RECOVERY MAINTENANCE WORKBOOK

WHERE PREPARATION INTERCEPTS RELAPSE

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For the Reader:

When you begin your journey in recovery, it is easy to focus on life’s major issues and skip the basic, practical aspects of daily living. We in recovery can underestimate the level of stress and pressure that basic life maintenance such as, errands, budgeting, and time management present. As a result of this underestimating, the newly recovering person is blindsided by unexpected feelings and triggers. Ironically, a small about of preparation will result in a chance to effectively manage the stress from previously unexpected sources.

This workbook is designed for people dealing with any form of addictive behavior. This includes but is not limited to the following:

- Drugs & Alcohol
- Gambling
- Eating Disorders
- Problem Spending
- Sexual Addiction

Behavioral Addictions including:

- Rage
- Impulsivity

This workbook will help you create a system for organizing your new life responsibilities and recovery program.
HUMILITY WORKSHEET

Often times needing help is a reality that threatens our ego. It is tempting to down play the need to acknowledge our limitations, to ask for help, and to ignore the specific type of help that is needed and available.

We do this by down playing our awareness of the accessibility and effectiveness of available help. In the realm of psychotherapy, recovery and medication management, we exhibit behaviors of non-compliance and non-attendance. We say to ourselves:

"Meetings don't do any good"
"Therapy is just talk"
"The meds are just a different kind of drug"
"I can never find a meeting"
"I can fit this into my schedule"

Saying these things results in the following consequences:

**Recovery** - Not attending meetings, fellowship, stepwork

**Medication** - Treatment- missing appointments, lack of medication compliance

**Psychotherapy** - Missing appointments, lack of compliance - denial of need altogether.

**Family support** - Not asking for help when needed, for example, identifying the need to clarify and establish boundaries. Not saying "no" to unhealthy environments and invitations that jeopardize recovery.

**Work** - Not attending functions that are triggers. "I have to stay late to complete this deadline", even though it means missing my therapy appointment.

We take the stance that not getting help and toughing it out means that we don't need help. Sometimes the desire isn't to fake ourselves out, however, we are embarrassed to inconvenience our families. We do this in a variety of areas for example, not wanting to ask for a ride to a meeting when our license is suspended.

“I know you worked all day, but I still need you to take care of the kids while I take the bus to the meeting since my license is suspended”

It is hard to recognize our own needs for help and support.
HUMILITY WORKSHEET

What are your own examples? List 3 on this page.

1.________________________________________________________________________________________
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2.________________________________________________________________________________________
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3.________________________________________________________________________________________
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CONSEQUENCES FOLDER

This is a folder that you will create as a concrete, tangible reminder of the consequences you have endured as a direct result of using, substance abuse and/or other addictions.

Your Consequences Folder can include the following:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Records</td>
<td>Go in person and fill out all required release forms to obtain your records. You may choose to share your reasons for doing this. You may want to coordinate reading the records with your home group, therapist, or sponsor.</td>
</tr>
<tr>
<td>Legal Records</td>
<td>All court date, traffic violations, domestic, finance related, bankruptcy, etc.</td>
</tr>
<tr>
<td>Intervention Letters</td>
<td>Family, friends. Family and friends can also write one now describing how things were back then, if need be.</td>
</tr>
<tr>
<td>Treatment Center Records</td>
<td>Discharge Summary, and any notes, etc.</td>
</tr>
<tr>
<td>Pictures</td>
<td>Any photos that provide memories of using, as long as they did not glorify the situation.</td>
</tr>
<tr>
<td>Negative Notes</td>
<td>Termination notices, eviction notices</td>
</tr>
<tr>
<td>Debt</td>
<td>Bills, threats for garnishing wages.</td>
</tr>
<tr>
<td>All Related Receipts</td>
<td></td>
</tr>
<tr>
<td>Misc.</td>
<td></td>
</tr>
</tbody>
</table>
CLIENT INFORMATION SHEET

Name:_____________________________________ Date:______________________________
Address:_____________________________________ City:______________________________
State:_________________ Zip Code:______________
Home Phone:_______________________
Work Phone:________________________
Cell Phone:________________________
Preferred Contact Number: (Please check)  Home  Work  Cell
Date of Birth:____________________  Age:_______  Place of birth:________________________
Employer: _____________________________  Length of time there:___________________
Married:  Coupled:  Single:  Length of marriage/union:__________
Name of Spouse/Partner:______________________________  Number of children:__________
Ages/Names of Children:_____________________________________________________
Annual Household Income: _______________
Emergency Contact:__________________________  Contact Number:_____________

Reasons for Seeking Counseling:
1. What do you consider to be the issues you are facing that led you to seek help?
__________________________________________________________________________________________
2. What things have you tried to address these issues?
__________________________________________________________________________________________
3. What are your reasons for seeking help now?
__________________________________________________________________________________________
4. What would you like to gain from counseling?
__________________________________________________________________________________________

Medical History:
Primary Care Physician:___________________________  Date of Last Physical:______________
Address:______________________________________  City: _____________________________
State:__________________ Zip Code:__________________ Phone Number:_____________________

Other physicians involved in my care:___________________________________________________________

Current medical issues:_______________________________________________________________________

Any past significant medical history:_______________________________________________________________________

Current prescription drugs (including dosage and what they are for): ____________________________________

Family medical history:__________________________________________________________________________

Heath - Related Behaviors/Lifestyle:

Any non-prescription medications/substances you are currently taking:________________________________

Any supplements/homeopathic remedies you are currently taking:_____________________________________

Do you drink alcohol?_____________________________ If so, how much?_____________________

Do you smoke?___________________________________ If so, how much?_____________________

Please describe anything pertinent about your nutrition:_______________________________________________

Please describe your sleep patterns:________________________________________________________________

Any pertinent sexual history/problems:_______________________________________________________________

Any physical fitness activities:_____________________________________________________________________

Describe your spiritual belief system:_______________________________________________________________

How relevant are these beliefs to your daily life:_____________________________________________________

How you like to spend your free time: (Include how frequently you engage in these activities) ______________

__________________________________________________________________________________________

Mental Health History:

Previous therapy/counseling: (Please list approximate dates and providers’ names)________________________

Any medications that were prescribed for mental health reasons: (Please list dates) ________________________

__________________________________________________________________________________________
Any previous hospitalizations for mental health concerns: (Please list dates) ______________________________

__________________________________________________________________________________________

Please describe any current thoughts of suicide or self-harm: _________________________________

Describe any past suicidal thoughts or attempts: _______________________________________________

Describe any thoughts of harming other people: _______________________________________________

Describe any history of verbal, physical, or sexual abuse: _______________________________________

**Educational / Occupational History:**

Highest Grade Completed: ___________________________ Highest Degree Obtained: ____________

College/Graduate School (if applicable): ______________________________________________________

Area(s) of study: _________________________________________________________________________

Any pertinent information regarding educational history: _______________________________________

Occupation: ___________________________ Length in occupation: ___________________________

Any previous occupations: _________________________________________________________________

Any pertinent information regarding occupational history: _____________________________________

Any current occupational/educational stressors: ______________________________________________

**Family History:**

Names and ages of parents: ________________________________________________________________

Names and ages of siblings: ________________________________________________________________

Describe your father: ________________________________________________________________

Describe your mother: ________________________________________________________________

Describe your role within the family: ______________________________________________________

Describe your current relationship with parents and siblings: ________________________________

__________________________________________________________________________________________
Current Living Situation:

Describe what you consider your current family system: ________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How many members are in your household? _________
Please describe any other members of your household, including their relationship to you:
____________________________________________________________________________________

If you are currently involved in a marriage/union, please describe the positive and negative aspects of that relationship: ________________________________

Creative Intake:

Creativity can be a significant asset in the therapeutic process. The following questions will help you to start thinking more creatively and may highlight areas to address within therapy.

What was your favorite childhood fairy tale, story, hero, or book? What about it did you like best?
____________________________________________________________________________________

Who is your favorite relative, and why?____________________________________________________

If all goes very well, what will your life be like in five years?________________________________

If there was a book about your life, what would the title be?________________________________

Strengths:__________________________________________________________

Challenges:___________________________________________________________

Describe your biggest fear:______________________________________________

Describe your richest dreams/aspirations:____________________________________

What do you feel interferes with you achieving all that you of?_______________________

What traits make one a strong....

Partner? ________________________________________________________________

Friend? ________________________________________________________________

Family member? __________________________________________________________
Please describe any movie, book, play, TV show, news story, or song that resonates with you or presents a feeling or theme to which you can relate:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Is your present living situation helpful to your recovery? Why or why not?
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__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________

What would your ideal home environment look like?
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__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________
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__________________________________________________________________________________________
Housing Worksheet

While time in sobriety is being established and maintained, it is important to examine your choice of housing and select housing that will best suite your recovery goals.

Options for supportive housing environments include:

1. **Halfway House** - This is a residential facility, which can sometimes be a supplemental part of your residential treatment. A completed stay at a Halfway House can range from an average of two to six months. The average cost usually starts from $250.00 per week. Meals are generally provided and employment is a requirement. This facility accommodates all ages above adult. Adolescents are in a separate residential home. Drug testing is done at random. There are mandatory house meetings routinely scheduled where chores are assigned and compliance is maintained. Restrictions can be reinforced and privileges are lost and gained accordingly. The benefits of the Halfway House are that it is structured and it is a guaranteed sober environment.

2. **Sober House** - This is an informal, agreed upon, long-term roommate living situation. It can range from two people who meet at a recovery meeting and decide to live together and maintain sobriety to an advertised, commercial sober home. Sober homes typically have a definite set of rules and regulations including the agreement to stay sober in order to remain a resident. If you break the rules, you are required to leave and forfeit your deposit.

3. **Return to Previous Living Situation** - There can be a fine line between wanting to make amends with family members by returning home versus staying true to recovery needs by postponing your return "home". Family and other members of your previous household may not grasp an understanding of the requirements and the legitimate physical and emotional limitations you are facing. Family and other members of your previous household may not grasp your need to utilize other housing for a time prior your return.
2. How do I determine and identify what key factors will make an ideal housing and living environment for my recovery program?

Consider how the following criteria will impact your decision:

- Financial situation
- Emotional well being
- Situational (people, places, things) HALT (Hungry, Angry, Lonely, Tired)

All environments will produce some trigger - nothing is 100% ideal.

3. Identify the key influencers and how they will effect your decision.

- Family of Origin
- Spouse, Partner, Children - fear of losing a relationship
- Other Family Members
- Friends and Peer Pressure
- Employer and work relationships
- Acquaintances
- Image - ego related and ego driven issues

4. Ideal Sober Environment - Short Term, Intermediate Term, Long Term

Explore the following:

- Concept of Long Term vs. Short Term gains as applied to housing.
- Short Term sacrifice in exchange for long term gains.
- Graduated plan to identify when to move to next level of housing.

5. Possible Challenges to staying on course:

- Staff
- Roommate
- Amenities
- Pressure from outside world.
THE CHART BELOW LOOKS AT DIFFERENT ASPECTS OF HOUSING

<table>
<thead>
<tr>
<th>Type of Housing</th>
<th>Cost</th>
<th>Average Length of Stay</th>
<th>Staff on Premise</th>
<th>Monitoring*</th>
<th>Meetings on Premise/Meeting Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halfway House</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sober house</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Living</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return to Original Situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List other issues specific to you.

* Random drug testing
  Dietary evaluation
  Money management
  Overall supervision
EMPLOYMENT WORKSHEET

It is crucial to identify and target employment that will support your recovery. The wrong job at the wrong time will compete with your focus, putting your sobriety into jeopardy, in exchange for what may seem to be an easy situation.

There are three main ways in which people sabotage their recovery by choosing the wrong employment.

Discussion - Which category do you most relate to?

1. Image -
   Selecting a position with the goal of preserving image and/or prestige. "I've worked in this field for ten years, I can still do it"? "I certainly can't work for low hourly wages, my salary was close to figures. These are two examples regarding the money and title aspect of career image.

2. Associations -
   Jobs obtained through family and friends. A family member might say" I don't know why you won't just come and work for me," "I can use your help around here, and I will pay you." Or criticism from family and friends for the position you selected during your recovery.

3. Fear - (Sometimes what appears as a Lack of Motivation is really Fear in disguise)
   Please describe your thoughts and feelings
   
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

4. Other issues:
EMPLOYMENT QUESTIONS

The following are questions are to be read over and discussed during workshop.

1. If returning to a previous job, how is this in line with changing people, places, things? Is this a solid, recovery friendly return, or is this a risky situation? Why?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. If this is a new job, is this a mirror image of an old atmosphere or is this new working environment a healthy improvement?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. If you have an established career, have you decided to take a break from your career and to instead opt for a job that won't compete with your recovery focus? Why or why not?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4. Are you targeting jobs that are recovery friendly; not being so stressful or demanding too much at this time? If so, what types of jobs?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

5. What makes a job recovery friendly?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

6. How will you handle co-workers drinking at work related functions?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

7. Will you share at work about being in the program? Why or why not?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

8. What are some other key concerns that are work related?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
EMPLOYMENT

REFERENCES: Prepare a list of 4 references to be used on an employment application.

1. Name___________________________________________________________
   Address & Phone Number __________________________________________
   Occupation ______________________________________________________
   Years Known ____________________________________________________
   Relationship - Personal or Professional ______________________________

2. Name___________________________________________________________
   Address & Phone Number __________________________________________
   Occupation ______________________________________________________
   Years Known ____________________________________________________
   Relationship - Personal or Professional ______________________________

3. Name___________________________________________________________
   Address & Phone Number __________________________________________
   Occupation ______________________________________________________
   Years Known ____________________________________________________
   Relationship - Personal or Professional ______________________________

4. Name___________________________________________________________
   Address & Phone Number __________________________________________
   Occupation ______________________________________________________
   Years Known ____________________________________________________
   Relationship - Personal or Professional ______________________________
DISCUSSION QUESTIONS:

1. What are 5 traits that you will implement as "criteria" for "old" relationships that will "make the cut" - (people, places, things) and remain in your life?

List below:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. What are 5 main traits that will lead you to decide to terminate an old relationship?

List below:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. Describe what makes a relationship threatening to recovery.

List below:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. Describe what makes a relationship compatible with recovery.

List below:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
5. Do your close associations need to be in the program?

List below:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

6. How will you balance out your various relationship demands and your recovery schedule?

List below:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

7. How will you address difficult challenging times in your recovery with your Family and relations? Discuss the fine line between disclosing challenges vs. Alarming others vs. being an open door.

List below:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________