

FINAL VERSION

SOAR
(SERVICE OUTREACH AND RECOVERY)

Motivation Enhancement for Recovery
(MER)

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SESSION #1: (Orientation and Introductory Topic)

PART 1: ORIENTATION - GETTING STARTED (20 min)

This is a 12-session, 3 times/week week education group for people interested in learning more about issues concerning recovery from substance use.

The group will have lively discussions of interesting topics and an opportunity to explore some concrete tools and options for recovery.

You will receive an incentive for participating - \$5 per session.

Any questions?

Member introductions/Icebreaker.

Handout-GROUND RULES

These rules are intended to: (1) ensure a safe place, (2) show mutual respect for other group members, and (3) cut down on distractions.

There are two groups; one begins at 1:00 and the other begins at 3:00.

- ___ 1. I agree to arrive on time for each session, as group will begin promptly.
- ___ 2. I agree that all matters discussed during sessions and the identity of all group members are absolutely confidential and not to be shared with non-members.
- ___ 3. I will announce all unavoidable absences to the group one day prior to the absence.
- ___ 4. I will phone the SOAR project office to leave a message if I have an unplanned “last minute” absence or if I will arrive late to the group.
- ___ 5. I understand that graphic stories of drug or alcohol use will not be allowed.
- ___ 6. I agree not to become involved romantically or sexually with other group members while the groups are going on.
- ___ 7. I understand that it is not advisable to be involved in any business transactions with other group members.
- ___ 8. I will not use drugs on the site premises.
- ___ 9. I understand that no weapons can be brought to the site.
- ___ 10. I understand that no threats or fights are allowed in the site.
- ___ 11. I understand that no commercial transactions with other group members are allowed on/off the site.
- ___ 12. I will not attend the group if I am intoxicated or high.
- ___ 13. I agree to talk one at a time.
- ___ 14. I understand that sleeping or appearing asleep is not allowed.

PART 2: CONSEQUENCES CONTROL BEHAVIOR (40 min)

Let's start with learning about why people smoke cigarettes, and see if that helps tell us something about other addictive substances. The title of this topic is..... (members are asked to read 2 or 3 bullets each). Therapist asks questions.

Handout: CONSEQUENCES CONTROL BEHAVIOR!

- **Psychologists have learned that a person's behavior is influenced by the consequences (or results) of that behavior. If a behavior appears to have only good consequences and no bad consequences, then people want to continue that behavior. On the other hand, if a behavior has some bad consequences, people usually want to stop it or somehow change it.

- ** Over the years cigarette smokers have associated smoking with certain desirable results - for example, they feel smoking calms them down, they enjoy the taste or the feeling smoking gives, or they see it as a sign of sophistication or maturity.

- ** Years ago the disadvantages of smoking were considered relatively minor - yellowed teeth and fingertips, a "smoker's cough," shortness of breath believed to be important only for athletes, and a nasty little craving for nicotine, which could be relieved by continuing to smoke! Smokers saw little reason to change their behavior.

- ** In 1964 these ideas were debunked by the famous report of the U.S. Surgeon-General (our nation's chief doctor), which showed that cigarette smoking is the primary cause of lung cancer, a fatal illness. Subsequently, smoking has also been strongly linked to heart disease.

- ** In the time since the Surgeon-General's report, cigarette smoking, which had been increasing, has dropped in the U.S. by about 50%, a dramatic decline.

- **But despite the terrible health consequences, many people nonetheless continue to smoke and some teenagers are always taking up smoking.

Questions: (Write answers on flip chart)

Why do people continue smoking even though research has proven that smoking causes lung cancer? (Do the “benefits” outweigh the “costs”?)

Can we apply the same ideas to crack smoking? What good results do crack smokers get? (What are the reasons crack smokers indulge? What are the benefits of crack smoking?)

What are the bad consequences of crack smoking? (What are the cons or the costs of crack smoking? What happens to crack smokers as a result of their behavior?)

Do crack smokers usually know or recognize these bad effects/consequences of crack smoking?

Why do crack smokers continue their behavior despite these bad consequences? (Do they do a “cost-benefit” analysis? Are they just “hooked?”)

(If time too short: Think about these questions and we’ll continue next session)

What are your expectations for this education group? What would you like to learn? Based on today, do you think it will be interesting enough to continue?

SESSION #2: STAGES OF CHANGE

Members read 2 or 3 paragraphs each

Handout: HOW DO PEOPLE CHANGE - STAGES OF CHANGE

****Have you ever wondered how people manage to change something in the way they think, something about their behavior, or sometimes their whole lives?**

****Psychologists have thinking about and studying this question. They have noticed that some people want to change something in their lives, while others do not. Some people who want to make personal changes are able to do so, while others find it difficult or impossible. Often people make a change, but then fall back.**

****Some years ago two psychologists, Drs. Prochansky and DiClemente, did a careful study of cigarette smokers to learn more about how some manage to stop smoking, while others do not, or return to smoking after stopping. They came up with a valuable, simple description of how people change that they called the Stages of Change Model:**

Stage 1: Not Thinking About It (“Pre-Contemplation”)

Stage 2: Giving It Serious Thought (“Contemplation”)

Stage 3: Planning to Take Action (“Preparation”)

Stage 4: Taking Action (“Action”)

Stage 5: Staying With It (“Maintenance”)

- ** These psychologists learned that smokers in the Pre-Contemplation Stage were not worried much if at all about their smoking, didn't know much about the dangers of smoking, such as its health consequences, or maybe didn't believe what they had heard, and didn't see any good reasons for cutting down or quitting.
- ** Smokers in the Contemplation Stage were worried about the dangers of smoking and said that they wanted to cut down or quit, but didn't think they could do it, or had tried earlier and failed, or thought it would be too tough, or just didn't know what to do.
- ** Smokers of the Preparation Stage had made a decision or commitment to do something about their smoking, such as planning to enroll in a smoking cessation program, cutting their number of cigarettes each day in half, or just throwing their cigarettes away. Often they were asking other people to help them, especially seeking advice from those who had successfully quit smoking.
- ** Smokers in the Action Stage were counting the number of cigarettes they smoked to limit their consumption, were participating in smoking cessation programs, including support groups for former smokers, or were counting their number of days without smoking. They tried to avoid people or situations associated with heavy smoking or with any smoking.
- ** Smokers in the Maintenance Stage had stopped smoking and were rewarding themselves for staying away from cigarettes, or were asking their family and friends to reward them for not smoking; they were taking up new recreational or social activities to avoid thinking about smoking or having opportunities to smoke; some continued to participate in support groups for former smokers.

Questions:

Do you think this Stages of Change Model is a good way to describe the process of recovery from any addictive behavior? Why or why not?

Have you ever observed anyone who tried to change some addictive behavior? Did they pass through any of these stages?

How do people get or move from one stage to another? Why might they “get stuck” at one stage? What can help them get from one stage to the next?

Have you ever tried to change some addictive behavior and do you remember passing from one of these stages to another? (Do you remember how you did it?)

Stages of Change: Guide notes for therapist

Different people stay in the stages for different lengths of time.

Retrogression (“relapse”) is frequent and “normal”/expected. It does not mean “failure” but simply return to a previous stage - a temporary return for most if they understand what has happened.

“Denial” is often used by clinicians to refer to Stage 1; it is especially value-laden (its almost like name-calling for participants) so avoid using it, but interpret it objectively for participants if they mention it themselves. Do not agree that all people in Stage 1 are necessarily in “denial.” Let each decide if to applies (or applied) to them.

There are specific mechanisms (processes) associated with transitioning between stages, that can be used to interpret/classify participants’ descriptions (but use vernacular terms): (LIST)

Identify factors that can facilitate personal change.

There are always barriers to progression; anticipating barriers and having a plan is important. Barriers may be personal or external (other people, systems, institutions).

SESSION #3: RECOGNIZING THE NEED FOR HELP (STAGE 1 to STAGE 2)

Remember we discussed the pros and cons of substance use in our first meeting. It was difficult to understand why a person may keep using drugs and alcohol despite serious bad consequences that others around them can see. Often the addicted person just can't see those consequences clearly - he or she is stuck in Stage 1! Let's learn why that might happen.

Handout: WHY WE MINIMIZE CONSEQUENCES OF SUBSTANCE USE - THE TWO BRAINS

**Scientists believe they understand, at least partly, why people keep using or going back to alcohol and drugs even though this may have destructive consequences for them.

THE TWO BRAINS (Use flip chart).

- The Addicted Brain versus the Rational Brain.

Scientists have shown that there are two parts to the brain: the limbic system and the cortex. These two parts also have been called the higher and lower parts of the brain. The cortex is the higher rational brain. It is responsible for logical thinking and planning for the future. The limbic system is the lower brain. The lower brain is where our emotions, cravings and urges come from. Under certain conditions like addiction, the lower brain takes over.

Regular use of cocaine, crack and other drugs changes the way your brain works. Once you've become addicted, the part of your brain that's not rational, and doesn't think about the future takes over. It changes the lower brain into an addicted brain. All the addicted brain cares about is obtaining drugs or getting high.

It's the addicted brain that brings you back to using drugs and alcohol. In recovery the rational brain must take control over the addicted brain. The addicted brain tries to get you to use by playing tricks on the brain. People give these parts of the brain different names like my angel side and my devil side. No matter how you call these parts you can identify them by what they are saying to you.

Some arguments of the 2 brains are listed below. Add your own to these lists. Try to think of as many as you can and write them in each column.

The Two Brains

Rational

The Angel

- You'll have more control over your life.
- You'll feel better.
- You'll accomplish things.
- Mess with this stuff and you'll lose money, friends, family, and self-respect.

Addicted

The Devil

- It's nonsense; don't hold yourself back.
- One more time can't hurt.
- Straight is boring.
- You can always stop tomorrow.

SESSION #4: THE DECISION TO GET HELP (STAGE 2 to STAGE 3)

Handout: MAKING THE DECISION TO GET HELP

- ** Successfully defeating an addicted brain can be very difficult. One the central truths about recovery, confirmed by long experience, is that a person can't do it all on their own. It's just not smart to try to do it all on your own.
- ** However, it is just as true that no one else can do it for you. It takes a team effort. But its up to you to decide what kind of team is right for you. In the next few sessions we will explore some options for "teamwork" that have been proven helpful to others in recovery.
- ** Psychologists have learned that certain understandable feelings and beliefs can make people reluctant to ask for help with an alcohol or drug problem, even when they recognize that they need help:

(New person to read:)

1. Other people will think you are "weak."
2. Other people or organizations will punish or stigmatize you. (In your relationships, agencies you are receiving services from, workplace, etc.)
3. You feel overwhelmed by the prospect of entering recovery or believe its hopeless to try.
4. You don't know how you will live or support yourself if you change your lifestyle completely
5. Change can be painful in many ways, sometimes in ways we can't even predict.
6. You don't have anybody or any group to ask for help or don't really trust anyone enough.

(New person to read):

7. You might go into withdrawal, get sick, be uncomfortable, get depressed or agitated.
8. You feel too guilty or ashamed about your alcohol or drug use to talk about it with anyone.
9. You're not sure going into recovery will make your life that much better anyway.
10. You don't believe in substance treatment programs, at least not for yourself.
11. You don't believe in AA or NA, at least not for yourself.
12. You are bothered by the idea, "if I were just stronger, I wouldn't need help anyway!"

Questions (use flip chart):

What do you think about these obstacles to asking for help? (Are they all valid or true? Are they all common?)

Which reasons are the most important in your experience, or that you have observed?

Should we add to the list any other reasons why people do not seek help? (What are they?)

How can one overcome the most frequent or important obstacles to asking for help?

Session # 5: SUPPORT

Handout: THE MEANING OF SUPPORT

INTRODUCTION

Obstacles to asking for help may be many, but there is no substitute for the right kind of support - let's see if we can find the right kind of supports.

Recovery is a process that can be difficult. Although you only can take action for your own recovery, you cannot do it alone. In today's session, we are going to talk about why we all need support in our lives and about the different kinds of support we give and get from each other.

Support is any kind of help we give or get: listening to someone, offering advice, giving someone a hand. We all give and get support from people all the time.

Support is important because many times when we are going through some hard time, we feel alone, as if no one else can help or understand.

QUESTIONS

1. Think about a recent situation when you went to someone else for help or support
 - a) What type of situation was it?
 - b) Who did you go to?
 - c) Why did you go to that person(s)?
 - d) How did going to that person help you deal with the situation?

2. Think about a recent instance when someone else came to you for help or support.
 - a) Who came to you?
 - b) Why do you think they came to you (as opposed to someone else)?
 - c) What type of situation was it?
 - d) How did you help or support that person?
 - e) How did it make you feel?

3. Have you ever received support or help from an agency or organization?
 - a) What agency or organization was it?
 - b) Why did you go to that agency or organization (or why were you contacted by them)?
 - c) How did that agency or organization help you?

Session # 6: SUPPORT GROUPS

Handout: Introduction to Support Groups

** Recovery is a long and difficult road. While only you can achieve your recovery, you don't have to work on it alone. The best place to find other people who can give you support in your recovery, are people who are also working on their recovery. Support groups are such a place.

What are Support Groups?

** Support groups are groups of people who get together to talk about some issue they all have and want to work on. This can include a serious type of health problem, grief due to death of a loved one, addiction to alcohol, drugs, sex or gambling, mental health problems, or any other kind of problem in living.

** In support groups, you help yourself and the other people in the group by talking about how you cope with what is bothering you, what works for you and what doesn't.

** You also get to hear other people share their experiences and solutions, and that gives you a chance to learn a lot about handling your own issues.

** Support groups are free and most are open to anyone who wishes to attend.

** The goal of support groups is to bring together people who share a common issue in an open, trusting and accepting environment.

QUESTIONS:

1. Have you ever been to a support group for any kind of issue? (What kind of group was it?)
2. What did you expect from it?
3. Did you get what you wanted from it (Why or why not?)
4. Why did you stop attending?
5. Would you considering going to a support group again?

Session # 7: WHAT ARE ‘ANONYMOUS’ OR TWELVE-STEP MEETINGS?

In the last session we talked about our experiences with support groups, including AA and NA. Some people have had good experiences, some haven't and others haven't ever gone. Let's learn some facts about AA and NA, that everyone may not know, and then discuss these groups a little more.

Handout: “Anonymous” Groups, AKA 12-Step Programs

A common type of support group are “anonymous” meetings or “12-step programs.” These groups are sometimes referred to as “fellowships,” for example, the fellowship of AA; they are also referred to as “the rooms.”

Some examples of 12-step groups are Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA) Sex Addicts Anonymous, Gamblers Anonymous (GA), Overeaters Anonymous (OA), Emotions Anonymous.

QUESTION:

1. When you hear the term “anonymous meeting” or “12-step program,” what comes to your mind? What does that mean to you?

DID YOU KNOW THIS ABOUT AA/NA:

All AA and NA meetings are free.

You can find local meetings on every day of the week, both daytimes and evenings.

You do not have to be a member to attend, make an appointment or register anywhere to go to a meeting. You can just show up.

Who are AA or NA “members?” Anyone who wants to be! The only requirement for attending AA and NA is the desire not to use that day. Anyone who goes to a meeting is considered a member.

Some groups are more specific than others; for example, there are AA and NA groups just for women, for men, for gays and lesbians, for Latinos, for people who are HIV positive, etc.

MORE FACTS ABOUT AA/NA:

All “Anonymous” groups are based on the original 12-step program of AA:

- The 12-step program was developed by and for people who wanted to stop using harmful substances.
- The 12-step program is a set of time-tested suggestions to help live life without using harmful substances.
- It is NOT a religion, a cult or a philosophy.
- The 12-step program is NOT a form of “treatment:” there are no therapists or counselors there, only people working on their recovery.
- You don’t have to believe in God or be religious to attend a meeting; many people who go to meetings are not religious. However, you are encouraged to define your own Higher Power, if that will help you in your recovery.
- 12-step meetings are anonymous; everyone goes by first names only, you don’t even have to give your name. What is discussed in the group should stay there, it should not be passed on to family members, friends, counselors, neighbors, etc.
- You don’t have to start working the 12-step program or get a sponsor right away; no one will force you to do anything; you get as much or as little as you want from attending an AA or NA meeting.

QUESTIONS:

1. Have you ever attended an AA or NA group? (Specify which and in what circumstances: in treatment, alone)

2. What was your first experience with these groups like?
 - a) What did you expect?
 - b) How did you feel the first time?
 - c) Did you continue going?
 - d) Did your feelings about the meetings change over time? How so?
 - e) If you stopped going: Why did you stop going?

Therapist Guide:

You might open a discussion of each “controversial” point above as you go along. See if they agree or not, and if not why not? For example, “Does everyone know you can find a meeting every day around here?” “Have you heard that its a religion, or only for religious people?” “Have you heard of a member speaking about another member outside the meetings?” (This has been known to happen, but emphasize that people are not perfect, and that it’s not common.)

Do some of the group leaders try to “take over;” are they sometimes intolerant of other members’ views? (This has been known to happen; you can always go to another meeting if you don’t like how one is being run. They should try out various meetings.)

Review the actual “12 steps,” in case someone asks what they are! But emphasize that “working the steps” is not essential in the beginning - just attending meetings regularly, listening, and after a while sharing something about yourself is what is important.

Session #8: WHAT'S IT LIKE TO ATTEND A TWELVE-STEP MEETING?

In the previous session, we talked about the 12-step program and about what that means. Today, we are going to talk about the specifics of going to 12-step meetings and what it's like to attend a meeting.

Handout: Attending A 12-Step Meeting

Many people are first introduced to AA and NA in a treatment program or by a counselor. There are a lot of slogans and stereotypes about 12-step meetings. Some are true and some not. It's essential that you go and see for yourself what these meetings are about. Here are a few facts about attending meetings.

- You don't have to be clean or to have clean time to attend an AA or NA meeting.
- You don't have to know anyone at the meeting to attend; just walk in and take a seat.
- You don't have to speak ("share") at a meeting; it's OK to just sit back and listen with an open mind.
- Each AA and NA meeting has its own personality ("group conscience"). It's a good idea to try out different AA and NA meetings to find the one where you are most comfortable.
- The most important thing at a 12-step meeting is to keep an open mind. When listening to other people's stories, don't get hung up on the details, try to see the overall picture; don't look for differences, look for similarities to your own experience: maybe someone's drug was crack and yours is heroin, maybe a woman is speaking and you're a man; yet maybe their story relates to your own.
- When you hear someone speak that you can identify with, go over to them during the break or after the meeting and get their phone number. It may seem uncomfortable or silly at first, but developing a supportive

network of people in recovery is essential, especially early on. You will find that most people at meetings are friendly and more than willing to help.

QUESTIONS:

1. What might make it hard for you to attend a 12-step meeting?

Would anyone like to address that concern from [SPEAKER]?

2. From what you have heard today, what are some of the benefits you think you may get from attending a 12-step meeting?
3. We would like to encourage you to attend a 12-step meeting, to see what goes on (or get acquainted with 12-step again). One possibility is for everyone here today to attend a meeting together as a group, like a field trip. How do you feel about that?

MENTION LATER ON, AFTER THE TRIP: You may also want to consider starting your own NA meeting here. How does that sound to the group?

Provide each member with a meeting list in local area + 800# for AA and NA.

Session #9: WHAT ARE OUTPATIENT DRUG-FREE PROGRAMS?

Handout: OUTPATIENT DRUG-FREE PROGRAMS

**Active participation in substance dependency treatment programs has helped many people break the cycle of addiction.

**There are several different kinds of treatment programs; it is important to learn what each kind of program is trying to do, and who it is intended for. You have probably known something about the main kinds of programs already, and some of you have experience with some of them: outpatient drug-free, detoxification, 28-day inpatient, methadone, and therapeutic community (TC).

**Participating in treatment and going to AA/NA meetings are not in conflict; it can be very helpful to do both, and the best treatment programs encourage their clients to attend support groups as well.

**In this session we will focus on Outpatient Drug-Free Programs:

These programs are called “drug-free” because they don’t use any medications such as methadone as part of their treatment.

The programs use individual and especially group counseling to help clients deal with addiction and recovery issues; most also offer in-house 12-Step or other support groups.

The staff usually a mix of counselors who are in recovery themselves and professional therapists with advanced training.

The programs are called “outpatient” because they don’t provide a place to sleep: the client continues to live in his/her current home while participating, usually during the day.

To benefit from this program, the individual must be prepared to change his/her addictive behaviors: Stage 3 of the Stages of Change.

In addition to counseling, outpatient programs offer assistance with housing, employment, welfare and legal problems.

The Paul J. Cooper Center for Human Services in Brooklyn is an example of an outpatient drug free treatment program. It is located at 106 New Lots Avenue. Services offered include:

Individual Counseling
Group Therapy
Parenting Skills
Adolescent and Family Counseling
Alcohol/Chemical Abuse Education
School Preparation and Job Training
Arts and Crafts, and
Relapse Prevention.

The Paul J. Cooper Center offers a four-phase, 18-month treatment designed to help individuals to achieve sobriety. Phase 1 covers the first 3 months. This is considered the most difficult phase because clients are trying to find a new pattern of life and to leave a familiar one. Phase II lasts for another 3 months; phase III lasts for 6 months, and phase IV (the advanced) lasts for another 6 months. The focus at the advanced stage is to get the individual into school and/or to help in securing a job.

Major advantage of outpatient treatment — participation allows the individual to live in one's community, and to practice dealing with drug and alcohol problems in their normal environment.

Major shortcoming — The opportunity to encounter triggers that may lead to relapse to drug and alcohol use is almost always there.

Questions:

- 1) What are the reasons many people don't enroll in outpatient drug-free programs? (Do they know about them? Do they have the rep of being effective?)
- 2) How many of us know about the Paul J. Cooper Center?
- 3) If, yes, do you have some additional information to share with others about this program?
- 4) Are there other drug-free programs we know about within this community?
- 5) What do you like most about outpatient drug-free programs?
- 6) What do you dislike about outpatient drug-free programs?
- 7) Do you think your situation can benefit from an outpatient program, or would you need more intensive inpatient or residential treatment?
- 8) What would make it difficult for you to enroll in or finish an outpatient program?
- 9) Would you like to have a short tour of the Paul J. Cooper Center? Should we go as a group as a field trip?

Session #10: DRUG DEPENDENCY TREATMENT OPTIONS

We have already discussed AA/NA and drug-free outpatient treatment. There are other options that may be useful for some people at certain times. Choosing any of these would show that a person is in the ACTION stage of change.

DRUG/ALCOHOL DETOXIFICATION (“DETOX”)

The purpose of detox is to remove drugs and alcohol from the body, so that the body becomes normal and the mind clear. This is often recommended if a person is drinking or using very heavily every day, and can't stop without a lot of discomfort or even pain.

Since the body “gets used” to having drugs or alcohol in it, removing drugs or alcohol makes the body “complain,” often quite a lot!

Detox takes place under a doctor's care, either in or out of the hospital, with the help of certain medicines to ease the body's complaints.

For instance, to help a person get off alcohol, cocaine or crack, mild tranquilizers like Librium or Valium might be used to assist sleep and a mild pain medication like Motrin may be used to relieve muscle aches. (This may take 3-5 days.) In the hospital, methadone is usually used to taper a person off heroin. (This usually takes a week.)

Unfortunately, studies have shown that almost everyone returns to drug and alcohol use after detox - some people right away, others in the next 6 months to one year. This is because cravings for alcohol/drugs usually continue and because the other reasons for having abused these substances in the first place remain the same.

The main benefit of detox is that it gives a person the chance to make a fresh start with a clean body and clear mind. Detox works best when the person follows it by entering a treatment program or begins attending AA/NA regularly.

Questions about Detox:

1. Have you ever gone into detox?
Why did you go in?
2. How was your detox experience?
Did you complete it?
Why did you leave early?
3. What happened after detox?
Did you follow it with any treatment or AA/NA?
How long did you stay clean?
What caused your relapses?

METHADONE TREATMENT

People who use heroin usually will use more and more until they become dependent on the drug. They will need to keep using heroin just to feel OK and will suffer from drug hunger, anxiety and physical illness when they can't get it.

These bad feelings may continue even after someone has stopped taking heroin; psychologists call this the "chronic abstinence syndrome." That's why most persons who detox from heroin will start using the drug again. Like other medical disorders such as heart disease and diabetes, successful treatment usually requires medication and behavioral change.

Methadone is regarded by the National Institutes of Health as the most effective treatment for long-term heroin addiction. Methadone works by reducing or eliminating the craving for heroin and by blocking the effects of heroin. Like heroin, methadone is an opiate. But it's slow-acting and, if prescribed at the proper dose, allows the person to function normally. Men and women who lost their families, friends, jobs and money when they had a heroin habit can work productively once they've become stabilized on methadone.

Despite these benefits, it's not easy being a methadone patient. There's a lot of bias against methadone maintenance. Friends, family members and even some patients and drug counselors may be negative about methadone. Many of these opinions are based on unscientific beliefs.

Also, methadone needs to be taken for years and is a highly regulated drug. Methadone patients are required to pick up their medication at a licensed clinic. Furthermore, many persons who are heroin users also use other substances such as crack and alcohol. Unfortunately, methadone does not have a direct effect on use of these other substances.

Successfully leaving methadone treatment certainly is possible but requires faithful participation in counseling and other careful preparation, such as getting completely sober, finding community support for sobriety (s in AA or NA), and holding a steady job or caring for a family. (Of course, these are necessary to everyone who wants to achieve recovery and maintain it.)

Questions about Methadone:

1. What are some negative things you have heard about methadone or methadone treatment?
2. What are some positive things about methadone?
3. Have you ever been in methadone treatment? (What experiences have you had?)
4. If you were a long-term heroin user, would you try methadone treatment? Or try it again? What would make you want to? What obstacles do you see to participating?

RESIDENTIAL OR THERAPEUTIC COMMUNITY (TC) TREATMENT

Residential treatment programs give clients the opportunity to live in a drug-free environment to break the cycle of substance abuse.

Residential programs offer intensive education, counseling and services designed to help clients develop the inner strengths and skills needed to live productive, drug-free lives after returning to their community.

Most programs are designed for at least one year of residence, with clients encouraged to work in the community as soon as they are able.

There are differences among residential programs in their treatment philosophies and methods of treatment. It is important to find out about how a program operates to help you decide if it is “right for you.”

You should realize that very few, if any, TCs still use the original Synanon concept of first “breaking down” new clients mentally in order to begin the rehabilitation process.

However, it is common for programs to use a system of rewards and punishments to help teach “right living,” and for clients to be confronted with their past attitudes and actions during group sessions.

One of the advantages of TCs is that persons more advanced in recovery help teach and provide role modeling for persons less advanced. Clearly, learning from someone who has “been there” can be very effective. As you progress in the program, you will help to teach newer residents, perhaps ultimately become a “senior professor.”

If you find you enjoy helping others, graduating from TC would give you an opportunity to obtain further education and employment as a counselor.

Questions about Residential Treatment (TCs):

1. What have you heard about what TC treatment is like? What is expected of clients?
2. Have you ever applied to or entered a residential/TC program? Why did you apply to or enter that particular type of treatment?
3. How was your residential experience? What did you like about it? What didn't you like? Did you graduate? Why did you leave early? Would you enter again if you had a chance?

Session 11: MY PLAN FOR ACTION (STAGE 3 to STAGE 4)

Handout: PLANNING FOR ACTION

**So far we have covered a lot of ground in the SOAR meetings. We talked about the personal consequences of drug and alcohol use - positive and negative - and why it is often hard to see them clearly.

**We also talked about getting help. Many of us have agreed about the importance of getting help. But it turns out that the decision to ask for help is hard too. This can be because of misunderstanding that others may have about what chemical dependency is. Those who have asked for help from agencies, individuals or families in the past have often felt rejected and mistrusted. These are powerful memories that make it easier to “stay away” from people or places that might be helpful.

**Often there are feelings of shame, embarrassment or hopelessness (“it will never work”) inside of us that make it easier to “not think about it now”, to get high “just one more time”, or to deal with the problem “tomorrow”, or “next week”, or “after I get some other things straightened out” (money, job, housing, etc.). In a way, the choice to continue to get high makes sense. No one likes to feel anxious or afraid. Using alcohol or drugs can make these feelings go away - at least temporarily. But it is important to think about the effects of drug and alcohol use realistically in order to make a change.

**In the last few sessions, we have talked about the benefits and drawbacks of different types of help including the “Anonymous” groups, and structured programs. Experience has shown that whether a friend, counselor, parole or probation officer, or family member recommends getting help, in the long run, it must be your decision if it is going to last.

Questions

** We talked about the “pros” and “cons” of drug and alcohol use. Today, in the same way, we will look at the “pros” and “cons” of making a change, and look at them side by side. Here is an example of how to make a decision, based on some things we have been talking about.

Continuing as before		Making a change in my drinking/drugging	
<u>Benefits</u>	<u>Costs</u>	<u>Benefits</u>	<u>Costs</u>
Helps me relax	Damages my health	Feel better in the long run	What do to about my friends
Makes bad feelings go away	Costs too much money	Will have more money	Won't have a way to relax
	Bad example for children		It will require time and effort
	Increases my legal risk		Have to abide by “program” rules and regulations

1. Take a few moments to think about the “pros” and “cons” for you. Now that we have reviewed different types of treatment or help, is there one that seems right for you? If so, what are the “pros” and “cons” of that type?
2. What other things would you put in each column on the chart?
3. Which one seems the most important to you in each category?

Tips for decision making:

1. Thinking about time and commitment:

A. Realistically add up the time and money that drug or alcohol use consumes for you. Focus on the last month. Be sure to include time spent thinking about getting high, time spent intoxicated, and time to recover from the effects. **Is this a good use of your time/money? Could it have been spent in a better way?**

B. Now think about recovery. How much time and energy are you willing to spend on yourself instead of the drug or drink? Are the benefits of changing that you identified worth the cost of changing?

2. A decision is not a feeling. Include in your thinking the idea that emotions change rapidly, Remember that if you decide to change, your feelings about it will be better some days or weeks than others.

3. Remember that you deserve help.

MY DECISION ABOUT DRUGS AND/OR ALCOHOL

Continuing as before

Making a change in my drinking/drugging

Benefits

Costs

Benefits

Costs

Session #12: HANDOUT: PUTTING IT ALL TOGETHER - WHAT WE LEARNED AND THE NEXT STEP

** This is our final meeting together. Our goal for these sessions has been to provide a way to think about the use of alcohol and drugs, especially the impact of use on your life. We have also tried to outline a way to think about changing. Finally, we have explored what it means to get help. We have discussed several different ways to get help, and have offered opportunities for seeing first hand what some of them are.

** Over the last four weeks we have stressed the idea that other people can provide important information about the use of alcohol or drugs. Both professionals and non-professionals can also offer valuable help in the recovery process. But we have also stressed that a decision to change or not to change comes from you.

** Let's review the decisions each of you has made up until now. You can use the worksheets from last session as a guide.

QUESTIONS:

1. Is use of alcohol or drugs a problem for you? In other words, do the bad effects outweigh the good?

2. What do you think of the different forms of help that we have discussed? Does any one (or more) seem right for you? If so what would it take from you to be involved in any of them?

3. If the answer to the first question is no, then you have made a decision. NDRI and this soup kitchen will continue to work with you in other ways that are helpful, and are available if you want to reconsider your decision in the future.

4. For those of you who think they have a problem with alcohol or drugs, but are unsure about commitment to a treatment program, remember that NA and other groups are available almost any time of the day, and staff here are willing to discuss with you any difficulties you may have about entering treatment.

5. For those of you who have made a decision to get help, what did you decide, and how did you make that decision? Do you have a specific plan of action? Is there anything you still need to do to put your plan into action?

6. Finally, we are interested in feedback from you about what we have just done together. What was it like attending the sessions? What did you expect at the beginning? Has there been anything that has surprised you, either about the sessions or about yourself? What was the most valuable part of being involved here? What was the most difficult?