

---

# **RECOVERY MAINTENANCE WORKBOOK**

---

**WHERE PREPARATION INTERCEPTS RELAPSE**



**PAMELA GARBER, LMHC**

Recovery Maintenance Workbook  
By  
Pamela Garber

Pamela Garber, LHMC  
60 East 42nd Street #1166  
New York, New York 10165  
© Copyright 2007

## **TABLE OF CONTENTS**

<b>TAB 1</b>	<b>HUMILITY WORKSHEET</b>
<b>TAB 2</b>	<b>CONSEQUENCES FOLDER</b>
<b>TAB 3</b>	<b>CLIENT INFORMATION SHEET</b>
<b>TAB 4</b>	<b>HOUSING WORKSHEET</b>
<b>TAB 5</b>	<b>EMPLOYMENT</b>
<b>TAB 6</b>	<b>FAMILY RELATIONS</b>

## INTRODUCTION

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 amount 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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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:

Hospital Records - 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.

Legal Records - All court date, traffic violations, domestic, finance related, bankruptcy, etc.

Intervention Letters - Family, friends. Family and friends can also write one now describing how things were back then, if need be.

Treatment Center Records - Discharge Summary, and any notes, etc.

Pictures - Any photos that provide memories of using, as long as they did not glorify the situation.

Negative Notes - Termination notices, eviction notices

Debt - Bills, threats for garnishing wages.

All Related Receipts

Misc.

## 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: \_\_\_\_\_

**Health - 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:

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

---

---

---

---

What would your ideal home environment look like?

---

---

---

---

---

---

---

---

---

---

---

---

## 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.

## HOUSING WORKSHEET

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

Type of Housing	Cost	Average Length of Stay	Staff on Premise	Monitoring*	Meetings on Premise/Meeting Availability
Halfway House					
Sober house					
Independent Living					
Return to Original Situation					

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 \_\_\_\_\_

# FAMILY RELATIONS WORKSHEET

## 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:

---

---

---

---

---

## FAMILY RELATIONS WORKSHEET

3. Describe what makes a relationship threatening to recovery.

List below:

---

---

---

---

---

4. Describe what makes a relationship compatible with recovery.

List below:

---

---

---

---

---

## FAMILY RELATIONS WORKSHEET

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:

---

---

---

---

---