

DEFINITION OF ADDICTION

The American Society of Addiction Medicine (ASAM) defines addiction: Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

ASAM's full definition of addiction is available at <http://www.asam.org/quality-practice/definition-of-addiction>

I Am Your Disease



The Scream by Edvard Munch. 1893

Texas Christian University (TCU) has a series of free mapping exercises on the 12 steps. A part of it includes visualization - to evoke strong negative emotions when thinking of active addiction and positive emotions when thinking of recovery. You can draw the pictures, have photos or use art and symbols to help you recall the negative emotions or visualize the positive ones.

I am your Disease

I hate meetings! I hate higher power! I hate anyone who has a program! To all who come in contact with me, I wish you death, I wish you suffering! Allow me to introduce myself! I am the disease of alcoholism and drug addiction— Cunning, baffling, and powerful, that's me. I have killed millions and I'm pleased. I love to catch you with the element of surprise. I love pretending I am your friend and lover. I have given you comfort, have I not? Wasn't I there when you were lonely? When you wanted to die, didn't you call me? I was there! I love to make you hurt! I love to make you cry! Better yet, I love it when I make you so numb you can neither hurt nor cry. You can't feel anything at all. This is my true Glory! I will give you instant gratification and all I ask of you is long term suffering. I've been there for you always, when things were going right in your life, you invited me in. You said you didn't deserve these good things, and I was the only one who would agree with you. Together we were able to destroy all good things in your life! People don't take me seriously! They take heart attacks, strokes, and even diabetes seriously, fools that they are, they don't know that without my help these things would not be made possible. I am such a hated disease--- And yet, I do not come uninvited. You choose to have me. So many have chosen me over reality and peace. More than you hate me; I hate all of you who have a 12-step program. Your programs, your meetings, your support, your Higher Power all weaken me and I can't function in the manner I am accustomed to. Now I must lie here quietly. You don't see me, But I am growing bigger than ever. When you only exist, I may live. When you live, I only exist. But I am here and until we meet again, If we meet again, I wish you suffering and death! Signed, Your Disease ---Author Unknown

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Page 1 of 7.

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Co-Occurring Disorders

According to the Substance Abuse Mental Health Services Administration (SAMHSA) The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders.

People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder. Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity. In many cases, people receive treatment for one disorder while the other disorder remains untreated. This may occur because both mental and substance use disorders can have biological, psychological, and social components. Other reasons may be inadequate provider training or screening, an overlap of symptoms, or that other health issues need to be addressed first. In any case, the consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death. People with co-occurring disorders are best served through integrated treatment. With integrated treatment, practitioners can address mental and substance use disorders at the same time, often lowering costs and creating better outcomes. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Early detection and treatment can improve treatment outcomes and the quality of life for those who need these services.

Individual paths to recovery differ, and packages of treatments and supportive services for mental and substance use disorders should be tailored to fit individual needs. For many people with behavioral health problems the most effective approach often involves a combination of counseling and medication. Supportive services, such as case or care management, can also play an important role in promoting health and recovery.

The client/patient is the most important participant on the treatment team. It is imperative that they are actively involved in their treatment planning and application.

Exercise # 3 A Letter to My Addiction(s)

In an introductory paragraph, explain how you were introduced to your substance(s) of abuse and what you perceived the pay offs (benefits) of continued use to be. This may have changed through the years. Write this letter as if the substance(s) was a close friend or lover.

In the 2nd paragraph, identify the negative consequences of alcohol and other drug (AOD) use. Give sufficient detail to evoke emotions/feelings.

This exercise can be conducted as a group exercise. You might consider using the poem "I am Your Disease" to warm your clients up for the activity. Allow for silence (pregnant pauses) during processing. Allow participant to cry - use tissue only for a dripping nose.

Using art and music therapy (instrumental), spend at least one-hour having clients draw their addiction and process it with the group. Immediately follow this group with Exercise #1 B.

Music selections for consideration:

Phantom of the Opera (Frank Lloyd Webber)
The Planets (Gustav Holst)
Symphonie Fantastique (Hector Berlioz)
6th Symphony (Gustav Mahler)

Post Acute Withdrawal Syndrome

I will add this later

More material on PAWS and Relapse Prevention can be obtained from Terrance Gorski.

COPING WITH A SLIP OR RELAPSE

Relapse is often a part of the recovery process, but it does not have to be.

Do not view it as an entitlement that you will cash in as if it is a ticket to ride.

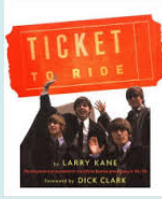
Don't allow guilt and/or shame over a slip create a full-blown relapse.

Conduct a relapse autopsy - starting from the date and time that you ingested a substance (or abused a prescribed medication). go back 3 weeks. Identify the internal and external triggers that led up to the relapse.

Begin again with more information.



You DO NOT have a free ticket to ride!



Having a written relapse prevention plan can protect against a lapse or a full blown relapse that often comes as a result of intense guilt and shame.

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Page 3 of 7.

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Exercise # 5 Relaxation Place

What would I see?

What would I smell?

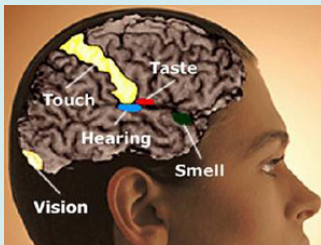
What would I hear?

What would I feel (touch)?

What would I taste?

Visualize or imagine a place that you would find relaxing - even if you were alone. This location could be real (regardless if you have ever been there) or imagined. Invoke your 5 senses. Try to visualize this place as a still frame picture as if you were stopped there. Describe in writing and tell it to yourself so often and in such detail that you will eventually be able to "visit" this place for 15 to 20 minutes.

The Five Senses



Your five senses contributed to the addiction process, be certain to include them in your recovery!

STEPS 1, 2, and 3

We admitted we were powerless over (our substance(s)) and that our lives had become unmanageable.	I Can't.	Unity/Honesty.
Came to believe that a power greater than ourselves could restore us to sanity.	He Can.	Hope.

STEPS 1, 2, and 3 (cont)

Made a decision to turn our will and our lives over to the care of God as we understood Him. I think I'll let Him. Faith.

You will find slight differences, depending on the source you use as a reference.

Like a Phoenix Rising!



Exercise # 1 DSM 5 SUBSTANCE USE DISORDERS

Taking the substance in larger amounts and for longer than intended

Wanting to cut down or quit but not being able to do it

Spending a lot of time obtaining the substance.

Craving or a strong desire to use the substance

Repeatedly unable to carry out major obligations at work, school, or home due to substance use

Continued use despite persistent or recurring social or interpersonal problems caused or made worse by substance use

Stopping or reducing important social, occupational, or recreational activities due to substance use

Recurrent use of substances in physically hazardous situations



Exercise # 1 DSM 5 SUBSTANCE USE DISORDERS (cont)

Consistent use of opioids despite acknowledgment of persistent or recurrent physical or psychological difficulties from using substances

Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)

Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)

Mild: 2 or 3 symptoms within the past year.
 Moderate: 4 to 5 symptoms within the past year.
 Severe: 6 or more criteria within the past year.

Early remission: 3 months
 Sustained remission: 1 year

For which severity level did you meet criteria?

Exercise # 2 PLOT YOUR LOCATION

Plot where you think you are on The Jellnick Curve. If your friends or family members are present, compare your plotted location to where they place you! If you have ever been accused of using AOD when you have not been, ask your friends/family about the early warning signs that they observed in your behaviors.

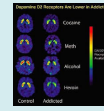
The Jellnick Curve



The Jellnick curve depicts the disease concept of addiction. Like most diseases, it is primary, chronic, sometimes preventable, predictable in its pattern of progression, it can be arrested (but not cured) and often contributes to deteriorated quality of life or premature death.

Genetics and/or environment may be contributing factors.

The Neuroscience of Addiction



Additional information is available through The National Institute of Drug Abuse (NIDA) and The National Institute on Alcohol and Alcoholism (NIAAA).

Exercise # 3 B Letter to My Addiction(s)

In a 3rd paragraph, identify the potential positive consequences of quitting AOD. This may also be conducted as a group exercise. Be certain to leave sufficient time for processing and silence. Give enough detail to allow you to envision this with as many senses as possible. You may chose to augment this activity with a collage or vision board depicting hope for the future.

Uplifting music selections should accompany the composition period.

Music selections to consider:

Chariots of Fire
 Instrumentals by Jon Tesch
 Instrumentals by Yanni.

Exercise #3 C Letter to My Addiction(s)

Write a Post Script (PS).

Since are writing this letter to your addiction(s) as if it were a good friend or lover, you realize that if this were the case, he/she/it would know how to get into your house through the back door.

Indicate your awareness of your vulnerability issues and steps you will take to avoid these issues, protect yourself and/or heal these areas.

Exercise # 4 DRAFT A RELAPSE PREVENTION PLAN

An explanation of why you want to change.

A picture or object that you can hold and/or look at that will remind you of why you want to change.

List ten negative consequences of your AOD use:

List ten specific triggers that make you want to use or have made you think about using (people, places, things, thoughts, emotions):

List ten specific distraction, self-soothing, grounding, etc techniques that can stop you from using:

Exercise # 4 DRAFT A RELAPSE PREVENTION PLAN (cont)

Make a list of ten people (and their telephone numbers) who understand addiction and who are in your support group that you can call when you are feeling distressed:

List ways that you can enhance your social well-being:

List ways that you can enhance your emotional well-being:

List ways that you can enhance your physical well-being:

List ways that you can enhance your financial well-being:

List ways that you can enhance your intellectual well-being:

List ways that you can enhance your occupational (paid or unpaid ways) well-being:

List ways that you can enhance your environmental well-being:

List ways that you can enhance your spiritual well-being:

List ways that you can combat PAWS

Identify the benefits or perceived pay-offs (at any point in time) of each substance you used.

Include a 1 month planning calendar - including scheduled mutual support meetings that you intend on attending.

These overlapping realms of well-being can help you live a full, balanced life and develop a better sense of self, or "I am ness". With this, you will be able to be more intimate with others and increase your sense of connection and belonging.



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Page 6 of 7.

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SMART PHONE APPS/PROGRAMS

CBT Diary

The Worry Box

PTSD Coach

Google Calendar

VetChange

CBT-i

SMART Recovery on line

Clean Time Counter

Always use virus protection. Data rates may apply. Windmoor Healthcare and Wendie Ent, LMHC, are not responsible for any problems that you may incur if you decide to use these or similar apps/programs.

GET ORGANIZED!

Plan your week with a week-at-a-glance calendar.

Maintain a monthly mood chart.

Augment your mood chart with a daily journal!

Begin attending mutual support groups while still in treatment to improve the likelihood of continuing in the same vein.

Mutual support groups are composed of people that have the same problem that you do - it IS NOT having family members and friends that are supportive or who love you.

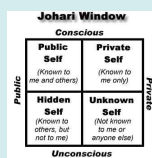
Examples: AA/NA/GA/EA/SLAA/OEA

ACOA/CODA/AI Anon/ NAR Anon,GAM Anon

Celebrate Recovery, SMART Recovery, Life Ring

NAMI, DBSA

THE JOHARI WINDOW



Named after Joe and Harry, this concept helps you understand why a "we" program can help you sustain your recovery.

SET SMART GOALS

Specific

Measurable

Attainable/Achievable

Realistic

Time Sensitive

If you research SMART goals, you may find slight differences - the essence is the same.

ADDICTIVE BEHAVIORS

Exercise # 6 Gratitude Exercise

Separate cards rather than a list

