

INTERACTIVE RECOVERY WORKBOOK SERIES

RECOVERY FROM ALCOHOL PROBLEMS

STRATEGIES FOR
SOBER LIVING

REVISED EDITION

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Any questions or concerns about treatment of an alcohol problem can be directed to a professional experienced in addiction medicine (physician, nurse, social worker, psychologist, therapist or addiction counselor).

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Recovery from Alcohol Problems

Strategies for Sober Living

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Antoine Douaihy, M.D.

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About this Workbook

This *Workbook* is for people recovering from alcohol problems. It provides information about alcohol, types, causes and effects of alcohol problems, treatment options, and recovery. Recovery strategies are presented to help manage cravings, people, places and things, manage emotions or feelings, use social support and AA to develop a recovery network, deal with effects of your problem on your family, reduce relapse risk, and address other addictions or co-occurring psychiatric disorders. This information is compatible with the different therapies for alcohol or other drug addictions as well as 12-Step recovery programs such as Alcoholics Anonymous (AA).

About Interactive Workbooks and Journals

Workbooks and journals are brief, informative, user-friendly and useful for individuals with substance use disorders, psychiatric illness and co-occurring disorders (psychiatric and substance use disorders combined). These materials can be used in addiction, mental health, and dual diagnosis programs. Many are listed on the back page of this workbook. Descriptions of materials are available on the website: www.drdenniscdaley.com. Another resource available is *Staying Sober and Preventing Relapse*, an electronic journal, which can be accessed on www.stayingsober.lifejournal.com

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Both Drs. Douaihy and Dr. Daley have worked together for many years in clinical programs, research, teaching and writing projects. They have been involved in several funded studies on the treatment of addiction.

1. Understanding Alcohol Problems

The Many Faces of Alcohol Problems

“I didn’t develop an alcohol problem until I retired from teaching. My drinking increased to the point where my adult children became worried. With their encouragement and at the advice of my doctor, I went to counseling and attended AA. I attended counseling for a few months and 2 AA meetings a week. I still go to AA even though I have been sober for over 2 years.” -Rose, age 66

“I denied my drinking problem for years, and only got help when my boss pressured me. It’s a good thing because my wife was ready to leave me if I didn’t do something about my drinking. She went to counseling with me and goes to Al-Anon when I go to AA meetings. Things are much better now, but it took awhile because I relapsed a few times before realizing I could not ‘control’ my alcohol use.” -Mason, age 31

“I had a problem when I started at age 13. Alcohol led to pot and cocaine. Drinking and drugging got me in trouble with school and at home. I got arrested at age 16 for a DUI and got busted for possession of pot. The court made me go to treatment, which I thought was a big joke. I lied and scammed my way through to get people off my back knowing I was going to get high. I kept messing up until I realized at age 23 that my life was a big mess and I was going nowhere. Others my age finished school and had jobs or careers. Me, I was working for minimum wage and getting fired for my bad attitude or missing work. When I got back in treatment I took it serious. I’m sober, active in counseling, go to AA and NA meetings, have a Sponsor, work the 12-Steps, work part-time and go to school full-time. I can succeed in life if I take my sobriety seriously and make it a high priority in my life.” -Carlie, age 26

“My alcoholism caused me bad health, depression, lost jobs, getting in debt and losing my family. I drank in the morning to stop the shakes. Finally, I got detoxed and went to rehab. After rehab I went to a day program for 6 weeks, then counseling and AA. It hasn’t been easy, but I am doing better now. I really believe treatment saved my life. I still want to drink at times and know this is normal for an alcoholic like me. I have to stick with the winners in AA and work my program because my next drinking episode can kill me. AA keeps me focused.” -Robert, age 42

Problems with alcohol vary when they start, how severe they are and their consequences. Robert and Carlie started drinking during their teenage years. While Carlie got help in her 20’s, Robert did not get help until he was in his 40’s and much damage had been done in his life. Rose developed a problem in her 60’s after she retired. Some alcoholics like Carlie also develop drug problems. While Mason got help before losing his job, Robert and Carlie both lost jobs due to their drinking or drug problems. Yet, despite all the problems they faced, all eventually got help and are now sober even though some relapsed and had to get back on track. All are engaged in a recovery program.

Over 13% of adults in the U.S. experience an alcohol problem during their lifetime. Many people with alcohol problems also have problems with tobacco, illicit drugs or prescription drugs. Any of these substance problems can cause or worsen medical, psychological, family, relationship, work, financial, legal and spiritual problems. And, they can contribute to reduction in your lifespan and quality of your life. More deaths are caused by tobacco dependence than alcohol and all other drug addictions combined.

This workbook will help you understand alcohol problems and what you can do to help yourself recover. You will learn information and be asked to relate to this in a personal manner. Many specific ideas on coping strategies are covered based on research and experiences of other people recovering from an alcohol problem. Discuss your answers to questions and inventories with a doctor, therapist or counselor, AA sponsor, or another person who understands alcohol problems.

Alcohol

A drink of alcohol is equal to .5 ounces or 15 grams of alcohol—found in a 12 ounce beer, a 5 ounce glass of wine, or 1.5 ounces of 80-proof liquor (e.g., one shot of whiskey, vodka, or gin). “Moderate” drinking is defined as no more than 2 drinks per day for men and no more than 1 drink per day for women. “Heavy” drinking is more than 2 per day for women and more than 3 per day for men.

Alcohol is a central-nervous-system (CNS) depressant that has a stimulating effect when used in small quantities. After a few drinks, you may talk more and have more energy than usual. In larger quantities alcohol depresses your CNS causing slower reflexes that impair your driving ability regardless of whether you believe it is affected. You could be impaired by alcohol and your blood alcohol level could be over the legal limit for intoxication yet you may believe that you are fine.

As you become intoxicated on alcohol, negative effects occur like impaired reasoning and judgment. You may become impulsive and do things you normally would not do had you not been drinking. Withdrawal from alcohol can be dangerous if you are addicted as it can cause seizures, confusion and even death.

Types of Alcohol Problems

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines “at-risk” or “heavy” drinking for men as more than 4 drinks on any one day or more than 14 in a week; for women, more than 3 drinks on any one day or more than 7 in a week. Drinking more can put you at higher risk for injuries, accidents or other problems and for an alcohol use disorder (or alcoholism). However, even a single episode of excessive alcohol use can cause a problem. Those with alcohol problems often drink more; some can handle large quantities of alcohol. For example, during each drinking occasion Jason has 5-8 drinks, Susan has 10 or more, and Drew has at least 5 and sometimes as many as 20. Susan and Drew have a high tolerance, which enables them to consume so much alcohol.

Signs of an Alcohol Problem

Alcohol problems vary from binge drinking to alcohol dependence or alcoholism. *Binge drinking*, common among high school or college students, is having more than 5 drinks on a single occasion. *Problem drinking* refers to negative consequences regardless of how much or how often alcohol is consumed. *An alcohol use disorder* refers to a pattern of drinking that causes or worsens problem at home, school, work, in your relationships, with the law, or driving a vehicle or operating machinery after drinking too much.

Even people who do not have a pattern of excessive use of alcohol can experience a serious consequence from a single episode of drinking. Accidents, violence, sex with strangers or sex without protection, and serious injury death from an accident are examples of negative outcomes when you drink too much and your judgment is impaired.

The most serious type of an alcohol use disorder is dependence, also called alcoholism or addiction. The American Psychiatric Association states you are “dependent” on alcohol when three of these symptoms are present during a 12-month period:

1. **Loss of control:** you drink more or for a longer period of time than you intended.
2. **Can’t cut down:** you want to cut down or control your alcohol use but you haven’t been able to. You may stop or cut down for awhile, then go back to drinking.
3. **Alcohol is too important in your life:** you spend too much time drinking or recovering from the effects of alcohol use.
4. **Give up activities:** you give up important social, work, leisure, or spiritual activities due to your alcohol use.
5. **Drink despite problems:** you continue to drink alcohol even though it causes problems with your health or life.
6. **Tolerance change:** it takes you more alcohol than it used to before you feel buzzed up, high or intoxicated. Or, you are affected by lesser amounts of alcohol and cannot handle as much as you used to be able to drink.
7. **Withdrawal symptoms:** you get sick when you cut down or stop alcohol after drinking on a daily basis for a while; or, you drink to prevent these symptoms.

Alcohol withdrawal symptoms include insomnia (hard to fall or stay asleep), sweating, trembling (“shakes”), nausea, vomiting, headache, tingling in fingers or toes, anxiety, irritability, flushed face, increased heart rate or increased blood pressure. Withdrawal symptoms usually begin within 6-48 hours after your last drink or when your blood alcohol level starts dropping close to zero. Symptoms may last between 3 and 10 days. You may drink in the morning to quell the shakes.

Medical professionals use withdrawal assessment scales and a physical examination to determine severity of these symptoms and treatment needed. Anti-anxiety medications

called benzodiazepines (Ativan, Serax, Librium, Valium) or anticonvulsant medications (Phenobarbital) may be used to help you safely withdraw from alcohol dependence. In severe cases, “Delirium Tremens” (DT’s) may occur. DT’s can be life threatening due to changes in blood pressure, seizures, dehydration, and risk of infections. Symptoms of DT’s include: extreme confusion or disorientation; profuse sweating, fever; nightmares; possible seizures; severe increase in blood pressure; and hallucinations (feeling like insects are crawling on your skin; seeing or hearing things that are not real). Heart failure, dehydration or suicide can also occur, which is why detoxification in a controlled medical environment is needed, especially if you have a past history of seizures or DT’s.

Causes of Alcohol Problems and Alcoholism

Alcohol problems run in families so some people are at higher risk than others. *Biological factors* include genetic predisposition to alcohol problems as well as physiology. Alcoholics are often unable to “read” their body cues that they have drank too much like social drinkers can. An alcoholic can drink too much yet not feel drunk or not believe he or she has drank too much. A high tolerance enables many alcoholics to consume large amounts. They believe they can “hold” their alcohol better than others. *Psychological factors* contributing to alcohol problems include your personality, coping skills, and ability to manage problems and stresses in your life. *Social factors* include access to alcohol, and the influence of family and friends.

Scientists refer to alcohol dependence (and other drug addiction) as a “brain disease” that disrupts the part of your brain responsible for experiencing normal pleasure, controlling how you think, solving problems, managing emotions and relating to others. Addictive drugs like alcohol are thought to interact with your brain’s reward system. Alcohol provides you with “positive reinforcement,” which leads to continued drinking despite problems caused by it. Drinking may become more important than “natural rewards” from eating, sex, socializing, or other positive experiences or accomplishments.

Alcoholics Anonymous View of Alcoholism

Alcoholics Anonymous (AA) defines alcohol dependence in terms of your lack of ability to control your use of alcohol. AA calls this “powerlessness,” which means drinking controls your life. This results in “unmanageability” or problems with physical health, emotional well-being, family or social relationships, work or school, the law, your financial condition and so forth.

Consequences of Alcohol Problems

Alcohol problems including dependence may cause problems for you, your family and society. You may neglect personal health, eat poorly, and suffer complications for not taking care of yourself. You may engage in risky behaviors like driving a car when intoxicated, sex with a stranger or not using protection, or fights due to poor impaired judgment or impulsive behaviors (acting before thinking). For example, college students

are more likely to be a victim or perpetrator of rape or unwanted sex when drinking. Alcoholism can cause or worsen many medical problems such as those associated with:

1. **Central nervous system:** impaired memory, seizures, slower reflexes, sleep disturbances, or deterioration of brain cells that can lead to organic brain damage.
2. **Digestive system:** cancers of the mouth, tongue, pharynx and esophagus, irritation or bleeding of the intestines, or inflammation of the pancreas.
3. **Hepatic system (liver):** inflammation or destruction of liver tissue, fatty liver, or diseased or scarred liver (cirrhosis).
4. **Cardiovascular system (heart):** weakening of heart muscle, coronary artery disease, irregular heartbeat, heart pain, heart attack, stroke, or high blood pressure.
5. **Musculoskeletal system (bones):** broken bones from accidents or injuries, loss of calcium in bones, muscle cramps or weakness, painful swelling of the joints (gout), and damage to nerve tissue (polyneuropathy).
6. **Respiratory system (breathing):** smoking increases the risk for lung damage or disease, infections (pneumonia, bronchitis, emphysema), or cancers of the larynx and esophagus.
7. **Other problems for women:** increased risk of miscarriage for pregnant women, increased risk of birth defects, problems with menstrual cycle, or weight loss.
8. **Other problems for men:** decreased testosterone levels causing a lowered sperm count and impotence (can't get an erection).

Psychiatric disorders may be caused or worsened by alcohol problems. People with a mood (depression or bipolar illness), anxiety (phobia, obsessive-compulsive disorder, post-traumatic stress disorder), psychotic (schizophrenia), eating (anorexia or bulimia) or personality (borderline, antisocial) disorder are at increased risk for alcohol problems.

Symptoms of psychiatric disorders can contribute to drinking or lead to alcohol problems. Some symptoms may also cause you to stop working your recovery program, or even lead you to relapse to alcohol use after a period of sobriety. Also, alcohol problems increase the risk of suicide, especially among those with depression.

Family and problems can be caused or worsened by alcoholism. These include separation or divorce, losing children to child welfare services, family conflict, lost friendships, work problems (unemployment, underemployment, and performance problems), financial problem and legal problems.

Spiritual problems are common with alcoholism. These include decrease or loss of faith or religious practices, feeling guilty and shameful or feeling like your life lacks meaning or purpose. Some alcoholics talk about feeling “spiritually empty,” which some say is much worse than any physical symptom they ever experienced.

Recovery Activity

1. Why did you come to treatment for your alcohol problem? Who convinced or pressured you to seek help, and why did they do this?

2. Describe your motivation to quit drinking alcohol or using other substances.

3. What will you miss most about not drinking alcohol or other substances?

4. How would you rate your need for help to recover from your alcohol problem?

- ☐ I am not sure if I need help
- ☐ I need help
- ☐ I definitely need help

2. Assessing Your Alcohol Problem

To help you decide upon what you need to do to help yourself regarding professional treatment and recovery, complete the following by checking the items that relate to your use of alcohol and other drugs.

Substances I have used or gotten high on (check all you have used)

- ☐ Alcohol
- ☐ Cocaine: crack, freebase, powder
- ☐ Methamphetamine (meth, ice) or other stimulants or uppers (speed)
- ☐ Opioids: heroin, pain pills or narcotics such as percocet or oxycontin
- ☐ Designer, club or unusual drugs (Ecstasy, GHB, Ketamine, Bath Salts)
- ☐ Hallucinogens (LSD, STP, DMT, mushrooms)
- ☐ Inhalants (glue, gasoline, solvents, poppers, snappers)
- ☐ Marijuana (pot or hash) including synthetic marijuana
- ☐ PCP (angel dust)
- ☐ Tranquilizers such as benzodiazepines, sleeping pills, sedatives or downers
- ☐ Others (write in): _____

How many days did you use any alcohol in the past 90 days?

- ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How many days did you use alcohol to excess in the past 90 days?

- ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How many drinks do you usually consume when you drink?

- ☐ 1-3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11-15 ☐ over 15 ☐ as much as I can get

How long have you been drinking alcohol to excess?

- ☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

How many days have you used illicit street (heroin, cocaine, pot, hallucinogens) or non-prescribed drugs (narcotics, tranquilizers) in the past 90 days?

- ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How long have you been getting high on illicit drugs or non-prescription drugs?

- ☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

My pattern of alcohol use (check all that apply to your drinking)

- ☐ I drink every day or drink most days of the week.
- ☐ Once I start drinking, I usually can't stop and end up drinking too much.
- ☐ I can consume large amounts of alcohol; my tolerance is high.
- ☐ My tolerance has gone down, and I can't drink as much as in the past.
- ☐ I have had withdrawal symptoms when I stopped or cut down alcohol use.
- ☐ I have had drink to quell the shakes or prevent withdrawal symptoms.
- ☐ I've to cut down or stop, but I just couldn't.
- ☐ I've had blackouts during drinking episodes (periods I could not remember).
- ☐ I've hidden alcohol or snuck it so others wouldn't know I was drinking.
- ☐ I've done things to "cover up" the smell of alcohol so I could drink.
- ☐ I've lied about my alcohol use to family or others.
- ☐ I've carried alcohol in my car, purse or kept some at work.
- ☐ I've used non-beverage forms of alcohol (mouthwash, vanilla extract, etc.).
- ☐ I started drinking early in life (before or during teenage years).
- ☐ I've drunk alcohol while at work or during breaks.
- ☐ When I drink, I'm more likely to use other drugs (marijuana, cocaine, etc).
- ☐ I use other drugs sometimes so I can drink more.
- ☐ I use other street drugs (heroin, cocaine, meth, marijuana, etc.).
- ☐ I like to drink and smoke pot.
- ☐ I like to drink and use cocaine or other uppers.
- ☐ I use other people's prescription drugs (narcotics, benzodiazepines).
- ☐ Other: _____

How would you rate the severity of your alcohol problem?

- ☐ Not sure ☐ Low ☐ Moderate ☐ Severe ☐ Life threatening

What conclusions would you draw about your pattern of alcohol use?

Discuss this completed review with a professional or an AA sponsor. An "objective" person can help determine the treatment program you need. Summarize their views of your alcohol problem.

3. Evaluating the Effects of Your Alcohol Problem

In the previous section, you reviewed your pattern of alcohol and other drug use. In this section, you will assess the effects of alcohol or drug use on your health and your life. Check the items that relate to your use of alcohol or other drugs.

Effects on physical, dental or sexual health

- ☐ My alcohol or drug use caused or worsened medical problems.
- ☐ I have liver disease or another serious condition due to drinking or drug use.
- ☐ I have dental problems from not taking care of myself.
- ☐ As a result of alcohol or drug use, I didn't take care of my health or appearance.
- ☐ I've been injured in automobile accidents after driving under the influence.
- ☐ I've been injured in accidents or falls when drinking or using drugs.
- ☐ I've been in fights when drinking or using drugs.
- ☐ I've said or done things when using that I could not remember (blackouts).
- ☐ I've had strong cravings even after I was off alcohol or drugs for a while.
- ☐ My drinking led to loss or decrease in my sexual energy or interest.
- ☐ I've had trouble performing sexually due to my drinking or other drug use.
- ☐ My drinking or drug use led to unsafe sexual behavior.

Effects on attitudes, behaviors, mental health, work, school, or spirituality

- ☐ Drinking or drug use has become central in life.
- ☐ I'm not sure that I want to stop drinking alcohol or using other substances.
- ☐ I'm not convinced that I have a problem with alcohol or other drugs.
- ☐ I've been arrested as a result of drinking (DUI, public intoxication, etc).
- ☐ When I drink alcohol or use drugs, my behavior becomes unpredictable.
- ☐ I've hurt others or threatened them while under the influence of alcohol or drugs.
- ☐ I lied about my alcohol or other drug use to cover it up.
- ☐ I feel guilty or shameful for things I've done to others.
- ☐ I've done things while drinking or using others will find hard to forget or forgive.
- ☐ My use of alcohol or other drugs has caused emotional or mental problems.
- ☐ I've thought about or attempted suicide when drinking or using drugs.
- ☐ When I drink or use drugs, I act on my feelings without thinking things through.
- ☐ I've done a lot of "bad" things as a result of my drinking or drug use.
- ☐ I've made foolish decisions when drinking or using drugs.
- ☐ I have financial problems as a result of my alcohol problem or drug use.
- ☐ I've been a victim of violence (robbed, beat up, etc) when drinking.
- ☐ My alcohol use caused problems in school (poor grades, kicked out, quit).
- ☐ I've quit jobs, got fired, or had job problems due to my drinking or drug use.
- ☐ Using alcohol or drugs made me feel spiritually empty or hurt my faith.

Effects on family and social relationships

- ☐ My drinking or drug use has caused problems for my family.
- ☐ I've neglected or avoided family responsibilities.
- ☐ My drinking or drug use has led to financial hardships on my family.
- ☐ I did not meet my family obligations.
- ☐ I avoided my family or failed to take an interest in them.
- ☐ My drinking or drug use has ruined holidays or special occasions.
- ☐ I lied to my family to get money for alcohol or drugs, or cover up my problem.
- ☐ I stole from my family to get money for alcohol or other drugs.
- ☐ My spouse left or divorced me due to my alcohol problem or drug use.
- ☐ I've had children taken away from me due to my alcohol or drug problem.
- ☐ One or more of my kids has a problem with alcohol or drugs.
- ☐ Some of my family members avoid me because of my drinking.
- ☐ I have family members who may never forgive me for what I've done to them.
- ☐ I've spent too much time with others who get drunk or get high.
- ☐ My alcohol or drug use caused me to give up important hobbies or activities.
- ☐ I've lost friendships over my alcohol problem.

Other things that have happened to me or problems that have occurred because of my alcohol or other drug problem include:

In summary, to what degree has your alcohol or drug use harmed your:

Physical health: _____

Mental health: _____

Family/social life: _____

Spiritual health: _____

Financial health: _____

Ability to work: _____

4. Treatment for Alcohol Problems

Many treatment services and programs are available for alcohol problems. These include medical detoxification, residential rehabilitation, partial hospital, intensive outpatient, outpatient, and aftercare or continuing care programs.

If you are physically dependent, and cannot stop drinking on your own, or you have a history of seizures when you stop drinking, you need detoxification under a doctor's care. Detoxification may occur in a medical hospital, residential or outpatient setting. It takes a few days up to a week, and involves medications, education about addiction and recovery, counseling and referral for follow up care after detoxification.

A short-term residential rehab (less than 30 days), partial hospital (also called day or evening program) or intensive outpatient program (3-6+ weeks) can help when you need time in an alcohol and drug-free and structured environment to learn strategies to manage your addiction. A longer term (several months or longer) halfway house or therapeutic community can help if you have had several previous attempts at recovery and need help with job training, getting a job, or adjusting to a job and being sober.

Outpatient counseling or therapy can help you deal with problems contributing and resulting from your alcohol problem, and to meet the challenges of ongoing recovery. This may precede or follow residential, partial hospital or intensive outpatient care. This treatment can also help you figure out if you have a drinking problem if you are not sure.

Mutual support programs such AA can help you learn ways to manage your alcohol problem and build a recovery support system. If you actively participate in AA in addition to counseling you increase your chances of recovery. If you have problems with other drugs, consider NA or other twelve-step programs. Examples of other mutual support programs include Women for Sobriety, Alcoholics Victorious, Rational Recovery and SMART Recovery. However, these are not as widely available as AA.

Medications for Alcohol Dependence

Medicines like Valium, Librium, Ativan or Serax may be used to help you safely withdraw from alcohol addiction. If you need medications to help you stay sober, you may benefit from naltrexone (ReVia) or acamprosate (Campral). These reduce cravings for alcohol and reduce drinking. Vivitrol is a long-acting form of naltrexone, given monthly as an injection to reduce alcohol craving and drinking. Antabuse is an "aversive" drug that stays in your body for 7-14 days after your last dose. You become sick if you drink alcohol with Antabuse in your system (this can also cause death). The idea is to "buy time" when you crave alcohol as by the time Antabuse is out of your system, your craving may be gone. Talk with your doctor about the best medication option for you. If you don't have a doctor, ask your counselor to help you find one.

Making the Most Out of Treatment

To get the most out of treatment, follow these guidelines:

- **Keep your appointments and stay in treatment.** Do not create excuses and leave treatment against the advice of the people providing your care. Dropping out early is usually a bad sign, and often precedes relapse. Be honest and open in your sessions. Do not keep secrets, especially if you relapse. Attend all sessions even if you are struggling with your recovery or your motivation is low.
- **Follow through with the agreements you make with your counselor, group or treatment team.** It is up to you to take action to change your drinking. Practice using what you learn in treatment. Learn as many coping strategies as you can to manage your alcohol problem and change your life.
- **Get active AA or another mutual support program.** Go often to meetings, share your problems and struggles with your sponsor or other members, work the 12-steps, read recovery literature, and attend activities sponsored by 12-step programs. Ask peers for help and support. Help set and clean up at meetings. If you don't like AA, try a non 12-Step program. ***Do not try to recover alone!***
- **Get help with other problems that can complicate your recovery.** Get physical and dental exams. Get help with mental health or other problems as well.

Recovery Activity: Review of Past Treatment Experiences

1. Check the treatments you have received in the past for your alcohol or drug problem
 - ☐ Detoxification: # of times ____
 - ☐ Residential or hospital-based rehab (less than 30 days): # of times ____
 - ☐ Residential or hospital-based rehab (more than 30 days): # of times ____
 - ☐ Partial Hospital or Day/Evening Program: # of times ____
 - ☐ Intensive Outpatient Program: # of times ____
 - ☐ Outpatient Counseling: # of times ____
 - ☐ Other Program (Dual Disorders; Criminal Justice): # of times ____
2. How many times have you left a hospital, a detoxification, or rehabilitation treatment program against medical advice? ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐over5
3. How many times have you stopped or left an outpatient, intensive outpatient or partial hospital program early, before you finished it? ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐over5
4. Overall, how would you rate your personal investment in treatment in the past?
☐None ☐Low ☐Moderate ☐High ☐Varied
5. Overall, how would you rate your personal investment in treatment at the present?
☐None ☐Low ☐Moderate ☐High

5. Recovery from Alcohol Problems

Recovery is the process of staying sober and making changes in yourself and lifestyle. At first, recovery can be hard because you need to quit using alcohol and other drugs, and make personal changes. Recovery is a long-term process that may involve physical, family, social, mental and spiritual components.

- **Physical recovery** involves stopping substance use, managing alcohol cravings and practicing good health care. You should follow a reasonable diet, get enough rest and sleep, exercise and get regular check-ups with your doctor and dentist.
- **Psychological recovery** involves accepting your alcohol problem and developing a desire for recovery. You may need to learn to change your thinking, manage emotions, change behaviors, use active coping skills to handle problems and stresses. Some people in recovery need to heal from past emotional wounds or trauma.
- **Family recovery** involves facing the impact of your problem on your family. This can be addressed in counseling and AA. Steps 8 and 9 of AA focus on “making amends” to family or friends harmed by your alcohol problem. Involve your family or significant others in some of your treatment sessions, and encourage them to attend mutual support groups like Al-Anon. If they have a mental health problem like clinical depression, help them get the treatment they need.
- **Social recovery** involves learning to resist pressures from others to use alcohol or drugs, avoiding high-risk people, places and events, and developing a network of people who support your recovery. It may also involve changing relationships, lifestyle and addressing problems caused by your addiction. This may require learning how to reach out and ask for help or support from others as you may not feel comfortable doing this.
- **Spiritual recovery** involves relying on God or a Higher Power, reducing feelings of guilt and shame, and feeling like you have meaning in your life. Many find religious rituals or practices (services, prayer, meditation, etc) aid their recovery.

Recovery Activity

List one change you want to make in your life at this time. Then, list steps you can take to make this change.

One Recovery Issue or Change You Want to Make:

Steps to Take to Address Recovery Issue and Make a Change:

Positive Outcome of Change:

Summary of Recovery Strategies

- Work your program one day at a time. Accept the ups and downs of recovery and stick with it in times of difficulty. Life will always bring you problems to solve.
- View recovery as abstinence from alcohol and other drugs plus change. Address all areas of recovery to determine what you need to change.
- Take care of your health, get enough rest and sleep, exercise, and follow a reasonable diet. Learn to manage cravings for alcohol or other drugs.
- Accept your alcohol problem, learn to think differently, and use positive coping skills to manage upsetting emotions, problems and stresses in your life.
- Involve your family in recovery, make amends for damage you caused them, and learn ways to improve your relationships.
- Seek help and support from others in recovery. Get a sponsor, attend AA meetings, “work” the 12 Steps, and use the “tools” (meetings, literature, slogans).
- Be prepared for people, places, events and things that are “triggers” to using alcohol or drugs. Learn to refuse substance offers of alcohol or other drugs.
- Keep busy and have fun. Build non-drinking activities in your life.
- Focus on spiritual or faith issues in recovery. Rely on God or your Higher Power, and use faith-based support.
- Take care of your financial responsibilities and learn how to manage a budget.
- Know your relapse warning signs and high-risk factors. Catch signs early so you can take action. Develop strategies to manage your high-risk relapse factors.

- Do not let setbacks or problems drag you down. Learn from your mistakes and get back on track if you relapse. Appreciate and reward your efforts in recovery.
- Take a daily inventory to remain vigilant about your recovery.
- Read about alcohol problems and recovery. Read the “Big Book” of AA (called *Alcoholics Anonymous*), or *Living Sober*.
- Search the Internet under “alcohol problems, alcohol abuse, dependence or alcoholism, or treatment and recovery, sobriety, or Alcoholics Anonymous.” Excellent sources of information are Alcoholics Anonymous (AA) or the National Institute on Alcohol Abuse and Alcoholism (NIAAA).
- Go to www.niaaa.nih.gov or www.alcoholics-anonymous.org for information on all alcohol problems. If you also have a drug problem, go to www.nida.nih.gov, where you will find information about all types of drugs as well as treatment of drug abuse or addiction.
- Go to the website: www.drdenniscdaley.com for recovery materials. Go to the “*Substance Use Disorders*” section to find descriptions of books, interactive journals and workbooks on recovery, relapse prevention, managing emotions, sober relationships and support systems, overcoming negative thinking, and using 12-step programs in recovery. There is also a section on recovery materials from psychiatric or co-occurring disorders.

6. Managing Thoughts and Cravings for Alcohol

Thoughts about drinking and cravings for alcohol are common, especially in the early months of recovery. Cravings differ in frequency or intensity and may occur even if you are working a recovery program. Know your triggers and learn coping strategies to manage cravings. AA recommends avoiding “people, places and things” to reduce temptations and cravings. However, you can’t avoid these totally.

Thoughts and cravings can be triggered by many things in the environment that remind you of alcohol and drinking (or drugs) such as people you drank or got high with, places and events where you drank or used drugs, and sights, sounds or smells in your environment. Examples include ads for alcohol, liquor bottles or beer cans, music associated with drinking, or bars. Thoughts and cravings can also be triggered by internal discomfort such as feeling anxious, angry, bored, depressed or upset.

A craving can be “*overt*” (you know you want alcohol) or “*covert*” (hidden from your awareness). *Physical signs* may include tightness in your stomach, feeling nervous, having trouble sitting still or pacing. *Psychological signs* may include increased positive thoughts of alcohol, feeling you “need” a drink, or planning how to get alcohol.

Recovery Activity

Think of recent times when you thought about and wanted or craved alcohol.

1. What triggered your craving? _____

2. What were some physical signs? _____

3. What were some psychological signs? _____

4. What helped you manage your craving without using drinking? _____

Strategies to Manage Alcohol Thoughts and Cravings

- **Identify your craving.** Learn to “read” physical and psychological signs. Know your triggers, so that cravings do not sneak up on you. Admit your thoughts about drinking and cravings to drink. Do not deny them!
- **Talk with others.** Talk with someone face-to-face, on the phone or before or after an AA meeting. Choose someone who understands alcoholism such as a family member, friend, sponsor or AA member. Keep a list of names and phone numbers handy. Putting your cravings into words gives you more power over them.
- **Reach out to others in AA.** They have survived thoughts and cravings for alcohol. Ask how they managed their thoughts and cravings. Members of NA can also help you since many strategies can be used regardless of drug of choice.
- **Redirect your activity.** Do something active. Go for a walk or drive, do housework, go to a movie, work out, read recovery literature, watch a movie or TV, listen to music, write in a journal, eat something, or pray. An activity redirects your mind, and can help calm you down, thus reducing the intensity of your craving for alcohol.
- **Change your thoughts.** Tell yourself you can put off drinking until tomorrow (by this time your craving will be gone). Think of the bad things that can happen if you drink. Think of how good you will feel if you manage your craving. Think of the benefits of not drinking. Use slogans such as “I am not going to drink,” “I will get through this craving,” “this craving will pass,” “one day at a time,” “let go and let God,” or “easy does it.”
- **Avoid threatening situations.** Do not go to bars, clubs, other places or events where you will feel pressure to use alcohol or other drugs. Avoid high-risk people who want you to drink with them.
- **Keep a craving journal.** At the end of each day, record the overall degree to which you experienced cravings for alcohol.
 - Use a scale of 0 to 5: 0=no craving; 3=moderate craving; 5=very strong craving.
 - If you rate your cravings 3 or higher, write about the triggers (circumstances in which they occurred, other people, places, events and things).
 - Then, list coping strategies used to manage your craving and not drink alcohol.

7. Managing People, Places, Events

People, places and events can contribute to pressure to drink or use other substances. Inability to manage social pressure to drink is a relapse risk factor. Social pressures can be direct such as being offered alcohol. Or, social pressures can be indirect such as being present at a family gathering, work, social or community function where alcohol is present.

Recovery requires you to identify specific people, events and situations in which you are likely to experience direct or indirect social pressure to use alcohol. You need to be aware of how social pressures affect your thinking (what goes through your head), feelings (these can be positive, negative or both) and behaviors (what you choose to do). Learn to use active coping strategies to resist social pressures.

“High-risk” people can drag you down if you are not careful. Friends or family who are addicted, get high or drink to excess are examples. You may need to avoid or minimize contact with these people, and get connected to people in AA or other 12-Step programs, or people who do not drink excessively or use drugs. In early recovery, avoid places and events in which alcohol or pressure to drink is present.

Recovery Activity

1. List direct and indirect social pressures you expect to face (people, places and events).

2. List feelings or emotions you experience when faced with social pressures to drink.

3. Write examples of thoughts triggered by your most common social pressures to drink.

4. List high-risk people who pose the greatest threat to your recovery.

Strategies to Resist Social Pressures to Drink and High-Risk People

- **Avoid high-risk situations and people.** In early recovery avoid high-risk people, places, situations and events by planning your day around non-drinking activities. Connect with people who do not get drunk or high on drugs.
- **Think ahead.** Since there is no way to avoid all social pressures, “think ahead” and practice and plan how to resist or say no to pressures to drink alcohol.
- **Refuse alcohol.** Say straight out you have a problem or are in recovery. For example, you can say “I’m not drinking any more; alcohol messed me up so I’m staying away from the stuff; or I’m in AA so alcohol has no place in my life.”
- **Don’t justify refusing.** Refuse the offer without giving an explanation “no thanks, I don’t want a drink.” It is your business that you are in recovery, so you do not owe anyone an explanation why you don’t want to drink.
- **Not drinking today.** Say “I am not drinking today! If the same person frequently pressures you, tell them you are in recovery from alcoholism.
- **No thanks.** Tell the person “please don’t offer me alcohol.” Some people you drank with may not care about your recovery. Try to avoid them.
- **Plan other activity.** Offer an alternative activity. If the person is offering you alcohol or inviting you to a place or event where alcohol is available, offer an alternative activity in which alcohol use is not the expectation.

8. Managing Emotions

Emotions or feelings refer to your “inner” life or “subjective” experience. “Mood” is a prolonged emotion. For example, a depressed mood refers to a period of sadness or feeling low. While everyone experiences a range of moods and emotions, the way that you think about and manage them is unique and affects your recovery.

Positive emotions include feeling happy, cheerful, grateful, hopeful, or loving. These emotions feel good. Negative emotions include feeling angry, anxious, depressed, sad, jealous, or humiliated. These make you feel bad or uncomfortable.

However, an emotion and how you deal with it can be a negative or a positive experience depending on how it affects you and others. For example, anger can be negative and drag you down. It can hurt you if you use alcohol to escape your feelings. Your anger can also hurt others if you verbally or physically abuse them. Or, anger can be used to empower and motivate you to resolve problems, conflicts, or work harder towards a goal.

Anxiety or fear can motivate you to be cautious when you are in an unfamiliar place, or prepare for an exam in school, a speech or a job interview. Or, anxiety can overwhelm you and cause you to avoid situations you are anxious about or cause you to drink so you can face these situations.

Understanding emotions and improving your coping skills will bring many benefits. These include better mental, physical and spiritual health as well as better relationships and quality of life.

Emotions and Relationships

Healthy relationships involve sharing your emotions and dealing with emotions of others. Being able to recognize emotions of others and share empathy can help you keep satisfying relationships.

Recognizing emotions of others means knowing how to read body language, gestures, and tone of voice. This involves figuring out what another person is feeling by what they say or how they say it, and even by what they do not say. Relationships that succeed are usually the ones in which people appreciate, acknowledge, and share emotions with each other. For example, if your spouse or partner is upset or angry with you, it is better to know this than to guess what he or she feels. If you convey that you understand what he or she is feeling, you help validate these emotions.

Emotions and Recovery

An inability to manage emotions can contribute to relapse. Potential high-risk emotions in recovery are anger, anxiety, boredom, depression, loneliness, shame and guilt. But, it is not whether or not you experience an emotion, but how you handle it that determines the impact on you or others, and whether you relapse to alcohol or other drugs.

Recovery Activity

1. How would you rate your ability to understand your emotions or feelings?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
2. How would you rate your ability to manage and stay in control of your emotions?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
3. How would you rate your ability to tolerate distress or upsetting emotions without drinking alcohol or using other drugs?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
4. How would you rate your ability to pursue your goals even when you feel upset?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
5. How would you rate your ability to “read” the emotions of other people?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
6. How would you rate your ability to show empathy and concern towards others?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
7. How would you rate your ability to express positive emotions to others?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
8. Which of the following emotions do you need help with at this time, or do you think could have an impact on relapse to alcohol or other substance use?
☐ Anger
☐ Anxiety or fear
☐ Boredom
☐ Depression or sadness
☐ Emptiness
☐ Grief
☐ Guilt and shame
☐ Hopelessness
☐ Loneliness
☐ Sharing positive emotions with others (e.g., love, joy, happiness)
☐ Other (write in _____)

Strategies to Manage Emotions

- **Identify your emotions:** Know how they show in your body, thoughts and behaviors. Label them or give them a name (e.g., “I’m angry; miffed; pissed; upset”).
- **Change your thinking.** Challenge and change inaccurate thoughts and beliefs that contribute to anxiety, fear, depression, boredom, grief, anger or other emotions.
- **Talk about your feelings.** Share your emotions with people you trust—therapist, family, or friends. However, do not freely express all emotions towards others, especially those you are upset with as this can work against you.
- **Deal with relationship problems.** These often contribute to upsetting emotions so addressing them allows you to resolve emotional conflicts.
- **Share positive emotions.** Do this in what you say and how you act.
- **Deal with your high-risk emotions.** Identify and manage high-risk emotions (anger, anxiety, depression, etc.) that have contributed to your use of alcohol or other substances in the past.
- **Keep busy, have fun and relax.** Do something pleasant every day if possible. Build non-substance activities in your life.
- **Build a sober social network.** Include people who are sober or don’t have substance problems. Connect with others in recovery in AA or other 12-Step programs. Find out how they manage emotions without drinking.
- **Use the “Serenity Prayer.”** *“God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”*
- **Take a daily inventory of your emotions.** Be vigilant about your recovery.
- **Read about emotional management strategies.** Go to bookstores or look on the internet. See “Managing Anger,” “Managing Anxiety,” “Managing Depression,” or “Managing Emotions” on the back cover of this workbook.
- **Get help if you have a mood or anxiety disorder.** Use therapy or consider medications if talk therapy alone does not help enough or you experience chronic symptoms that are distressing and interfere with your life. See section on back of this workbook for “Co-Occurring Disorders.”

9. Impact of Alcohol Problems on Your Family

Family members including children are affected by alcohol and other drug problems. The actual effects depend on the severity of your problem, how you act and function, your family members' coping mechanisms, and their access to support from friends, relatives, professionals or mutual support programs such as Al-Anon.

Your alcohol problem can disrupt the daily routines in your family and upset its emotional balance. Family members may feel anxious, angry, irritable, resentful, depressed, helpless or guilty. They may feel at wit's end or like they are walking on eggshells, always worrying about you because of your drinking (or other drug use).

Learning about alcohol problems, treatment and recovery can help your family reduce stress, worry, anger and guilt. By involving themselves in treatment and recovery in groups such as Al-Anon, your family members can:

- Provide help, support and encouragement to you.
- Provide valuable input to your treatment team.
- Learn what they can do and cannot do to help you.
- Learn to deal with their own feelings and reactions to your alcohol problem.
- Get support from others who have lived with alcoholic family members.
- Feel better about themselves.

Your family should avoid taking on too much responsibility for you or covering up your alcohol problem so you are not shielded from the consequences of it. They should avoid centering family life around you.

Helpful behaviors are those that support your recovery and are healthy for your family. These include taking time for themselves, sharing feelings and talking about frustrations or problems, focusing on enjoyable activities and relationships, and giving themselves credit for the help and support provided.

Mutual support programs such as Al-Anon or Nar-Anon provide information about alcohol or drug problems and recovery, offer help and support from others going through similar experiences, and help focus on oneself.

If a family member is depressed, anxious, worried or is abusing alcohol or drugs, this member should be encouraged to seek help. It is not uncommon for a family member to need help for a psychiatric or substance use disorder.

If your family is so disorganized or upset that they cannot provide support to you or they interfere with your recovery, find support elsewhere. Other relatives, friends or members of

or other mutual support programs are sources of support. Children may experience anxiety, fear and depression when a parent has an alcohol or drug problem. If any of your children have serious anxiety, depression, hyperactive behavior, alcohol or drug abuse or other type of behavior or academic problem, get them evaluated by a professional.

Recovery Activity

1. Describe how your family has been affected by your alcohol problem.

2. If you have kids, describe how they have been affected by your alcohol problem.

3. If applicable, describe whether any of your children or other family members may have a psychiatric or substance use disorder that needs an evaluation or treatment.

Helpful Attitudes and Behaviors

- **Evaluate how your alcohol problem affected your family.** Discuss this with a therapist or members of AA. Include your family in some counseling sessions.
- **Accept that your family may feel upset.** They may feel angry, anxious or worried about you and they need time to heal from these emotions.
- **Encourage your family to learn.** This can be about alcohol problems, treatment and recovery. Knowledge can help them support your recovery and help themselves.
- **Encourage your family to attend mutual support programs such as Al-Anon.** They will get help from others who are dealing with alcohol problems with family members.
- **Reach out to your family for help and support during difficult times.** Ask them to help you spot early signs of relapse so you can catch things early.
- **Make amends.** If you have done things that have hurt your family, at some point you should consider making amends (see Steps 8 and 9 of AA). Talk with a counselor or sponsor about this process so you know when you are ready to make amends and how to do so.

10. Your Support System and AA

A support system is critical to staying sober and managing your alcohol problem over time. Your support system may include family, friends, co-workers, helping professionals or others in recovery from an alcohol or drug problem, a faith-based organization, or other community organizations. People in your support system can:

- Provide help with a problem you are having.
- Provide emotional support; you can lean on others during tough times.
- Make you feel connected to others who understand your alcohol problem.
- Help you learn strategies to manage and recover from your alcohol problem.
- Provide you with a sense of belonging and purpose.
- Help you if you have a relapse or appear headed towards one.

Alcoholics Anonymous (AA)

An excellent source of help is mutual support programs such as AA. Members of AA can teach you about recovery, help you during rough times and celebrate your progress. If you actively participate in AA or other 12-Step programs, the odds increase that you will do better than if you only use counseling or attend meetings but do not get involved in the program. “Active” means attending meetings, getting an AA Sponsor, working the 12-Steps, setting up or cleaning up after meetings, talking with other AA members, talking during discussion meetings, getting phone numbers and staying connected to others in recovery. Following is a brief review of the components of the fellowship of AA.

Meetings. These usually last an hour and involve someone sharing their story of alcoholism and recovery (called a “lead” meeting) or an “open” discussion of topic(s) related to alcohol problems and recovery (called a “discussion” meeting). Some meetings focus on one of the 12-Steps. Specialty meetings may be held for health care professionals, gays or lesbians, newcomers, or those who also have a psychiatric illness. Meetings may be “closed” for those in recovery or “open” to anyone interested in alcohol problems and recovery. Attend at least 12 meetings at a few different locations before you judge their helpfulness.

Sponsor. This is an AA member with a significant recovery who teaches you the ropes about the program and recovery. You may attend meetings together, talk often in person or on the phone, work the 12-Steps, or discuss readings or recovery tasks that a sponsor recommends.

12-Steps. These address ways to accept your alcohol problem, deal with the aftermath of it, and aid your ongoing recovery. Each Step has a specific focus and your sponsor, other members of AA, a therapist or a religious professional can guide you in working the Steps. The 12-Steps can help you change your life and adjust to sober living.

Higher Power. For most, this is God, but it can be your recovery group or the Fellowship of AA. The idea of a Higher Power is to accept that you need help from others or something greater than yourself to recover from an alcohol problem.

Slogans. These are sayings that provide insight on how to think about your recovery. They are used to “coach” yourself to stay sober. Examples are “easy does it,” “one day at a time,” “think through the drink,” “keep it simple,” and “let go and let God.”

Service. As your recovery progresses, you can help others through volunteer work in AA or by sponsoring newcomers to the program. In early recovery you can be of service by setting up and cleaning up after meetings or giving other members rides to meetings.

Literature. 12-step programs have many pamphlets and books about alcohol problems, recovery and various components of the AA program. Read the “Big Book” of AA.

Events. AA groups may sponsor social events or activities that you can share with other in recovery without worrying about the presence of alcohol or other drugs.

Recovery Activity

1. Why should you make recovery a “we” rather than an “I” program?

2. List the names and phone numbers of people and organizations who can support you.

3. What would prevent you from reaching out to other people for support?

4. List what you don’t like about AA or reservations you have about using AA.

5. How can AA help your recovery?

6. How can an AA Sponsor aid your recovery?

7. How can “working” the 12 Steps aid your recovery?

Building and Using a Support System

- **Identify helpful people and organizations that can make up your support system.** Stay active with others and organizations so you do not recover alone.
- **Make a list of phone numbers of people you can call for help and support.** Include the names of at least 5 members of AA or other 12-Step programs.
- **Face any fears you have of asking other people for help or support.** Always keep in mind that recovery works best as a “we” rather than an “I” program. Practice ahead of time how you can ask for help (for example, what you will say).
- **Reach out for support.** If you have trouble asking others for help or support, talk with your sponsor or a counselor to get their help.
- **Maintain daily contact with other in AA.** If you believe you only should call or contact them when you are in trouble, you are not likely to reach out for their help or support. Stay connected through regular contact even when things go well.
- **Share the truth.** Be honest, even if you are struggling with staying sober, obsessions to drink or strong cravings, or what you do not like about recovery.
- **Give it time.** If you are new to AA, go to at least 12 AA meetings before reaching judgment on how it can help you. Try different meetings.
- **Help out at meeting.** Volunteer to set up and clean up after AA meetings.
- **Stick with AA’s.** Go to the “meeting after the meeting” with members of AA.
- **Get a sponsor.** If you do not have a sponsor in your 12-step program, ask the chair of a meeting to help you get a temporary sponsor.
- **Find non-drinking social activities.** Get involved in social activities that do not evolve around the use of alcohol or others drugs. Your desire to do normal or ordinary activities can increase. And, your desire to drink can decrease.

11. Reducing Your Risk of Relapse

You can reduce your risk of relapse to alcohol or other drug use by staying active in a recovery program. This allows you to monitor cravings and behaviors, review progress, identify problems, work on goals, and stay connected to others. Recognizing and managing early relapse warning signs and high-risk factors unique to you will also aid your recovery.

Recognizing and Managing Relapse Warning Signs

Relapse is the process of returning to alcohol use following a period of recovery. Relapse can happen regardless of how long you have been sober. The first several months is the highest relapse risk period. You can be in a relapse process before you drink. A relapse can build up over hours, days, weeks or even months. It seldom comes out of the blue.

Obvious and hidden relapse clues and warning signs show before relapse. Signs may show in changes in your behavior, attitudes, thinking, feelings or a combination of these. This does not mean that all changes indicate a potential relapse. It simply means that you should be alert and examine whether you are moving away from recovery towards relapse. Following are examples of both obvious and subtle warning signs of relapse.

- **Behavior changes.** Cutting down or stopping AA or other support group meetings or counseling without first discussing this with a counselor or sponsor; using other drugs (pain pills, marijuana, benzos, cocaine); being in high-risk situations such as bars, parties, or socializing with others getting high or drunk; increased episodes of arguing with others; increased stress symptoms such as smoking more cigarettes or eating more food; increased lying or dishonest behaviors; or seeking out people with whom you used to drink or get high.
- **Attitude changes.** Negative attitudes about recovery, AA, your sponsor, support groups, friends in recovery, counselor or doctor; not caring about your sobriety or recovery plan; becoming too negative about recovery or life; or believing you can recover on your own, that you do not need help or support from others.
- **Changes in thinking.** Thinking you deserve alcohol or other drugs; you can control your drinking; you can use another drug as long as you do not drink alcohol (e.g., you can smoke pot). AA calls this “stinking thinking.”
- **Changes in emotions.** Negative emotions that you find hard to handle such as anger, anxiety, boredom, depression, emptiness, loneliness, or guilt and shame. An increase in positive emotions can be a relapse warning sign for some people.

These are examples of potential warning signs of relapse. Remember that changes in behaviors, attitudes, thinking, feelings or a combination could indicate you are in a relapse process. If you catch warning signs early, you put yourself in a position to take action before an actual relapse occurs. Think relapse “prevention.”

Recovery Activity

If you have relapsed before after a period of recovery, answer the following questions. If you are new to treatment, learn from the experiences of others who have relapsed.

1. What specific clues or warning signs (obvious and subtle) preceded your relapse?

2. How much time elapsed between the time your relapse clues first showed and you used alcohol or other drugs? _____

3. Where did your relapse occur? _____

4. Who were you with? _____

5. List specific actions you can take to manage these warning signs in the future should you or others notice them (how can you prevent these from leading to a relapse?).

Identifying and Managing High Risk Situations

High-risk situations are those in which you feel you could relapse to alcohol or other drugs. These can be situations in which you drank in the past. Or, they can be new situations that you feel threaten your sobriety. Once you identify your high-risk relapse situations or factors, you can then plan strategies to manage these.

Following are potential high-risk situations or factors that could contribute to relapse if you do not use active coping strategies. Check the ones that concern you now.

1. **Social pressures.** Being offered alcohol or drugs, difficulty saying no when offered alcohol, being at places where others are drinking, or living with alcohol abusers.
2. **Upsetting emotions.** Feeling anger, anxiety, boredom, depression, empty, fearful, lonely, guilty or shameful. Feeling overconfident can be a high risk factor, too.
3. **Treatment problems.** Low motivation to attend treatment, coming late or missing appointments, dropping out early, or failure to follow through with recovery tasks.
4. **AA related issues.** Missing or not attending meetings, cutting down or dropping out without telling anyone first, not “working” the program, or not talking to a sponsor or other members regularly.
5. **Relationship issues.** Conflicts with others, letting others upset or anger you, isolating yourself, trouble resolving conflicts, or lacking sober friends.
6. **Cravings.** Strong desires to drink, keeping alcohol at home, or testing your ability to be around others who drink (e.g., going to a bar or party where people drink).
7. **Other risk factors.** Feeling exhausted or fatigued, using drugs, other addictions (work, gambling, sex), psychiatric problems, or being unable to ask for help from others.

Recovery Activity

Choose one high-risk factor from your list. Provide specific details about this, and then identify three coping strategies to manage each high-risk situation.

1. High-risk situation: facts and information:

2. My coping strategies to manage this high-risk situation:

Emergency Sobriety Card

Carry an “emergency sobriety card” in your wallet or purse that lists the names of others who support your recovery. Call people in your support system when you need emotional support, help with a problem, want to share a leisure activity, need to talk or just to stay connected. Let others know when you feel like drinking alcohol or using drugs before you use. Their support may help you to stay sober.

List below names and phone numbers of family members, friends, counselors, members of AA, and other people with whom you can call when you need immediate help.

What to Do if You Relapse to Alcohol or Other Drugs

If you relapse, convince yourself to stop drinking or using drugs. Tell yourself that you need to get back on track. Then, reach out to others for help and support. This can be a family member, friend, counselor, minister, priest or rabbi, or AA sponsor or member.

Relapse often follows quitting or cutting down treatment sessions or attendance at AA meetings. If this is the case with you, get back in treatment and go back to your meetings. Make a commitment to attend all treatment sessions and 12-step meetings. ***When you least feel like it is when you most need to be active in treatment and support groups!***

Using alcohol again can lead to physical addiction. If you have withdrawal symptoms, contact a local addiction treatment program or go to a hospital emergency room and ask for an evaluation to determine if you need medical detoxification.

A sponsor or friend in AA can provide support during an episode of relapse. In some instances, this will be all that you need to re-establish sobriety and get back in recovery.

Do not let a relapse drag you down or be an excuse to give up. Treat this like you would a relapse for other illnesses. This means: 1) you work at managing your alcoholism and follow a recovery plan and, 2) you prepare to deal with setbacks and relapses.

Once you are back on the sober track, use your support network to deal with your feelings about a relapse. Examine your relapse to learn from it. Figure out your warning signs and high-risk factors that may have contributed to or preceded your relapse.

Recovery is a daily process. You do recover “one day at a time.” The term “prevention” implies that you take a proactive stance to prevent something from happening. In recovery, this means looking for and catching warning signs of relapse early, identifying high-risk factors unique to you, and preparing for the challenges of recovery.

Recovery Activity

Imagine that you drink alcohol following a period of sobriety for months or longer. What could you do to stop drinking or get help from others?

At the end of each day, ask yourself if any warning signs were present in your life today that indicates you may be headed towards an alcohol or drug relapse? ☐ Yes ☐ No

If yes, what are these signs and your plan to manage these?

At the end of each day, ask yourself if there were any high-risk situations that could trigger a relapse if you do not take action? ☐ Yes ☐ No

If yes, what are these situations and what is your plan to deal with them?

Relapse Prevention and Interruption Strategies

- Stay active in working a daily plan of recovery.
- Know potential relapse warning signs, and high-risk factors and develop a plan to manage these.
- Have a plan to stop a relapse should you resume drinking or other drug use. Share this plan with others to get their input and support.
- Never give up, no matter how difficult things get. Learn from your mistakes. Once you are stable from your relapse, figure out warning signs and risk factors that you may have ignored. Use this to develop a plan to manage future signs.

12. Managing Other Problems

Other problems can interfere with recovery from your alcohol problem. These include drug use or addiction; compulsive sex, gambling, or eating; psychiatric disorders; relationship or family problems; or health, work or financial problems. Work with your counselor and AA sponsor to determine how and when to address other problems. Be sure to **keep your sobriety and recovery a high priority**. Otherwise, it is easy to forget about your recovery while you focus on “other” problems.

Other Addictions

Addiction to other drugs (opioids, cocaine, marijuana, etc) or behaviors like sex or gambling are common among people with alcohol problems. Other substance addiction can be addressed in your counseling sessions and by attending Narcotics Anonymous (NA), Cocaine Anonymous (CA), Crystal Meth Anonymous (CMA) or Marijuana Anonymous (MA). These programs follow the same principles and 12-Steps as AA.

Addictions like gambling, sex or the internet can be addressed in counseling and other 12-Step programs such as Gamblers Anonymous (GA), Sexaholics Anonymous (SA) or Sex and Love Addicts Anonymous (SLAA). These programs are patterned after AA.

Psychiatric Disorders

These involve multiple symptoms that cause distress or interfere with your ability to function. Since some symptoms may result from alcohol or drug use or addiction, you may benefit from some time being abstinent before determining if a psychiatric disorder exists. Each psychiatric disorder has a set of symptoms, which relate to:

- Moods (your emotional state or how you feel).
- Thinking (how you interpret or think about the world or events).
- Behavior (how you act or behave).
- Physical health (appetite, sleep, energy, sexual energy, & other bodily symptoms).

Psychiatric disorders include single episode, recurrent episode, and chronic or persistent types. You can have a single episode and return to normal. Or, you may have several episodes over time. The length of each episode and the amount of time between episodes will vary. Some people experience persistent symptoms over time, which requires them to manage and live with symptoms that never totally go away.

Mood disorders include depression, bipolar disorder or a combination of the two. These involve mood and other symptoms. With depression, your mood is sad whereas with bipolar disorder, your mood is elevated, euphoric or high. A major problem with mood

disorders is suicidal thinking or actions. Alcohol or drug problems combined with a mood disorder increases the risk of suicide.

There are many different types of **anxiety disorders**, each with a specific set of symptoms. These disorders include both physical and mental symptoms and most involve worrying too much, feeling a sense of dread or feeling anxious or fearful. Some involve avoiding situations that evoke anxiety.

Psychotic disorders such as schizophrenia involve unusual experiences such as hearing, feeling, seeing or smelling things that are not there and others do not experience. These are serious mental illnesses that impair judgment and cause significant suffering.

Personality disorders occur when longstanding personality traits, or usual ways of thinking about and dealing with life or relating to others, cause considerable distress or problems in life. Some traits that may cause serious problems include being impulsive (acting without thinking), antisocial (breaking laws, not caring about how you affect others), or dependent (relying too much on others and not enough on yourself).

There are many treatments for psychiatric disorders. Medications are used in combination with therapy or counseling for more severe or chronic psychiatric disorders. Talk with your counselor or AA sponsor if you are concerned about a problem with drug abuse or addiction, gambling, sex or other behavioral addiction, or a psychiatric disorder.

Recovery Activity

1. List any other serious problems that you are concerned about:

2. Describe how these other problems have affected your life or alcohol use.

Helpful Strategies

- **Talk over your concerns.** Talk with a sponsor, counselor, your doctor or other professional. Take their advice to get help with another problem or disorder.
- **If you get treatment for another disorder, follow the plan.** Otherwise, you lower the odds of getting well and increase the chances of a relapse.
- **Use recovery strategies to cope with your other problem or disorder.** Many strategies that help you stay sober can help you with other problems.

13. Helpful Resources

There are many resources for alcohol or drug problems, other addictions or psychiatric problems. These include informational resources (books, guides, pamphlets, workbooks, audiotapes, and DVDs) as well as mutual support programs. In addition to the list which follows, resources can be accessed on the internet through bookstores, publishers or by conducting a search of key terms or words such as: alcohol or drug abuse, dependence, or addiction; alcohol or a specific drug (e.g., cocaine, meth, marijuana, etc); psychiatric illness or a specific disorder (e.g., depression or bipolar illness). The website of AA provides information about alcohol problems, meetings, materials and other items. The National Institute on Alcohol Abuse and Alcoholism has much information on alcohol related problems.

Alcoholics Anonymous	www.alcoholic-anonymous.org
Al-Anon Family Groups	www.al-anon.org
Dennis C. Daley, PhD	www.drdeniscdaley.com
Dual Recovery Anonymous (DRA)	www.dualrecovery.org
Gamblers Anonymous	www.ga.org
Hazelden Educational Materials	www.hazelden.org
Narcotics Anonymous	www.na.org
Nar-Anon Family Groups	www.naranon.org
National Clearinghouse for Alcohol & Drug Information	www.ncadi.nih.gov
National Institute on Alcohol Abuse and Alcoholism	www.niaaa.nih.gov
National Institute on Drug Abuse	www.nida.nih.gov
National Institute of Mental Health	www.nimh.nih.gov

Suggested Readings

- Alcoholics Anonymous (Big Book)*. NY: AA World Services, 1986.
- Daley, D. *Relapse Prevention Workbook*. Murrysville, PA: Daley Publications, 2011.
- Daley, D & Douaihy, A. *Managing Emotions*. Murrysville, PA: Daley Publications, 2013.
- Daley, D. & Marlatt, G. *Overcoming Your Alcohol or Drug Problem*. New York: Oxford University Press, 2006.
- Daley, D. & Douaihy, A. *Sober Relationships & Support Systems*. Murrysville, PA: Daley Publications, 2010.
- Daley, D. *Sobriety Journal: Your Plan for Recovery in Year 01*. Murrysville, PA: Daley Publications, 2005.
- Daley, D. & Donovan, D. *Using 12-Step Programs in Recovery*. Murrysville, PA: Daley Publications, 2010.

MATERIALS FOR CLIENTS, FAMILIES AND PROFESSIONALS ON SUBSTANCE USE, PSYCHIATRIC OR CO-OCCURRING DISORDERS

Client and Family Materials

Addiction and Mood Disorders	Recovery for Older Adults
Addiction in Your Family	Recovery from Alcohol Problems
Adolescent Recovery	
Adolescent Relapse Prevention	Recovery from Cocaine or Meth Addiction
A Family Guide to Addiction and Recovery	Recovery from Co-Occurring Disorders
Athlete's Guide to Substance Use and Abuse	Recovery from Marijuana Problems
Coping with Feelings & Moods	Recovery from Opioid Addiction
Detox Recovery	Recovery from Psychiatric Illness
Family Recovery	
Gratitude Workbook	Recovery Goal Checklist
Grief Journal	Recovery & Relapse Prevention for Co-occurring Disorders
Group Counseling Participant Workbook	Relapse Prevention (Drug & Alcohol)
Improving Communications and Relationships	Relapse Prevention (Compulsive Sex)
Managing Anger	Sober Relationships and Support Systems
Managing Anxiety	
Managing Depression	Sobriety Journal
Managing Emotions	Surviving Addiction
Money & Recovery: Managing Financial Issues in Recovery	Think Sober, Live Sober
Overcoming Your Alcohol or Drug Problem	Using 12-Step Programs in Recovery

Books for Professionals

Dual Disorders Recovery Counseling: Integrated Treatment for Substance Use and Mental Health Disorders

Dual Disorders: Counseling Clients with Chemical Dependency & Mental Illness

Group Treatment of Addiction: Counseling Strategies for Recovery and Therapy Groups

Improving Treatment Compliance

Overcoming Your Alcohol or Drug Problem: Therapist Guide

Relapse Prevention Counseling: Strategies to Aid Recovery from Addiction and Reduce Relapse Risk

Treating Chronic Mental Illness and Substance Use Disorders

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