

The
Adams
Recovery
Center

Workbook

A
COMPREHENSIVE
GUIDE
TO THE
PROCESS OF
HEALING ADDICTION



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INTRODUCTION

We are delighted you have picked up this workbook!

Our hope is that no matter where or how you're using this material—in one of our treatment centers, in another treatment center, or on your own—you find this to be a meaningful guide as you navigate the challenges you'll face in getting and staying sober. Though this workbook won't "cure" anyone's addiction, we believe it is a powerful tool you can rely on day to day to overcome the obstacles most individuals face during treatment and in early sobriety.

If you're using this workbook on its own, great! We encourage you to take time with the reflection questions and really be honest with yourself in your answers. The deeper you dig, the more valuable the process will be, just as with anything in recovery.

We also recommend you make use of the three books that serve as source material for this workbook. Though the chapters are summarized here, you'll find greater detail—and possibly greater personal clarity—in the original texts, all of which are written in the same down-to-earth, easy-to-apply style you'll find in this workbook.

Whatever path you choose, we applaud you for taking these steps to better your life and the lives of your loved ones. Sobriety isn't easy, but it is *so* worth the work! We're honored that you've chosen Adams Recovery Center (ARC) to support you as you take what probably will be the most important journey of your life.

ABOUT ADAMS RECOVERY CENTER

ARC is an agency dedicated to change. We are a separate-gender drug and alcohol treatment program that offers residential, intensive outpatient, and individual counseling services, as well as a detoxification program. Our program is a modified Therapeutic Community running the Hazelden clinical curriculum. We use the latest evidence-based practices and incorporate cognitive behavioral therapy, rational-emotive behavior therapy, and behavior therapy to maximize client gains in the program. Our inpatient program is designed for an approximate one-hundred-eighty-day stay. Our staff includes drug and alcohol counselors and mental health counselors, as well as two medical doctors and a registered nurse.

ARC embraced the Therapeutic Community model due to its renowned success worldwide. The Therapeutic Community is recognized and endorsed by the United States federal government. Within the T.C., clients (called “sisters,” “brothers,” or “the family” collectively) come out of their denial and into acceptance regarding their substance abuse. Clients expose their thinking errors and learn how to look at people, places, and things differently. The T.C. is a residential hierarchy in which every resident has a job (for example, cleaning the kitchen, taking out the trash, inspecting the dorms, etc.). Clients engage in several hours of group therapy per day, in addition to individual counseling and case management.

We do not believe that one size fits all when it comes to treatment, and we do not believe we can simply hand clients answers. Instead, we help them find their own.

When a client has made sufficient evident clinical and personal progress at ARC, the client graduates and is referred for aftercare. We make sure our graduates feel comfortable and confident in themselves and in their aftercare plans.

Many of our clients go on to live successful lives free of substances, and we love hearing from these clients and celebrating their continued progress.

OUR STAFF

The staff at ARC comprises individuals who are certified or licensed in various disciplines. All clinical staff hold, at the minimum, certifications as chemical dependency counselors (CDCA) in the state of Ohio. Most staff are licensed as chemical dependency counselors (LCDC, Level 2 and Level 3), and others hold Licensed Independent Chemical Dependency Counselor (LICDC) designations.

Multiple staff members hold the LICDC-CS, which is the clinical supervisory endorsement—the highest form of chemical dependency licensure in Ohio.

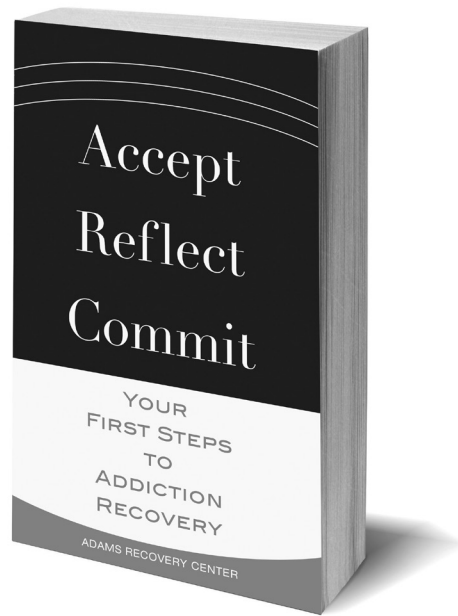
We come from various counseling backgrounds, from a variety of schools of thought. We draw from cognitive behavioral therapy, behavior therapy, rational-emotive behavior therapy, reality therapy, choice therapy, existential/gestalt therapy, and other diverse therapeutic orientations, which allows multiple techniques and interventions to be used.

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Several members of our staff contributed to this workbook and the related series of books in order to provide a broad spectrum of experience and approaches.

SECTION
ONE

Accept, Reflect, Commit



CHAPTER ONE

The Tipping Point

This chapter helps you determine whether your substance use is a problem. Addiction is defined as the state of being physically and mentally dependent on something. For some people, addiction slowly happens over time. They might have started using because it was “fun,” but then their body and brain became dependent on the substance and they started to see the substance use as “normal.”

Is there a problem? This appears to be a simple question, but for some it is hard to answer. One way to break it down is to ask yourself: “Is my substance use causing harm in my life or causing negative effects?” If the answer is yes, then you have more to research.

Professionals use the *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)*, also known as the DSM5, to look at the criteria that could indicate a substance addiction. Some of the criteria relate to craving a drug, taking the drug in larger amounts over a longer period, spending a significant amount of time obtaining the drug or recovering from the drug, and experiencing withdrawal symptoms. For the complete list, see pages four and five of *Accept, Reflect, Commit*. The list has eleven specific criteria, and if you relate to at least two of them, then you could be diagnosed with a substance-use disorder. The DSM5 is just one piece of diagnosing a substance-use disorder; professionals also take other things into account, so it is important to *not* diagnose yourself. Instead, seek professional help.

The chapter also addresses interventions, which are fairly new. Thus, there is not a lot of information on them. Some things we do know are that interventions can bring families together, they are emotional, they do not always work, and they can be more effective with a professional leader. The main purpose of an intervention is for family or friends to express their concerns with the addicted person. In active addiction, you might not see how your addiction has affected others around you.

If you are a loved one trying to help someone in addiction, there is a way to communicate your concerns in a healthy manner. Try saying something along the lines of, “We have been late on paying our bills over the past several months because most of our money is going to drugs” instead of “Your addiction is causing money troubles.” Make sure you are not placing blame and that you are coming from a place of care and concern. Interventions are just a starting point; the motivation to change comes from the follow-through by loved ones when the intervention is over.

Enabling is a problematic behavior that can prevent follow-through. Enabling is defined as giving someone the permission or ability to do something. For example, allowing an addicted person to continue his negative behavior with no consequences is enabling. If an addict is getting high in his mother’s house and the mother says, “If you don’t get help for your addiction, you will be kicked out,” but then she does not follow through, the enabled addict believes such threats are empty. There are many other forms of

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enabling, such as providing money, lending a car or other resource, or calling in “sick” for someone who is really high or hungover. Most loved ones do these things because they think they are being helpful and/or they do not want to lose the addict. But when you enable someone, you lose him to his drug of choice. Addiction can kill, and it will destroy everything over time.

QUESTIONS

1. After reviewing the criteria from the DSM5, do you think you have an issue with substance abuse? What criteria specifically relate to you? Reflect on a time when the criteria have applied to you. Example: Craving a drug—“I wake up every morning wanting to use, and I cannot do anything else until I get high.”

2. When did you realize you were struggling with addiction?

THE TIPPING POINT

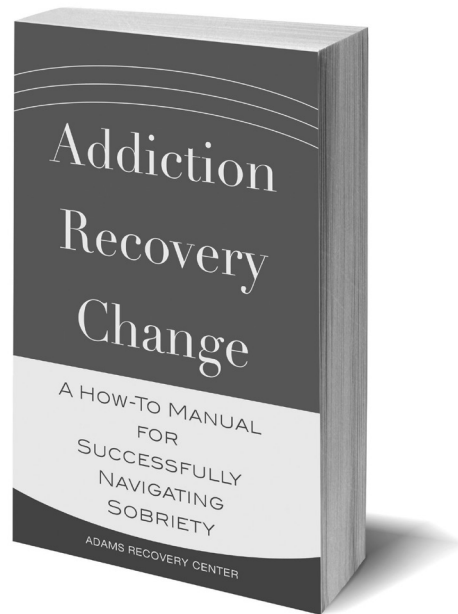
3. If your family/friends had an intervention with you, how would it go? Who would be there? How would you respond? Would you follow through with getting help? Would you think it was a waste of time? If so, why?

4. How has your addiction affected your loved ones?

5. Who is enabling you, or are you the enabler? What can you do to stop this behavior?

SECTION
TWO

Addiction, Recovery, Change



CHAPTER ONE

Setting Expectations after Treatment

In chapter one, we discuss that treatment does not solve all of someone's problems—sobriety is going to take work. On your journey, you will see who your sober supports are and who is waiting to see you fail. The reality is that life won't be picture-perfect after treatment. Treatment is the starting point for your new life, when you learn the basics such as being vulnerable and changing specific behaviors. You learn to step back and take a look at yourself.

When struggling with addiction, it is comforting to know there are others who have shared similar experiences. When you embrace others' experiences, you start learning to trust the process. The "process" is whatever fits the person working on sobriety. Some people view God as the process; some see the process as nature or the way the universe works. There is no right or wrong answer; it is simply what helps you move forward.

Once you've defined what the process means to you, you can reflect on why changing your environment is important but challenging. When you have been in addiction for months or years, you get comfortable with the way your life is going. But now, you need to look at people, places, or things that could get in the way of your sobriety. Remember: Not everyone wants to see you change for the better. Old people, places, and things go hand and hand with so-called "triggers." A trigger is something a person in recovery believes might lead him or her to use again. But in this chapter, you learn that triggers often are just excuses because you already want to use, and you actually have total control over how much power you give a trigger.

Before you leave treatment, we recommend you review what type of aftercare will work for you. There are Twelve-Step meetings such as Alcoholics Anonymous and Narcotics Anonymous, in addition to other support groups such as Secular Sobriety, Rational Recovery, or other nonaligned local groups. Support meetings are beneficial as long as you use them for the right reasons. Obsessing over attending multiple meetings instead of living your life is just substituting a new addictive pattern for an old one. Meetings also can be used as "hunting grounds." When you're new to sobriety, you need to take time to work on yourself. That means being careful about people who want to take advantage of you.

After treatment, explore your aftercare or intensive outpatient treatment options.

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QUESTIONS

1. What will your life look like after treatment? Reflect on your sober supports, self-image, current struggles, etc.

2. The “process” can be many things. What does it mean to you?

SETTING EXPECTATIONS AFTER TREATMENT

3. When you look back on your life in active addiction, what are some people, places, and things you might need to avoid to remain sober? These can be people or things you identify as “triggers.”

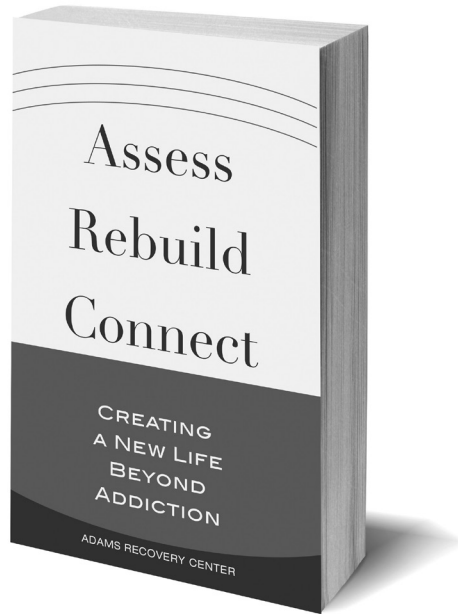
4. If things are not going to plan, what can you do to help your sobriety?

5. In Betty’s story, she stated that entering treatment was one of the hardest things she had ever done. On her journey to sobriety, she learned to be different and not settle for the status quo. Write about your own experience entering treatment and how your sobriety is different from others’ sobriety.

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SECTION
THREE

Assess, Rebuild, Connect



CHAPTER ONE

A Quick Overview

This chapter summarizes the key topics from books one and two to prepare readers to get the most out of *Assess, Rebuild, Connect*.

First and foremost, it's helpful to understand addiction as a physical and mental dependence on something. And what's more, dealing with that addiction will be a lifelong process. There's no shame or weakness in that; it's just something you have to stay on top of as you would any health or medical issue.

Even once you're clean, your underlying issues will remain to some degree. In fact, as you work through the process of healing, you might even uncover new problems. That's completely normal, though, and is a natural part of getting and staying clean and sober. A good analogy is keeping a car running smoothly. As any car owner knows, there are always maintenance issues, whether it's a simple oil change or a major transmission problem. Be as willing to care for yourself as you are to care for your car.

All of that maintenance is part of trusting the process. You'll hear about that concept a lot, because it's such a crucial piece of recovery. Recovery—whether early on or decades later—will never be easy, because life isn't easy for anyone. The trials and tribulations you experience are part of “the process,” and you have to trust that life is worth living and fighting for even when times are tough. The low moments are lessons that make you stronger for whatever comes next. When you stop trying to control everything, you become more able to grow and develop.

Setting realistic expectations also will help you stay positive and more able to make healthy decisions. In sobriety, life won't be perfect all the time. You'll experience boredom at times, and you'll have moments of wondering whether you'll be able to accomplish your goals and feel like you're making progress. Again, all of this anxiety and self-doubt is totally normal. Remember to think of your new life as an opportunity to learn more about yourself and develop new interests and passions that fill your spare time and keep you engaged in life.

Once you embrace this new chapter in your life, anything is possible for you. The sky is the limit!

QUESTIONS

1. When you think of addiction as a lifelong process, how do you feel? Is there any comfort you take in knowing you don't have to have all the answers right away?
-
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2. How do you feel about the idea that things always work out as they should?

3. So far, how has your recovery process compared to your expectations for it? Has anything been better than you anticipated?

Rebuilding Trust

Trust is something with which many people struggle when they're new to sobriety. You might have trouble figuring out how and whom to trust. You also might struggle to regain the trust of others. During active addiction, you probably broke the trust of loved ones but gained the trust of other active users. You learned to trust that your drug dealer was giving you the "good stuff," and you trusted that your using friends would hook you up if you were out of money. But now you want and need relationships built on real trust and healthy habits, and it's important to explore how you relate to trust in general. Was there trust in your family when you were young? Was your trust broken by someone close to you? As you answer questions like this, you will become able to build trust again.

You can trust someone for different reasons. It could be that the person is non-judgmental, he is caring, or she's achieved long-term sobriety. You do not need to grant everyone the same level of trust. You might entrust your biggest secret to your best friend but not share the same secret in a sober-support meeting such as AA or NA. When you do decide to share information, you are doing so for your own benefit. You are reaching out to help yourself and not to meet the needs of others.

Another big part of trusting others is following your gut feeling. If you think you cannot trust someone, then listen to your gut. Trusting yourself and your instinct can go a long way. Your instincts might have gotten you into trouble in the past, but just as you are changing, so are your instincts. You might be asking yourself, "If no one can trust me, then how can I possibly trust myself?" The fact is, you can. It can help to repeat mantras such as "I am trustworthy" or "I can be trusted." This might seem silly, but it works if you follow through with it. People in your life are going to remind you that you have broken their trust in the past, but you need to keep moving forward because you are learning to be a new, trustworthy person.

When trust is broken, emotions such as anger, resentment, and hostility come into play. These can be worked through in a variety of ways. It is important to speak the truth and be honest with all parties, and your words and behaviors need to match. You can communicate honestly through a phone call, in a letter, or face to face. Make sure you are talking not only about your struggles but about the good things you are experiencing as well. With honesty, we encourage you to set boundaries. Boundaries help show your loved ones that you are still moving forward in your sobriety. You might inform your family what parts of your sobriety you are willing to share and what parts you need to keep private. When you do this, your family might not believe you. When earning trust, you need to be a little open-minded and flexible while upholding your boundaries. You might need to have a family member drive you to a meeting instead of you borrowing the car, or you might need to volunteer to take a home drug test. These are actions that help build trust with someone.

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Also, you are going to want to start clean with everyone. This means no longer having contact with dealers or “friends” you used with, because none of those people are going to respect your boundaries. If you continue to communicate with people from your active use, your family might have a harder time wanting to build trust with you. Be honest, and trust will come—not overnight, but in the time it needs.

QUESTIONS

1. How has trust played out in your life? How did you grow up? Have you been to jail? Do you have trust with people in authority?

2. Whom do you trust? Whom do you not trust? Explain why you do or do not have trust with these people.

3. Do you trust yourself or your instincts? If not, how can you improve in this area?

REBUILDING TRUST

4. What do you need to be honest about?

5. What are boundaries you would like to put in place to help build trust?

6. With whom do you need to stop communicating?
