

The top left of the page features three overlapping orange squares of varying sizes and opacities. From the right side of these squares, three thin, curved orange lines extend downwards and towards the right, ending near the bottom of the page.

TOOL

Co-Occurring Disorders Workbook

Patient Education and Skill-Building



RECOVERY PROGRAMS

It's not easy to learn the skills for managing recovery from several problems at once. Often it seems that what you need to do to manage your drug addiction or alcoholism is exactly the wrong thing for your depression, anxiety disorder, etc. But a few systematic steps can help you understand and apply the practices that build stable recovery and long-term sobriety. That's what this workbook is about.

Ten Tasks for Successful Recovery

1. **Stabilize symptoms:** Stop drinking and drugging. Follow your treatment plan. If psychiatric medications are prescribed, take them.
2. **Learn about your illness:** Show evidence of your knowledge by helping to teach others.
3. **Self-diagnose:** Apply what you have learned to understand your own situation. "Own" your illness
4. **Begin living one day at a time:** Develop a 24 hour plan. Don't get ahead of your plan.
5. **Rearrange your activities to support recovery:** Your lifestyle should support your physical, spiritual, and psychological welfare.
6. **Put treatment first:** Know your priorities. Make compliance unconditional.
7. **Inform others of your plan:** Enlist their help in achieving your goals.
8. **Examine factors that could lead to relapse:** Don't fall into a relapse trap.
9. **Make a detailed plan to prevent relapse:** Be sure to get plenty of feedback from others. Update and refine your plan.
10. **Put your plan into action on a daily basis:** Do what you said you would.

Co-Occurring Disorders Workbook

Task One: Stabilizing Symptoms

- A. When I arrived** in treatment I was feeling these emotional and mood symptoms:
- B. I have now been** drug and alcohol free for _____ days.
- C. Since arrival,** my mood and emotional state has (Check one)
- Improved
 - Stayed the same
 - Gotten worse
- D. The factors** that have made the biggest difference in my mood are:
- E. Negative symptoms** I am still experiencing include (Check all that apply):
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sadness | <input type="checkbox"/> Can't relax | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Easily upset | <input type="checkbox"/> Anxious | <input type="checkbox"/> Clenched jaw |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Want to hurt others | <input type="checkbox"/> Want to hurt self | <input type="checkbox"/> Impatience |
| <input type="checkbox"/> Desire to escape | <input type="checkbox"/> Desperation | <input type="checkbox"/> Feeling of doom | <input type="checkbox"/> Insecurity |
| <input type="checkbox"/> Can't stop worrying | <input type="checkbox"/> Temper outburst | <input type="checkbox"/> Crying | <input type="checkbox"/> Hear voices |
| <input type="checkbox"/> See things that aren't there | <input type="checkbox"/> Can't make decisions | <input type="checkbox"/> Despair | <input type="checkbox"/> Panic feelings |
| <input type="checkbox"/> Suspiciousness | <input type="checkbox"/> Lost confidence | <input type="checkbox"/> Headaches | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Lack energy | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Fear of the future | <input type="checkbox"/> Confused thoughts | <input type="checkbox"/> Unwanted thoughts | |
- F. Which negative symptoms** are currently giving you the *most* difficulty? The *least* difficulty?

Co-Occurring Disorders Workbook

Task Two: Learning About My Illness

A. I have been given a diagnosis of:

D. The treatment for this disorder is (describe in your own words):

B. The signs and symptoms of this disorder are:

C. This illness is (check those that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Chronic | <input type="checkbox"/> Progressive |
| <input type="checkbox"/> Manageable | <input type="checkbox"/> Transitory |
| <input type="checkbox"/> Unimportant | <input type="checkbox"/> Untreatable |
| <input type="checkbox"/> Relapsing | <input type="checkbox"/> A factor in my drug or alcohol use |

E. I can be treated for this disorder at:

Co-Occurring Disorders Workbook

Task Three: Owning Your Illness (Self-Diagnosis)

A. Signs and symptoms of my illness are (Check all that apply.) *Use the boxes at the bottom to add symptoms if necessary.*

<input type="checkbox"/> Feeling tired all the time	<input type="checkbox"/> Persistent sadness	<input type="checkbox"/> Isolating from others	<input type="checkbox"/> Being afraid
<input type="checkbox"/> Feeling angry	<input type="checkbox"/> Feeling lonely	<input type="checkbox"/> Crying	<input type="checkbox"/> Confusion
<input type="checkbox"/> Not eating	<input type="checkbox"/> Yelling at others	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Excessive sleeping
<input type="checkbox"/> Paranoia	<input type="checkbox"/> Thoughts of harming myself	<input type="checkbox"/> Mood swings	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Not being clean	<input type="checkbox"/> Thoughts of harming others	<input type="checkbox"/> Not bathing	<input type="checkbox"/> Not taking medicine
<input type="checkbox"/> Making threats	<input type="checkbox"/> Visual hallucinations	<input type="checkbox"/> Hearing voices	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Panic feelings	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Excessive smoking	<input type="checkbox"/> Problems with others

B. Alcohol and drugs made these symptoms worse by (describe in your own words):

Co-Occurring Disorders Workbook

Task Four: The 24-Hour Plan

A. The most important things I need to do on a daily basis are (circle your choices):

- | | | |
|---|---------------------------|-----------------------|
| Take meds as prescribed | Proper rest/sleep | Eat/bathe properly |
| Attend treatment activities | Be with supportive people | Avoid alcohol |
| Talk with other people | Control worry | Avoid drugs |
| Be honest with others about how I'm doing | Control fears | Follow treatment plan |
| Keep appointments | See doctor/therapist | Meditation/prayer |
| Recognize trouble signs | Remain hopeful | Avoid anger |
| Calm myself | Be patient with others | Remember my illness |

B. These are useful slogans. Define each to the best of your understanding.

One day at a time

Live and let live

Stay focused on the present

Easy does it

Keep it simple

Co-Occurring Disorders Workbook

Task Five: Rearranging Your Lifestyle

A. What activities must I change to support the gains I make in treatment?

Activity	Stop	Keep	Change (specify how)
Work			
Relationship			
Sex			
Family			
Friends			
Getting high			
Gambling			
Time alone			
Music			
TV			
Reading			
Traveling			
Eating			
Sleeping			
Other (specify):			
Other (specify):			
Other (specify):			
Other (specify):			

Co-Occurring Disorders Workbook

Task Six: Putting Recovery First

A. Based on your experience, would any of the following problems interfere with your success in continuing treatment? If yes, write briefly how you would prevent it from interfering again.

Problem	Your Solution
Medication costs, side effects, remembering to take it, feeling you don't need it.	
Problems with doctor, therapist, group, clinic, trust.	
Problems with addiction treatment, AA/NA, etc.	
Problems with family, friends.	
Problems with transportation.	

B. Write out, in your own words, what you are willing to do in order to be successful in treating your illness. Share it with your counselor. Then share it in group. Make changes in your statement to remove excuses and cop-outs. Then sign it and have your counselor sign as a witness. *(You can use the back of this sheet.)*

Co-Occurring Disorders Workbook

Task Seven: Informing Others of My Plan

A. How can other people help you follow your treatment plan? Check the choices that apply.

<input type="checkbox"/> Remind me about medicine, appointments with therapist	<input type="checkbox"/> Give me rides to appointments	<input type="checkbox"/> Encourage me to quit smoking
<input type="checkbox"/> Understand me	<input type="checkbox"/> Listen to me	<input type="checkbox"/> Treat me as an adult
<input type="checkbox"/> Help me manage money	<input type="checkbox"/> Communicate with my doctor	<input type="checkbox"/> Spend time with me
<input type="checkbox"/> Teach me things	<input type="checkbox"/> Have fun with me	<input type="checkbox"/> Don't yell or nag
<input type="checkbox"/> Tell me if I act sick	<input type="checkbox"/> Be honest with me	<input type="checkbox"/> Help me find work
<input type="checkbox"/> Help me apply for services	<input type="checkbox"/> Go to family therapy	<input type="checkbox"/> Be patient with me
<input type="checkbox"/> Let me help them	<input type="checkbox"/> Be my friends	<input type="checkbox"/> Don't expect too much of me

B. Who can I tell about my plan? Check boxes that apply.

<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse
<input type="checkbox"/> Social worker	<input type="checkbox"/> Family
<input type="checkbox"/> Probation officer	<input type="checkbox"/> Friends
<input type="checkbox"/> Counselor	<input type="checkbox"/> Caseworker
<input type="checkbox"/> Others (list):	

C. Do you feel you can be honest with others about your plan for recovery? If not, explain why not.

Co-Occurring Disorders Workbook

Task Eight: Examine Relapse Factors

A. What do you see as the three main dangers to your recovery plan?

1.

2.

3.

B. Complete the Relapse Traps test. According to the test, what are the main areas where you are vulnerable to relapse?

C. In your own words, how do you plan to prevent relapse after you leave treatment?

D. Share your relapse prevention plan with your small group, and ask for their feedback. Make changes where you think it is appropriate.

Co-Occurring Disorders Workbook

Task Nine and Ten: Make a Plan and Put it into Action

A. Your major goals for today (no more than four for any one day.)

1.

2.

3.

4.

B. Five Things you plan to do today to support your recovery:

1.

2.

3.

4.

5.

A. Imagine it's the first day after discharge. Map out how you will spend your time:

Wakeup to 9:00 a.m:

9:00 a.m. - Noon:

Noon - 3:00 p.m:

3:00 p.m. - 6:00 p.m:

6:00 p.m. - 8:00 p.m:

8:00 p.m. - 10:00 p.m:

10:00 p.m. to bedtime:

Co-Occurring Disorders Workbook

Overview of the Tasks

- A.** *(For those who have been prescribed medication)* **The name** of my prescribed medication is:
_____.
- The dose and frequency is:
_____.
- B. I have been given** a diagnosis of substance dependence and _____.
- C. The symptoms** I want to prevent are:
- D. The best ways** to manage my illness are:
- E. People I can go to** for help in following my treatment plan are:
- F. The most important things** I need to do daily to prevent relapse and lead a healthy life are: