinking styles we can start to explore alternative thinking styles that help us “untwist these distortions”.

The 10 Ways of Untwisting Our Distorted Thinking

Some of our ways of thinking are so solid that that they are very hard to change, even if we experience evidence to contradict our belief systems. In order to make changes to core-belief systems that are perhaps harmful to ourselves we sometimes need to put that belief to the test and really challenge it. Below are 10 ways of untwisting our distorted thinking, make notes by each one to see how it applies to yourself.

PRO TIP: CBT focuses on the HERE AND NOW, not by-gone events, think of things in the recent weeks that have caused you to experience some level of distress. Maybe something that has happened to you in the last 7 days which you have found upsetting, worrying or distressing. If you can't find an example expand it out to the last 28 days.

1. Identify The Distortion: Write down your negative thoughts so you can see which of the ten cognitive distortions you're involved in. This will make it easier to think about the problem in a more positive and realistic way.

2. Examine The Evidence: Instead of assuming that your negative thought is true, examine the actual evidence for it. For example, if you feel that you never do anything right, you could list several things you have done successfully.

3. The Double-Standard Method: Instead of putting yourself down in a harsh, condemning way, talk to yourself in the same compassionate way you would talk to a friend with a similar problem.

4. The Experimental Technique: Do an experiment to test the validity of your negative thought. For example, if during an episode of panic, you become terrified that you're about to die of a heart attack, you could jog or run up and down several flights of stairs. This will prove that your heart is healthy and strong.

5. Thinking In Shades Of Grey: Although this method may sound drab, the effects can be illuminating. Instead of thinking about your problems in all-or-nothing extremes, evaluate things on a scale of 0 to 100. When things don't work out as well as you hoped, think about the experience as a partial success rather than a complete failure. See what you can learn from the situation.

6. The Survey Method: Ask people questions to find out if your thoughts and attitudes are realistic. For example, if you feel that public speaking anxiety is abnormal and shameful, ask several friends if they ever felt nervous before they gave a talk.

7. Define Terms: When you label yourself 'inferior' or 'a fool' or 'a loser,' ask, "What is the definition of 'a fool'?" You will feel better when you realize that there is no such thing as 'a fool' or 'a loser.'

8. The Semantic Method: Simply substitute language that is less colorful and emotionally loaded. This method is helpful for 'should statements.' Instead of telling yourself, "I shouldn't have made that mistake," you can say, "It would be better if I hadn't made that mistake."

9. Re-attribution: Instead of automatically assuming that you are "bad" and blaming yourself entirely for a problem, think about the many factors that may have contributed to it. Focus on solving the problem instead of using up all your energy blaming yourself and feeling guilty.

10. Cost-Benefit Analysis: List the advantages and disadvantages of a feeling (like getting angry when your plane is late), a negative thought (like "No matter how hard I try, I always screw up"), or a

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behavior pattern (like overeating and lying around in bed when you're depressed). You can also use the cost benefit analysis to modify a self-defeating belief such as, "I must always try to be perfect."

(David D. Burns, 1999. *The Feeling Good Handbook*. Revised Edition. Plume)

Find an example of your own personal cognitive distortions which you have been prone to in the past. Use a separate piece of paper if you feel is needed.

1. Create a list of troublesome thoughts

2. Examine the evidence for that thought

3. Can you examine any evidence against that thought?

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4. How true is that thought out of 100?
5. Do others agree it is true? Ask a person in the group
6. How are you defining yourself with those thoughts? -e.g. Giving yourself a label? <i>"I am stupid, I am a loser, I can't win"</i>

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7. Re-attribution: Can you identify external factors that caused you think this way?	
8. Cost benefit analysis	
What is gained by thinking this way?	What is lost by thinking this way?

Positive Change Talk Motivation Towards Goals

In Cognitive Behaviour Therapy (CBT) and other types of therapy that challenge your styles of thinking – it can sometimes seem like an English lesson. This is not merely semantics, but they help us construct our thinking. In order to keep yourself motivated it is important to be careful about the language we use to describe ourselves or the way that we try and meet our goals.

Here is an example of language used to meet goals:

(1) Weakest	(2) Weak	(3) Moderate	(4) Stronger	(5) Strongest
I hope to	I favor	I look forward to	I am devoted to	I guarantee
I will try	I believe	I consent to	I pledge to	I will
I think I will	I accept	plan to	I agree to	I promise
I suppose I will	I aim	I resolve to	I am prepared to	I vow
I imagine I will	I aspire	I expect to	I intend to	I shall
I suspect I will	I am inclined	I concede to	I am ready to	I give my word
I will consider	I anticipate	I declare my intention to		I assure
I guess I will	I predict			I know I will
I will see (about)	I presume	I dedicate myself		

At the moment how do you usually talk or think about meeting your changes?

Problem Communication Behaviours

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On the road to mental well-being and preventing relapse, it is not only important to think about the way in which we speak to ourselves but also how we speak with others or think about them too:

PROBLEM COMMUNICATION HABITS	POSITIVE ALTERNATIVES
<ul style="list-style-type: none"> • Accusing, blaming 	<ul style="list-style-type: none"> • Making “I” statements, “I feel when _____ when _____ happens”
<ul style="list-style-type: none"> • Using sarcasm 	<ul style="list-style-type: none"> • Making communication direct, using a neutral voice
<ul style="list-style-type: none"> • Putdowns, name calling, shaming 	<ul style="list-style-type: none"> • Accepting responsibility; making “I” statements
<ul style="list-style-type: none"> • Interrupting 	<ul style="list-style-type: none"> • Listening quietly
<ul style="list-style-type: none"> • Lecturing, preaching, moralizing 	<ul style="list-style-type: none"> • Identifying the problem; being brief
<ul style="list-style-type: none"> • Criticizing 	<ul style="list-style-type: none"> • Identifying the positive; collaborating on solutions
<ul style="list-style-type: none"> • Getting off-topic 	<ul style="list-style-type: none"> • Catching oneself and returning to the problem
<ul style="list-style-type: none"> • Dwelling on the past 	<ul style="list-style-type: none"> • Sticking to the present and future (suggesting change to correct past problems)
<ul style="list-style-type: none"> • Monopolizing the conversation 	<ul style="list-style-type: none"> • Taking turns making brief statements
<ul style="list-style-type: none"> • Threatening 	<ul style="list-style-type: none"> • Suggesting alternative solutions
<ul style="list-style-type: none"> • Clamming up; not responding 	<ul style="list-style-type: none"> • Reflecting; validating, expressing both negative and positive feelings
<ul style="list-style-type: none"> • Using “The silent treatment” 	<ul style="list-style-type: none"> • Negotiating a later time to talk when everyone has “cooled off”



Problem Solving

“WHEN YOU ENCOUNTER A PROBLEM, FLIP THE PROBLEM TO LOOK AT ALL SIDES.”

F: Figure out what the problem is and what you want to happen. L: List all possible solutions. I: Identify the best solution. P: Plan what to do next.

F: Figure out what the problem is and what you want to happen.

SOMETIMES WHEN PEOPLE ARE OVERWHELMED, IT CAN SEEM LIKE EVERYTHING IN LIFE IS PART OF THE PROBLEM. THIS OFTEN LEADS TO MORE STRESS! IN ORDER TO SOLVE THE PROBLEM, YOU NEED TO FIGURE OUT EXACTLY WHAT THE PROBLEM IS.

L: List all possible solutions.

PEOPLE OVERLOOK THIS STEP IN PROBLEM SOLVING. MOST PROBLEMS HAVE MANY POSSIBLE SOLUTIONS. THE TRICK IS TO BRAINSTORM ALL OF THESE POSSIBILITIES BEFORE CHOOSING ONE. IT IS REALLY IMPORTANT TO FOCUS ON ALL POSSIBILITIES WITHOUT JUDGING THE SOLUTIONS AT THIS POINT. NO POTENTIAL SOLUTION IS BAD

I: Identify the best solution.

ONCE YOU HAVE LISTED ALL POSSIBLE OPTIONS, YOU CAN FILL IN THE POSITIVE CONSEQUENCES ('PLUSES') AND NEGATIVE CONSEQUENCES ('MINUSES') OF EACH ONE. AFTER LOOKING AT THE POSITIVES AND NEGATIVES OF EACH OPTION, IT OFTEN IS EASY TO CHOOSE A SOLUTION—THE ONE WITH THE MOST 'PLUSES'! IF IT IS NOT OBVIOUS WHICH SOLUTION IS THE BEST, THEN CONTINUE TO BRAINSTORM ANY 'PLUSES' OR 'MINUSES' THAT YOU MIGHT HAVE LEFT OFF THE LIST.

P: Plan what to do next

AFTER CHOOSING A SOLUTION, IT IS IMPORTANT TO PLAN HOW TO CARRY OUT THIS SOLUTION. ONCE YOU HAVE ACTED ON THIS SOLUTION, EVALUATE HOW IT WORKED AND HOW YOU FEEL ABOUT THE PROBLEM NOW. IF THE PROBLEM STILL CAUSES YOU STRESS, FLIP THE PROBLEM AGAIN AND COME UP WITH SOME NEW IDEAS.

F

FIGURE OUT what the problem is and what you want to happen

L

LIST all possible solutions

I

IDENTIFY the best solution

P

PLAN when and where to use this strategy

Keeping up your wellness plan

1. **Self-acceptance (positive self-schema/self talk, willingness to explore thinking and optimism about the future and your place in it)**
2. **Social (social skills, social problem solving, avoiding people hazardous to recovery)**
3. **Success (autonomy/self-management)**
4. **Self-goals (purpose and direction in life)**
5. **Spiritual (optimism, gratitude, altruism)**
6. **Soothing (being able to ground self, apply self-care)**

Self-acceptance: Remind the youth of positive/helpful self-statements. “Which helpful self-statements are you already using?” “Are there some that you would like to increase or practice with more often?”

Social: Social support is particularly important because it is what makes you feel connected in this world, and connections to other people are what make life fun! Who’s on Your Team, here.

Success: Having a sense of mastery in some areas of life is important in maintaining wellness. “Do we notice the good things that happen and our role in them?” Be aware of attributions for positive events and the importance of building the positive self-schema.

Self-Goals: Having goals gives people hope and a sense of purpose. Discuss with the youth the importance of having short-term goals and long-term goals. Having something to look forward to is an important aspect of keeping up hope and maintaining wellness.

Spiritual: Self-awareness, including recognition of one’s values and beliefs and living in conjunction with those values and beliefs, is a key part of well-ness. It is also important to respect the views of others (tolerance) and to participate in activities that help others (altruism) in a way that will better connect you to the world around you. Introduce optimism and a hopeful view of the world. Some people get hope from faith: “Do you have faith (in a higher power? In your values? In yourself?)?” Revisit the explanatory or attributional style as needed.

Soothing: Stress has detrimental effects on the mind and body. Relaxation is key to maintaining health. It is important to use strategies that are self-soothing. Use the relaxation training and sleep hygiene supplement in the Appendix as needed if this is an area of weakness for the youth. Examples might include taking a bubble bath, listening to relaxing music, and eating a good meal.

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Self-Acceptance:

What tools can you use to help gain/maintain self-acceptance?

Social:

What are you doing to build a helpful social network or what ideas do you have?

Success:

What successes have you made whilst you have been in treatment? Write something positive which you have achieved.

Self-Goals:

List at least 5 goals you have to aim for.

Spiritual:

What gives you an optimistic view of the world? What gives you strength and what is your purpose? - Or what would you like your purpose to be?

Soothing:

How do you self-soothe? What helps you feel grounded and good about yourself?

Personal Recovery Plan

During the final stages of your treatment you and your counsellor should be working on your personal recovery plan. Not all aspects of this recovery plan may be applicable to yourself but consider each aspect carefully. If you are filling this in during the first stages of your treatment as part of a group you may wish to fill in the answers in pencil so you may update them later.

Take a look at the following areas of your life and determine which items will need to be included and considered in your recovery plan:

Drug and Alcohol Use

Where are you now in your usage of drugs and alcohol (including prescription drugs.)
Where would you like to be?
What actions can you take to accomplish your goals in this area of your life?

Social Support

Where are you now in your social support system?
Where would you like to be?
What actions can you take to accomplish your goals in this area of your life?

Physical Health

How is your physical health?
Where would you like to be?
What actions can you take to accomplish your goals in this area of your life?

Family Relations

Where are you now in your family relations?
Where would you like to be?
What actions can you take to accomplish your goals in this area of your life?

Emotions

Where are you now in managing your emotions?
Where would you like to be?
What actions can you take to accomplish your goals in this area of your life?

Work Status

Where are you now in your work status?

Where would you like to be?

What actions can you take to accomplish your goals in this area of your life?

Financial Status

Where are you now your financial status?

Where would you like to be?

What actions can you take to accomplish your goals in this area of your life?

Fun and Recreation

What do you do now for fun, relaxation and recreation?

Where would you like to be?

What actions can you take to accomplish your goals in this area of your life?

Romantic Relationships

Where are you with your romantic relationships?

Where would you like to be?

What actions can you take to accomplish your goals in this area of your life?

Building Social Support:

In order to build a maintain a successful wellbeing or recovery, it is important to build awareness of who is going to help you or where you can draw external support. Some issues you will need to work on how you are going to self-manage, but there may be some support for you amongst family, friends and recovery networks.

There may also be people within your network whom you wish to spend time with and have fun with. In the following exercise we are going to consider the following situations and where you can draw support from? (these can also include professional helpers and helplines)

Feeling: Depressed	
Angry	
Bored	
Lonely	
Overwhelmed	
Distressed	
Excited	
Heartbroken	
Anxious	

Building Social Support:

Give examples of people whom you might like to contact in the following situations

I seek advice from:	
I get help with my work from:	
I share my accomplishments with:	
I like to invite over to my home:	
I will go to this person for support:	
I have fun and enjoy myself with:	
I tell my problems to:	
I can call in a crisis:	

What obstacles are there that prevent you from using these people as a means of support?

They are always busy, I am too shy to talk about that, I am not sure if I can trust that person, we use drink and drugs together, I have caused problems in that relation

If there are obstacles in your way from using support, what can you do to remove those obstacles?

Use method of communication they prefer, send them an email, apologise, reconnect casually, work on own problems regarding asking for help, face fears, find new networks of supportive people

List any problems that you have personally about asking for help:

Rejection, don't want to worry people, shame, vulnerability, my work finding out, lack of trust

How can you go about working on the above?

Work through an ABC of CBT sheet, write down pros and cons, face my fears, explain to someone how I feel about this, use your counsellor to work through these issues