

Maintaining Independence and Sobriety
through Systems Integration, Outreach, and Networking:

T H E

MISSION

Criminal Justice

PARTICIPANT WORKBOOK



David A. Smelson, Psy.D.

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Jennifer Harter, Ph.D.

Leon Sawh, M.P.H.

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Overview of the MISSION – CJ Workbook:

Part 1, Section A of this workbook contains self-guided exercises. The exercises “Relapse Prevention Plan” and “Preventing and Coping with Stress” have been adapted from the Illness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration (2005). The exercises “PICBA,” “Moving through the Fear,” and “Creating the Life that You Want” have been adapted with permission from Peer Specialist/Peer Support Training prepared by the Appalachian Consulting Group (2006). The “Higher Education Support Toolkit” has been adapted with permission from:

Legere, L., Furlong-Norman, K., Gayler, C. & St. Pierre, C. (2009). *Higher Education Support Toolkit: Assisting Students with Psychiatric Disabilities*. Boston: Boston University, Center for Psychiatric Rehabilitation.

Part 1, Section B includes checklists that also were adapted from the Illness Management and Recovery KIT. We gratefully acknowledge these important sources. All exercises were initially adapted by a team

of writers from the original MISSION materials. They included Alan Marzilli, Julia Tripp, and Susan Hills. Alan Marzilli and Julia Tripp also authored the readings contained in Part 2 of this workbook.

Part 1, Section C contains exercises used with individuals participating in the MISSION program. Components of some of these exercises were originally developed for use in Dual Recovery Therapy (DRT), an integrated treatment approach to help clinicians better treat clients with co-occurring mental health and substance abuse disorders. Developers of this approach include Douglas Ziedonis, M.D., M.P.H., Jonathan Krejci, Ph.D., and Elizabeth Epstein, Ph.D. We deeply appreciate their permission to use these exercises to enhance our program and to reproduce them in this manual. To purchase copies of the original DRT manual or for more information on this approach, contact:

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Part 2, Section A contains information on a variety of issues relating to sustaining recovery and includes practical advice from MISSION Case Managers and Peer Support Specialists. Topics addressed include understanding mental illness, coping skills, preventing relapse, medication management, and using the Internet for information about recovery.

Part 2, Section B contains helpful information related to living successfully in the community, in particular after one has spent a significant amount of time incarcerated, in a residential treatment program, or in a transitional housing program.

The following institutions are affiliated with and participated in the writing of the MISSION-CJ Participant Workbook:

- United States Department of Veterans Affairs (VA)
 - National Center on Homelessness Among Veterans
 - Edith Nourse Rogers Memorial Veterans Hospital (Bedford VA)
 - Center for Healthcare Organization and Implementation Research (CHOIR)
 - VA New England Healthcare System (VISN 1)
- Massachusetts Department of Mental Health
- University of Massachusetts Medical School
 - Department of Psychiatry
- University of Massachusetts Boston
 - Department of Sociology



GETTING STARTED

You, like many others, have chosen to embark on the journey towards recovery from mental health, substance abuse, and other related issues such as involvement with the criminal justice system, homelessness, and/or unemployment. Each person's path has some similarities, but because we are individuals, each path is also unique. We have different obstacles to overcome, different strengths and weaknesses, different resources to draw upon, different memories, and different goals. In other words, your idea of what "recovery" means may be different from someone else's, but that is okay. MISSION-CJ uses a risk, needs, and responsivity approach, which allows you and the MISSION-CJ Treatment Team to work together to match your specific needs to a treatment plan that works best for you. In doing so, we will work with you to help you manage and minimize any risks related to re-incarceration and relapse during the initial stages of your recovery. Together, we will answer the following questions:

- Where are you now?
- Where do you want to go?
- How will you get there?
- What's in the way, and how will you overcome it?
- What do you have going for you, and how will you use it to your best advantage?

This workbook contains exercises and readings that will assist you in achieving your recovery goals. It contains exercises that will help you, for example, to name and conquer challenges within and outside of yourself in order to best face your fears, to think through your options in difficult situations, and to realize what can cause relapse and what you can do to help yourself avoid "slips." There are no wrong answers to the exercises in this workbook. Hearing others who are also courageously exploring what is true for them is important as learning from the experiences of others can often help you work through your own thought process.

This workbook is divided into two parts. Part 1, Section A, includes seven exercises that you can use while

you are actively enrolled in the MISSION-CJ program. Section B consists of three checklists that are simple tools designed to assist you in your recovery. Part 1, Section C, contains the Dual Recovery Therapy (DRT) tools and readings. All of these exercises and checklists were designed to help strengthen and solidify the recovery tools you are developing while participating in the MISSION-CJ program. While actively enrolled in the program, you should expect to meet with your MISSION-CJ Peer Support Specialist once a week for a "check-in session" regarding the exercises and materials contained in this workbook. Please do not hesitate to contact your MISSION-CJ Peer Support Specialist, when needed, regarding the materials in this workbook that you will be completing on your own. Furthermore, please feel free to also talk about these materials with your MISSION-CJ Case Manager as well as other treatment providers outside of your MISSION team as these providers are also essential to your recovery.

Part 2, "Readings and Reflections," contains a collection of useful perspectives about the recovery process as well as helpful advice for making it on your own post-completion of the MISSION-CJ program. The material contained in Part 2 also poses a number of questions that are meant for you to reflect upon throughout and beyond the MISSION-CJ program. Such reflections may occur during quiet times on your own, when talking with others, or when writing down your thoughts in a journal. Please bring up any thoughts or concerns related to the readings with your MISSION-CJ Peer Support Specialist, your MISSION-CJ case manager or other community providers.

****If the amount of material seems overwhelming, do not worry; your assigned MISSION-CJ Peer Support Specialist will help you complete and digest all of the MISSION-CJ materials.****

This book was written for you by others who care to assist you in developing new skills and to offer hope to you throughout your recovery. Good luck!

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Criminal Justice

PARTICIPANT WORKBOOK



PART 1

EXERCISES AND CHECKLISTS



INTRODUCTION TO PART 1

You are participating in MISSION-CJ because you are attempting to reduce your criminal justice involvement and recover from co-occurring mental health and substance abuse problems, homelessness, unemployment, and/or trauma-related issues. Often times, while you are undergoing structured treatment for mental health and substance abuse problems, or are serving time in jail/prison, your life is closely controlled: activities are scheduled, you are screened for drug and alcohol use, and you are required to meet a number of expectations.

MISSION-CJ adds another dimension to your recovery by offering you new skills and helping you identify and get connected to community resources. MISSION-CJ is an integrated treatment platform, meaning that it addresses your mental health and substance abuse problems simultaneously and recognizes the relationship between these two issues. It also recognizes that many people who have these issues also have some trauma in their background, and this may impact your recovery.

If you are under correctional or community court supervision, you should discuss with your lawyer, case manager, probation and/or parole officer what non-participation might mean for you. Although this is a voluntary program, non-participation for persons under supervision of a criminal justice entity may result in legal consequences, and these are some of the choices you will need to make along the way. You may prefer to decline MISSION-CJ services and/or spend time in jail rather than embark on treatment. This manual assumes that you have consented to MISSION-CJ services, and one of the goals of the program is to help support you so that you do not get re-arrested or have issues that put you back into the criminal justice system.

Although this is a program that involves support from a Case Manager and Peer Support Specialist team, it is important that you help your MISSION-CJ Case Manager and Peer Support Specialist by sharing your

thoughts and feelings so they can help you identify what might be causing some of your distress. This treatment is for you and about you, so your voice in how things are going is critical to your successful recovery. As noted, in the criminal justice world, there may be things that you are required to do to comply with court orders, community supervision, or the like. Your Case Manager and Peer Support Specialist may be required to talk about your progress with others, including probation and parole, so your consent and agreement to this communication is important. MISSION-CJ is designed to help support your recovery and support you in making positive choices to adhere to the terms that the criminal justice system has imposed. In addition, MISSION-CJ is also designed to help you make positive choices related to your treatment and recovery and help remind you when your thinking may be putting you at risk of re-arrest, all with the goal of helping you move forward in your recovery journey. This first section of the workbook will assist you in doing so.

Part 1 contains exercises and checklists for you to complete while you are actively receiving MISSION-CJ services. The length of your engagement in MISSION-CJ should be discussed with your Case Manager and Peer Support Specialist at the onset of care. You might also consider using these materials after you complete the MISSION-CJ program to reinforce the recovery tools you have developed.

- The first set of exercises in **Section A** are “Self-Guided Exercises,” which can be done on your own as you grow more comfortable with your feelings about why you have gotten to where you are. Completing the exercises will help you start planning some of the tasks necessary to your recovery. You may want to write about what you have learned in a personal journal or just keep notes within this workbook and reflect back on your experiences from time to time. However, you should expect your MISSION-CJ Peer Support Specialist to have

a weekly “Check-In Session” with you to review your progress throughout the program and also to help you process the materials contained in this workbook.

- The checklists in **Section B** are simple and straightforward tools that will help you identify important issues so that you can address them yourself or talk to others about them. Again, you should expect your MISSION-CJ Peer Support Specialist to have a weekly “Check-In Session” to review your progress and answer any questions about the checklists.
- The second set of exercises in **Section C**, “Dual Recovery Therapy Tools and Readings,” will be used in the Dual Recovery Therapy (DRT) sessions with your MISSION-CJ Case Manager.

To get the most out of the integrated MISSION-CJ treatment approach, you have to be honest about what you are going through and what you hope to accomplish during the program. As previous MISSION jail diversion program participants observed:

- *“Without MISSION being here, and helping me, right now I’d be still sitting in jail. I’d still have 18, pretty close to 20 months to go. Sitting in jail is not the answer. Not if you want to get somebody well because they do not offer these services, or shall I say, they might offer these services, but you are not*

at the freedom to come and go to the appointments. You are told when to get up and when to go to bed. You know, they dictate to you every minute of your day. Where here [MISSION], if I follow the program, I have the freedom to follow the program, where if I’m not honest and sincere with myself and the MISSION staff, I’m not helping myself.”

- *“I’ve opened up more, exposed more. I’m letting down walls, so that people are getting to know me. I felt disgraced, but I now talk with people on the same level as me. I feel much more positive about this. I do not want to die. Drugs are trying to kill me, and I was trying to kill myself with drugs. I have a better understanding now because I am trying to talk more.”*
- *“The whole thing is we have to be honest with ourselves first, and then when we sit at the table. We have to bring that honesty to the table, such as: Ok, I’ve had substance abuse in the last 30 days. I had a beer.”*

Throughout the workbook, we talk about relapse and recidivism, both of which have to do with re-engagement in substance use or criminal activity, respectively, after a period of sobriety or inactivity. The terms are further defined more precisely below, according to Webster’s Dictionary. This workbook will provide you with important tools to help you decrease your chances of both throughout your recovery.

RELAPSE AND RECIDIVISM DEFINED FOR MISSION-CJ

Relapse: “slipping or sliding back to a former condition like substance abuse or state of poor mental healths), especially after improvement or seeming improvement.”

Recidivism: “a tendency to return to criminal behavior.”



SECTION A:

SELF-GUIDED EXERCISES

Exercises are ways of becoming stronger. We exercise to get our muscles to work better, to be able to do things we could not do before, to become more flexible and fit. Though the exercises provided here are pen-and-paper exercises, they have the same kind of purpose. As you use them, you will gain clarity, skills, and self-knowledge. You can return to them as often as necessary.

Each exercise begins with a cover sheet that gives you some basic information about the exercise, including:

- What is it for?
- Why does it work?
- When do I use it?
- How do I use it?

Reading this information before you start will help you understand the purpose of the exercise and how you can use it as part of your recovery.

The cover sheet is followed by a completed exercise. The sample gives you examples of how someone

else might answer the same questions you are about to answer. For many of the exercises, in addition to a general example, an example for Veterans and women is also provided to highlight information that may be most relevant for individuals in these groups. Your answers will be different, but sometimes if you do not understand a question or nothing comes to mind, looking at someone else's example might give you an idea of what the question is getting at or how you might approach it.

After the cover sheet and the sample, you will come to the exercise itself. This is for you to fill out. Take your time and be sure you are giving the most honest and complete answer you can at this point in your life. When you have completed the exercise, think about what you may have learned and, if you choose, raise the issues that interest you with your MISSION-CJ Peer Support Specialist, Case Manager, counselors, others in recovery, and/or people who know you well.

Many people have used these exercises and learned from them. We hope they will help you too.

Exercise 1: Looking Back, Moving Forward

Adapted from: Re-entry after Prison/Jail: A Therapeutic Curriculum for Previously Incarcerated People with Mental Illness &/or Substance Use Disorders (Rotter, M. R. & Massaro, J., 2011).

What's it for?

This exercise is designed to help you reflect on where you have been and where you want to go throughout your recovery journey. It will also help you create a dialogue that you can use with your MISSION-CJ Case Manager and Peer Support Specialist in order to help them understand your story and best assist you throughout your recovery.

Why does it work?

Everyone walks a different path. While some of your experiences might be similar to other MISSION-CJ participants, you may have unique experiences that might impact your goals for recovery in different ways. Being mindful of your story may help you communicate your needs throughout recovery and help you create a new definition of where you want to go throughout your recovery.

When to use it:

As you get settled into the program, we recommend that you complete this exercise first. Answering the initial questions about your past and thinking about how you want to make changes in your future will help you consider and communicate concerns related to these general themes as we move through other exercises that target specific topics.

How to use it:

When considering the questions, be honest with yourself. As you share your story with your MISSION-CJ Case Manager and Peer Support Specialist, be honest with them too. That way you can explore lessons learned as you reflect on the past and leave it there while you make progressive strides toward your successful recovery.

LOOKING BACK, MOVING FORWARD WORKSHEET (SAMPLE)

1. Describe the events that led you to the program.

My heroin addiction got away from me. One night the urge to use got really bad. Having spent all my money on drugs, I was broke. When I heard my neighbor leave, I tried to rob his apartment. He forgot something and caught me in the act of robbing his place. I knocked him unconscious. The cops found me at my brother's house high off of drugs I bought with the money I stole from my neighbor. They arrested me for assault and robbery, and I was later sentenced to six months in jail. My lawyer eventually got me into the MISSION-CJ Program.

2. What was it like to be incarcerated or held in jail (if you were not held in jail or prison, but were arrested, what was it like to be arrested)?

It's not a place that I want to go back to. I was always on edge. I didn't feel like I could trust anyone. Most of all, I never felt safe. One minute things were calm and the next there might be a fight that everyone witnessed and nobody talked about. You just hoped it wasn't you that was on the receiving end.

3. What has it been like since you got out?

I'm happy to be out, don't get me wrong, but I'm just not sure where to go from here. I burned a lot of bridges and the buddies that I still have are still interested in partying and drugs. I don't want to go back to that lifestyle, but I'm lonely. I'm not sure how to start over.

4. Name three positive goals that you would like to achieve during your recovery:

1. *Maintaining my sobriety*

2. *Getting a job*

3. *Reconnecting with my son*

LOOKING BACK, MOVING FORWARD WORKSHEET

1. Describe the events that led you to the program.

2. What was it like to be incarcerated or held in jail (if you were not held in jail or in prison, but you were arrested, what was it like to be arrested)?

3. What has it been like since you got out?

4. Name three positive goals that you would like to achieve during your recovery:

1.

2.

3.

Exercise 2: Addressing Re-Entry Themes

Adapted from: Re-entry after Prison/Jail: A Therapeutic Curriculum for Previously Incarcerated People with Mental Illness &/or Substance Use Disorders (Rotter, M. R. & Massaro, J., 2011).

What's it for?

This simple exercise is designed to help you identify and address themes that may have helped keep you safe while incarcerated but may now be creating problems for you during your transition into the community.

Why does it work?

Learning how to adapt to a new environment increases your chance of survival. Over time, a new code of conduct can become second nature. Without realizing it, you may be using skills that helped you survive as an inmate but are creating difficulties during your recovery in the community. Identifying some common re-entry themes and replacing them with more adaptive skills may help ease your transition into the community as well as help you more easily obtain your recovery-oriented goals.

Some common re-entry themes:

- Doing your own time: Minding your own business, being self-reliant, and ignoring the actions of others
- Seeing without seeing: Another phrase used to describe “doing your own time”
- Respect: Being polite without being seen as weak and having heightened sensitivity to provocations
- Snitches get stitches: Stonewalling providers and staff by withholding information
- Intimidation: Use of verbal threats (“wolfing”), physical gestures (“posing”), and grouping with others (“cliquing”) to maintain respect and not be seen as weak

- Trust: Reliance on manipulation in order to avoid vulnerability or danger
- Vigilance: A constant state of high alert to maintain safety
- Bid: Responding to treatment programs as extensions of prison sentences
- Freedom: Seeing rules or structure within treatment as limitations on freedom
- Isolation: Laying low to avoid being noticed in order to avoid danger
- Medication: Sign of weakness as an inmate with sedating effects that make vigilance difficult. Increased preference for street drugs
- Strength: Demonstrating strength or provoking others to prove their own in order to determine the strong from the weak

When to use it:

Start early. The sooner you identify and work through these different themes, the sooner you can replace them with more adaptive strategies that will help you make the most of your opportunities in treatment and within your community. Keep in mind, though, that this will take practice and may take time.

How to use it:

While you make your way through the worksheet, think about any difficulties you may be having while re-adjusting to the community. Identify any re-entry themes that you have had a hard time letting go of and write them down. List some ways those skills might have helped you during your incarceration. Now list some ways those skills are creating barriers for you during your re-entry. Finally, list some alternative behaviors that might be more adaptive to your current setting. Check in with your MISSION-CJ Case Manager or Peer Support Specialist as you continue to work through any of the re-entry themes you listed for additional support.

RE-ENTRY THEMES WORKSHEET (SAMPLE)

Re-entry themes to be aware of:

1. *Doing my own time*

2. *Vigilance*

3. *Respect*

How re-entry themes helped me while incarcerated:

1. *Doing my own time: Minding my own business helped keep me out of the middle of some of the ongoing conflicts between the other inmates.*

2. *Vigilance: In prison, it was hard to predict danger. Staying alert helped me stay safe.*

3. *Respect: Being seen as weak is a sure way to get yourself hurt in prison. On the other hand, if people respected you, they were less likely to come after you. Maintaining my respect while in prison was always a big priority.*

How re-entry themes are creating barriers for me during re-entry into the community:

- 1. Doing my own time: Some of my old friends have called me a couple of times. They're still drinking and doing drugs. I haven't talked to my case manager because I've been able to handle it so far, but it's getting hard to turn them down.*
- 2. Vigilance: Just like in the cafeteria back in prison, I always try to sit in the corner seat. That way, my back is to the wall and I can see any danger coming my way.*
- 3. Respect: Some teenagers bumped into me while I was at the supermarket and I yelled at them to watch what they were doing. They looked scared and quickly left to another aisle. One of the managers saw what happened and asked me to leave.*

Alternative behaviors that might be more adaptive:

- 1. Doing my own time: Talk to my MISSION Case Manager or Peer Support Specialist*
- 2. Vigilance: Talk to my therapist, Dr. Smith. He probably has some tips about how to help me relax and can give me information about medication options*
- 3. Respect: Attend anger management group therapy to control my anger and work on my communication skills*

RE-ENTRY THEMES WORKSHEET

Re-entry themes to be aware of:

- 1.
- 2.
- 3.

How re-entry themes helped me while incarcerated:

- 1.
- 2.
- 3.

How re-entry themes are creating barriers for me during re-entry into the community:

- 1.
- 2.
- 3.

Alternative behaviors that might be more adaptive:

- 1.
- 2.
- 3.

Exercise 3: Leaving the Criminal Cycle Behind and Moving toward Positive Living

What's it for?

This exercise is designed to help you look at your life and consider some of the personal risk factors that may make it more likely for you to get re-arrested. It is meant to assist you if you are someone who has a pattern of being arrested. The exercise can help you think about the kind of lifestyle you are hoping to achieve and how re-arrests may get in the way of you reaching your goals. The lists below highlight a number of reasons why some people have a harder time breaking out of the criminal arrest cycle.

Common Risk Factors for Re-arrest (Andrews & Bonta, 2010¹):

- Negative attitudes, behaviors, and actions that go against society
- Negative peer influences
- Ongoing criminal thinking patterns
- Patterns of breaking rules and laws
- Poor family and/or marital relationships
- Problems or lack of school and/or work
- Limited positive daytime activities
- Ongoing substance use

Common Reasons People May Have Trouble Breaking the Criminal Cycle

- Low motivation for change
- Difficulty connecting with treatment

¹ Andrews, D.A., Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16, 39–55.

- Learning style gets in the way
- Feel out of place (due to cultural/racial/social disconnect)
- Mental health issues get in the way (e.g. anxiety and/or depression make it hard to get out of bed, get to appointments, etc.)
- Feel disliked by treatment providers due to having a criminal background

Why does it work?

Being arrested is a complicated process. First, the circumstances in someone's life that lead to behaviors that result in arrest can go way back in time, even if the moment of the arrest looks like a snapshot. Also, police decisions to arrest can be based on many different reasons. Scientific evidence is starting to show that there are certain patterns in people's lives that make them more at risk of ending up arrested and some of those have to do with personality, personal choices, negative attitudes, and other issues that are listed above. There is also some research that shows that a number of these patterns can be changed with treatments that focus on criminal tendencies. This exercise helps set the stage for that kind of work.

When to use it:

This exercise should be used as you get comfortable with MISSION-CJ services. It may be an exercise worth repeating at different points in your recovery to see whether your attitudes and behaviors have shifted over time toward ones where you will be less likely to be arrested again.

How to use it:

Read through the examples of criminal thinking. Look at the questions and think honestly about your life. Try to respond as openly as possible. Take your time to think of answers that fit for you.

Examples of Criminal Thinking

Anger - Blowing a fuse, getting into fights, not taking time to pause.

Avoidance - After being asked a tough question about yourself- "That question makes no sense- what kind of training you got, anyway, doc?"

Blaming Others - "It wasn't my fault I got arrested. It was my friend's idea that we rob that store. He just didn't come up with a good way to get out and lay low.

Excitement/Escape from Boredom - "Let's go rough up those boys over there- it'll be fun." Or "I've got nothing better to do, let's go see if we can get ourselves some cash- we can use the car to get away and see who chases us."

Feeling Incapable - "Who would hire me anyway?" "I can't stop using drugs, they are the only thing I know."

Irresponsibility - "I don't have to get that job. I've got disability. It's her responsibility to take care of that kid. I didn't want a kid anyway."

Irritability - Snapping at people, instigating. Not recognizing internal stress that may be driving this (e.g., unresolved feelings related to past traumatic events, feeling disrespected, feeling overwhelmed, feeling ashamed).

Lying - It is sometimes seems easier to tell a lie than to tell the truth. Maybe there is a reason behind the lie (shame, anger, desire). Sometimes people are so used to lying they do not even realize they are lying.

Hierarchy thinking - Recognizing that in any social circle, some people will want to be on top, no matter what. Being on top might mean doing things that make you seem tough or cool.

Coming up with Excuses - "I needed the money. No one will give me a job. I can't go without eating- and my drug cravings were out of control."

LEAVING THE CRIMINAL CYCLE BEHIND AND MOVING TOWARD POSITIVE LIVING WORKSHEET (SAMPLE)

Part One:

1. Describe how many times you have been arrested in your lifetime.

I have been arrested four times already. They were for crimes like breaking and entering and I got a couple assault charges against me.

2. Describe your views of these arrests.

Well, I don't like the idea of getting arrested, but really I think these situations weren't my fault. I grew up in a tough place, and all my friends were living the same kind of lifestyle. Besides, the last arrest wasn't my fault - my friend got us all in a jam and then I got caught.

3. Ask yourself honestly how much you care about spending time in jail and describe these thoughts.

Some days jail is better than being homeless. I see all the guys. It isn't that bad.

4. Describe your level of motivation to avoid re-arrest. Be honest.

Well, even though I said being in jail is sometimes better than being homeless, it isn't as good as having a place over my head. I always seem to fail each time I step out of jail, but I think another way would be good. It's just hard to see the path.

5. Describe who you have in your life (family, friends) that helps you succeed and who in your life may influence you to make poor choices.

I have a few friends that root for me. And my mother would want to see me succeed. She's frustrated that every time I come stay with her I'm bringing in bad influences. My drug problem keeps me in this cycle. I know which friends help me and which ones take me back into a dark path. One time I had a sponsor who helped me stay sober for 11 months.

6. Describe how you spend your time. If you have down time, how might you use it more productively?

I hang out at the coffee shop in the morning. I sit around and move from friend to friend. I hang out in my room a lot. There isn't much to do. I am on disability and can't work or I'd risk losing that income. Once in a while I'll do a day labor stint in construction.

7. Identify two people you know or have heard of: one who has continued to be arrested, and one who was able to turn his/her life around. What helped the person "turn it around" and get out of the criminal cycle?

- 1. My father ended up getting arrested three times, kept drinking alcohol and left the house when I was 14. I never really figured out what happened to him after that.*
- 2. I met a guy in jail once who was in on a 10 year bid. I ran into him in the streets a few years back. He was working helping around at a mechanics shop, fixing up cars. He said he got himself a house. I never thought that guy would make it but seeing him I wonder. I guess what helped him most was that he kicked drugs. And someone took a chance on him and gave him a job.*

Part Two:

Turning it Around Exercises

- 1. List people who may have been hurt by your actions and how they may have been hurt.**

- 1. That lady whose house I broke into- she probably was scared*
- 2. My son since I got arrested again and he knows it- he'll never know his father*
- 3. Me because I ended up locked up*

- 2. Identify three reasons why jail time and repeat arrests has been a problem for you.**

- 1. I don't get to see my kid that often*
- 2. I lost my housing*
- 3. I feel trapped*

- 3. Identify three people (family and friends or organizations) who you might reach out to for additional support.**

- 1. I could reconnect with my mother*
- 2. I would call my former sponsor to see if he can help me again*
- 3. I would call my MISSION-CJ Peer to help me*

4. Identify leisure activities that you could build into your schedule.

- 1. Going to the gym twice a week*
- 2. Going to Church every week*
- 3. Hanging out with my sponsor and getting a coffee*
- 4. Maybe take a class*

5. Identify three barriers to breaking the criminal cycle for you, and match with ways to overcome these barriers.

- 1. My negative friends keep calling after me—but I could reach out to my sponsor or my MISSION-CJ peer before returning a call*
- 2. I can't get a paid job—but I could find a volunteer activity to get me started*
- 3. I'm too depressed to figure it out—but my MISSION-CJ case manager and peer can help me connect to treatment*

LEAVING THE CRIMINAL CYCLE BEHIND AND MOVING TOWARD POSITIVE LIVING WORKSHEET

Part One:

- 1. Describe how many times you have been arrested in your lifetime.**

- 2. Describe your views of these arrests.**

- 3. Ask yourself honestly how much you care about spending time in jail and describe these thoughts.**

- 4. Describe your level of motivation to avoid re-arrest. Be honest.**

- 5. Describe who you have in your life (family, friends) that helps you succeed, and who in your life may influence you to make poor choices.**

- 6. Describe how you spend your time. If you have down time, how might you use it more productively?**

- 7. Identify two people you know or have heard of: one who has continued to be arrested, and one who was able to turn his/her life around. What helped the person “turn it around” and get out of the criminal cycle?**

Part Two:

Turning it Around Exercises

- 1. List people who may have been hurt by your actions and how they may have been hurt.**

- 2. Identify three reasons why jail time and repeat arrests has been a problem for you.**

- 3. Identify three people (family and friends or organizations) who you might reach out to for additional support.**

- 4. Identify leisure activities that you could build into your schedule.**

- 5. Identify three barriers to breaking the criminal cycle for you, and match with ways to overcome these barriers.**

Exercise 4: Relapse Prevention Plan

Adapted from: Illness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration, 2005.

What's it for?

The relapse prevention plan helps you think in advance about what might cause you to have a relapse of mental health, substance abuse, and/or criminal justice problems and what you will do to stop a relapse in its tracks.

Why does it work?

Many times, relapses can be predicted because certain events trigger them, or certain feelings warn of a coming relapse. Seeking additional support if one of these events happens or if the early warning signs are present can help you avoid a relapse or potential arrest.

Some common events that might trigger a relapse include:

- Being around people who are using drugs or engaging in criminal activity
- Pain resulting from physical injuries
- Stressful situations involving family members
- Anniversaries of deaths (family, friends, significant others)
- Arguments with a spouse or partner
- Flashbacks of a traumatic experience
- Life changes, such as moving to a new city
- Adjustment to parole/probation, especially related to restrictions on freedom
- Facing criminal sanctions
- A stressful situation at work or involving finances
- Being the victim of a crime yourself

Some common early warning signs include:

- Physical cravings
- Not going to meetings
- Having “drug dreams”
- Reminiscing about times when you were using
- Reminiscing about times when you were handling or acquiring substances
- Feeling tense or nervous
- Eating less or eating more
- Sleeping too much or too little
- Decreased need for sleep
- Feeling depressed or low
- Feeling like not being around people
- Feeling irritable
- Stopping treatment, including medications
- Trouble concentrating
- Thinking that people are against you
- Increased spending/shopping/living beyond your means
- Being overconfident about your abilities

When to use it:

The best time to develop a relapse prevention plan is before you actually need it – that is, when you are feeling okay. That way, the plan will already be in place when you do need it.

How to use it:

It is important to be sure that the answers you give really reflect your experience and desires, rather than what you might have read or been told. Make sure that people you trust have a copy of your plan so that they can act upon it if you are heading towards a relapse or if you relapse.

RELAPSE PREVENTION PLAN WORKSHEET (SAMPLE)

Reminder of events or situations that triggered relapses in the past:

1. GENERAL EXAMPLE:

An old drinking buddy came to town for a visit.

2. GENERAL EXAMPLE:

My ex-wife wouldn't let me see my kids.

3. GENERAL EXAMPLE:

I got turned down for a job because of my criminal record.

4. VETERAN EXAMPLE:

I watched a TV program that reminded me of painful memories from my military experience.

5. FEMALE EXAMPLE:

My child says he feels more comfortable spending time with my mother since my arrest.

Reminder of early warning signs that I experienced in the past:

- 1. Kept walking past the liquor store*
- 2. Couldn't sleep at night*
- 3. Increased irritability*
- 4. Overconfidence in my ability to stay clean*
- 5. Felt like I couldn't breathe*

What I think would help me if I were experiencing an early warning sign:

- 1. Have someone make sure I am going to meetings*
- 2. Have someone make sure I am taking my meds*
- 3. Deep breathing exercises*
- 4. Do something enjoyable for myself*
- 5. Write down feelings related to relapse and recovery in my journal*

Who I would like to assist me, and what I would like them to do:

- 1. AA sponsor: help keep me focused on my recovery*
- 2. Peers in recovery: listen to my fears and worries and understand*
- 3. Friends and family: keep me away from the liquor store*
- 4. MISSION-CJ Peer Support Specialist: make sure I am taking my meds*

Who would I like to be contacted in case of an emergency?

- 1. My MISSION-CJ Peer Support Specialist, Adam: 555-3800*
- 2. My sister, Sophia: 555-3900*
- 3. My primary care provider, Dr. Gold: 555-4000*

RELAPSE PREVENTION PLAN WORKSHEET

Reminder of events or situations that triggered relapses in the past:

1.

2.

3.

4.

Reminder of early warning signs that I experienced in the past:

1.

2.

3.

4.

What I think would help me if I were experiencing an early warning sign:

1.

2.

3.

4.

Who I would like to assist me, and what I would like them to do:

1.

2.

3.

4.

Who would I like to be contacted in case of an emergency?

1.

2.

3.

4.

Source: SAMHSA, Illness Management and Recovery KIT, Handout 6, "Reducing Relapses."

Exercise 5: Preventing and Coping with Stress

Adapted from: Illness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration, 2005.

What's it for?

This simple tool is designed to identify sources of stress and help you either avoid it or cope with it more effectively.

Why does it work?

Everyone faces stress in their lives, but some things bother some people a lot more than others. Identifying sources of stress helps you respond to them. Different strategies for preventing and coping with stress also work differently for different people, but it does help to have good strategies to try.

When to use it:

If you have been feeling stressed out either from your daily routine or from things that are going on in your life, try this exercise to see if you can keep stress from interfering with what you need to do.

How to use it:

To help you identify some of the stressors in your life, you might want to use Checklists 1 and 2 in Section B (page 73 & 74) of this part of your workbook. These simple checklists will help you identify major life events that can cause stress for a while afterward, daily hassles that can cause stress to build up over time, and tools that you can use to help you prevent or cope with stress. If you have trouble coming up with answers to this worksheet, try using these checklists.

PREVENTING AND COPING WITH STRESS WORKSHEET (SAMPLE)

Stressful situations to be aware of:

1. GENERAL EXAMPLE:

I get very sad around the anniversary of my mother's death, which I spent in prison.

2. GENERAL EXAMPLE:

My family always gets into arguments and has unwanted advice for me when we all get together.

3. VETERAN EXAMPLE:

I am new to the Department of Veterans Affairs and am unsure how to navigate the system.

4. FEMALE EXAMPLE:

My brother, who's been taking care of my kids while I am in prison, does not want to release my kids to my care and is threatening to sue for custody.

My strategies for preventing stress:

1. GENERAL EXAMPLE:

I will talk to my counselor about my unresolved grief related to my mother's death.

2. GENERAL EXAMPLE:

Instead of going to all of my family events, I will try to visit with my family members one at a time.

3. VETERAN EXAMPLE:

I will ask my MISSION-CJ Peer Support Specialist, who is also a Veteran, to help me make my way through the VA system until I can do it on my own.

4. FEMALE EXAMPLE:

I will talk to my MISSION-CJ Case Manager and ask her to help me brainstorm ways in which I can address the situation.

My Strategies for coping with stress:

1. GENERAL EXAMPLE:

I will check in with my counselor more frequently for extra support during the week of the anniversary of my mother's death.

2. GENERAL EXAMPLE:

In the beginning, I will limit visits with family to an hour and stay longer over time as I get more comfortable.

3. VETERAN EXAMPLE:

I will take it slow and learn the system gradually so as not to overwhelm myself.

4. FEMALE EXAMPLE:

I will devise a clear plan of steps with my MISSION-CJ Case Manager based on the best brainstorming strategy that we come up with to help manage my time and level of stress.

PREVENTING AND COPING WITH STRESS WORKSHEET

Stressful situations to be aware of:

1.

2.

3.

My strategies for preventing stress:

1.

2.

3.

My strategies for coping with stress:

1.

2.

3.

Source: SAMHSA, Illness Management and Recovery KIT, Handout 7, "Coping with Stress"

Exercise 6: “PICBA,” A Tool for Problem Solving

Adapted with permission from: Peer Specialist/Peer Support Training, Appalachian Consulting Group, 2006.

What’s it for?

To help find the best solution to a problem, by exploring the consequences of your choices.

Why does it work?

“A problem clearly stated is a problem half solved.” The keys to solving a problem are:

1. An ability to stand outside the problem and to view it with some sense of objectivity
2. The willingness never to make a major decision until you are clear that there are at least two options
3. The awareness that there are always multiple solutions

This tool helps you complete all three of these steps. After you use this tool a while, it becomes “automatic” and you can use it more easily on your own.

When to use it:

You can use this tool whenever you have a problem or issue that you are unsure how to handle and is hard to solve. You can also use this tool to help a fellow MISSION-CJ participant work through a problem. Often it helps to have the perspective of another person whose insight you respect. Sometimes, using this tool can help you make a change that is needed in your life.

How to use it:

PICBA is a five-step process. The first three steps fully state the problem:

- **P**roblem
- **I**mpact
- **C**ost/Benefits

The next two steps move you toward a solution:

- **B**rainstorm
- **A**ctions

You can use this same approach as often as necessary for different problems and choices in your life. The letters “PICBA” help you remember the steps!

PICBA WORKSHEET (SAMPLE)

GENERAL EXAMPLE:

Raymond went out and got a couple of employment applications for jobs that he has previous experience in, are interesting to him, and have the potential for advancement. However, each application that Raymond has collected asks about previous involvement with criminal activity and requires a background check.

VETERAN EXAMPLE:

Raj has been offered a job through Compensated Work Therapy (CWT) at the Department of Veterans Affairs (VA) that is interesting to him and offers potential for advancement, but the VA is located in another part of the city. Raj does not have a car, and the early morning shift begins before the bus and subway system can get him to work.

FEMALE EXAMPLE:

Rashida has a cosmetology certificate and has applied for several jobs at beauty salons. The application asks about prior criminal involvement and requires a background check. It also asks for available hours, and Rashida is worried that she might be overlooked for the job since she has a criminal record and is the primary care taker of her two young boys.

*We highlight above three employment-related scenarios related to the MISSION-CJ general, Veteran, and female populations. The completed example of the PICBA worksheet below is based on the female example; however, you are encouraged to discuss the other examples, if relevant, with your MISSION-CJ Case Manager or Peer Support Specialist.

Problem – Step 1: **State the problem as clearly as possible.**

I found an ad for a cosmetology job that is located just around the corner from my home, but I'm afraid that they won't take me once they find out that I have an arrest record and that I am the primary caretaker of two young boys.

Impact – Step 2: **What am I doing that is negatively impacting the situation or helping create the problem?**

Ways my actions either affect the situation or help create the problem:

I haven't filled out the employment application yet, which is still sitting on my kitchen table.

Cost/Benefits – Step 3: Ask: If the problem is not resolved, what is going to happen in the short term? What is going to happen in the long term?

What are some of the short-term costs and what are some of the short-term benefits if you leave things the same and do not take any action? What would be some of the long-term costs and benefits if you leave things the same and do not take any action?

<i>If the problem is not resolved, in the <u>short term</u>....</i>	Costs <i>I will miss out on a potential job opportunity.</i>	Benefits <i>I will have more time to spend with my boys.</i>
<i>If the problem is not resolved, in the <u>long term</u>....</i>	<i>I will not be able to pay my rent.</i>	<i>I don't have to risk being judged for my arrest record.</i>

Brainstorm (big actions) – Step 4: What are 3-5 possible ways of solving this problem?

- 1. Talk to my MISSION-CJ Peer Support Specialist about my concerns. Maybe he has faced the same fears.*
- 2. Obtain letters of recommendation and/or a list of references from people who are willing to speak positively on my behalf.*
- 3. Ask my MISSION-CJ Case Manager for a list of employers in my job area of interest that other MISSION-CJ clients have had success with in the past in case I don't get this job*

Select the 1 or 2 best solutions from the above list. What are the possible pros and cons of each of these solutions?

Option 1:

Obtain letters of reference from people who will speak positively on my behalf.

Pros: *Strong letters of reference could really enhance my employment application.*

Cons: *Some employers might not even read them once they find out about my arrest record.*

Option 2:

Ask my MISSION-CJ Case Manager for a list of employers in my job area of interest that other MISSION-CJ clients have had success with in the past.

Pros: *Knowing that other MISSION-CJ peers have had success with these employers in the past helps to ease my fear of not finding a job.*

Cons: *If I don't explore all of my options, including the job opening that I found, I might be limiting myself in terms of employment opportunities.*

Actions (small steps) – Step 5: *What are the possible pros and cons of each of these solutions?*

Best Option 1

Steps to Take	By when?
<i>1. Call two people to ask for a letter of reference</i>	<i>Today</i>
<i>2. Complete my employment application</i>	<i>Tomorrow</i>
<i>3. Collect reference letters</i>	<i>This Sunday</i>
<i>4. Submit employment application with reference letters</i>	<i>This Monday</i>

Best Option 2

Steps to Take	By when?
<i>1. Make appointment with MISSION-CJ Case Manager</i>	<i>Today</i>
<i>2. Discuss concerns with MISSION-CJ Case Manager and inquire about other potential employers in my field of interest, cosmetology</i>	<i>This Friday</i>
<i>3. Obtain employment applications from additional employment sites suggested by MISSION-CJ Case Manager</i>	<i>Next Monday</i>

4. *Complete two employment applications*

Next Tuesday

5. *Submit completed employment applications*

Next Wednesday

Which option seems best, now that you have made them both as concrete and clear as possible?

I will try Option 1 and apply to the job that I found first. If I'm having a hard time getting an interview, then I'll try Option 2. I'd rather try Option 1 first and use Option 2 as a back up, as the job is located by my apartment, and I don't have a car yet. The good thing is that I can use my reference letters for both options 1 and 2.

PICBA WORKSHEET

Problem – Step 1: *State the problem as clearly as possible. In stating the problem, it helps to keep your objective clearly in mind.*

The problem is....

Impact – Step 2: *What are you doing that is negatively impacting the situation or helping to create the problem?*

Ways my actions either affect the situation or help create the problem:

Cost/Benefits – Step 3: *Ask: If the problem is not resolved, what is going to happen in the short term? What's going to happen in the long term?*

What are some of the short-term costs and what are some of the short-term benefits if you leave things the same and do not take any action? What would be some of the long-term costs and benefits if you leave things the same and do not take any action?

<i>If the problem is not resolved, in the short term....</i>	Costs	Benefits
<i>If the problem is not resolved, in the long term....</i>		

Brainstorm (big actions) – Step 4: ***What are 3-5 possible ways to solving this problem?***

1.

2.

3.

4.

5.

Select the 1-2 best solutions from the above list. What are the possible pros and cons of each of these solutions?

Option 1

Pros:

Cons:

Option 2

Pros:

Cons:

Actions (small steps) – Step 5: ***What are the actions that you need to take to begin working on the solutions?***

Indicate when you will take these steps so that you can really see what you need to do if you choose this course of action.

Best Option 1

Steps to Take

By when?

1.

2.

3.

4.

5.

Best Option 2

Steps to Take

By when?

1.

2.

3.

4.

5.

Which option seems best, now that you have made them both as concrete and clear as possible?

Exercise 7: Moving Through the Fear

Adapted with permission from: Peer Specialist/Peer Support Training, Appalachian Consulting Group, 2006.

What's it for?

To help identify fears that might hold you back, the reasons for those fears, and what you can do about them.

Why does it work?

Some fears are healthy, such as being afraid of being around people who are using drugs or are still committing crimes. Other fears might hold you back, such as a fear of new social situations. This tool helps you to identify:

1. Situations in which you are afraid to act
2. The root of the fear that is holding you back
3. Ways of addressing this fear

When to use it:

You can use this exercise whenever there is something that you would like to do or think that you should do but that you are afraid to do. You can use it to help another peer in the MISSION-CJ program work through a problem, or you can use it yourself. Often it helps to have the perspective of another person whose insight you respect. Sometimes, using this tool can help you make a change that is needed in your life.

How to use it:

The worksheet asks a number of questions that help you move through a logical thought process. Next is an example of how someone might fill out the worksheet. It is followed by a blank worksheet that you can use. You can show your answers to your MISSION-CJ Peer Support Specialist and/or Case Manager as a way of clearly explaining how you would like them to help you.

MOVING THROUGH THE FEAR WORKSHEET (SAMPLE)

GENERAL EXAMPLE:

Jose has been clean and sober since he left prison. For a while, he lived in transitional housing, but with his case manager's help, he moved into his own apartment. At first, he really liked it, but he noticed that some teenagers are dealing drugs in the parking lot. He's heard other neighbors talk about it, but nobody's willing to do anything.

VETERAN EXAMPLE:

Brian has been clean and sober since he left prison. For a while, he lived in transitional housing, but with his VA HUD-VASH case manager's help, he moved into his own apartment. At first, he really liked it, but he noticed that some teenagers are dealing drugs in the parking lot. He's heard other neighbors talk about it, but nobody's willing to do anything.

FEMALE EXAMPLE:

Upon hearing a knock at the door, Raina looks out the peephole and sees her ex-boyfriend who she has not spoken to since she decided to stop smoking crack two weeks ago. She can see that he is high and can hear him asking her if she wants to party with him for old time's sake. He begins to get loud and knock on the door with force, which frightens her, since they have gotten a little rough with each other in the past when they have been high.

*We highlight above three fear-related scenarios related to general, Veteran, and female populations. The completed example of the MOVING THROUGH THE FEAR WORKSHEET below is based on the general example; however you are encouraged to discuss the other examples, if relevant, with your MISSION-CJ Case Manager or Peer Support Specialist.

Complete the following statement: If I were not afraid, I would....

Try to keep the drug dealers out of our parking lot by complaining to the apartment management company or the police.

What is the fear that is keeping me from doing that? Complete the following statement: I am afraid of....

My complaints being ignored and the drug dealers retaliating against me.

How does experiencing that fear make me feel? What are the physical and emotional sensations that I experience? Be as specific as possible.

When I think about the teenage drug dealers targeting me for complaining about them, I get a sick feeling in the pit of my stomach and am short of breath.

What are the thoughts that come to my mind in that situation?

I think about my time in jail and about past dangerous situations I put myself into because of my drug use.

What have I learned from past experiences about how to successfully deal with these feelings and thoughts?

What helped me most in stressful situations was to know that I had people by my side.

How can I use what I have learned to help me with this fear?

It will be easier to address the problem as a group of tenants rather than as an individual.

What are some small steps that may help me deal with these feelings and negative thoughts?

I could learn about other groups of people who have organized to get drug dealers out of their neighborhoods.

What kind of support would I like to have that would help me face this fear and move through it?

I want to know what can be done about the drug dealers and the best way to bring up the problem without putting myself at risk. I also need to find ways of dealing with panic.

Who do I think might provide this kind of support for me?

I can talk to community groups, my MISSION-CJ Peer Support Specialist, and my MISSION-CJ Case Manager.

MOVING THROUGH THE FEAR WORKSHEET

Complete the following statement: If I were not afraid, I would....

What is the fear that is keeping me from doing that? Complete the following statement: I am afraid of....

How does experiencing that fear make me feel? What are the physical and emotional sensations that I experience? Be as specific as possible.

What are the thoughts that come to my mind in that situation?

What have I learned from past experiences about how to successfully deal with these feelings and thoughts?

How can I use what I have learned to help me with this fear?

What are some small steps that may help me deal with these feelings and negative thoughts?

What kind of support would I like to have that would help me face this fear and move through it?

Who do I think might provide this kind of support for me?

Exercise 8: Creating the Life that You Want

Adapted with permission from: Peer Specialist/Peer Support Training, Appalachian Consulting Group, 2006.

What's it for?

To help you work toward a goal by identifying the need for change and the factors that are working for and against you in this effort.

Why does it work?

This exercise walks you through a ten-step process to help you do the following:

1. State as clearly as possible in a positive manner what it is that you want to create in your life.
2. Be clear why you want this and how your life will be different once you achieve this goal.
3. Be clear about what you are going to have to change in order to accomplish this goal.
4. Understand what you have going for you to help you achieve this goal.
5. Understand what you have going against you that will make it harder to achieve this goal.
6. Be especially aware of the negative self-talk that sabotages and undermines your attempts to succeed.
7. Be clear about what you need to achieve this goal in terms of skills, resources, support systems, or anything else.
8. List three to five major actions that you need to take to initiate movement toward this goal.
9. Stay focused on what you want to create instead of on the difficulties you might be having.
10. Think of ways to care for yourself as you work to achieve this goal.

After you use this tool for a while, it becomes “automatic,” and you can use it more easily.

When to use it:

Even if you are working on immediate goals, such as maintaining your day-to-day sobriety, it helps to set long-term goals to achieve happiness and success.

How to use it:

Think hard about what is really important to you—what you want from your life—without limiting yourself to what you think is realistic or what you can do immediately. Start working on a long-term plan. Ask questions about what you need to do to get there – for example, completing a certain educational program or changing the way you interact with others.

CREATING THE LIFE THAT YOU WANT WORKSHEET (SAMPLE)

GENERAL EXAMPLE:

Craig and his wife separated after 15 years of marriage due to his heavy drinking and anger problems. His teenage son, who blames him for the separation, has been refusing contact with him, after he went to jail for drunk driving, his second offense. Since his release, Craig has been sober, attending AA meetings and working the 12 steps. He has completed his 8th step, which is to make a list of all of the people he has harmed and to be willing to make amends with them. As part of his 9th step, he would like to reconnect with his son and make amends for all of the hurt that he has caused him.

VETERAN EXAMPLE:

Bernard has two children from a marriage that ended in a bitter divorce soon after he returned home from the service, and his wife received custody of the children. At one point, when Bernard was actively abusing drugs, his wife had a restraining order against him to keep him away from her and the children. Bernard completely lost touch with his children while he was living on the street, and now he wants to see them again.

FEMALE EXAMPLE:

Renee had been sober for 10 years, but when she lost her grandson to cancer, she found it hard to cope. She ran into an old friend, who was still using and missed her grandson's funeral after being picked up by the police for possession of heroin. Ever since, she has had a strained relationship with her daughter, who only communicates with her through other family members. Renee would like to start communicating with her daughter directly.

*We highlight the above three examples related to general, Veteran, and female populations. The completed example of THE LIFE YOU WANT WORKSHEET below is based on the example for Veterans; however, you are encouraged to discuss the other examples, if relevant, with your MISSION-CJ Case Manager and/or Peer Support Specialist.

1. State as clearly as possible in a positive manner what it is that you want to create in your life.

Within the next (time frame) _____ year _____, I choose to...

Contact my children so that I can visit them and let them know that I want to be a part of their lives.

2. I believe the benefits of doing this will be...

I will at least let them know that I care about them, and hopefully I will have a chance to make up the hurt that I caused them.

If I decide not to do this, the implications will be...

They will continue to think that I do not care about them, and I will not know if I can heal the past.

3. I need to change the following things in my life in order to accomplish this goal...

Demonstrate that I am a changed person who is more responsible and cares more about others.

4. Three things that I have going for me that will help me create the kind of future that I want are...

- a. My time in recovery shows my commitment to changing my past habits.*
- b. My willingness to seek mental health treatment has helped me become less angry.*
- c. I am sticking to the terms of my probation.*

5. Three things that I have going against me in terms of creating the kind of future that I want are...

- a. My children last saw me when I was at my worst.*
- b. As they have grown up, their opinions of me were shaped by my ex-wife.*
- c. My ex-wife holds legal rights that can keep me away.*

6. The negative and destructive self-talk that I need to watch out for is...

"You blew your chance." "Your children hate you." "Your ex-wife will never let you around those kids again."

I will combat this negative self-talk by...

Remembering that the children have some fond memories of me and that my sister, mother, sponsor, probation officer, and MISSION-CJ Peer Support Specialist and Case Manager have all been impressed with the way I am turning my life around.

7. I need to learn the following skills in order to accomplish this goal...

Find a positive way to approach my children, so they don't feel scared or threatened by me.

I need to coordinate the following resources...

I have to make sure I know about any possible legal issues around me contacting or visiting my children, and I also need to know how to contact them and what types of things I could do with them that they would enjoy.

I need to develop the following supports...

Legal services to help me with the legal side, and talk more with my MISSION-CJ Peer Support Specialist, who has gone through the same thing, to walk me through the practical aspects and also to provide moral support. Maybe get another family member to help bridge the gap between the kids and me.

8. I need to get started by doing the following things...

Write a letter to my ex-wife letting her know about the changes I'm making and my enrollment in the MISSION-CJ Program. Remember to take it slow and not ask for too much right away. Call my sister, who is still friends with my ex, and ask for her advice and help.

9. I will keep myself focused on what I want to create and the benefits this will bring me by...

Remembering some of the happy times. Maybe get a recent picture of the kids to remind myself what I'm working for.

10. I will take care of myself while working to create the kind of future I want by...

Continue sticking to the terms of my probation, working on my sobriety, and trying to find a permanent job. Take time to reflect on the positive changes I have made in my life.

CREATING THE LIFE THAT YOU WANT WORKSHEET

1. State as clearly as possible in a positive manner what it is that you want to create in your life.

Within the next (time frame) _____, I choose to...

2. I believe the benefits of doing this will be...

If I decide not to do this, the implications will be...

3. I need to change the following things in my life in order to accomplish this goal...

4. Three things that I have going for me that will help me create the kind of future that I want are...

a.

b.

c.

5. Three things that I have going against me in terms of creating the kind of future that I want are...

a.

b.

c.

6. The negative and destructive self-talk that I need to watch out for is...

I will combat this negative self-talk by...

7. I need to learn the following skills in order to accomplish this goal...

I need to coordinate the following resources...

I need to develop the following supports...

8. I need to get started by doing the following things...

9. I will keep myself focused on what I want to create and the benefits this will bring me by...

10. I will take care of myself while working to create the kind of future I want by...

**Exercise 9: Employment/Education
Planning Worksheet:
Getting the Job and
Education that You Want**

In order to promote lasting recovery, additional support in the MISSION-CJ program can be found in linkages to opportunities that help break down the barriers to vocational and educational achievements. While barriers to the successful attainment of vocational and educational goals may seem overwhelming, many community programs exist that promote employment and education. You are encouraged to speak to your MISSION-

CJ Case Manager about these opportunities as they can address your questions and connect you to the necessary community resources that can help you develop job hunting and interviewing skills, including answering questions related to your substance abuse and criminal justice history, that will further help you attain your vocational and educational goals. Included in this section is a sample individual employment plan; this form can help you think about how you will outline your goals. It will also help you consider your strengths and skills as you build a successful career plan. You are encouraged to complete this form with your MISSION-CJ Case Manager and Peer Support Specialist and update them regularly as you make progress toward new goals.

EMPLOYMENT SUPPORT WORKSHEET (SAMPLE)

INDIVIDUAL EMPLOYMENT PLAN

DATE: 1/18/14

OVERALL EMPLOYMENT GOAL:

I love sports. I'd like to get a job working at a sporting goods store. I might also be willing to work in the local minor league ballpark. Either way, I know I can only work part-time right now.

STRENGTHS, SKILLS, RESOURCES:

Beth is personable and she has work experience. She's worked in the past in a restaurant and a discount store. Beth has a car, but it needs repairs. Her mother is willing to help out with transportation until Beth can get her car fixed.

OBJECTIVE 1:

Beth will find a part-time job in a sporting goods store or local minor league ballpark.

INTERVENTIONS:

Beth's Peer Support Specialist, Sandra, will help Beth gather the dates of her past employment, as well as contact information for her references. She'll also help Beth think of ways to answer interview questions. Sandra will begin meeting with local sporting goods store managers and reach out to the HR department at the ballpark to learn about their businesses (at least 2 per week) and will later talk about Beth as a good potential employee and ask if the managers will meet with Beth. Sandra and Beth will also go out together once a week to explore possible work places and to fill out job applications. Sandra will help Beth purchase slacks and shirts that she can wear to apply for jobs.

PERSONS RESPONSIBLE:

Beth Smith (client), Sandra Owens (Peer Support Specialist), Clara Smith (Beth's mom)

TARGET DATE: 4/18/14

DATE ACHIEVED: 3/21/14

Beth is employed at XXX Sporting Goods Store. She will assist customers locate items, monitor the dressing room, and restock the shelves.

SIGNATURES/DATES:

OBJECTIVE 2:

Beth will excel at her new job.

INTERVENTIONS:

Beth knows that she needs employment support to maintain her new job. She does not want her Peer Support Specialist, Sandra, to accompany her into the workplace, but doesn't mind if Sandra makes phone calls to her boss (more private) to get extra feedback. If Beth has any difficulties while at work, she may change her mind about on-the-job help. Sandra will drive Beth back and forth to work for the first week just to provide a little extra support. If everything is going okay after that, Sandra and Beth will meet at Beth's apartment once a week to talk about the job. Beth's mom will also help her out with transportation until she can get her car fixed.

PERSONS RESPONSIBLE:

Beth Smith (client), Sandra Owens (Peer Support Specialist), Clara Smith (Beth's mom)

TARGET DATE: 6/21/14

DATE ACHIEVED:

SIGNATURES/DATES:

EMPLOYMENT SUPPORT WORKSHEET

Individual Employment Plan

DATE: _____

OVERALL EMPLOYMENT GOAL:

STRENGTHS, SKILLS, RESOURCES:

OBJECTIVE 1:

INTERVENTIONS:

PERSONS RESPONSIBLE:

TARGET DATE: _____

DATE ACHIEVED: _____

SIGNATURES/DATES:

OBJECTIVE 2:

INTERVENTIONS:

PERSONS RESPONSIBLE:

TARGET DATE: _____

DATE ACHIEVED: _____

SIGNATURES/DATES:



SECTION B: CHECKLISTS

Like the exercises in Section A, these checklists are meant for you to use on your own time. Your MISSION-CJ Peer Support Specialist will meet with you during the “Check-in Session” to discuss your progress and answer any questions you may have regarding the checklists. You may also make discoveries or have thoughts you would like to discuss with your MISSION-CJ Peer Support Specialist outside of “Check-in Sessions” and we encourage you to do so.

These checklists are designed to help you get the most out of your recovery. They will help you to better understand what you are experiencing and feeling so that you can help yourself and get the best help possible from others.

The individual checklists are meant to be used as follows:

- The “Sources of Stress” checklist identifies some common stressful situations as a means of exploring

what might be causing stress in your life. Because emotions in recovery can be overwhelming, it is possible to draw a blank on what is causing distress, and this checklist can help you identify topics to talk about with your MISSION-CJ Case Manager and Peer Support Specialist.

- The “Handling Stress” checklist focuses on some strategies for avoiding or coping with stress. Everyone handles stress differently, and this checklist helps you to think about some of the methods that you might have tried and to think about methods that might be successful for you. You can investigate these methods on your own or talk about them with your treatment team.
- The “Medications Side Effects” checklist lists some common side effects of psychiatric medications. This list is designed to help you to identify and describe any side effects that you experience so that you can discuss them with your doctor.

Checklist 1: Sources of Stress

Adapted from Illness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration, 2005.

Stress can come from major life events or just from your daily routine. The purpose of this checklist is to get you thinking about stressful events in your life. If you identify sources of stress, you can talk about these sources with others to help develop your own strategies for preventing or dealing with stress. As you check off items, think about how they contribute to your stress levels. The next time you talk to someone about your stress or emotions, you may want to talk about these events.

Put a check mark next to each event that you have experienced in the past year.

- Moving
- Getting married
- New baby
- Divorce or separation
- Injury
- Illness
- New job
- Loss of a job
- Inheriting or winning money
- Financial problems
- Injury or illness of a loved one
- Death of a loved one
- Incarceration
- Victim/Perpetrator of a crime
- Legal problems
- Parole/Probation
- New boyfriend or girlfriend
- Broke up with a boyfriend or girlfriend
- Stopped smoking
- Went on a diet
- New responsibilities at home
- New responsibilities at work
- No place to live
- Hospitalization
- Drinking or using street drugs
- Pressure from old friends/negative influences
- Witness or victim of violence

- Other: _____
- Other: _____
- Other: _____
- Other: _____

Place a check mark next to each “daily hassle” that you have experienced in the past week:

- Not enough money to take care of necessities
- Not enough money to spend on leisure
- Not enough money to take care of legal issues
- Crowded living situation
- Crowded public transportation
- Long drives or traffic back-ups
- Feeling rushed at home
- Feeling rushed at work
- Arguments at home
- Arguments at work
- Disagreements with parole/probation officer
- Scheduled court appearance
- Juggling of appointments (mental health, substance abuse, legal, medical, etc.)
- Doing business with unpleasant people (salespeople, transit clerks, etc.)
- Noisy situation at home
- Noisy situation at work
- Not enough privacy at home
- Minor medical problems
- Lack of order or cleanliness at home
- Lack of order or cleanliness at work
- Unpleasant chores at home
- Unpleasant chores at work
- Living in a dangerous neighborhood

- Other: _____
- Other: _____
- Other: _____
- Other: _____

Checklist 2: Handling Stress

Adapted from Illness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration, 2005.

Stress can interfere with your life, particularly with work, maintaining sobriety, managing mental health symptoms, and successful re-entry into the community. However, there are many strategies for reducing stress before it starts or coping with it more effectively when you are already feeling it. The purpose of this checklist is to help you identify some tools for avoiding or coping with stress. You might already use some of them and might just need to remember to set aside time for using these tools. On the other hand, you might identify some additional tools that you would like to try—ask your MISSION-CJ Peer Support Specialist for more information about these tools or read up about them.

When stress is interfering with your life, you have some good options. Check the appropriate box to show which of these strategies for coping with stress you are already using or would like to try.

Strategy	I already use this strategy	I would like to try this strategy or develop it further
Be aware of situations that caused stress in the past and either avoid them or, if that isn't possible, try to plan for them or prepare for them in a way that lessens stress		
Schedule meaningful activities		
Schedule time for relaxation		
Have a balance in my daily life		
Develop my support system		
Take care of my health		
Talk about my feelings		
Write down my feelings in a journal		
Avoid being hard on myself		

Strategy (Cont'd)

Strategy	I already use this strategy	I would like to try this strategy or develop it further
Identify positive features about myself		
Talk to someone		
Use relaxation techniques		
Use positive self-talk (encouraging myself rather than putting myself down)		
Maintain my sense of humor		
Participate in religion or other form of spirituality		
Exercise		
Listen to music		
Do artwork or go look at art		
Participate in a hobby		
Other:		
Other:		

Checklist 3: Medication Side Effects

Adapted from Illness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration, 2005.

Check any side effects that you might be experiencing. Talk to your doctor about them. You can also discuss side effects with your pharmacist or nurse.

	Experienced	Frequency	Description
Fatigue or over-sedation			
Slurred speech			
Confusion			
Dizziness			
Blurry vision/double vision			
Difficulty concentrating			
Memory loss or difficulties			
Inability to sleep			
Overstimulation			
Weight gain			
Nausea, vomiting, or stomach cramps			
Loss of appetite			
Thirst or dry mouth			
Diarrhea			
Constipation			
Muscle stiffness or aching			
Muscle weakness			
Tremors/twitching, restlessness, or muscle spasms			

	Experienced	Frequency	Description
Racing/irregular heartbeat			
Increase in blood pressure			
Sexual difficulties			
Irregular menstrual periods			
Fever			
Swollen lymph glands (neck, groin, under arm)			
Jaundice (yellowing skin or eyes)			
Headache			
Skin rash			
Abnormal bruising or bleeding			
Hair loss			
Other:			



SECTION C:

DUAL RECOVERY THERAPY TOOLS AND READINGS

MISSION-CJ empowers you to successfully live a stable and sober life in the community by helping you deal with your mental health, substance abuse, and criminal justice problems at the same time. To accomplish this, MISSION-CJ uses an “integrated treatment” approach, meaning that we recognize that mental health problems co-occur with substance abuse problems and that substance abuse usually worsens mental health difficulties. Further, these disorders may put you at greater risk for recidivism because aspects of each may influence your decision to engage in criminal activity. Because mental health and substance abuse problems are often interrelated, we need to learn how they interact in your life and address both of them together.

The integrated treatment that MISSION-CJ offers is very different from what you might have experienced elsewhere. A MISSION-CJ client observed that some substance abuse counselors “treat you like you are inferior, like you do not know what you need. They assume everything you are saying is because of drugs and alcohol. My depression and other issues started way before alcohol abuse, but they didn’t want to listen to that.” By contrast, MISSION-CJ’s approach to integrated treatment—Dual Recovery Therapy (DRT)—relies on listening to what you have to say and finding out what contributes to your mental health and substance abuse problems.

Throughout MISSION-CJ, you will participate in either group or individual DRT sessions, which will offer you skills to deal with your co-occurring mental health and substance abuse disorders. During your peer support meetings, you will have the opportunity to share comfortably with others who have similar experiences. Many MISSION-CJ clients have found that the small group size and supportive environment of these sessions has made sharing and getting help

much easier. These groups were strategically placed at the beginning of your MISSION-CJ experience in order to give you some early support with your mental health and substance abuse problems as you re-enter or continue to reside in the community. However, it is important to note that the skills learned during these 13 sessions will provide a foundation for you to use throughout your recovery journey and thus will be revisited during the booster DRT sessions.

During your DRT sessions, you will learn some tools and ways of thinking about your life that will help you change. Your MISSION-CJ Case Manager and Peer Support Specialist will guide you through the readings and worksheets contained in this section and ask you to share your answers.

These exercises have cover sheets, just like the ones in Section A that answer the same questions: “What’s it for?” and “Why does it work?”. They also tell you “When to use it” and “How to use it.” Your MISSION-CJ Case Manager and Peer Support Specialist will explain each exercise and guide you through it in your DRT sessions.

As you re-enter or continue to reside in the community, returning to these tools and readings can remind you of some of the things you found useful during the sessions and some of the things you learned about yourself that can help you sustain recovery. You can reinforce the skills you learned so that you can make them a part of your life. The more you use them, the more they begin to come naturally, and the better you become at making them work for you.

You can also use these tools as a measure of where you are in relation to your goals over a period of time. When you look back at your old worksheets or fill them out again in the future, compare your answers.

You may see areas in which you have traveled a long way. **Notice that! Let yourself really take in what is happening. It is real. You are moving and growing, and good things are happening.**

Maybe you find some other areas where you have slipped back or where you are stuck. These are tools that you can revisit to help you gain some

traction on an old problem. They are still here; you can still use them, and they can still work. Do not hesitate to ask a fellow MISSION-CJ client in recovery, other counselors you may have, or a twelve-step sponsor to talk about the areas you are working on and share their own answers to the same questions. We can all help each other grow and learn.

Exercise 1: Onset of Problems

What's it for?

To help you recognize when your mental health and substance abuse problems began and relate them to what was happening in your life. Timelines for each psychological symptom or substance abuse problem can be developed in order to help you understand all of the factors involved. This can help you see patterns so you know how one set of problems in your life might influence other areas of your life; then you can take actions that work for you to prevent this from happening. You can do this with your legal problems as well.

Why does it work?

This exercise lets you look at patterns on a single page where it is easy to see how one thing relates to another.

When to use it:

You can consult the timelines you constructed in a given session at any time to give you insight on how your life experiences in one area relate to those in another area. You may want to try the same exercise at another time to see if you make more discoveries that you can use.

How to use it:

The following pages show three different timelines. First, you will see a sample, and then you will see timelines you can fill out based on your own experiences.

- One of these timelines is for psychiatric symptoms. This timeline asks you to remember when you have experienced them in your life.
- Another timeline is for legal problems, such as court appearances, fines, incarceration, and probation/parole.
- The third timeline is for substance abuse. When were you using or drinking?

Once you have completed all three timelines, you can use them to explore what was happening at the same time in your life. What triggered what? Did you start using to control psychiatric symptoms? Did something in your personal life stress you out, causing symptoms to flare up? Once you can name these patterns, you can more easily make choices to put yourself in control.

MY TIMELINES WORKSHEET (SAMPLE)

Psychiatric Symptoms	Suicidal thoughts	Suicide attempt	Depression medication	Panic attacks
	2003	2004	2010	2013

Legal Problems	Shoplifting	Imprisoned for Robbery	Probation	Armed Robbery
	2003	2004	2004-2005	2013

Substance Use	1st use	Drinking daily	1st rehab	Recovery	Daily drinking	2nd rehab	1st coke/ 3rd rehab
	2000	2003	2004	2004-2008	2009	2011	2013

MY TIMELINES WORKSHEET

**Psychiatric
Symptoms**

**Legal
Problems**

Substance Use

Exercise 2: Life Problem Areas

What's it for?

To help you see where the problems are in your life that you want to change.

Why does it work?

Sometimes things can seem overwhelming, but just naming them can help.

When to use it:

You can consult the lists you developed as part of your DRT sessions at any time so you can see how things are changing for you and which areas need more work.

How to use it:

Every few months, you might want to look at the problems you listed in session and ask yourself:

1. What's getting better? What helped me change?
2. What's the same? Why? What else could I do to make it better? Who could help?
3. What's worse? Why? What can I do to change that? Who could help?

PERSONAL LIFE PROBLEM AREAS WORKSHEET (SAMPLE)

LIFE AREAS	PROBLEMS
Substance Use	<i>Use cocaine every weekend for 2 months; must stop Drink heavily every day</i>
Family	<i>Arguments with spouse – frequent! Very angry with my spouse Don't get along with Ben (15 year old stepson)</i>
Financial	<i>Last job was 5 months ago due to frequent coke use – so money is very tight Spouse is working but tough to pay bills</i>
Psychological	<i>Angry a lot</i>
Social	<i>Not very many friends</i>
Legal	<i>Possession charge</i>
Employment	<i>Unemployed – looking for work</i>
Health	<i>High cholesterol</i>
Spiritual/Religious	<i>Anger at higher power Lack of meaning in life</i>

PERSONAL LIFE PROBLEM AREAS WORKSHEET

LIFE AREAS	PROBLEMS
Substance Use	
Family	
Financial	
Psychological	
Social	
Legal	
Employment	
Health	
Spiritual/Religious	

Exercise 3: Motivation, Confidence, and Readiness to Change

What's it for?

To help you look at something you want to change in your life and see whether you have the motivation, confidence, and readiness to make something different happen. This can include changes in mental health, substance abuse, legal, and interpersonal relationships.

Why does it work?

We know that we need these things working in our favor to be in the best position to move ahead. When we honestly admit that we are just not there, we can ask ourselves what we need to do differently to increase our motivation, confidence, or readiness to change. For example, maybe you might be more confident about making a change if you had a good role model rooting for you.

When to use it:

When you are thinking about making a change in your life – or wondering why it isn't happening – you can return to this exercise. It is really helpful to look at the way you filled out the rulers for the same subject area (for example, drinking) a few months later and see where you are now. Once you have settled a bit in the community, for example, are you more or less confident? Why?

How to use it:

Identify the change you want to make in your life and then circle the numbers on the rulers, and think about where you are with the change. What would it take to make the number a little higher? How can you get more going in your favor?

IMPORTANCE, CONFIDENCE, READINESS RULER WORKSHEET

First identify the change that you would like to make in your life. Then, using the ruler below, please indicate with a line HOW IMPORTANT it is for you to make a change in this area. Marking #1 means it is not at all important to make a change, #5 means it is somewhat important, and #10 means it is very important. Please feel free to use any of the numbers in between.

Change:

Not important **Somewhat important** **Very important**

↓ ↓ ↓

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Using the ruler below, please indicate with a line HOW CONFIDENT you feel about making a change in this area. Marking #1 means you are not at all confident to make a change, #5 means you feel somewhat confident, and #10 means you feel very confident. Please feel free to use any of the numbers in between.

Not confident **Somewhat confident** **Very confident**

↓ ↓ ↓

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Using the ruler below, please indicate with a line HOW READY you feel to make a change in this area RIGHT NOW. Marking #1 means you feel not at all ready to make a change, #5 means you feel somewhat ready, and #10 means you feel very ready. Please feel free to use any of the numbers in between.

Not ready **Somewhat ready** **Very ready**

↓ ↓ ↓

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Exercise 4: Developing a Personal Recovery Plan

What's it for?

To help you think through – and commit to – the things you want to do to recover. This exercise starts with the life problem areas you identified in “Exercise 2: Life Problem Areas.” When you have mental health, substance abuse, and legal problems, they affect many areas of your life. It can seem overwhelming. But you can use this tool to get a handle on how to address them so things get better and better over time.

Why does it work?

Instead of having all the different things you need to do stressing you out, perhaps even contributing to mental health problems or making you want to use substances, this exercise helps you take control in a calm and thoughtful manner. It will help you see what you can do and think through where you might need to ask others to help you carry out your plan.

When to use it:

You will want to look at your personal plan periodically – maybe every three months – and redo it. Some problems will be resolved, but you may need new strategies to address others.

How to use it:

This may be an exercise that you do a little at a time, so you can really think through each problem area. You may want to use Exercise 6 in Part 1, Section A of this workbook, “PICBA” A Tool for Problem Solving (page 42), to decide how you want to address each set of problems.

PERSONAL RECOVERY WORKSHEET (SAMPLE)

LIFE AREAS	PROBLEMS	RECOVERY PLAN (How will the problem be addressed?)
Substance Use	<i>Use cocaine every weekend for 2 months; must stop Drink heavily every day</i>	<i>Stop using drugs and alcohol Attend NA/AA groups Learn new ways of coping with problems</i>
Family	<i>Arguments with spouse—frequent! Very angry with my spouse Don't get along with Ben (15 year old step-son)</i>	<i>Enter family counseling Improve communication skills</i>
Financial	<i>Last job was 5 months ago due to frequent coke use – so money is very tight Wife is working, but paying the bills is tough</i>	<i>Learn money management skills Look for part-time work to help with bills</i>
Psychological Psychiatric	<i>Angry a lot Feel Depressed</i>	<i>Work on developing anger management skills Get a psychiatric evaluation to find out if an antidepressant would help me feel better</i>
Social	<i>Not very many friends</i>	<i>Make an effort to talk to more people at NA/AA groups</i>
Legal	<i>Possession charge</i>	<i>Make sure to be present for court date and listen to advice from my lawyer about situation. Continue to attend NA/AA groups and individual counseling sessions for ongoing support</i>
Employment	<i>Unemployed – looking for work</i>	<i>Get a stable and satisfying job Enter vocational rehabilitation program</i>
Health	<i>High cholesterol Anger at higher power Lack of meaning in life</i>	<i>Go to community health center for check-up. Start eating healthier foods</i>
Spiritual/Religious	<i>Anger at higher power Lack of meaning in life</i>	<i>Speak with pastor about anger at higher power Increase participation in meaningful activities and relationships</i>

PERSONAL RECOVERY WORKSHEET

LIFE AREAS	PROBLEMS	RECOVERY PLAN (How will the problem be addressed?)
Substance Use		
Family		
Financial		
Psychological Psychiatric		
Social		
Legal		
Employment		
Health		
Spiritual/Religious		

Exercise 5: Decisional Balance

What's it for?

If it were easy to make changes in our behavior, we probably would not be doing a lot of the things that make trouble in our lives. It is not easy because the same things that cause problems also have some benefits. We have to look honestly at what we are getting out of the behavior and what is driving it. Then maybe we can think of another way to meet the same need that does not cause us so much trouble and helps us achieve our goals.

Why does it work?

We cannot just change by snapping our fingers. We have to decide. This tool helps us look at why we are doing what we are doing, what benefits may result, and what problems or consequences could arise.

When to use it:

When there is a behavior you feel ambivalent about changing, even though it has a definite down side.

How to use it:

Identify the behavior you are thinking about changing (for example, substance abuse), and write down honestly the benefits and the negative consequences of that behavior.

SHOULD I STAY THE SAME OR CHANGE MY BEHAVIOR? WORKSHEET (SAMPLE)

Description of the Behavior: ***Snorting cocaine.***

	Maintaining My Current Behavior	Changing My Current Behavior
BENEFITS	<p><i>I can keep the same friends and enjoy hanging out with them.</i></p> <p><i>I can escape the bad feelings and memories I have about my past crimes.</i></p>	<p><i>I could probably hold down a job.</i></p> <p><i>I wouldn't lose my temper and hurt people.</i></p> <p><i>I could avoid being arrested.</i></p>
NEGATIVE CONSEQUENCES	<p><i>I keep getting fired.</i></p> <p><i>I will keep getting really angry. I recently punched my friend and broke his nose.</i></p> <p><i>I could get arrested a third time if I rob again to get money for cocaine.</i></p>	<p><i>I couldn't hang out with the same friends or at the same places because I'd want to use cocaine.</i></p> <p><i>I'd have to find some other way to cope with the bad feelings and memories about my past crimes.</i></p>

SHOULD I STAY THE SAME OR CHANGE MY BEHAVIOR? WORKSHEET

Description of the Behavior:

	Maintaining My Current Behavior	Changing My Current Behavior
BENEFITS		
NEGATIVE CONSEQUENCES		

Exercise 6. Developing Strong Communication Skills

What's it for?

As we become stronger in recovery, we are increasingly able to have healthy relationships. A critical element in relationships that work well and feel good is skillful communication. The better we are able to communicate what we think, what we need, and what we are experiencing, the more likely we are to be understood and to have our needs met. The better we are at listening well to others, the more likely it is that others will show us the same empathy and respect in return.

Why does it work?

The simple lists that follow can do nothing on their own. But if you read them thoughtfully and relate them to your own life, they can help you identify areas where you can make improvements that will help you have better relationships with the people that matter to you.

When to use it:

It is especially helpful to review this material when you are working on improving communication with people who are important in your life – whether they are your significant other, family members, friends, MISSION-CJ Case Manager or Peer Support Specialist, other MISSION-CJ clients, or colleagues.

How to use it:

Review the “Elements of Good Communication” and “Elements of Poor Communication.” Which patterns of good communication would you like to adopt? Which elements of poor communication apply to you?

One way to change your patterns of communication for the better is to pick just a couple of changes to practice at a time. Stay conscious of them as you interact with other people, and keep it up until the new behavior becomes part of you. Then try a few more new ones. You may want to record your experiences in your journal.

It is important to remember that people who are stressed or who have some problems of their own may not respond to your efforts to communicate well with healthy communication. They will make their own choice, just as you make yours. Do not give up. Keep your commitment to a strong recovery and strong, respectful, honest relationships.

ELEMENTS OF GOOD COMMUNICATION

- **Be polite and considerate:** Treat your partner with the same basic respect you show acquaintances!
- **Stop and think:** Before commenting on things that bother you: decide not to bring up issues unless they are really important.
- **Decide not to “kitchen sink”:** Decide not to bring up other problems when discussing one problem. Try to resolve one issue at a time.
- **Express positive emotions:** Make sure to convey lots of positive feelings and to reward your partner rather than taking things for granted when they are going well.
- **Decide on fun activities together.**
- **Be considerate:** Go out of your way to offer to do tasks around the house. Give to the other without expecting anything back and without saying “I’ll do it only if you do”.
- **Avoid destructive criticism or complaining:** Phrase change requests in a positive way. Avoid complaining just for the sake of complaining.
- **Use good listening skills:** Look at your partner when he/she speaks to you. Do not interrupt! Take turns talking and listening. Validate what your partner says even if you do not agree (“I can understand why you are worried about my spending a lot of money. Maybe we can decide together how much cash I should have each week.”).
- **Try to be assertive - not aggressive:** Think about what you want before you speak. Start with a positive statement and then use “I” statements. For example, instead of, “You are a spendthrift and we’ll end up in the poorhouse. Try being a responsible adult!” try, “I’m very worried about the amount of money we’re spending. I would like to try to figure out a way we can stop spending money and start saving. What do you think?”

ELEMENTS OF POOR COMMUNICATION

- **Not listening:** Not looking at your partner when he/she is speaking, or ignoring what he/she said.
- **Mindreading:** Assuming you know what the other person is thinking, and basing your response on that rather than checking out what they are really thinking or what they mean.
- **Cross-complaining:** Complaining in response to your partner's complaint. "I hate it when you do not come home when you say you will." "Well, I hate it when you complain all the time."
- **Drifting away from the point of the conversation:** Bringing up another issue before resolving the first one.
- **Interrupting:** Talking over your partner or not letting him or her finish a sentence.
- **"Yes butting":** Agreeing yet avoiding the issue. "Yes, but what about when you embarrassed me that day" or "yes, but you've embarrassed me lots of times..."
- **Heavy silence (standoff routine):** Trying to punish the other person by ignoring him/her.
- **Escalating arguments:** Becoming louder and louder and more and more vicious.
- **Never calling a time out or asking for feedback:** Forgetting to stop the conversation if it is getting too heated. Forgetting to ask your partner what he/she really meant.
- **Insulting each other (character assassination):** Name calling, such as, "you always...you never...you're a..."
- **Not validating:** Saying things like "That's ridiculous..." "You're just creating problems. If you would just leave me alone everything would be okay." "You're crazy to think that."
- **"Kitchen sinking":** Throwing in more and more accusations and topics until you do not know what it is you're arguing about.
- **Not taking responsibility:** Always talking about what your partner is doing wrong instead of what you may be doing wrong.

Exercise 7: Orientation to 12-Step Programs

What's it for?

This section will help you use a powerful tool: the support of your peers who are also in recovery. People who use these proven programs, or others like them, are more likely to be able to practice new behaviors and reclaim their lives free of addiction.

Why does it work?

Seeing others further down the road who have overcome obstacles like our own can inspire us and give us hope. The twelve steps have helped many people find the spiritual strength and insight they need to stay in recovery. Eventually, when our healthier habits and lifestyle have become a stable pattern in our lives, we may take deep satisfaction in being role models for others.

When to use it:

Many people practice the twelve steps and attend groups their entire lives. Most people find it especially important to attend groups more frequently during early recovery. A regular pattern of attendance is a gift to yourself. It gives you allies and tools to help you stay on track.

How to use it:

Read this material carefully. If you have been part of a twelve-step group in the past, reflect on your experience and discuss it with other individuals in recovery, your MISSION-CJ Peer Support Specialist, and MISSION-CJ Case Manager. If you have not, ask your MISSION-CJ Peer Support Specialist to go with you to your first meeting. Research local groups and make a commitment to attend regularly.

ALCOHOLICS AND NARCOTICS ANONYMOUS (AA AND NA)

AA and NA emphasize complete abstinence from substances of abuse through a combination of mutual support, spiritual practices, and a personal dedication to a structured program of recovery known as the Twelve Steps. Most individuals recovering from alcohol and drug addiction view “working the steps” as the cornerstone of recovery:

- **Step One:** We admitted that we were powerless over alcohol and/or drugs and that our lives had become unmanageable.
- **Step Two:** Came to believe that a power greater than ourselves could restore us to sanity.
- **Step Three:** Made a decision to turn our will and our lives over to the care of God as we understood God.
- **Step Four:** Made a searching and fearless moral inventory of ourselves.
- **Step Five:** Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- **Step Six:** Were entirely ready to have God remove all these defects of character.
- **Step Seven:** Humbly asked Him to remove our shortcomings.
- **Step Eight:** Made a list of all persons we had harmed and became willing to make amends to them all.
- **Step Nine:** Made direct amends to such people wherever possible, except when to do so would injure them or others.
- **Step Ten:** Continued to take personal inventory and when we were wrong promptly admitted it.
- **Step Eleven:** Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
- **Step Twelve:** Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics and addicts, and to practice these principles in all our affairs.

AA/NA members are fond of noting that only Step One mentions alcohol and/or drugs, and that the remaining steps emphasize the importance of self-improvement, confession, and the cultivation of a spiritual life. They are also quick to distinguish between spirituality and religion. While both the language and the history of AA/NA are steeped in Christianity, members have become increasingly tolerant of almost any spiritual inclination that cultivates humility and fellowship.

Over the decades, we have witnessed an explosive proliferation of twelve-step offshoots. Emotions Anonymous, Nicotine Anonymous, Cocaine Anonymous, Al-Anon and Alateen are only a few of the groups open to those seeking to recover from a variety of disorders and emotional conditions. All closely follow the Twelve Steps and have adopted them virtually verbatim, with only a minimum number of necessary changes in language. Therefore, clients in a variety of twelve-step recovery programs share a common set of principles and a common language. The following are a few commonly encountered twelve-step terms and concepts:

- **Dry Drunk** – A state of mind characterized by abstinence without spiritual and emotional growth.
- **Earth People** – Those not involved in twelve-step recovery.
- **Friend of Bill** – Fellow twelve-step program member.
- **HALT** – Hungry, angry, lonely, and tired. A quick checklist of mood states that can act as triggers. It is often said in AA that “alcoholics can’t afford to get angry.”
- **On the Tracks** – Flirting with disaster by spending too much time around people, places and things.
- **Pigeon** – A newcomer who is working with a sponsor.
- **People, Places, and Things** – Stimuli associated with using drugs and alcohol.
- **Serenity Prayer** – “God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.” Recited at every meeting, this prayer is used frequently by members as a meditation.
- **Slogans** – Phrases commonly heard or prominently posted in AA/NA meetings.
- **Bring the Body and the Mind Will Follow** – Advice to the newcomer who may be confused, overwhelmed, or disoriented.
- **Don’t Drink and Go to Meetings** – Bottom line advice for remaining abstinent, even during the toughest of times.
- **Live and Let Live** – Promotes tolerance and a spiritual mindset.
- **Think!** – Admonishment aimed at combating impulsivity.
- **One Day at a Time** – A crucial concept to AA/NA members, who generally attempt to remain sober for only 24 hours at a time. This slogan can help to inspire a present-centered, mindful attitude.
- **There but for the Grace of God go I** – A reminder to always keep some “gratitude in your attitude.”
- **Sponsor** – An AA/NA “old-timer” who can act as a guide and support to the newcomer. It is recommended that sponsors be 1) sober for at least one year, 2) of the same sex as their protégés, and 3) emotionally stable.

Another recent development has been the founding of meetings appropriate for particular populations. Newcomers in highly populated areas often find that they can choose from meetings specifically targeting professionals, gay and lesbians, men, women, or people with mental illness. Nonetheless, three basic formats remain predominant. Speaker meetings showcase one or more members in recovery chronicling their active addiction and recovery. Speaker meetings can be open meetings (welcoming to visitors who are not working toward recovery) or closed meetings (restricted to those working toward recovery). Step meetings focus on reading and discussing one of the Twelve Steps. Discussion meetings explore in-depth personal experiences with a specific recovery-oriented topic. Both step and discussion meetings are likely to be closed meetings.

In addition to their involvement in specific programs, those in twelve-step recovery programs often endorse a vision of change different than that typically embraced by the mental health and medical treatment communities. For those in twelve-step programs, recovery is a powerful and meaningful word. There is neither a single agreed-upon definition of recovery nor a single way to measure it; it is simultaneously a process, an outlook, a vision, or a guiding principle, and is symbolic of a personal journey and a commitment to self-growth and self-discovery. Recovery is a complex and typically non-linear process of self-discovery, self-renewal, and transformation in which a client's fundamental values and worldview are gradually questioned and often radically changed. The overarching message is that hope and restoration of a meaningful life are possible, despite addiction or mental illness. Instead of focusing primarily on symptom relief, as the medical model dictates, recovery casts a much wider spotlight on restoration of self-esteem and identity and on attaining meaningful roles in society. Recovery is often linked with twelve-step recovery; however, there are different roads to recovery, and recently participants with a mental illness have adopted this word to describe their journey. This trend has been accelerated by the involvement of those with co-occurring disorders participating in twelve-step recovery programs.

Exercise 8: Anger Management

What's it for?

To help identify the things that make you angry so that you can gain control over your reactions and choices.

Why does it work?

Anger can often take us by surprise. By reacting in the moment, we can damage friendships, hurt ourselves or others, abuse substances, commit crimes, and/or lose our ability to assess what is really going on. Therefore, uncontrolled anger may even lead us to react in ways that are punishable by the law. When we have a good sense of what our triggers are, we can still have that flash of rage or anger, but we can also pause and take control of the situation in ways that allow us to register our anger and foster better outcomes.

When to use it:

Because anger is sudden and can make us feel out of control, we need to thoughtfully identify our triggers in advance based on past experience.

How to use it:

Fill out the worksheet and/or jot down your thoughts and feelings in your journal, then come back to it when something makes you angry and refine your answers as needed. Knowing your triggers will help you to reflect on them. You can work with your MISSION-CJ Case Manager and Peer Support Specialist as well as your other treatment providers to see how you can best give yourself the space to respond in a way that will result in a positive outcome.

ANGER MANAGEMENT WORKSHEET

Everyone reacts differently to different situations. What makes one person very angry may make another person only slightly annoyed. This is because our own experiences and personal interpretations of things greatly affect our emotional responses to them. Once you become aware of things that trigger you to become angry, you can begin to work on how you respond to them. Below is a checklist of things that often make people angry. Which ones do you have the most difficulty handling?

I am likely to get very angry when:

- I think that I am being treated unfairly
- People criticize me
- I remember times that others have mistreated me in the past
- I feel insulted
- People disobey or disagree with me
- I do not get credit for something I have done
- I feel embarrassed
- People lie to me
- People tell me what to do
- I feel that I have failed at something
- People are late or waste my time
- People ignore me
- I have to wait
- There is a lot of noise or confusion around me
- I see others being mistreated

_____ I feel helpless or out of control

_____ My chronic pain worsens

_____ I am reminded of the death of a loved one or close friend

_____ I feel angry that I was in prison and lost my freedom for a period of time

_____ I am reminded of a time that I have mistreated others in the past

_____ I feel at fault for a real incident involving harm to others

_____ People do not let me live down mistakes that I have made in the past

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____

Exercise 9: Relapse Prevention

What's it for?

Preventing relapse is much easier than trying to recover after one, retracing difficult steps, and fighting to regain lost ground. However, we can learn to recognize the signs that a relapse could happen and then take action to avoid it. This exercise can help.

Why does it work?

The more we become conscious of the signs that indicate we might be about to relapse, the more we are able to take control and steer away from trouble.

When to use it:

Work through this carefully when you are not in immediate danger of relapse and can think clearly. It helps to discuss your experiences and plans with others like your MISSION-CJ Peer Support Specialist and Case Manager, or sponsor.

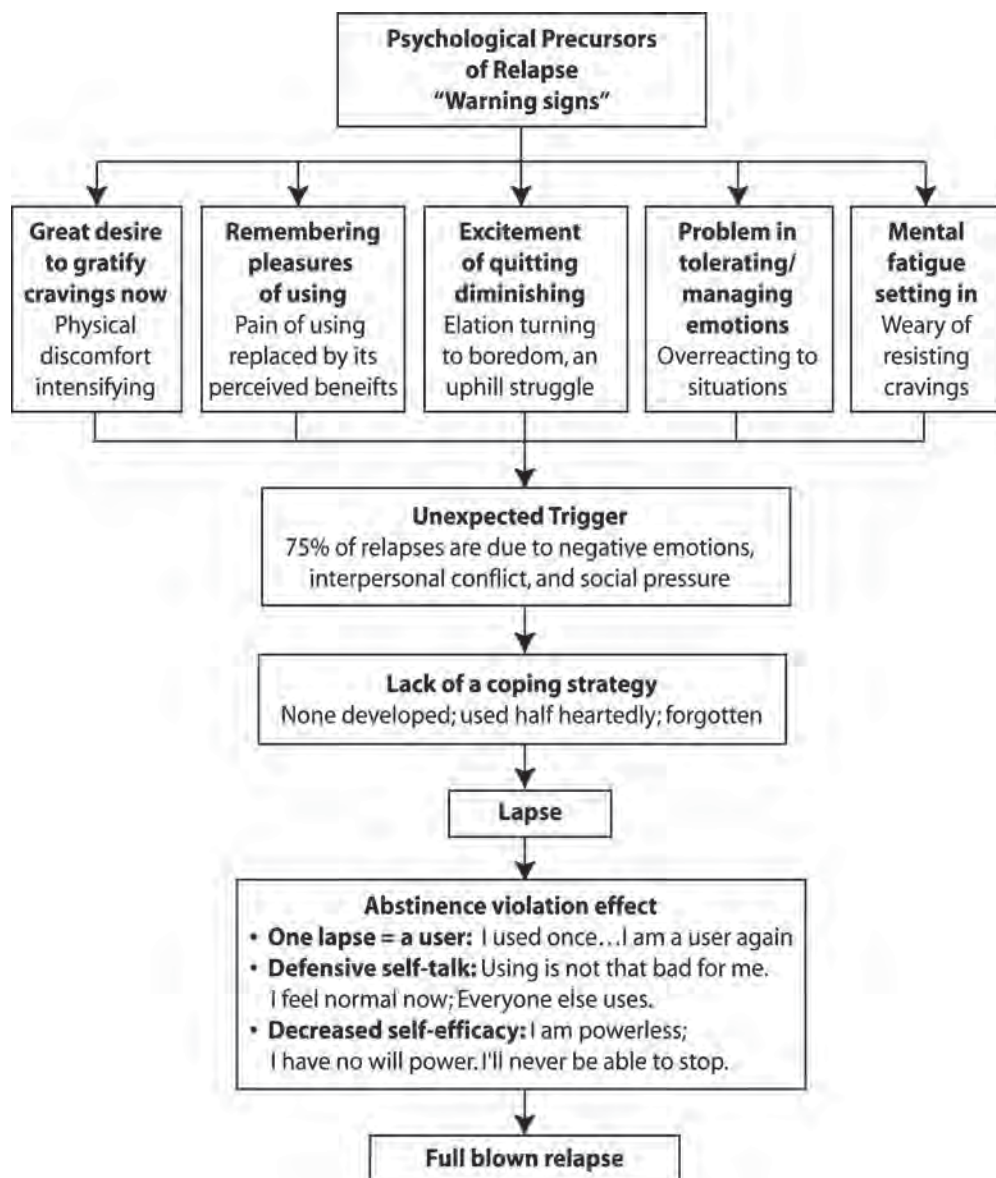
How to use it:

Review the chart on warning signs of relapse and discuss it with others. Read through the material on safe coping strategies and mark those you think would be especially helpful for you. Work on a change plan that you have faith in and believe it can help prevent a relapse. Then – use it!

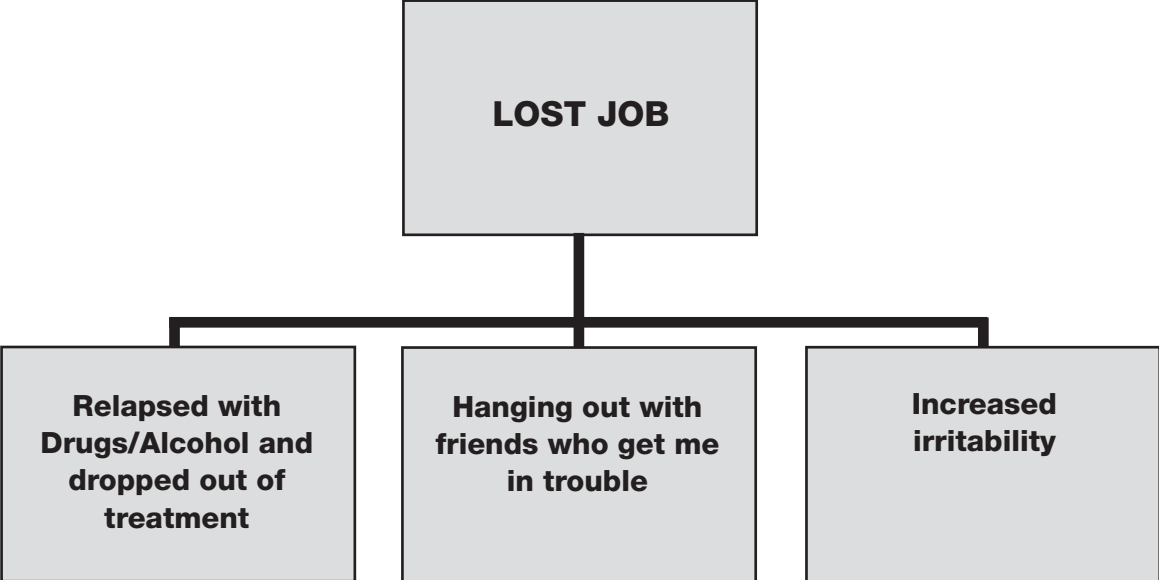
WARNING SIGNS FOR RELAPSE

Preventing relapse is different from helping someone to stop using initially. The action stage of quitting involves helping an individual to formulate a positive action plan for quitting, whereas relapse prevention involves identifying proactive ways to minimize the tendency to backslide. As relapse appears to be the last link in a chain of warning signs leading to a high-risk situation, prevention involves identifying, analyzing, and managing warning signs.

During the initial quitting stage, major warning signs for relapse are either physiological or psychological withdrawal symptoms, depending on the substance of abuse. As physical discomfort begins to ease, warning signs are due more to psychological factors. The flowchart identifies major psychological warning signs.



SAMPLE WARNING SIGNS BEFORE RE-ARREST



SAFE COPING STRATEGIES TO TRY

People who experience powerful emotions often try to cope by using a variety of strategies. Unfortunately, some of these strategies are self-destructive or self-defeating, and only make matters worse. When you are faced with thoughts, feelings, or memories that are hard to handle, we suggest that you try the following:

STOP! – Avoid doing anything impulsive. Remember the first rule of recovery - safety first. When people are scared, they react quickly and automatically. You have the power to decide to react differently – use it!

THINK! – Ask yourself: “Do I really want to react this way? What is it that I am afraid of? What can I do differently to make myself feel better?” Make a decision to act, rather than react.

COPE! – Do something healthy that will help you to stay safe and feel more in control of your emotions. Consider one of the following:

- Ask for help – call someone who cares and who can help.
- Delay – postpone doing something destructive (such as using or hurting yourself).
- Ask “what can I learn here?” – turn an upsetting moment into a learning experience.
- Take care of your body and your overall health – eat well, sleep on a normal schedule if possible each night, and exercise regularly.
- Take a bath – warm water can be relaxing and calming.
- Set limits – say “no” when necessary.
- Speak kindly – to yourself and others.
- Avoid extremes – move towards the opposite if you find yourself overdoing anything.
- Seek healthy control – look for things you can change, and let go of things you can’t.
- Stay in the moment – avoid anticipating disaster.
- Breathe – regularly, deeply. Focus on your breathing to shut out overwhelming thoughts and feelings.
- Remember your values – avoid actions that will bring regret later.
- Do not give up – keep trying, even when discouraged.
- Choose courage – be willing to make hard choices.

DUAL RECOVERY THERAPY CHANGE PLAN WORKSHEET (SAMPLE)

The changes I want to make are:

When I feel afraid of relapsing or something brings back strong memories of using, I don't want to give in. I want to have something else to do. I could call Jake or Carmen from my MISSION-CJ DRT groups, as they are further along in the program, or my NA sponsor. I could make plans to go to a Twelve-Step group that day. I could also read over my goals and what I want to achieve. It will also help if I exercise every day at the gym.

The most important reasons for me to make these changes are:

I want to share custody of my children.

I want to have a steady job and a stable home.

I want to respect myself.

I don't want to go to jail.

The steps I plan to take in changing are:

I will go to the 12-Step Group on First Street on Wednesdays and the one at the Y on Saturdays. I will take a route to and from work that doesn't take me by my old drinking spots.

I will avoid my favorite drinking spot and try out new hobbies like church groups or book clubs at the library, where I can form sober relationships with others who share similar interests.

The ways other people can help me to change are:

It will help if people tell me the positive changes they see.

I will know that my change plan is working if:

My children really enjoy hanging out with me again.

I can keep a job.

I begin to develop new friendships outside of my addiction.

I receive positive feedback from my probation officer.

Some things that could interfere with my change plan are:

I could get a call from some of my drinking buddies. I would have to tell them I don't drink any more. That will be hard. I will role-play that with Jed, my MISSION-CJ Peer Support Specialist, so I know what I want to say. I will also ask Jed how he handled similar situations.

DUAL RECOVERY THERAPY CHANGE PLAN WORKSHEET

The changes I want to make are:

The most important reasons for me to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me to change are:

I will know that my change plan is working if:

Some things that could interfere with my change plan are:

Exercise 10: Relationship-Related Triggers

What's it for?

To help identify some of the things that other people do that can trigger your substance abuse and understand why you react the way you do.

Why does it work?

Sometimes we do not really “get” what’s happening with people we care about. They can always get under our skin. It helps to get specific about what the triggers are that really get to us and say honestly what it is we’re really feeling when those things happen or those words are said.

When to use it:

When you feel an urge to use, you can think about what just happened that set it off. If there is another person involved that you care about, maybe they will be willing to change what they are doing in some way so it does not get to you so much.

How to use it:

Fill out the first three questions on the worksheet. When you are feeling calm and ready to listen, approach the other person. Explain the trigger and how it makes you feel. Find out if the other person sees a way to change what they are doing. Also, consider attempting to understand why the other person chooses that behavior and what his other intentions may be.

RELATIONSHIP-RELATED TRIGGERS

Spouses, friends, and family members may have strong emotions about your substance use and/or prior criminal activity: anger, frustration, desperation, and sadness. They may use a variety of methods to cope with it. Sometimes the ways they choose to cope “backfire” – that is, increase the chances that you will go use or slip back into old habits that might have gotten you into trouble with the law in the first place. You may have a history of fighting with your partner, and may have domestic violence or restraining issues.

Sometimes, situations that involve spouses, friends, or family members serve as triggers for use or illegal behavior; for example, you may be asked to attend social functions together, where you might face an open bar or come across an old friend who distributed cocaine with you prior to your imprisonment.

REMEMBER:

- Spouses, friends, and family members are not to “blame” for these triggers!
- Ultimately, it is your personal responsibility to control your behavior, regardless of the trigger!

BUT:

- Is there anything the spouse, friend, or family member can do differently to eliminate or change certain triggers for the user?

EXAMPLE: Partner related Chains

One of the children was suspended from school today for fighting with another child. The wife received the call from the school, had to pick up her son, and is angry at him for his attitude about the event, which seems to be “Good – I get a day off.” The husband walks in the door, and she starts to tell him what happened. His reaction is, “It’s no big deal, and it’s good that he stood up for himself.” She yells at him, “That is so typical of you. No wonder your son is in trouble – he’s just like you – no respect for rules or laws. If you hadn’t been using drugs for so long, maybe you’d realize that this is a bad situation.” He stares at her, feeling more and more edgy and angry as she continues to yell. Then he turns around, leaves the house, and goes over to his cousin’s, who always has some dope that he can cop.

In this example, the partner complaining about irresponsibility because of drug use is a Trigger for further drug use. This is a partner-related trigger. After using, short-term positive consequences might include avoiding dealing with the household problems and not being bothered by his wife. Long-term consequences might include feeling depressed, guilty and angry with himself for having no self-control over drug use and for being too lazy to deal with family problems as they come up.

RELATIONSHIP-RELATED TRIGGERS WORKSHEET (SAMPLE)

List some Relationship-Related Triggers that you can think of:

- 1. My girlfriend Aliyah won't lend me money when I really need it.*
- 2. My brother Malik keeps trying to get me to go back to school ever since I got released from prison.*
- 3. My children keep asking me to buy them things that I can't afford.*

What kinds of things do you think and feel when faced with these triggers?

- 1. I get furious when I can't get money. Also, I feel frustrated, helpless and alone.*
- 2. I get stressed out when I think about school. Maybe it would help me get a better job, but I wasn't a good student before. I don't want to be humiliated. I feel jealous of Malik, I guess – things always seemed so much easier for him.*
- 3. I feel guilty and ashamed that I can't buy my kids what they want. Sure, they have the necessities, but sometimes I feel like they just keep paying for my mistakes.*

What might you typically have done then?

- 1. I usually yell at Aliyah and leave the house angry.*
- 2. I told Malik to just shut up and leave me alone.*
- 3. I eventually give in to the kids, then get even more stressed out about whether or not we'll have enough money to make it through the rest of the month.*

To Spouse, Family Member, or Friend:

Can you change anything about these triggers to make them less important?

- 1. I shared this page with Aliyah and asked her why she doesn't want to lend me money when I need it. She told me she couldn't lend me money and have me drink it away. But she says after I've been sober at least 6 months, she could help me out a little if I need it sometimes, just as long as I get a job and pay it back.*
- 2. I explained to Malik that I'm just not ready to think about school right now, and he agreed to stop asking me about it.*
- 3. I spoke to my kids about our need to budget and encouraged them to get a paper route or mow lawns in the neighborhood. This can be a good opportunity to teach them about the value of a dollar.*

RELATIONSHIP-RELATED TRIGGERS WORKSHEET

List some Relationship-Related Triggers that you can think of:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

What kinds of things do you think and feel when faced with these triggers?

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

What might you typically have done then?

- 1 _____
- 2 _____
- 3 _____
- 4 _____

To Spouse, Family Member, or Friend:

Can we change anything about these triggers to make them less important?

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Exercise 11: Changing Unhealthy Thinking Patterns

What's it for?

To help you think about and change the ways you think about problems.

Why does it work?

The thinking patterns we get used to can keep us from changing, undermining our attempts to change. But if we build new ones and practice them, we can feel better.

When we change the way we are thinking, we change the way we feel and act. But we cannot pull this off until we go through an exercise of listening to ourselves and really hearing what we are telling ourselves – and questioning it. We need to begin to recognize when we are giving ourselves friendly counsel and when the old ways of thinking can keep us in a trap.

When to use it:

This is a good exercise to use every once in a while as you move through recovery to see where you are making progress, where you need to remind yourself of something you want to change, and where you are falling back into old habits.

How to use it:

Read through the examples of old ways of thinking from your DRT sessions, and read through the worksheet in which you thought about how you wanted to change. How are you doing? Have you had the old negative thoughts lately? Are you beginning to use the new messages more? If not, it is time to bump up the level of consciousness of what you want to change and let it happen.

TYPES OF UNHEALTHY THINKING

- **ALL OR NOTHING THINKING:** You see situations in black or white terms--if your performance is not perfect, you see yourself as a total failure.
- **OVERGENERALIZATION:** You see one negative event as part of a never ending pattern of defeat.
- **MENTAL FILTER:** You pick out one negative detail and dwell on it exclusively.
- **DISQUALIFYING THE POSITIVE:** You reject positive experiences by insisting that they “don’t count.”
- **JUMPING TO CONCLUSIONS:** You make negative interpretations even though there are no definite facts to support the conclusion. (This includes mind reading and the “fortune teller error” in which you anticipate things will turn out badly and are absolutely certain that you are right.)
- **CATASTROPHIZING OR MINIMIZING:** You exaggerate the importance of things (such as your own mistakes or another’s accomplishments), and then either magnify your own faults or minimize your own strengths.
- **“SHOULD” STATEMENTS:** You have rigid categories of what you should and should not do, and you feel guilty if you do not live up to your standard. You may also feel angry, resentful, and frustrated with others if they do not live up to these same standards.
- **LABELING:** You attach labels to yourself or others because of errors (for example, “I’m a loser”).
- **“WHAT IF”:** You spend time and energy worrying or thinking about possible events that might happen. “What if my wife is in an accident?” “What if I get sick and can’t work?” It is appropriate to plan for things that really might happen, but it is not helpful just to worry.

Common types of thinking errors that spouses of individuals with substance abuse or past criminal activity may use:

- **ALL OR NOTHING THINKING:** “My partner is being good, or he’s being bad.”
- **OVERGENERALIZATION:** “If he has one urge to use, or has one bad day in which he uses, he’s hopeless (or unmotivated).”
- **“SHOULD” STATEMENTS:** “I should be able to keep him from going back to prison.”
- **PERSONALIZATION:** “His drug use problem is all my fault.”

IDENTIFYING “STINKING THINKING” WORKSHEET (SAMPLE)

Experts believe how we think about things affects the way we feel. Mental health professionals call this cognitive distortion; Twelve Step programs call it “Stinking Thinking”. Negative and self-defeating ways of thinking can make you depressed or anxious and can set you up for relapse or recidivism. It can also put impossible demands on your relationships. Below are some examples of stinking thinking – make note of how many are typical of you. Write some examples from your own experience.

Black and White Thinking: Does everything seem absolutely true or false? Right or wrong? Great or awful?

Example: *“I relapsed again; I am a total failure. I can’t do anything right.”*

Examples from my experience: *Last time I was in treatment, just before I went to jail for possession.*

Projecting: Do you always predict the worst? If one bad thing happens, do you imagine the worst possible outcome? Or as they say in AA, do you “dwell in the wreckage of the future?”

Example: *“If I open my mouth everyone will think I’m stupid and they’ll hate me.”*

Examples from my experience: *In group yesterday, when I just couldn’t say what I wanted to say.*

I-can’t-take-it! Do you convince yourself you can’t tolerate frustration or discomfort? Do you think you are going to fall apart if you feel unhappy or anxious?

Example: *“I have to use when I get mad or I will just fall apart.”*

Examples from my experience: *When I went through my divorce. After I got out of prison the first time and was ashamed to face my family.*

Emotional Reasoning: Do you think that your moods always reflect reality? If you feel angry does it mean that others are wrong? As they say in AA, “how I feel is not the best indication of how I am doing.”

Example: *“I just know that things aren’t going to work...I can feel it.”*

Examples from my experience: *When I first started my new job and things seemed to be going so well.*

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Example: *“If I open my mouth everyone will think I’m stupid and they’ll hate me.”*

Examples from my experience:

I-can't-take-it! *Do you convince yourself you can't tolerate frustration or discomfort? Do you think you are going to fall apart if you feel unhappy or anxious?*

Example: *"I have to use when I get mad or I will just fall apart."*

Examples from my experience:

Emotional Reasoning: *Do you think that your moods always reflect reality? If you feel angry does it mean that others are wrong? As they say in AA, "how I feel is not the best indication of how I am doing."*

Example: *"I just know things aren't going to work out...I can feel it."*

Examples from my experience:

COMBATING “STINKING THINKING” WORKSHEET (SAMPLE)

Black and White Thinking

Example: *“I relapsed again; I am a total failure. I can’t do anything right.”*

Healthier Response: *“Relapse is serious, but it doesn’t mean I am a total failure.”*

OR

“I have a choice about whether I use drugs today.”

Projecting

Example: *“If I open my mouth everyone will think I’m stupid and they’ll hate me.”*

Healthier Response: *“Why do I care so much what other people think of me? I am here to help myself, not to keep them happy.”*

OR

“Everyone makes mistakes sometimes when they talk. People won’t hate me for it.”

OR

“I don’t need to be so hard on myself. People probably aren’t judging me that harshly.”

I-can't-take-it!

Example: *"I have to use when I get mad or I will just fall apart."*

Healthier Response: *"I can deal with this. I am stronger than I think I am."*

OR

"I may feel bad, but that doesn't mean I have to use. I have a choice."

OR

"Relapsing will feel worse than getting mad."

Emotional Reasoning

Example: *"I just know things aren't going to work out...I can feel it."*

Healthier Response: *"Just because things feel bad doesn't mean they are bad."*

OR

"I can control my behavior, but not the results."

OR

"I need to live in today. Most things I worry about will never happen."

COMBATING “STINKING THINKING” WORKSHEET

Now that you have identified your “stinking thinking” and learned about healthier ways of thinking, it is time to practice. Take your examples from the “Identifying Stinking Thinking” worksheet, and come up with at least one healthier response. Remember, a healthy response should be realistic and reflect a balanced view of your problems. Then, go on to the next worksheet and see how you can put new ways of thinking into action.

Black and White Thinking

My Example:

My Healthier Response:

Projecting

My Example:

My Healthier Response:

I-can't-take-it!

My Example:

My Healthier Response:

Emotional Reasoning

My Example:

My Healthier Response:

PRACTICING NEW WAYS OF THINKING WORKSHEET (SAMPLE)

Situation or Event	Automatic Thoughts	Emotion(s) Felt During the Situation or Event	Behavioral Response	Adaptive Thoughts	Potential Emotion Associated with the Adaptive Thought	Potential Behavioral Response
Describe the situation or event that was upsetting.	What were you thinking at the time of the event?	What emotion(s) did you feel at the time?	How did you react to the situation?	What are some other ways of thinking about the event?	What emotion(s) might be associated with this new way of thinking?	How would this new way of thinking and feeling affect how you might react to a similar event in the future?
<i>My date was rude to me and started flirting with other women.</i>	<i>I'm a loser. I'm fat. I'll never find someone who really loves me.</i>	<i>Patience, more confidence.</i>	<i>I wanted to take some drugs. I didn't, but I left the reception early and went home and cried.</i>	<i>He's just one guy. I will find someone else. My Counselor will help.</i>	<i>Patience. More Confidence.</i>	<i>I might be able to stay and have fun – and maybe meet someone new, who knows?</i>

PRACTICING NEW WAYS OF THINKING WORKSHEET

Situation or Event	Automatic Thoughts	Emotion(s) Felt During the Situation or Event	Behavioral Response	Adaptive Thoughts	Potential Emotion Associated with the Adaptive Thought	Potential Behavioral Response
Describe the situation or event that was upsetting.	What were you thinking at the time of the event?	What emotion(s) did you feel at the time?	How did you react to the situation?	What are some other ways of thinking about the event?	What emotion(s) might be associated with this new way of thinking?	How would this new way of thinking and feeling affect how you might react to a similar event in the future?

Exercise 12: Changing Irrational Beliefs

What's it for?

To help notice and change things that we believe get in the way of recovery.

Why does it work?

Human beings are pretty smart, but we are also smart enough to lie to ourselves and get away with it sometimes. We just have to catch ourselves and say, "no way!"

When to use it:

This is good to do whenever we just did something self-destructive or hurtful to someone else. That is usually when we tell ourselves something that is not true to justify what we did, or to make sense of an action that really just was not a good or fair choice.

How to use it:

Read through the list of irrational beliefs and you will get the idea. Think about which ones ring true and put them in your own words, or think of other things you tell yourself. Write them down, just the way you think of them. Then write down a true statement, one that will be healthy and will help you recover.

TEN POPULAR IRRATIONAL BELIEFS

When we live by rigid, irrational rules, we set ourselves up for disappointment, overreaction to problems, and needless unhappiness. When we challenge those beliefs and think of how we want to change, we take another step toward recovery and make our lives a little easier.

Here are ten irrational beliefs:

1. I must be loved, or at least liked, and approved by every significant person I meet.
2. I must be completely competent, make no mistakes, and achieve in every possible way, if I am to be worthwhile.
3. Some people are bad, wicked, or evil, and they should be blamed and punished for this.
4. It is dreadful, and feels like the end of the world, when things aren't how I would like them to be.
5. Human unhappiness, including mine, is caused by factors outside of my control, so little can be done about it.
6. If something might be dangerous, unpleasant, or frightening, I should worry about it a great deal.
7. It is easier to put off something difficult or unpleasant than it is to face up to it.
8. I need someone stronger than myself to depend on.
9. My problem(s) were caused by event(s) in my past, and that's why I have my problem(s) now.
10. I should be very upset by other people's problems and difficulties.

PERSONAL IRRATIONAL BELIEFS WORKSHEET (SAMPLE)

Irrational Belief	Possible Modification of Belief
<p><i>I will never get out of the punishment/ criminal cycle given my background. I will always end up with the cop, the lawyer and/or the judge looking to lock me up and not help me.</i></p>	<p><i>It is hard to convince the authorities that a guy with my kind of rap sheet can turn his life around. I have taken some steps in the right direction though. My probation officer has noticed how hard I am working on my recovery and is pretty helpful now. Maybe the cops in my neighborhood will notice as well and ease up on me.</i></p>

PERSONAL IRRATIONAL BELIEFS WORKSHEET

Irrational Belief	Possible Modification of Belief

Exercise 13: Scheduling Activities in Early Recovery

What's it for?

To help organize your time so that your life is full and rewarding – without the need for drugs, alcohol, or crime.

Why does it work?

This exercise is especially helpful when you are in early recovery and building the habits that will help you stay in recovery. If you just let yourself drift without any plans for the days and weeks to come, it is very easy to slide into the old habits that caused so much trouble before.

When to use it:

As you re-enter the community or reassess your lifestyle following criminal justice involvement, plan how you want to structure your time using the worksheet that follows. It will help you make room for activities that will help promote your recovery. Reclaim the sports, caring friendships, relationships, and good health that you enjoyed at good times in your life. If you have not had those good times – it is time to start!

How to use it:

Answer each question thoughtfully. If you are not sure, talk over options with your MISSION-CJ Peer Support Specialist, a trusted friend, or your sponsor. Then revisit the plan periodically to see how it is working and add things you find that work for you. Reflect on what you are doing in your journal. If you write about what you did and how it worked, or how it did not work, you can learn a lot about yourself.

SCHEDULING ACTIVITIES IN EARLY RECOVERY WORKSHEET (SAMPLE)

Many people in early recovery find they need help structuring their time. In the past, life may have been organized around drugs, alcohol, and criminal activity. Staying sober and law abiding involves developing a new lifestyle structured around more healthy activities. This worksheet is designed to help you begin to think about ways to organize your day.

What activities can I do every day to take care of my physical health?

Drink more water and cut out the soda. Run or work out.

What recovery-related activities can I do every day?

Write in my journal.

Listen to calm music or just be quiet and meditate for 20 minutes.

What are some activities that I can do by myself?

Either one of those above. I can also read more. I like books about history.

What are some activities I can do with others?

I can play basketball sometimes.

What are some activities that I will enjoy?

I like basketball. I used to play guitar, and I liked that a lot. I think my guitar is at my brother's house. Maybe I can pick it up and start playing when I have my own place to live.

What are some activities that will make me feel good about myself?

Working out, basketball, running – all those things will make me feel better. I'd like it if I got to play guitar pretty well too. And I guess if I can pass the auto mechanics certification program eventually that would make a huge difference. I bet I could do it. I'll look into it further early next week.

SCHEDULING ACTIVITIES IN EARLY RECOVERY WORKSHEET

Many people in early recovery find they need help structuring their time. In the past, life may have been organized around drugs, alcohol, and criminal activity. Staying sober and law abiding involves developing a new lifestyle structured around more healthy activities. This worksheet is designed to help you begin to think about ways to organize your day.

What activities can I do every day to take care of my physical health?

What recovery-related activities can I do every day?

What are some activities that I can do by myself?

What are some activities I can do with others?

What are some activities that I will enjoy?

What are some activities that will make me feel good about myself?

MISSION

Criminal Justice

PARTICIPANT WORKBOOK



PART 2

READINGS AND REFLECTIONS



INTRODUCTION TO PART 2

Part 2 of the MISSION-CJ Participant Workbook offers what we hope will be some helpful perspectives on getting the most out of what you have learned, fulfilling your goals, staying clean and sober, and building a life in the community. The whole reason that MISSION-CJ exists is that dealing with having been arrested, being in court-related programs, and/or transitioning from jail or prison back to the community is difficult, as is changing your lifestyle following other types of criminal justice involvement (e.g. diversion, probation). Others who have come before you and have walked in your shoes have expressed their opinions about some of the things that they wished they had known. You and your MISSION-CJ Case Manager will begin to discuss these readings as you are beginning to think about moving forward in your life. The readings are meant to provide you with additional information and serve as a springboard to help you to start thinking about your future.

We have pulled together opinions from previous MISSION-CJ clients about what might be helpful to you and provided some reading material on topics that can help you sustain your recovery from psychological, substance abuse, and criminal justice problems together with some practical advice about living in the community and making it in a sometimes tough world.

MISSION-CJ serves clients with many different skills, abilities, interests, and experiences. MISSION-CJ clients find some strategies for recovery more useful than others, and you might have your own opinion on the topics discussed because you have “been there, done that.”

We have included a range of information on a variety of topics others in recovery find relevant to their lives. Some information might be more helpful than other information for you. We have divided the material into smaller segments to help you identify the portions that might be most useful to you. As many MISSION Peer Support Specialists advise, if it don't apply, let it fly. Instead, use the information that you find helpful to prepare for a new life in the community.

We have also provided some questions to help you reflect on what you have just read. You can use them to help you think about these issues on your own, or you can discuss them with someone who can help. You might also want to use them as journal topics. Often, when we write about things that are important, we make discoveries that are really beneficial. We hope these readings help you as you recover, meet the challenges that come up, celebrate your victories and joys, and begin to lead the kind of life you really want.



SECTION A:

SUSTAINING RECOVERY

Sustaining recovery from co-occurring psychological and substance abuse problems and, consequently, abstaining from criminal activities that are often linked with illicit drug use can be extremely challenging. For many, drinking or using drugs is the only way they've ever known to deal with the distress they feel. As one MISSION-CJ client commented, *"For someone who's been anesthetizing his feeling, how do you tell him the feeling is normal? When I went through hard times, and the desire to use, I ended up exactly where I thought I would."* Unlike the old adage that insanity is doing the same thing over and over and expecting different results, he observed, *"Insanity is doing the same thing over again, even though you know the results and you just do it anyway. What scared me was feeling the way I was feeling and not knowing what to do about it."*

This section of the MISSION-CJ Participant Workbook offers some advice for keeping your recovery going, not just while you are participating in a particular program to help you recover, but for years to come. When you re-enter the community (or continue to reside there), you will receive ongoing support for several months. During this time, you will learn what kinds of supports work best for you and where to find the support you need in the community. You are responsible for each step you take – but you are also connected to other people, and those connections will help sustain your recovery.

This section provides some practical advice from the perspectives of MISSION-CJ Case Managers and Peer Support Specialists and from MISSION-CJ Clients who've also walked in your shoes. Listen to these voices and know that they are the voices of friends who

know two things: sustaining recovery isn't easy, and *you can do it!* The specific topics this section addresses are:

- Understanding mental illnesses
- Coping skills
- Preventing relapse
- Medication management
- Using the Internet for information about recovery

This section also includes some material that will encourage you and give you useful insights.

You have been through a lot in your life, but your biggest challenge lies ahead. You have gone through an intensive treatment program in order to help you cope with mental health, substance abuse, and criminal justice problems and have begun your journey of recovery. Sustaining that recovery presents an ongoing challenge.

At first, maintaining your recovery might occupy your thoughts almost every moment of the day. Later, you might find yourself thinking about it less. However, the danger will not go away. You have worked hard to get as far as you have gotten and sometimes you will slip – everyone does. But when you do, take a deep breath. Listen to the encouragement of the people around you who have your best interests at heart.

And then, keep going!

1. Understanding Mental Illnesses

While MISSION-CJ helps people with criminal justice involvement who have both psychological and substance abuse problems, people often overlook their psychological problems. Many people with co-occurring disorders are in denial about their mental health problems and attribute their anxiety, depression, or other distress to the drugs or alcohol they have used. In fact, short-term anxiety and depression certainly can be related to drug or alcohol use, but when symptoms persist after drug or alcohol use has stopped, it is clear that there are other issues. Sometimes, the use of drugs or alcohol may have begun as a way of “treating” the symptoms and is associated with one’s involvement in crime. Fortunately, there are better ways!

Your counselors, peers, and MISSION-CJ team can help you identify and accept some of the psychological problems that you might experience so that you can get help for them. While substance abuse and addiction can contribute to psychological problems, untreated psychological problems and lack of coping skills are two of the main reasons that people with co-occurring disorders have so much difficulty overcoming addiction. Without treatment or proper coping skills for your psychological problems, you may be at continued risk for substance abuse and, possibly, for any criminal behaviors associated with it. You can treat the problems you have, and you can develop the coping skills you need to lead a life in recovery.

As you entered the MISSION-CJ program, a Case Manager asked you to answer questions that helped identify mental health problems. You may have been given a diagnosis such as bipolar disorder, depression, or post-traumatic stress disorder. Sometimes more than one diagnosis might be given. However, each person is different, and diagnoses rely on generalizations; sometimes a person does not fit neatly into a category. Sometimes, too, a person might receive different diagnoses from different providers. Because symptoms of some disorders overlap, it often takes years for a correct diagnosis to be made. Also, your symptoms can change over time depending on treatment, stress, and other factors in your life.

MISSION-CJ focuses less on specific mental health diagnoses and more on providing you with ways of coping with the distress that you might be feeling and that might be contributing to your addiction and associated criminal justice problems. However, you are probably curious for more information about the diagnosis or diagnoses you have been given. Therefore, we are providing an overview of some of the major forms of mental illness. These brief summaries provide only the most basic information and are not meant to help you diagnose yourself or someone else.

For more information about types of medications, see “Medication Management,” later in this section. If you want more detailed information, the National Institute of Mental Health (NIMH) offers information to the public on its website: www.nimh.nih.gov. You can also call toll-free (866) 615-6464. Since not all information on the Internet is reliable, see “Using the Internet for Information about Recovery,” later in this section.

Depression

Major depression (or major depressive disorder) appears as a combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. A major depressive episode may occur only once, but it is more common for several episodes to occur in a lifetime. A less severe type of depression, dysthymia (or dysthymic disorder), involves long-lasting symptoms that are not seriously disabling, but keep one from functioning well or feeling good.

Symptoms of depression include the following:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism (“things are bad and will never get better”)
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions

- Trouble sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Restlessness, irritability
- Persistent physical symptoms, such as headaches, digestive disorders, and chronic pain, that do not respond to routine treatment

Depression is usually treated by counseling (“talk therapy”), antidepressant medications, or a combination of the two.

Source: NIMH

<http://www.nimh.nih.gov/health/publications/depression/index.shtml>

Bipolar Disorder

Bipolar disorder, also known as manic-depressive illness, causes extreme shifts in mood, energy, and functioning. Cycles, or episodes, of depression, mania (described below), or “mixed” manic and depressive symptoms typically recur and may become more frequent, often disrupting work, school, family, and social life.

Mania is an abnormally and persistently elevated (high) mood or irritability accompanied by at least three of the following symptoms: overly-inflated self-esteem; decreased need for sleep; increased talkativeness; racing thoughts; distractibility; increased goal-directed activity such as shopping; physical agitation; and excessive involvement in risky behaviors or activities.

A mild to moderate level of mania is called “hypomania.” Hypomania might feel good to the person who experiences it and might even be associated with good functioning and enhanced productivity. Thus, even when family and friends learn to recognize the mood swings as possible bipolar disorder, the person may deny that anything is wrong. Sometimes, people who experience mania are said to have “type 1” bipolar disorder, while those who experience hypomania

are said to have “type 2.” Without proper treatment, however, hypomania can become severe mania in some people or can switch into depression.

A “mixed” state occurs when symptoms of mania and depression are present at the same time. The symptom picture frequently includes agitation, trouble sleeping, significant changes in appetite, psychosis, and suicidal thinking.

Treatment for bipolar disorder typically includes medication, including mood stabilizers, antidepressants, or antipsychotics, as well as psychotherapy or psychosocial interventions, such as cognitive-behavioral therapy, interpersonal and social rhythm therapy, family therapy, and/or psychoeducation.

Source: NIMH

<http://www.nimh.nih.gov/health/publications/bipolar-disorder/index.shtml>

Generalized Anxiety Disorder (GAD)

People with generalized anxiety disorder (GAD) go through the day filled with exaggerated worry and tension, even though there is little or nothing to provoke it. They anticipate disaster and are overly concerned about health issues, money, family problems, or difficulties at work. Sometimes just the thought of getting through the day produces anxiety. GAD is diagnosed when a person worries excessively about a variety of everyday problems for at least 6 months.

People with GAD can’t seem to get rid of their concerns, even though they usually realize that their anxiety is more intense than the situation warrants. They can’t relax, startle easily, and have difficulty concentrating. Often they have trouble falling asleep or staying asleep. Physical symptoms that often accompany the anxiety include fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, sweating, nausea, lightheadedness, having to go to the bathroom frequently, feeling out of breath, and hot flashes.

Treatment for GAD often involves specific forms of counseling, such as Cognitive Behavioral Therapy

(CBT), often in combination with antidepressants or sedatives. GAD is one of a number of anxiety disorders often treated with a combination of therapy and medications, a group that also includes panic disorder, social anxiety disorder, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD).

Source: NIMH

<http://www.nimh.nih.gov/health/topics/generalized-anxiety-disorder-gad/index.shtml>

Panic Disorder

Panic disorder is characterized by sudden attacks of terror, usually accompanied by a pounding heart, sweatiness, weakness, faintness, or dizziness. During these attacks, people with panic disorder may flush or feel chilled; their hands may tingle or feel numb; and they may experience nausea, chest pain, or smothering sensations. Panic attacks usually produce a sense of unreality, a fear of impending doom, or a fear of losing control. Some people's lives become so restricted that they avoid normal activities, such as grocery shopping or driving.

Like generalized anxiety disorder, panic disorder is often treated with counseling, medications such as antidepressants and sedatives, or a combination of the two.

Source: NIMH

<http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

Social Phobia and other Phobias

A phobia is an irrational fear. Social phobia, also called social anxiety disorder, is diagnosed when people become overwhelmingly anxious and excessively self-conscious in everyday social situations. People with social phobia have an intense, persistent, and chronic fear of being watched, judged by others, and of doing things that will embarrass them. They can worry for days or weeks before a dreaded situation. This fear may become so severe that it interferes with work, school, and other ordinary activities, and can make it hard to make and keep friends. Social phobia can be successfully treated with certain kinds of psychotherapy and/or medications.

Some people suffer from specific phobias, or fears, of other situations, such as closed-in places, heights, escalators, tunnels, highway driving, water, flying, dogs, and injuries involving blood. Such phobias aren't just extreme fear; they are an irrational fear of a particular thing. Specific phobias respond very well to carefully targeted psychotherapy. You can reduce your fears by working with a counselor who is especially familiar with phobias and good at helping people overcome them.

Source: NIMH

<http://www.nimh.nih.gov/health/topics/social-phobia-social-anxiety-disorder/index.shtml>

Obsessive-Compulsive Disorder (OCD)

People with obsessive-compulsive disorder (OCD) have persistent, upsetting thoughts (obsessions) and use rituals (compulsions) to control the anxiety these thoughts produce. Most of the time, these rituals end up controlling the people themselves.

For example, if people are obsessed with germs or dirt, they may develop a compulsion (an overwhelming need or desire) to wash their hands over and over again. If they develop an obsession with intruders, they may lock and relock their doors many times before going to bed. Other common rituals are a need to repeatedly check things, touch things (especially in a particular sequence), or count things. Some common obsessions include having frequent thoughts of violence and harming loved ones, persistently thinking about performing sexual acts the person dislikes, or having thoughts that are prohibited by religious beliefs. People with OCD may also be preoccupied with order and symmetry, have difficulty throwing things out (so they accumulate), or hoard unneeded items.

OCD usually responds well to treatment with certain antidepressants and/or exposure-based psychotherapy, in which people face situations that cause fear or anxiety and become less sensitive (desensitized) to them.

Source: NIMH

<http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>

Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) develops after a terrifying ordeal that involved physical harm or the threat of physical harm or exposure through work and other official avenues. PTSD was first brought to public attention in relation to combat veterans, but it can result from a variety of traumatic incidents, such as mugging, rape, torture, being kidnapped or held captive, child abuse, car accidents, train wrecks, plane crashes, bombings, or natural disasters such as floods or earthquakes.

People with PTSD may startle easily, become emotionally numb (especially in relation to people with whom they used to be close), lose interest in things they used to enjoy, have trouble feeling affectionate, be irritable, become more aggressive, or even become violent. They avoid situations that remind them of the original incident, and anniversaries of the incident are often very difficult. PTSD symptoms seem to be worse if the event that triggered them was deliberately initiated by another person, as in a mugging or a kidnapping. Many people with PTSD repeatedly relive the trauma in their thoughts during the day and in nightmares when they sleep. These are called flashbacks. Flashbacks may consist of images, sounds, smells, or feelings, and are often triggered by ordinary occurrences, such as a door slamming or a car backfiring on the street. A person having a flashback may lose touch with reality and believe that the traumatic incident is happening all over again.

Treatment for PTSD includes both therapy and medication. Cognitive-behavioral therapy (CBT) appears to be the most effective type of counseling for PTSD. There are different types of cognitive behavioral therapies such as cognitive therapy and exposure therapy. There is also a similar kind of therapy called eye movement desensitization and reprocessing (EMDR) that is used for PTSD. Studies have shown that certain antidepressants called SSRIs—such as sertraline (Zoloft), paroxetine (Paxil), and fluoxetine (Prozac)—are also effective for PTSD.

It is important to remember that MISSION-CJ assesses for and addresses mild symptoms of trauma reactions, but is not a comprehensive treatment. You are

encouraged to refer to the PTSD exercises in Part 1, and strongly urged to talk to your MISSION-CJ Case Manager about any changes in symptoms or concerns about PTSD.

Sources: NIMH

<http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

National Center for PTSD, What Is PTSD?

<http://www.ptsd.va.gov/public/pages/what-is-ptsd.asp>

While the information that is presented above is generally applicable across the population of individuals with PTSD it is important to recognize that there are additional important considerations for specific groups of people with PTSD, including female Veterans. Since MISSION-CJ frequently serves Veterans and because women are the fastest growing group of Veterans we have included the following website for those who may be interested in obtaining further information on PTSD in female Veterans: <http://www.ptsd.va.gov/public/pages/traumatic-stress-female-vets.asp>

In addition, the SAMHSA National Center for Trauma Informed Care (NC-TIC) has developed publications, available for free, to help people achieve their own recovery and cope with sequelae of trauma experiences. One such publication is available at <http://store.samhsa.gov/product/Dealing-with-the-Effects-of-Trauma-A-Self-Help-Guide/SMA-3717>

Borderline Personality Disorder

Borderline personality disorder (BPD) is a mental health problem characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work life, long-term planning, and the individual's sense of self-identity.

People with BPD often have highly unstable patterns of social relationships. While they can develop intense but stormy attachments, their attitudes towards family, friends, and loved ones may suddenly shift from idealization (great admiration and love) to devaluation (intense anger and dislike). Thus, they may form an immediate attachment and idealize the other person,

but when a slight separation or conflict occurs, they switch unexpectedly to the other extreme and angrily accuse the other person of not caring for them at all. Even with family members, individuals with BPD are highly sensitive to rejection, reacting with anger and distress to such mild separations as a vacation, a business trip, or a sudden change in plans.

People with BPD exhibit other impulsive behaviors, such as excessive spending, binge eating, and risky sex. BPD often occurs together with other psychiatric problems, particularly bipolar disorder, depression, anxiety disorders, substance abuse, and other personality disorders.

Group and individual psychotherapy are at least partially effective for many patients. A relatively new psychosocial treatment termed dialectical behavior therapy (DBT) was developed specifically to treat BPD. Additionally, antidepressants, mood stabilizers, and antipsychotic medications might be prescribed.

Source: NIMH

<http://www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml>

Schizophrenia

The symptoms of schizophrenia fall into three broad categories:

- “Positive symptoms” are unusual thoughts or perceptions, including hallucinations, delusions, thought disorder, and disorders of movement. A hallucination is something a person sees, hears, smells, or feels that no one else can see, hear, smell, or feel; “voices” are the most common type of hallucination in schizophrenia. Delusions are false personal beliefs that are not part of the person’s culture and do not change, even when other people present proof that the beliefs are not true or logical. Some examples of delusions experienced by people with schizophrenia include believing that neighbors can control their behavior with magnetic waves, people on television are directing special messages to them, or radio

stations are broadcasting their thoughts aloud to others. They may also have delusions of grandeur and think they are famous historical figures. People with paranoid schizophrenia can believe that others are deliberately cheating, harassing, poisoning, spying upon, or plotting against them.

- “Negative symptoms” represent a loss or a decrease in the ability to initiate plans, speak, express emotion, or find pleasure in everyday life. These symptoms are harder to recognize as part of the disorder and can be mistaken for laziness or depression.
- “Cognitive symptoms” (or cognitive deficits) are problems with attention, certain types of memory, and the executive functions that allow us to plan and organize. Such symptoms can be difficult to recognize as part of the disorder and are the most disabling.

Antipsychotic medications can help address the positive symptoms of schizophrenia. Psychosocial treatments (such as counseling, group therapy, and “psychoeducation” classes on relevant topics) can help people who are already stabilized on antipsychotic medications deal with certain aspects of schizophrenia, such as difficulty with communication, motivation, self-care, work, and establishing and maintaining relationships with others. Learning and using coping mechanisms to address these problems allows people with schizophrenia to attend school, work, and socialize.

Source: NIMH

<http://www.nimh.nih.gov/health/publications/schizophrenia/index.shtml>

Traumatic Brain Injury (TBI)

Traumatic brain injury (TBI) is a result of physical damage. Injuries fall along an extremely broad spectrum, from very mild injuries with only minor impact on everyday functions (sometimes with spontaneous recovery) to profound brain injuries that result in multiple impaired cognitive functions. Profound injuries are unlikely to be “cured” completely, but people can often recover some of the functions they lost through therapy.

TBI is technically not a mental illness, but many who suffer from TBI also experience psychological symptoms, including mood fluctuations, personality changes and increased risk of suicide attempts or even aggression. The problem of TBI and suicide has gotten increased attention as veterans return from Iraq and Afghanistan, where TBI has been a consequence of exposure to blast injuries, automobile crashes, blunt object force to the head, or a number of other sources of injury during combat. The suicide of professional football player, Junior Seau, has also lead many doctors to further suspect a link between TBI and suicide.

Often, it is difficult to pinpoint the cause of psychological distress in someone with TBI. Most individuals who sustained a TBI were also exposed to a situation described in the criteria for a diagnosis of PTSD – a dangerous event in which the person felt in danger of his/her life and felt helpless and powerless to prevent negative events. Many of these individuals will have other PTSD symptoms and can best be understood as having both a TBI and PTSD that result from the same event(s). Additionally, mental health problems may result from the experience of living with the effects of TBI (e.g., functional losses, changed vocational prospects, and changed family roles and hopes).

The level of disability caused by TBI will influence treatment for mental health disorders in individuals with TBI. For example, psychosocial approaches are currently the most effective treatments for TBI, and they require cognitive capabilities such as learning and problem solving. When medications are prescribed as the appropriate treatment, the ability to follow a medication regimen is crucial.

Source: Department of Defense Task Force on Mental Health. (2007).
An Achievable Vision: Report of the Department of Defense Task Force on Mental Health.
Falls Church, VA: Defense Health Board.

A resource for caregivers of individuals with Traumatic Brain Injury can be found at:
<http://www.traumaticbraininjuryatoz.org/getdoc/d79e7156-01be-407c-802b-aa530b1adff3/Caregivers-Guides.aspx>

Suicidal Feelings

Suicidal feelings are not associated with any single form of mental illness, but can be common among people with many forms of psychological distress or traumatic brain injury. It is not uncommon to suffer from suicidal feelings, and unfortunately many people act upon their feelings. For people who suffer from mental health and addiction problems, it is particularly important to know that support is available to help people work through whatever issues might be causing the suicidal feelings. Help is available through mental health and substance abuse counselors, emergency rooms, and the National Suicide Prevention Lifeline, 1-800-273-TALK.

2. Coping Skills

As noted in the previous discussion of mental illness, psychological distress can take many forms such as uncontrolled anger, feelings of hopelessness, lack of interest, inability to feel pleasure, reliving past events, repeating thoughts or behaviors over and over, losing touch with reality, inability to relate to others, insomnia (trouble sleeping), agitation, and inability to concentrate. MISSION-CJ seeks to improve your ability to cope with these symptoms as they can interfere with your ability to lead a fulfilling life and lead you to a point where you feel like using again, likely leading to additional legal problems. This section discusses some ways of dealing with distress other than going back to old ways.

Individuals involved in the criminal justice system who have co-occurring psychological and substance abuse problems often engage in self-destructive behavior, even though they know the consequences. One MISSION-CJ client thinks that substance abuse is often the only way people know how to deal with unresolved emotions:

“I’ve grown up with alcoholics, have seen the progression, and knew where I was headed before I got there, but I didn’t have support to deal with emotions, anger, and depression and everything else that I couldn’t express positively or negatively, and I felt that the outlet was to medicate myself by drinking so I could go to sleep and hope it would be better when I woke up – but of course it wasn’t.”

MISSION-CJ teaches you to recognize some of the causes of your self-destructive behavior. As one MISSION-CJ client put it:

“If I don’t change the way I feel, then self-destructive behavior will continue. When someone pushes my buttons, I’ll self-destruct. I don’t have to use vulgar language. I don’t have to get upset. So now, I toe the line. I’m careful to sign in and out from work honestly. I can’t lie. I can’t bum a cigarette. I’m taking baby steps, so I can acquire peace of mind and tranquility.”

Planning Ahead

There is much you can do to begin to get a handle on managing emotional triggers. One of the most important skills, however, will be to learn to listen to your body. It will communicate its distress to you in the form of pain, moodiness, or exhaustion. You might get up feeling that “the world is just not feeling quite right today,” or that you are not feeling quite right today. If you feel this way, perhaps today is not the day to visit your argumentative family member, or maybe you need to use that sick time you have been saving up at work. Maybe you need more rest, or you need to clear the junk off your kitchen table or desk.

Try to identify that discomfort. Write down what you feel. Give it some thought and determine what you will do about it. Do you need to talk to someone? Does that someone need to be a professional or can it be another person who has gone through a similar experience as you? The best way to cope with any troubling situation is to have a strategy in mind, preferably thought out in advance. The activity “Preventing and Coping with Stress” (Exercise 5 in Part 1, Section A of this workbook) can help you to identify a strategy that’s right for you.

Some people find “visioning” helpful. You envision yourself sailing smoothly through a situation before you confront it. You focus on a positive outcome. For example, if you are going for a job interview and you know you get very nervous, you can practice greeting your potential employer with a smile and a firm handshake. Imagine yourself settling comfortably into any chair that’s offered. Imagine yourself calm, informed, and in control. Then breathe life into that image by taking adequate time to prepare yourself.

The issue might be an ex-partner you have to face or with whom you must discuss important medical or financial issues or the issue may be a scheduled court hearing. Whatever the case, remember what it is been like in the past – but this time, go better prepared, with a clear idea of how you want to handle the encounter.

For example, in the case of meeting with an ex-partner, perhaps you could write a list of topics you’d like to cover. Maybe you will have a coping strategy, such

as taking a few deep breaths and waiting before you respond to a provocative statement. If this does not work, state that you do not wish to argue and suggest moving the conversation to another time. Meanwhile, ask for suggestions from your MISSION-CJ Peer Support Specialist or Case Manager. In the case of an upcoming court hearing you might arrange in advance for your MISSION-CJ Peer Support Specialist, family member, or close friend (in addition to your attorney) to go with you for moral support.

Coping skills also include philosophy. There is a lot of wisdom out there if you seek it. Your peers can be your allies. They have experienced the loneliness of mental illness, the struggle for sobriety, the hurt of homelessness, the hopelessness of unemployment, and the harsh realities of incarceration. They are there to help you navigate these difficult waters. They managed to stay afloat when the waves were high. You can learn from their hardships and let them show you how to use these challenges to become stronger. They aren't perfect, either – no one is. But they prove that it can be done.

Building Self-esteem

How many times have you tried to do something that didn't work out? If you are human, this is normal. After you failed and were about to walk away, did you hear what you told yourself? Did you say to yourself: "You idiot," or, "I'm so stupid, I never get things right." Perhaps you wanted to get a job, ask for a promotion, or invite someone out on a date. When you are about to make a special effort to achieve something, do you hold back because you keep thinking and telling yourself that you are not worthy or someone else is better than you? Even when you do get the job, the promotion, the date, do you belittle yourself constantly? You can change that voice, and change the language you use when you speak to yourself, from criticism to acknowledgement and praise.

It is hard to acknowledge that the voice is determining your outcomes in advance, but it is and it has a name. It is called "negative self-talk," and there are ways to combat it. According to the Certified Peer Specialist (CPS) training curriculum created by Ike Powell of Appalachian Consulting Group, negative self-talk is

"another major block to creating the life one wants." The curriculum teaches the relationship between thoughts and feelings and asks participants to share how they have learned to combat negative self-talk. Listen to your voice and start thinking about how it influences the decisions you have made and the feelings you have had. As you begin to acknowledge that voice, you can become strategic at overriding it when you realize how much impact it has on your life.

You can transform negative statements to focus less on self-criticism and more on skills building. For example: "I am so stupid," can become, "I am new at this and it isn't so easy, but eventually I'll get the hang of it," or "I am doing the best I can right now." One day you will be able to say, "I am very good at this."

Maybe you are down on your appearance. Remind yourself that you are alive and are here because there is a purpose for your life and you are on the road to finding it. Then focus on discovering that purpose. If that purpose requires strength and stamina, exercise and eat right. Pick up books on the subject and hang out with people who live that way. There are some things about yourself you cannot change – your height for instance—but you can change the way you stand. Pull yourself up to your full height. You can also change your weight or grooming habits, so pick up articles that discuss these topics and make these changes, like other aspects of your recovery, one day at a time.

Believe it or not, many "beautiful" people feel ugly, and many others look more attractive because they believe in themselves. Look at yourself and instead of picking yourself apart, compliment yourself on the things you like about yourself. Start with small things: your eyes, your hands, your sense of humor, your style or taste, or your knowledge about sports. No one is perfect, but many people who look great have studied themselves and repackaged or reinvented themselves. In fact, the most successful people do this! Confident people feel good and look good and find that people think they're smarter; as a result, they often get offered better opportunities. You can rewrite the next chapter of your story by changing the thoughts you have about yourself. Here is an example of how one person did it.

“George” had been to jail two times prior to his last six-month incarceration for a drug possession charge and had lost his connection to his family because of it. Upon his release, George’s probation officer recommended a work therapy program where he became acquainted with a project on data collection. After being involved in this effort for a few months, he noticed that he was developing expertise in this area. He was meeting other people like himself who had a history of jail time and co-occurring mental illness and substance abuse – his peers – and they welcomed him. Over time, he began to feel good about himself; he had connected with a community involved in work meaningful to him and eventually he was able to reconnect with his family, who recognized his progress. He said, “I now have something to talk about.”

George was a tall, balding, gangly man who wore glasses, had a beer belly, loped when he walked, and suffered from sleep apnea. No one would suggest that George is leading-man handsome, and George did not feel attractive, but something in George began to change. As a person with a lengthy criminal history, people probably avoided him and were unwilling to listen, let alone laugh at his jokes. But now he had an audience of interested listeners, and he began to practice his rusty sense of humor. Soon George had everyone laughing! This did wonders for his self-esteem. Sure, sometimes his jokes fell flat or were inappropriate, but he was among his peers and was forgiven. He practiced with his peers to hone his comedic skills.

One day, George met a woman named Denise, who admired his wit and who liked tall, gangly men. She was no Hollywood starlet, but she had beautiful eyes and silver hair. Denise also had sleep apnea. They began a relationship and, two years later, were planning to get married. After being drafted into a citywide steering committee, George had gone on to become the sole participant on a data management project. He also joined a regional committee formed to deepen peer engagement. George confessed that when he started this work at this age of 52, he had thought, “it was all over for him.” But today, George is a new person and he feels good about himself.

Identify the source of your discomforts, one by one, and begin to work on them. Find supports in the community along the way. It doesn’t happen if you go it alone. It also doesn’t happen overnight. But if you recognize now that today can be a turning point, you can use the rest of your life to conquer your insecurities.

Relaxation Skills

Change is stressful enough, but recovery is very hard work. Unlike many jobs, it doesn’t begin and end between nine and five. Recovery is recovery, not recovered. It continues to happen each moment. While there is a debate on whether recovery is forever or has an ending point, while you are in recovery it is especially important to learn and practice relaxation techniques.

Active relaxation is different from sleep or most forms of relaxing, such as sitting in front of the TV with your feet up. Active relaxation techniques might include the visioning process described above (under “Coping Skills”), progressive muscular relaxation, or breathing exercises, which are described below. Keep the ideas separate in your life: relax on a couch, sleep in a bed, and do relaxation exercises on the floor or a mat.

Practicing **progressive muscular relaxation** will help you become practiced and familiar with the feeling of releasing tension so that you are able to relax more quickly in situations that might make you anxious. One excellent relaxation technique that can be done quickly and without special equipment follows. It involves going through a series of synchronized breathing and muscle tightening and releasing exercises, from your head to your toes, leaving your entire body relaxed. Here is how:

- Place yourself in a comfortable environment with few distractions. Sit on a mat or in an armchair.
- As you breathe in, focus on and contract a specific muscle; as you breathe out, release that muscle.
- Start with your facial muscles and move through the neck, shoulders, upper body, torso, buttocks, thighs, and calves, to your toes.

-
- Then go from bottom to top, working your way back to your face, continuing to release tension with each breath.
 - To “wake,” direct your attention outward and begin to notice other sights and sounds.

Breathing control is another very basic technique. Breathing control is very deliberate breathing. There are a number of techniques, but most involve slowing down your breathing rate and taking much deeper breaths. Often these exercises focus on breathing from your diaphragm and using your belly muscles rather than chest muscles to control breathing. The exercise shown on the next page is one of many you might use. You should be able to find abundant information on the Internet, at a library, or from a therapist.

Do not overlook other simple, less formal ways of attaining a state of relaxation, such as spending time with friends at the movies, playing sports, playing cards

or video games, playing with a pet, cooking, reading a book, dancing, taking art classes, exercising, or weight training. Whatever makes you feel relaxed – but doesn't come with a “trigger” – is a good activity to build into your life.

Music can also be a very useful relaxation tool. One great example is Eagle River - *At Ease Edition*, which features imagery of eagles and other wildlife along the wild river and mountains in the Pacific Northwest. This DVD has been created in part to help wounded troops returning from war as well as their families who are also suffering from the extreme stress of war. This DVD includes guided relaxation bonus tracks and a Relaxation Basic Training Guide with information about breathing, relaxation, and affirmations. This can be found at Soundings of the Planet, <http://www.soundings.com/>. You may also find other sounds of nature and music on similar sites; these tools can help promote meditation and feeling relaxed.

BREATHING EXERCISE

Read through this exercise first and then try it on your own. If you can control your breathing, you will have an easier time controlling your thoughts.

Sit back in your seat. Close your eyes.

Take a deep breath. (*Good!*)

Breathe again.

Now make your hands comfortable, while keeping your eyes closed. You have a choice of any comfortable hand position. We suggest one of the following three positions:

1. One hand on your belly, one on your chest
2. Palms of hands on your knees
3. Hands folded in your lap

Now sit back, feet on the floor, hands comfortable.

1. Inhale slowly and deeply through your nose.
2. Feel your stomach expand as your lungs fill with air.
3. Now exhale through your mouth to the count of five.

(Pause)

Repeat while inhaling through your nose and exhaling through your mouth and slowly count to five.

Again, in through your nose and out through your mouth, counting to five.

Good. You should be feeling more settled. This kind of breathing is called diaphragmatic breathing. It means to breath from the depths of your belly, rather than from your chest and nose.

Mark Sichel, LCSW and Alicia L. Cervini

http://www.psybersquare.com/anxiety/panic_relax_1.html

accessed 10/01/2013

Anger Management Skills

Anger is “an emotional state that varies in intensity from mild irritation to intense fury and rage,” according to Charles Spielberger, Ph.D., a psychologist who specializes in the study of anger. While anger is a normal human emotion, it is unhealthy when it gets out of control, destroys relationships, sabotages work situations, contributes to violent verbal or physical outbursts, or leads to incarceration.

As anger is a natural adaptive response to threats, human beings tend to respond to danger or confrontation with aggression. So while in some situations, anger is necessary for survival, uncontrolled anger has been known to affect your heart rate, blood pressure, and adrenaline. Anger, suppressed and converted into more constructive behavior, sounds good, but the danger is that without a safe way to express anger, it turns inward, leading to passive-aggressive behavior (when you do not show anger directly, but do things that are really intended to hurt or accuse), cynicism, hostility, and even physical health problems. Fulfilling an angry impulse can give you a huge rush of pleasure, but it usually subsides after damage has been done.

According to the American Psychological Association article “Controlling Anger Before it Controls You,” learning how to calm down on the inside means “not just controlling your outward behavior, but also controlling your internal responses, taking steps to lower your heart rate, calm yourself down, and let the feelings subside” (APA, <http://www.apa.org/topics/anger/control.aspx>, accessed 12/27/2013). Anger

management seeks to reduce both the feelings and the physiological arousal of anger and to help individuals learn how to control their reactions to help reduce the risk of both relapse and recidivism.

People have different “anger styles.” Some are hotheaded and quick to anger; some always seem to be in a bad mood; and others withdraw, cry, or get sick. Reasons for anger also differ and can be genetic, physiological or cultural. However it is learned, we need to find ways to channel anger in positive ways without turning it inwards on ourselves or outwards on others. See Part 2, Section A of this workbook for more on triggers and anger management.

In the prior section we talked about relaxation techniques. These techniques are useful tools in the management of anger and can be called upon whenever you need them. The controlled breathing techniques can help you slow down and control your reactions and should be practiced daily until they become automatic. Another thing you can try is acknowledging that you are angry and stopping to think about what it is that’s making you angry now. You can pause to think about what you need to do if and when this same situation happens again. You might also want to find someone other than the person you are angry at to talk to about how you are feeling.

Choose someone who won’t justify your anger, but who will listen closely to you and ask you questions that will help sort out your feelings. Often talking about why you are angry dismantles the anger and puts it in the light of logic and reason, where it gradually begins to fade.

3. Preventing Relapse and Recidivism

According to *Webster's Dictionary*, a relapse occurs when one "slips or slides back to a former condition, especially after improvement or seeming improvement." It can also indicate the recurrence of bad habits or of a disease. Relapse is frequently talked about in reference to addiction, but we'll also use the term in the context of mental illnesses. Similarly, *Webster's Dictionary* defines recidivism as "a tendency to relapse into a previous condition or mode of behavior; especially, relapse into criminal behavior." For MISSION-CJ we look at recidivism as a return to criminal behavior. Because each person experiences relapse and recidivism differently, it is important to understand what relapse and recidivism are and what they look like specifically for you. This segment discusses some ways to identify factors associated with relapse and recidivism to help prevent either one from happening.

Being Aware of the Danger

Relapse and recidivism can be avoided or minimized if you recognize the signs that you may be slipping at the earliest stages. Think back to the times in your past when you relapsed or re-engaged in criminal activity. Examine the events that led up to each past relapse or re-offense. You might find that some conditions leading up to the most recent occurrence were present during your first mental illness or substance abuse episode or criminal offense. However, just because you have one or more experiences of mental health problems, substance abuse and criminal behavior it doesn't mean you must fall prey to these problems. In fact, understanding the process in the past can help you ward off or minimize a relapse or re-offense in the future. It is important to underscore that we are not saying that it is fine to abuse drugs or alcohol or to commit crime, but that we understand that relapses and re-offenses sometimes occur in the process of recovery.

Each relapse and re-offense teaches you more about yourself, your triggers, your obstacles, and your strengths. Over time, you learn how to manage your illness or behavior, no matter what it is, by becoming familiar with the conditions that precipitated it in the

past. Also, you will gradually become more skilled in recognizing the re-onset of an illness or episode, and you can develop strategies that become the foundation for your personal "toolbox" of self-care.

As you become more adept at using tools learned from lived experience, you can better manage, minimize, or eliminate relapses and recidivism that could contribute to losses such as housing, employment, good health, friends, family, savings, or even your life.

Identifying your Triggers

Let us look at some of the common events that generally bring people to the brink of relapse and re-offense and see if any are familiar to you. According to the "Wellness Recovery Action Plan" (WRAP)", by Mary Ellen Copeland, "triggers are external events or circumstances that, if they happen, might produce symptoms that are, or might be, very uncomfortable" (<http://copelandcenter.com/wellness-recovery-action-plan-wrap>, accessed 12/27/2013). For some people, the struggle to cope with something that hurts them or makes them very angry might even manifest itself in a rash or physical pain. So uncomfortable are these feelings that you might wish to ignore them, but ignoring them is how a relapse often happens. In reaction to something that is occurring, you struggle to identify the appropriate reaction out of your old toolbox of anger, violence, drug or alcohol use, denial, or tears.

Being around certain people might anger or frustrate you. For example, just hearing the voice of a family member with whom you have had a rocky relationship or history can bring on rage or anger. Maybe you feel he doesn't understand you no matter what you say or how you try to explain a situation. You find yourself doing a slow burn, your voice rising as the discussion heats up. You might have hoped that this time would be different, but it wasn't. You might find it confusing because you believe you love that person and are puzzled over why they make you feel angry. When you feel these feelings, you are experiencing an emotional trigger, and it can be overwhelming.

Things happening in the world over which you have no control, such as traumatic news events or harsh or loud noises, can also cause emotional triggers. Triggers can

be bills that you can't pay, disrespect from someone you do or do not know, or inappropriate, ineffective services or treatment. Life is full of triggers and if you have a condition or illness that affects the way you react to stress, then you might find yourself feeling triggered frequently. You could feel angry, enraged, hopeless, helpless, frustrated, in physical pain or sad, several times a week or even several times a day. Triggers, surprisingly enough, can even be things you can't see or hear. These triggers have a greater effect when your body is tired or undernourished and your natural defenses are down.

We can get physically and mentally sick when we do not pay attention to our own needs for sleep and nutrition. We might be trying to make up for lost time or may have taken on too many activities, and we do not stop to rest and fuel up. Maybe we have too few activities and friends, and we find ourselves depressed. One day feels just like another, and you think this is your norm.

Foods can be triggers. Foods eaten during a particular period can conjure up feelings of pleasure or displeasure that you might also associate with a habit or behavior you are trying to change. For example, if you used to use at a particular event, the smell of food associated with that event can also bring back the desire to use. It is important to pay attention to what makes you feel uncomfortable, whether it be a person, a place, a thing or an event. Take the time to think about this and begin to write these associations down. Know what makes you feel unsafe or bad. Armed with this information, you will be better informed about people or situations to avoid.

Responding to Triggers

When you feel a trigger, you want relief from the feelings it brings. You might reach for the very substance that you once believed gave you comfort. Really though, it only made things seem acceptable that really are not. For example, a drink might make the expression of anger or violence, or not caring about other people, seem okay. If you have quit smoking, you might reach for a cigarette and smoke the whole pack; if you have given up alcohol, you might think that only one drink will help you cope and pretend that the drink won't turn into a binge.

If you are in recovery from drug addiction, you might dream of using just one more time, just to escape "this once." Not forever—just for now or to "show them." The only thing letting go will show is that you have lost your composure and, at least for the moment, given up on your recovery. You might come up to this point many times over the lifetime of recovery work. If you have been in remission or have substantial recovery time, you know what will happen if you convince yourself that "just this once" is okay. Instead, it could go on for years, and all your hard-earned gains—a job, a home, good health, respect, friends, and clean time—could go down the tube. So you need to have a plan for what to do when emotional triggers are aroused.

A good starting point is the "Relapse Prevention Plan" exercise in Part 1, Section A. However, more in-depth tools do exist. For instructions on how to develop a comprehensive personal wellness plan, take a WRAP training, which might be offered at a wellness center or through your local department of health. You could also pick up and read Mary Ellen Copeland's books on the topic (www.mentalhealthrecovery.com), which will walk you through the development of a comprehensive self-help plan. Over time, you can edit your plans as you become more adept and skilled at managing your recovery. Remember, a plan is only an idea until you put it into practice!

Finding Meaningful Activities

Engaging in meaningful activities helps in recovery from mental illnesses, but it is particularly important in recovery from addiction and in reducing recidivism. If you are newly clean and sober, after having been in active addiction over a long period of time, you might suddenly feel as if you have way too much time on your hands. Days that used to rush by, tumbling over each other, filled up to the breaking point in the chaotic world of addiction, might now seem agonizingly slow. Hours might drag on and on, and a day feels like a week. No matter how you made your decision to come to recovery, the fact remains that you are no longer caught up in the day-to-day concerns of addiction and you want to find new, meaningful activities that can fill your time.

You want to avoid relapse, but if you do slip, you do not want to slide all the way into a full relapse. We've all heard of the person who's had to go to detoxification programs 20 times or more. Now, due to budget cuts and an unsympathetic social climate, you do not get 20 chances. In fact, you do not even get five chances. But you have the power to turn a lapse into a lesson. Whenever you do, you become a helpful example – maybe a lifeline – for someone else.

“Franky” was great at directing others to resources, but Franky found it hard to keep clean himself. One woman Franky helped was one of his soon-to-be-ex-girlfriends, “Julie.” She followed up on Franky’s suggestion that she apply for an apartment in the same building he had applied to in a suburban neighborhood.

With the help of her MISSION-CJ Case Manager she was able to secure housing entitlements and locate and secure an apartment in her preferred building. Her Peer Support Specialist helped Julie fill out the rental application, obtain furniture, and set up her new home. Julie went on to find employment and created a fruitful career path for herself. She only saw Franky one more time, two years later, as he was walking down the street, looking bedraggled and thin. She was on a bus and called out to him. By now, word of her success had reached her peers. When she called his name, Franky turned around, looked back once and quickly hurried away out of shame. She never saw him again, but she always thought about him as she continued her walk of sobriety and, from time to time, would hear reports of his bouts in rehab. She was grateful to him for pointing her in the right direction – and for showing her what it would look like if she let a lapse become a relapse. Today she has eleven years of being clean, sober, and law abiding.

How did she do this? Over the years, she used every tool at her disposal. She attended meetings of all kinds – Narcotics Anonymous (NA), Alcoholics Anonymous (AA), community policy meetings, and started volunteering. She took dance and theatre classes. She went back to school. She kept

showing up. She often felt shame at her ignorance and regretted years lost to pain, addiction, and incarceration, but she just put one foot in front of the other. She attended church and learned to use prayer. She learned how to have friendships with sober and clean people, who were not involved in illegal activities. She started attending therapeutic counseling sessions and still does, continuing to work on her issues of low self-esteem. She read books and attended training. She struggled mightily to overcome huge gaps in her knowledge and to get her body healthy. She joined a gym and learned about nutrition. She became a volunteer peer educator in the school system. She began to teach others. She gained recognition and started to receive compensation for her work. She later bought her first home.

She never went back to alcohol, drugs or jail – because with each accomplishment, the value of what she had to lose increased. She took it one day at a time, envisioning a future for herself and was working hard to make it real. She got involved in a healthy relationship, and went back to college. She knew that she could have been the one to pull the short straw and that, had she stuck to her old ways, she might have ended up back in jail or dead.

Although she attended AA meetings, NA is where Julie received her key chains for “clean time” and told her story. She felt her biggest risk was “picking up” on her drug of choice so she stayed grounded in the stories her peers told of fighting off relapse. She proudly claimed her 24-hour keychain, and then her 30-day key chain, then her 6-month and 1-year key chains. She returned to the programs that helped her and did “commitments,” which were sessions where she joined other recovering addicts to tell their stories of overcoming addiction and maintaining sobriety. NA and AA meetings taught her about the importance of regular attendance and “showing up for life.” She got a sponsor with whom she engaged in daily or weekly calls. She developed a network of recovering peers. She began reaching out to others, and it was such a natural outcome of her journey, that this also became her work. Soon she was not only attending mutual support group meetings, she was coordinating them.

One of the important aspects of Julie's journey was the frustration and pain of seeing others, like her friend, Franky, who she could not help. Recovery, despite being done with the support of others, can sometimes be very lonely. You are in a different place in your recovery than others at any given time, and you can lead best by example. Some people take to the rules of the recovery process quite easily. Others challenge everything they're told. Someone is always telling you that you should be doing something else. Sometimes they're right. Sometimes they're wrong. You are growing. But you are on the road called recovery, and with all its challenges, it is always better than active addiction.

Leading a Healthy Lifestyle

In recovery, many people become so focused on avoiding drugs or alcohol that they sometimes ignore other aspects of maintaining their health. Many people substitute other unhealthy habits for the ones they have given up. Staying sober seems hard enough, but it is worth the extra effort to try to be healthy in other ways. When you focus on your health, you can cope with your feelings, feel energized to work on your recovery, and maybe even find something to replace your unhealthy addictions.

For people in recovery from substance abuse, abstaining from alcohol and drugs is paramount. However, many fill the void with caffeine and nicotine. Both of these common substances are addictive in their own right. Tobacco poses numerous threats to your health, and caffeine in large amounts can also have negative effects. For some, even small amounts of caffeine can worsen anxiety, insomnia, or other conditions. Other people in recovery sometimes replace substance addictions with compulsive behaviors that can also have negative impacts, such as compulsive gambling, shopping, or sex. Some even become "workaholics."

Instead of replacing addiction to drugs and alcohol with other compulsive habits that can harm you, such as excessive tobacco and caffeine intake, you can choose what William Glasser, M.D., calls "positive addictions." Some examples of positive addictions are:

- Exercise, such as running, aerobics, basketball, or yoga.

- Hobbies or other activities such as reading.
- Volunteering or working (while maintaining balance in your life).

Another big part of a healthy lifestyle is eating right. You do not have to limit yourself to salads or follow a strict diet to eat better, but following some simple guidelines can help you feel energized throughout the day and lose any excess weight that you might be carrying. The U.S. Department of Agriculture has issued some simple rules of thumb that can help most people eat healthier:

- Eat lots of fruit, vegetables, whole grains, fat-free or low-fat milk, and dairy or soy-based products.
- Eat lean meats, poultry, fish, beans, eggs, and healthier nuts, such as almonds and walnuts.
- Choose foods that are low in salt, fat (especially saturated fat and trans fat), and added sugar. When cooking for yourself, use little or no salt, and cook with canola or olive oil. You may also wish to switch from white to brown sugar.

Of course, people with certain chronic health conditions need to follow special diets, and some believe that diet can play a major role in your recovery from mental health and substance abuse problems. Psychologist John Newport, for example, who runs the website <http://www.wellnessandrecovery.com>, recommends that people in recovery eat three balanced meals and three healthy snacks each day and avoid foods with lots of sugar or simple starches (such as white bread), because boosting your blood sugar too quickly leads to a crash later. When you are feeling depleted, you are more likely to feel like using again.

Many people believe that the most important influence on maintaining mental health, improving mood, and reducing stress is getting enough sleep. For many, getting a good night's sleep is a constant challenge. Each person is different, but some techniques that might be helpful for you include:

- Avoiding nicotine, caffeine, and alcohol before bed.
- Taking a warm bath.

- Using your bed just for sleeping (no watching TV or reading in bed).
- Trying ear plugs.
- Avoiding strenuous activity right before bedtime;
- Keeping a regular schedule – go to bed and wake up at the same time each day.
- Avoiding naps during the day.
- Dimming lights a little before bed time.
- Reading or listening to soft music instead of watching TV.
- Making your bedroom as dark as possible.

Changing many behaviors simultaneously can be difficult, but as you make yourself feel healthier in some ways, such as eating right, you might find yourself having more energy to exercise, socialize, or engage in other activities that make you feel good about the “new you.”

What to Avoid in Order to Sustain Recovery

“People who need people are the luckiest people in this world” – so the song goes. We all need good friends we can trust. In your recovery journey, you might want to hang out with your friends, but discover that your only friends and associates are still using, drinking, or engaging in criminal activities.

Isn't there some middle ground? Isn't it possible to need to be around people, but realize there are some people you can't be around? Must you be lonely therefore because the people you need are sick or toxic people? No! Not when there is an enormous community of people in recovery.

“Toxic” Relationships

To successfully sustain recovery, many things must change: your relationship with your family and your acquaintances, where you go, and the things you do.

After leaving behind associates who are actively using, drinking, or engaging in criminal behavior, you will find yourself contemplating them over the years. In the beginning, you might think they're still having “fun.” Then you begin to see a few of them cycle between relapse and detox and/or between prison and re-entry into the community, and try to go on to stability. Sadly, most you might never see again, unless you see them in NA and AA meetings getting well. Regardless, you must be careful about whom you associate with. The most dangerous of your old associates who are currently in recovery, are those with whom you once used or with whom you participated in crime. It is easiest to relapse into substance abuse or illegal behavior with these individuals, since it was once a shared activity. You might want to share each other's “secret” relapse, while thinking that you can get better together again. This is an illusion. Their journey is theirs alone, as is yours. One day you will look up in your new life, many years in the making, and notice that, for the most part, most of the people you know now, are those with whom you do not share a history of using or committing crimes together. Sure, some of them may have used drugs or engaged in criminal activity with someone else, but you didn't know them that way.

“George,” from our earlier example, reconnected with his family, just as his grandson was turning one. Today he proudly shows pictures and claims a resemblance with this cherubic, curly-red-haired baby! Julie, on the other hand, had to let her family go. None of them sought the help she did or pursued their own recovery enough to enable them to support each other. Her family was highly toxic for her. On the occasions she would visit, family arguments broke out. One family member would talk disparagingly about another one. Most of her siblings could not stand to be around one another. Julie's father, who had a big hand in destroying the family's trust and love for each other, had died many years ago. The toxic feelings lived on.

Julie's family members were toxic, enabling, or actively using, so it is no small wonder she had to leave them behind or limit her interactions with them. This can be a very hard thing to do. One of her elder brothers recovered from active addiction, but never stopped engaging in crime, which led to him to live almost

10 years in a prison or jail cell. Julie's mother had enabled her brothers to be dependent by having low expectations for them as children and feeding and cleaning up after them as young adults. Other enabling behaviors in a family might be giving the struggling alcoholic or addict money out of pity, repeatedly bailing someone out of jail, or letting someone with depression or addiction "crash" in your home with no expectation or hope that they will get better.

Yes, sometimes, life clean and sober is so hard you want to run back to a time when no one expected much of you. Tell yourself clearly that "this is not an option." As Julie put it:

I look around me, at my home, decorated my way, and despite the fact that there are no family pictures, there are pictures of my new life, my new friends, my professional success, and this, all this, with its aches and pains, with its struggle to stay in control, still beats the heck out of using or the possibility of having to serve time in jail.

Places and Things

To stay clean and sober, you want to avoid the locations of former drug use where possible. In fact, you also do not want to hang out in areas of high drug use concentration, where you will be offered drugs or where you will run into old acquaintances still hanging out there using. This can be very difficult to avoid, especially if you must recover in the neighborhoods where you once used.

Even after 10 years clean, one woman could always spot crack pipes or drug deals being made on the street. Every tiny nip bottle poking up through a patch of grass or from the curb on the sidewalk spoke to the possibilities, and she secretly checked it out for those telltale marks of crack use. Then one time she actually saw a discarded plastic crack baggie, she picked it up. It turned out to be useless, for which she was glad, but it frightened her because it showed her that while her craving went away, her mind could not forget.

Another man found that he would convert any object into a useable drug tool. An old tiny, plastic cruet with

an artist's drawing on the outside, given to him by his grandfather, still sits on a shelf- with a hole in the back where no one can see it.

For some, something like that is an invitation, but this man finds it forces him to understand the nature of his illness and that he is making a choice not to act on it. The best advice is to get rid of all old pipes and other drug paraphernalia. Then discard the phone numbers of people you used with, as well as the numbers of dealers from whom you purchased drugs. Cut off as many avenues of relapse as you can.

Some people find dreams plague them. Know that these lessen over the years of clean time. But they can be vivid and disturbing—so lifelike you wake up knowing you had some drugs, now where are they? And as you come fully awake, you regretfully realize it was just a dream. This is what you might have to live with. Such dreams do gradually become less frequent and less intense. The best advice is to talk about them with your MISSION-CJ Peer Support Specialist, your NA sponsor, or someone else in your support group. Most of all, forgive yourself and do not use negative-self talk to deal with it.

If your recovery is from alcohol, it is almost impossible to avoid passing liquor stores. Some liquor stores are so popular and central to the neighborhood, that you can smell the scent of alcohol from discarded bottles and cans quite easily and see evidence of alcohol use near or on the premises.

These addictions are not easy to escape from by moving away. In some instances, yes, moving out of range or into unfamiliar territory can interfere with picking up old habits right away. However, if you are determined to use, you will break through this barrier. If instead, you are determined to have a new life, you will create as many barriers to relapse as you can and use them. For instance, one recovering addict – let's call him Bob – won't carry large sums of money. In the early stages of recovery, Bob was afraid to have \$10 or more, but after 10 years of sobriety, he can safely carry \$20 or more. With several years of clean time, he did not fear relapsing with slightly larger sums of money,

but he stayed vigilant because his body was still healing from the craving. Bob keeps one credit card and one debit card and pays bills online, so he does not have to be in public with a lot of cash on hand. Some people in recovery prefer to carry cards instead of cash because drug dealers do not take American Express (thankfully) and withdrawing money takes deliberate action and intent.

With alcohol, it only takes a few dollars. The same strategy might not be as effective. Drug addicts who feel they can drink but not use might well be kidding themselves. While they might think that one drink won't loosen their willpower, there is no guarantee that it won't. And just because you do not like alcohol, drinking it as a substitute for using drugs will bring you to your drug of choice even quicker, not to mention that in many recovery circles it is also considered a drug.

If you feel overwhelmed by the proximity or availability of liquor or liquor stores, call on your MISSION-CJ Peer Support Specialist or AA sponsor, or find and attend meetings with consistency. There is a slogan in recovery models about attending "90 meetings in 90 days," especially for those in early recovery because, according to the Recovery Book by Mooney, Eisenberg, and Eisenberg, "a meeting every day for three months makes sobriety a habit, provides momentum, and reminds them of the universality of their problem and of the things they need to focus on." Willpower, meditation, breathing exercises, physical exercise, calling your sponsor, and prayer are some of the tools people use to combat this as well. Know that over time, just as in a controlled breathing exercise, the use of these tools becomes automatic.

Often, the area in which you live can pose a threat to your recovery. Drug dealing, drug use, and drinking are often rampant in public housing and other subsidized and low-income housing. Unfortunately, many of the types of housing to which the social services system refers people who are trying to maintain recovery are the same types of housing in which people who are actively using might live.

So what can you do if people near you are using or selling drugs or drinking in common areas? If you are in housing where there is active use or drug dealing and you determine it to be a threat to your recovery, the best advice is to notify your counselor, your sponsor, your MISSION-CJ Peer Support Specialist or Case Manager, or housing advocate and get assistance. Remaining in a situation like that could very well compromise your recovery. More than ever, you must practice those strategies you learned about staying clean. Efforts to contact the management company or landlord might be ignored if they feel powerless to do anything about it. Reporting the activity to the police is an option, but calling attention to yourself as the person who reported the activity can place you in danger, especially when drug dealers are concerned. Getting help from someone you trust can help you sort through your options, which might include moving to "clean and sober" housing in which you might not have as much privacy, but you feel more secure in your recovery.

The tried and true strategy of avoiding places and things to help you in your recovery from drug and alcohol addiction can also help you to abstain from re-engaging in criminal activity. As you recover, remember to avoid places that were associated with planning for or carrying out your crime. For example, if you and your accomplice liked to talk about your crimes while you loitered outside a particular convenience store, then avoid that store (as well as the accomplice!). Likewise, if you used particular weapons or articles of clothing when you committed your crime, then remove them and similar items from your surroundings. Avoiding places and things will help you to focus more clearly upon your recovery from drugs and alcohol and will decrease the likelihood that you will engage in future criminal behavior.

4. Medication Management

If medication has been prescribed for you, it will play an important role in your recovery. Along with your doctor and your pharmacist, you share the responsibility of making sure that the medications and the way that you are taking them is safe, effective, and helpful to your recovery.

- Your doctors (including psychiatrists) have the responsibility of recommending (with your input) what medication you should take and the amount that you need, as well as monitoring how well the medication is working and monitoring any side effects. You may want a certain medication that the doctor does not feel is safe for you. Your doctor may be concerned that you are getting medications from lots of other places, or that you are misusing medications. It is important to have a conversation about these issues. It is important to know that the doctor needs to prescribe medications in a way that are legal and medically appropriate. It is also important that you feel comfortable with the medications being prescribed. Sometimes these are hard conversations, but there are different options so that together you and your doctor can come up with a plan that makes sense.
- Your pharmacist, who is usually more accessible than your doctor on a day-to-day basis, can help explain what a medication does, how you should take it, and how to avoid dangerous interactions with other drugs.
- You have the responsibility to take your medications properly and to communicate with your doctors and pharmacist. This reciprocal, ongoing relationship will facilitate your recovery. It is important to work with your physician as an active participant in your own care. Together, you can manage your symptoms while minimizing the side effects of the medications. Always remember that you know your body well, so you have

important information to contribute about how you may respond to medication.

- It can be helpful to keep a written list of all your medications and doses, including things you take from the pharmacy, like vitamins and supplements. This list should be shared with your doctor and pharmacist as needed.

To help you get the most from medications that your doctor has prescribed, we'll review some major medications prescribed for mental illnesses, give some advice for taking medications properly, and offer some pointers for talking to your doctor or pharmacist about medications.

Understanding Medications

There are many medications that are used when treating mental illness. The symptoms related to your mental health issues can be chronic or can come and go. Medications are used to help control and minimize symptoms. Sometimes medications can make symptoms go away. If you stop taking them, the symptoms are likely to return, so you need to carefully coordinate any changes in how and when you take these “meds” with your doctor.

There are a few major categories of medications, including antipsychotics, antidepressants, mood stabilizers, and sedatives or anti-anxiety drugs. However, the names of these categories of drugs can be misleading, as many of the drugs are prescribed for a wide variety of mental illness symptoms. A doctor might prescribe an antidepressant to help with post-traumatic stress disorder (PTSD) or an antipsychotic for bipolar disorder, for example. The reading material that follows is meant as a general introduction only. You can always get more information from your pharmacist or doctor, reliable sources on the Internet, or a library.

ANTIPSYCHOTIC MEDICATIONS

Antipsychotic medications used to be called “major tranquilizers” and they are sometimes called “neuroleptics”, “first or second generation” antipsychotics, or “typical” or “atypical” antipsychotics. These latter names have more to do with the timing of when they became available, and how they work. They are designed to reduce the symptoms of psychosis, including false perceptions (hallucinations), false beliefs (delusions), and confused thinking (thought disorders). They are increasingly prescribed (in lower doses) for a wider range of mental illnesses, such as bipolar disorder. Antipsychotic medications not only help reduce psychotic symptoms during and after an acute episode, but also help prevent relapses and re-hospitalizations. They are not addictive. Some of the newer medications also help reduce negative symptoms, including lack of energy, motivation, pleasure, and emotional expressiveness.

Examples

Brand name	Chemical name
Abilify*	Aripiprazole
Clozaril*	Clozapine
Haldol	Haloperidol
Invega*	Paliperidone
Loxitane	Loxapine
Mellaril	Thioridazine
Moban	Molindone
Navane	Thiothixene
Prolixin	Fluphenazine
Risperdal*	Risperidone
Serentil	Mesoridazine
Seroquel*	Quetiapine
Stelazine	Trifluoperazine
Thorazine	Chlorpromazine
Trilafon	Perphenazine
Geodon*	Ziprasidone
Zyprexa*	Olanzapine

*Newer medications

Side Effects

The main advantage of the newer generation medications is that they cause very few of the side effects on muscle movement that the older generation medications caused, such as muscle stiffness, mild tremors, restlessness, and muscle spasms. They also cause significantly fewer problems related to sexual difficulties and irregular menstrual periods. However, both the older and newer antipsychotic medications can cause weight gain.

Another common neurological side effect of antipsychotic medications is called “tardive dyskinesia.” This causes abnormal muscle movements, primarily in the face, mouth, tongue, and hands. Tardive dyskinesia is associated with long-term use of the older antipsychotic medications; symptoms range from mild to severe. It is important to let your doctor know if you notice any abnormal muscle movements, so that he or she can evaluate you and see if you are experiencing this side effect.

Some side effects of antipsychotic medications are rare, but can be very serious if they occur. “Agranulocytosis” is when people stop making the white blood cells they need to fight infections. It is a potentially dangerous side effect of clozaril, for example. However, when regular blood tests are done to monitor white blood cell levels, clozaril can be a very safe medication.

MOOD STABILIZERS

Mood stabilizing medications help treat problems with extremes of moods, including mania and depression. They help to reduce the acute symptoms and also help to prevent relapses and re-hospitalizations. They are not addictive.

Examples

Brand Name	Chemical Name
Eskalith, Eskalith Controlled Release	Lithium carbonate
Lamotrigine	Lamictal
Tegretol	Carbamazepine
Depakote, Depakene	Valproic Acid

Side Effects

Possible side effects of lithium include nausea, stomach cramps, thirst, fatigue, headache, and mild tremors. More serious side effects include: vomiting, diarrhea, extreme thirst, muscle twitching, slurred speech, confusion, dizziness, or stupor.

Although lithium is a natural chemical element, like oxygen or iron, it can be harmful if it is taken in too high a dose. To prevent this, the doctor must monitor the amount of lithium in the body by taking regular blood tests.

It is also important to have enough salt in your diet while taking lithium, because the sodium in salt helps to excrete lithium. This means you should avoid low-salt diets and prescription and over-the-counter diuretic medications such as Fluidex with Pamabrom, Aqua-Ban, Tri-Aqua, or Aqua-Rid.

Possible side effects of Tegretol and Depakote/Depakene include: fatigue, muscle aching or weakness, dry mouth, constipation or diarrhea, loss of appetite, nausea, skin rash, headache, dizziness, decreased sexual interest, and temporary hair loss.

Some side effects are more serious, including: confusion, fever, jaundice, abnormal bruising or bleeding, swelling of lymph glands, vomiting, and vision problems (such as double vision). It is important to have regular blood tests to monitor the level of these medications, and to check for any changes in blood cells and liver function. Because these medications can cause sedation, you must be cautious when driving or operating heavy machinery. Drinking alcohol can be hazardous while taking the medication.

Lamotrigine is a medication that can also be used to treat seizures but it is helpful in treating Bipolar Disorder especially when depressive symptoms are a prominent feature of the disorder. It can cause some dizziness, blurry vision, drowsiness or insomnia, dry mouth, thinking problems, nausea, and the like. It's most concerning side effect is a particular kind of rash, that although rare can be a medical emergency.

ANTIDEPRESSANTS

Antidepressants treat the symptoms of depression, including low mood, low energy, appetite problems, sleep problems, and poor concentration. The most effective medications for treating post-traumatic stress disorder (PTSD) are antidepressants, and they can also be effective for the treatment of other anxiety disorders such as panic disorder, obsessive-compulsive disorder, and phobias. Antidepressants help to reduce acute symptoms and prevent relapses and hospitalizations. They are not addictive.

Examples The newer generation antidepressant medications, such as the family of drugs called serotonin selective reuptake inhibitors (SSRIs), tend to cause fewer side effects.

Brand Name	Chemical Name
Anafranil	Clomipramine
Celexa*	Citalopram
Cymbalta*	Duloxetine
Desyrel	Trazodone
Effexor*	Venlafaxine
Elavil	Amitriptyline
Ludiomil	Maprotiline
Luvox	Fluvoxamine
Marplan	Isocarboxazid
Nardil	Phenelzine
Norpramin	Desipramine
Pamelor, Aventyl	Nortriptyline
Paxil	Paroxetine
Prozac*	Fluoxetine
Remeron*	Mirtazapine
Serzone	Nefazadone
Sinequan, Adapin	Doxepin
Tofranil	Imipramine
Viibryd*	Vilazodone
Vivactil*	Protriptyline
Wellbutrin	Bupropion
Zoloft	Sertraline

* newer generation antidepressants (SSRIs)

Side effects

Tell your doctor about any of the following side effects: nausea, vomiting, excitement, agitation, headache, sexual problems, dry mouth, dizziness, sedation, weight gain, constipation, heart palpitations, cardiac abnormalities, insomnia, memory problems, overstimulation, or hypertensive crisis.

A small percentage of people who take antidepressants develop symptoms of hypomania or mania over the course of a few weeks. The symptoms of hypomania include irritability, argumentativeness, agitation, decreased need for sleep, and excessive talking. The symptoms of mania include grandiosity, euphoria, hostility, extreme goal-directed behavior, and engagement in activities that are potentially harmful. If you experience these symptoms, notify your doctor immediately. He or she may lower your dosage of medication or stop it altogether.

Older antidepressants have more side effects. There are many foods and drugs that should be avoided when taking Marplan and Nardil, including foods that are high in tyramine, such as aged cheeses, aged meats such as salami and pepperoni, and yeast extracts (except when they are baked into breads, etc.). You should also avoid drinking beer, Chianti wine, sherry wine, vermouth, and taking certain medications such as Tegretol, Dopar, Sinemet, Demerol, Aldomet, Ritalin, decongestants, and stimulants. It is important to obtain a complete list from your doctor of drugs and foods to avoid. Although it is unusual, occasionally people develop carpal tunnel syndrome when they take Marplan or Nardil. This can be corrected by appropriate vitamin supplements.

The newer generation antidepressant medications, such as the family of drugs called serotonin selective reuptake inhibitors (SSRIs), or the serotonin-norepinephrine reuptake inhibitors (SNRIs) tend to cause fewer side effects.

ANTI-ANXIETY AND SEDATIVE MEDICATIONS

Anti-anxiety and sedative medications help reduce anxiety and feeling overly stimulated. Some of these medications also help people sleep. Unlike other medications used to treat mental illness, these medications take one to two hours to take effect. Also unlike other medications for mental illnesses, some anti-anxiety and sedative medications can be addictive, and long-term use should generally be avoided. If these medications are used, they should be carefully monitored.

Examples

Brand Name	Chemical Name
Ativan	Lorazepam
Benadryl	Diphenhydramine
Buspar	Buspirone
Centrax	Prazepam
Dalmane	Flurazepam
Halcion	Triazolam
Klonopin	Clonazepam
Librium	Chlordiazepoxide
Noctec	Chloral hydrate
Restoril	Temazepam
Serax	Oxazepam
Valium	Diazepam
Xanax	Alprazolam

Side effects

The most common side effects are over-sedation, fatigue, and problems with memory or other cognitive abilities. Because of the sedating effect, alcohol use can be dangerous. You are also advised to be cautious when driving. As mentioned earlier, long-term use of some of these medications can lead to dependency.

Source: Illness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration, 2005

Using Medications Wisely

When your doctors prescribe medications to you, they are making their best effort to find a medication that will work for you. However, each person is different. For most conditions, a number of drugs are available to treat symptoms, and different people need different dosages. Particularly for psychiatric medications, doctors often change medications and dosages to make sure that you are getting the care that you need.

Take medication as directed

It is important to take medication exactly as directed by your doctor. Often, this involves taking medication at the same time each day or taking it with food or plenty of water. For medications that must be taken at around the same time each day, it is best to choose a time at which you are usually home and awake. Using a digital watch alarm or a cell phone alarm are good ways of reminding yourself to take your medication at the scheduled time each day. A pill organizer, available inexpensively from a pharmacy, can help you remember whether or not you have taken your pill for the day. Some have multiple compartments for morning, noon, and night.

Make sure that you do not run out of medication

With many medications, taking the correct dosage every day is critical. Therefore, do not wait for your prescription to run out before you get a new prescription. Each time you pick up your medication, look at the bottle and see how many refills are left. If no refills are left, call your doctor's office that day to make sure that your doctor knows that you need a new prescription. If you have forgotten to do this and you are running out of pills, call your doctor's office as soon as possible or ask the pharmacy to call your doctor.

Often, insurance limits how much medication you can get at any one time or how quickly you can get a refill. Sometimes there are circumstances in which you might need a refill sooner than your insurance

company allows. For example, if you are going on a trip or you lose your medication, you might need a new supply sooner than would normally be allowed. Discuss issues like this with your pharmacist. Sometimes, the pharmacy may be able to get permission for at least a partial refill ahead of schedule.

Avoid drug interactions

Taking certain drugs along with other prescription or over-the-counter drugs, street drugs, or alcohol can be very dangerous. Make sure that you understand what you are taking and what drugs you cannot take at the same time. For example, taking multiple pain medications can be dangerous, and it is always dangerous to mix sedatives and alcohol. Make sure you read the warnings on the bottle and ask your pharmacist if you have any questions.

Talk to your doctor before stopping medications

Sometimes medications do not work well for a particular person, and sometimes they have severe side effects. However, suddenly stopping your medication can also pose a risk. It may cause symptoms you might experience during withdrawal or lead to the return of the problem that the medication is supposed to be treating. If you have any serious problems, talk to your doctor—or a doctor at the local emergency room, if you experience severe side effects—before you stop taking medications.

Talking with Your Doctor

You only spend a little bit of time with your doctor, so he or she will rely largely on information from you to determine how well the medication is working. If you can provide specific information, it will help your doctor understand how to change your medication for the best results. If you go to a doctor's appointment with information written down, you will be able to remember what you want to say and give the doctor more complete information. For example:

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- Write down your perceptions of psychological symptoms you are experiencing, such as fear or sadness, and whether those are worse or less severe since you started on the medication.
 - If you are having trouble sleeping, take a pen and paper and write down when you go to bed and when you wake up each day, including whether or not you awakened during the night.
 - If you notice other physical side effects, write those down as well. Are you tired? Gaining weight?
 - Ask people you trust to tell you if they notice anything unusual. For example, if they call attention to the fact that you have recently started shaking or sometimes appear confused, write this information down and share it with your doctor.

To help you get the most out of your discussion with your doctor, you can use the “Medication Side Effects” checklist in Part 1 of this workbook. Whatever tool you use, make sure that you bring something in writing with you to your meeting with your doctor so that you do not forget to raise important issues. Frame your discussion in a positive way, using “I” statements, such as “I have been feeling nauseated since I started taking this medication,” rather than saying, “This medication you gave me is making me sick.” Try to provide specific information so that the doctor can understand your symptoms and side effects more effectively, such as “I have been having trouble getting up before 10 a.m., and I usually get up at 7 a.m.,” or “I am having flashbacks every day since I switched from 50 to 25 milligrams, and I only used to have one or two per week.”

5. Using the Internet for Information about Recovery

The Internet can be a powerful tool in your recovery, but to take advantage of this tool, you have to get online and you have to know where to get reliable information. Free Internet access is available at most public libraries and sometimes at social services agencies. If you are not comfortable using a computer or do not know how to “surf the web,” do not let that keep you from learning. Ask for help from a librarian or someone else!

Once you are online, do not believe everything you read. Today, anyone connected to the Internet can put material online, and much of it is unreliable. However, there are also many informative and helpful sites that provide information about substance abuse and mental health disorders, treatments, how to avoid recidivism, self-help techniques, alternative treatments, healthy living, and other topics that can aid in your recovery.

A list of helpful websites appears at the end of this section, but you can find out information about anything by using a “search engine” such as *Google* or *Yahoo*. Just type in what you are looking for, whether it is “relaxation techniques,” “meditation instructions,” or “methadone side effects” and dozens, hundreds, or even thousands of websites will come up. However, general-purpose search engines like Google or Yahoo do not always distinguish between reliable and unreliable information. For example, a number of websites providing unscientific information are likely to come up if you are searching for information about methadone side effects.

Some websites offer the opportunity to search for information only on websites that provide reliable information. For example, typing “methadone side effects” into the U.S. Department of Health and Human Services’ *www.healthfinder.gov* will direct you to a website that presents balanced information about the safety, effectiveness, and side effects of methadone. However, this search engine will pull up far fewer websites than Google, and you might be interested in hearing opinions from outside of the mainstream.

Another option is to go into it looking for information with an open mind, knowing that opinions may differ, and taking your own precautions to avoid unreliable information. The National Center for Complementary and Alternative Medicine (NCCAM), part of the Federal government’s National Institute of Health, recommends asking the following 10 questions about a website:

1. **Who runs the site?** Any good health-related website should make it easy for you to learn who is responsible for the site and its information.
2. **Who pays for the site?** It costs money to run a website. The source of a website’s funding should be clearly stated or readily apparent. For example, web addresses ending in “.gov” denote a government-sponsored site. You should know how the site pays for its existence. Does it sell advertising? Is it sponsored by a drug company? The source of funding can affect what content is presented, how the content is presented, and what the site owners want to accomplish on the site.
3. **What is the purpose of the site?** This question is related to who runs and pays for the site. An “About This Site” link appears on many sites; if it is there, use it. The purpose of the site should be clearly stated and should help you evaluate the trustworthiness of the information.
4. **Where does the information come from?** Many health/medical sites post information collected from other websites or sources. If the person or organization in charge of the site did not create the information, the original source should be clearly labeled.
5. **What is the basis of the information?** In addition to identifying who wrote the material you are reading, the site should describe the evidence on which the material is based. Medical facts and figures should have references (such as to articles in medical journals). Also, opinions or advice should be clearly set apart from information that is “evidence-based” (that is, based on research results).

6. **How is the information selected?** Is there an editorial board? Do people with excellent professional and scientific qualifications review the material before it is posted?

7. **How current is the information?** Websites should be reviewed and updated on a regular basis. It is particularly important that medical information be current. The most recent update or review date should be clearly posted. Even if the information has not changed, you want to know whether the site owners have reviewed it recently to ensure that it is still valid.

8. **How does the site choose links to other sites?** Websites usually have a policy about how they establish links to other sites. Some medical sites take a conservative approach and do not link to any other sites. Some link to any site that asks or pays for a link. Others only link to sites that have met certain criteria.

9. **What information about you does the site collect, and why?** Websites routinely track the paths visitors take through their sites to determine what pages are being used. However, many health websites ask you to “subscribe” or “become a member.” In some cases, this may be so that they can collect a user fee or select information for you that is relevant to your concerns. In all cases, this will give the site personal information about you.

Any credible health site asking for this kind of information should tell you exactly what they will and will not do with it. Many commercial sites sell “aggregate” (collected) data about their users to other companies – for example, what percentage of their users are women with breast cancer. In some cases they may collect and reuse information that is “personally identifiable,” such as your ZIP code, gender, and birth date. Be certain that you read and understand any privacy policy or similar language on the site, and do not sign up for anything that you are not sure you fully understand.

10. **How does the site manage interactions with visitors?** There should always be a way for you to contact the site owner if you run across problems or have questions or feedback. If the site hosts chat rooms or other online discussion areas, it should state the terms for using this service. Is it moderated? If so, by whom? And why? It is always a good idea to spend some time reading the discussion without joining in, so that you feel comfortable with the environment before becoming a participant.

Source: <http://nccam.nih.gov/health/webresources/> -- accessed 10/01/2013

SOME HELPFUL WEBSITES

Alcoholics Anonymous (www.alcoholics-anonymous.org) – Read all of AA's publications and find meetings.

Narcotics Anonymous (www.na.org) – Read all of NA's publications and find meetings.

Mental Health Recovery and WRAP (www.mentalhealthrecovery.com) – Information and tools for maintaining wellness and planning for crises.

Wellness and Recovery (www.wellnessandrecovery.com) – Practical tips on maintaining a healthy lifestyle that promotes recovery.

Choosing My Plate (www.mypyramid.gov) – Information on maintaining a healthy diet, including a personalized plan based on your age, height, weight, and activity level.

National Institute of Mental Health, Mental Health Topics (<http://www.nimh.nih.gov/health/topics/index.shtml>) – Access publications, ranging from introductory to clinical, on a variety of mental illnesses.

Veteran Mental Health Recovery (<http://www.mentalhealth.va.gov/mentalhealthrecovery.asp>) – Find VA programs and services available to eligible veterans as well as links to recovery resources.

The Change Companies (<http://www.changecompanies.net/>) – Provides a comprehensive selection of additional re-entry focused manuals.

The Self-Advocacy and Empowerment Toolkit (http://gainscenter.samhsa.gov/peer_resources/default.asp) – Identifies resources and strategies for individuals with behavioral health issues and past/present contact with the criminal justice system to help guide the achievement of recovery-oriented goals.

SAMHSA GAINS Center for Behavioral Health and Justice Transformation (<http://gainscenter.samhsa.gov/>) – Provides resources to community-based services at all points of contact with the justice system. Specific links to topics that include evidence-based practices, re-entry, co-occurring disorders, jail diversion, specialty courts, trauma, women, Veterans, and Behavioral Health/Criminal Justice State Technical Assistance Centers can be found by selecting the topical resources link.

Suicide Prevention Lifeline (<http://www.suicidepreventionlifeline.org/>) – Provides resources for suicide prevention with additional links for Veterans and young adults in crisis with online capabilities for chatting as well as a 24 hour call line: 1-800-273-8255 (TALK).

Simulated Online /Kiosk Job Application (<http://nicic.gov/Library/022996>) – CD-ROM provided by the National Institute of Corrections for individuals re-entering in the community to facilitate practice in completing an employment application.

What to know When You Look for a Job (<http://www.consumer.ftc.gov/topics/job-hunting>)

– Provides information on employer actions following a background check, including credit history considerations, what to do if you are not hired, and advocacy in the event of unfair hiring practices.

Social Security: What Prisoners Need to Know (<http://www.ssa.gov/pubs/EN-05-10133.pdf>)

– Provides information on what happens to your benefits during incarceration and how to navigate the system once released, as well as contact information for further assistance and support.

Council of State Governments (<http://www.csg.org>) – Non-profit organization serving all branches of state government. Click on ‘Knowledge Center’ to learn more about current events issues.

National Reentry Resource Center (<http://csgjusticecenter.org/jc/category/reentry/nrrc/>) –

Provides information on data-driven practices related to the criminal justice system, in particular as it intersects with other disciplines (e.g., public health).

6. Reading List for Recovery

There are many wonderful books written to help people in recovery from substance abuse, mental health, and criminal justice problems. Here are some the authors of this section found useful.

Substance Abuse

Alcoholics Anonymous, *Big Book*, 4th edition. New York: Alcoholics Anonymous World Services, 2001.

Jerry Dorsman, *How to Quit Drugs for Good: A Complete Self-Help Guide*. Rocklin, Calif.: Prima, 1998.

Robert L. Dupont, *The Selfish Brain: Learning from Addiction*. Center City, Minn.: Hazelden, 2000.

Al J. Mooney, Arlene Eisenberg, and Howard Eisenberg, *The Recovery Book*. New York: Workman, 1992.

Janet Geringer Wotititz, *Adult Children of Alcoholics*. Deerfield Beach, Fla.: Health Communications, 2000.

Mental Health

Mary Ellen Copeland, *Winning Against Relapse: A Workbook of Action Plans for Recurring Health and Emotional Problems*. Oakland, Calif.: New Harbinger, 1999.

David Burns, *Feeling Good: The New Mood Therapy*, revised. New York: Avon, 1999.

Criminal Justice

A Collaboration of Chemical Dependency Professionals from the Minnesota Department of Corrections and the Hazelden Foundation. *Release and Reintegration Workbook*, revised. Minnesota: Hazelden, 2002. http://www.hazelden.org/OA_HTML/ibeCCtpltmDspRte.jsp?item=140104&sitex=10020:22372:US

Covington S., Griffin D., & Dauer R. *Helping Men Recover – A Man’s Workbook, Special Edition for the Criminal Justice System*. Jossey-Bass, 2011. <http://www.josseybass.com/WileyCDA/WileyTitle/productCd-0470486562.html>

Stephanie S., & Covington, *A Woman’s Journal: Helping Women Recover*, revised edition. Jossey-Bass Publishers, 2008. <http://www.josseybass.com/WileyCDA/WileyTitle/productCd-0787988723,descCd-authorInfo.html>

Ross, J. I. & Richards S. C. *Beyond Bars: Rejoining Society After Prison*. New York, NY: Alpha, 2009. <http://www.amazon.com/Beyond-Bars-Jeffrey-Ian-Ross/dp/1592578519>

Rotter, M. R., & Massaro, J. *Re-entry after Prison/Jail: A Therapeutic Curriculum for Previously Incarcerated People with Mental Illness &/or Substance Use Disorders*, 2011.

Crayton, A., & Lindahl, N. *Back to School: A Guide to Continuing Your Education after Prison*. New York, NY: Prisoner Reentry Institute, John Jay College of Criminal Justice, 2007. <http://www.jjay.cuny.edu/centersinstitutes/pri/pdfs/Back%20to%20School%20Final%20October%202007.pdf>

Department of Justice. *Employment Information Handbook*. Washington DC: Federal Bureau of Prisons, Inmate Transition Branch, 2011. http://www.bop.gov/inmate_programs/emp_info_handbk.pdf

Ransom, R., & Nicholson, S. *Offender Transition Program: Resource Manual*. U.S. Department of Justice, Federal Bureau of Prisons, 2011. http://www.bop.gov/inmate_programs/docs/mckean_offender_transition_manual.pdf

Milkman, H., & Wanberg, T. D. *Cognitive-behavioral treatment: A review and discussion for correctional professionals*. Washington DC: U.S. Department of Justice National Institute of Corrections, 2007. <http://static.nicic.gov/Library/021657.pdf>

Epperson, M. W., Wolff, N., Morgan, R., Fisher, W. H., Frueh, B. C., Huening, J. *The Next Generation of Behavioral Health and Criminal Justice Interventions: Improving outcomes by improving interventions.* New Brunswick, NJ: Center for Behavioral Health Services & Criminal Justice Research: Rutgers University, 2011. http://www.cbhscjr.rutgers.edu/pdfs/The_next_generation_Monograph_Sept_2011.pdf



SECTION B:

COMMUNITY LIVING

Adjusting to life in the community can be difficult after you have been incarcerated, gone through residential treatment, or spent time in transitional housing. You have a lot more freedom to enjoy your life, but with that freedom comes responsibilities and challenges. Life can also be stressful after you have been placed on probation or diverted from jail, as you may have to incorporate court-mandated or parole-mandated obligations/restrictions into your daily routine.

MISSION-CJ helps you deal with some of the biggest challenges you will face, such as finding housing and employment. However, you will have to work hard to maintain your home and your job and deal with other responsibilities. One client, discussing his job washing dishes in a hospital cafeteria, observed, “It’s not lucrative, but it keeps me busy, and I’m chipping away at my fines and other obligations.”

People who have come before you in MISSION-CJ stress the importance of taking it one step at a time and rolling with the punches. As one person commented, “I was a planner. I planned everything from when I got up until I went to bed. When something changes I get frustrated or depressed, and sometimes I go into a prolonged depression. What I had to learn was to take everything day by day and not to set such lofty goals. Instead of setting the bar at six feet, I set it at a foot and a half. I do housekeeping for my job. I set goals, like to clean up to here by this time, rather than being finished with the whole job by a certain time.”

In Section A, we talked about some of the strategies that you can use to sustain your recovery. Here, we will

share ideas about things that will help you stay safe and successful once you establish a place for yourself in the community.

The life you live in the community will be what you make of it. Often, you will need to stand up for yourself to get what you need from others. Other times, you need something that must come from within. In this section, we’ll talk a little bit about how to successfully advocate for yourself.

Here you will also find reflections and advice on how to take care of some of the issues you will need to address in order to be safe, successful, and happy, including:

- Advocating for yourself
- Money management
- Personal hygiene
- Safer sex
- Crime prevention

Asking questions of people you trust – for example, MISSION-CJ Peer Support Specialists and friends in recovery – will help you grow. We hope reading this material and thinking about it will also give you some insights that will help you stay on the road to recovery, feeling your best and enjoying the good things and the good people life offers.

1. Advocating for Yourself

If you have been accustomed to having a case manager or another professional help you to meet your recovery needs, you might lose sight of the fact that you also need to be advocating for yourself. You are the only person who knows exactly what you need, plus you are the only person who's always there when you need help. Teach yourself how to become a better self-advocate by taking an active role when people help you rather than letting others do everything for you. Read up on your rights and learn what you can do for yourself to get what you need.

Here are some suggestions from the National Mental Health Consumers' Self-Help Clearinghouse on how you can advocate for yourself more effectively:

- **Believe in yourself.** Remember that you are someone who is worth advocating for. You can accomplish a great deal, even if you are used to people telling you what you can't do.
- **Define your needs.** Before you start contacting people, make sure you can explain exactly what you need. Sometimes it is a specific service but, other times, you could just be looking for an apology. Be as specific as possible in what you ask for, because it is much easier for someone to agree to your request than it is for that person to find something that will meet your needs.
- **Seek out problem-solvers.** Target people who have the ability to make decisions or influence people who do. If someone tells you that he or she has no control over a situation, find out who does and talk to them. People who did not cause a problem might be able to solve it for you, so take a positive approach.
- **Do a reality check.** Sometimes we are so convinced that we are right about something that we can't see the other side. Bouncing ideas off a trusted friend can help you see where your case is strong and where it is weak.
- **Practice beforehand.** Practicing with a friend can help you plan what you are going to say and how to respond to questions. Even practicing in

front of a mirror can be helpful because watching oneself act assertively can build self-esteem.

- **Find an outlet for your anger.** While it is important for people to understand your anger, it is not always helpful to let them see it in action. Successful self-advocates have found ways to let off steam such as having a friend nearby when making an unpleasant phone call and making faces together.
- **Promise yourself a reward for unpleasant tasks.** Picking up the phone, writing a letter, or bringing up a difficult topic can be less daunting if there's a reward waiting—even something as simple as a candy bar.
- **Practice active listening.** Let people talk, but do not remain completely silent. Ask questions when someone uses a term or an abbreviation that you do not know. To avoid confusion on important points, restate the person's position: "So what you are saying is..."
- **Stick to the facts.** People are more likely to be swayed by hard facts than they are by your opinion. For example, pointing out that a therapist has cancelled three appointments on short notice makes more of an impact than saying, "My therapist is unreliable."
- **Follow up and send thank-you notes.** Self-advocacy is about building relationships, and it is important to let people know that you appreciate their help. It is also important to make sure people follow through with what they've promised. Follow up a telephone call or meeting with a thank you note by mail or e-mail.

Three exercises on community living in Part 1 offer you some concrete steps to define and achieve your goals. These include: "'PICBA,' A Tool for Problem Solving," "Moving through the Fear," and "Creating the Life You Want."

Additionally, The National Mental Health Self-Help Clearinghouse is located at this Web address:
<http://www.mhselfhelp.org/>

2. Money Management

One of the keys to maintaining a stable life in the community is maintaining control of your finances so that you can keep your housing, save money, and build credit - which, when used carefully, can help you buy a car, a home, or complete other major purchases. Much of the information in this section is based on the Federal Deposit Insurance Corporation's (FDIC's) Money Smart Financial Education Curriculum.

Budgeting

An easy first step to creating a budget is to keep a daily spending list. Start out with a small notebook that you can carry with you. What did you spend money on today? Always ask for and keep receipts. At the end of the day, review your receipts, especially those charged to your credit card. Keep receipts in a convenient place like a shoebox and separate receipts by category. For example, have an envelope marked "groceries," and put those receipts in there. Have an envelope for transportation, medication, clothing etc., and sort receipts into them.

In addition to expenses that you can predict, like rent and utilities, writing down everything that you spend can help you identify what you need to budget for. Set up a handwritten chart with categories for the types of expenses you have with a line at the top for the month and a column on the side for the dates of your expenditures. Make several copies of it and keep a "master" copy so that as you use it, you can amend it as your budgeting skills grow.

Add up what you spend in a given month and compare it to your monthly income. Are you spending more than you are taking in? If so, you won't be able to keep doing it for too long. Try to identify the expenses that are fixed each month, such as your rent, as well as those that are for necessities, but could be reduced (for example, grocery and utility bills). Think of a strategy for eliminating nonessential purchases or for lowering your costs for essential items. Budgeting your money to control spending is a very important tool in your recovery. It will help you maintain the stability you have worked so hard for.

Money Saving Tips

The Federal Deposit Insurance Corporation (FDIC) has a Money Smart curriculum that recommends the following money-saving tactics:

- Carry only small amounts of cash in your wallet so you will not spend it.
- Bring only one credit card with you that has a limited line of credit on it.
- Use direct deposit for your paycheck or federal benefits, such as Social Security.
- Control your use of credit cards if you have them.
- Do not go shopping just for fun.
- Make written savings goals and take them with you as a reminder.
- Buy only what you need – do not buy things just because they are on sale.
- Use coupons to save money.
- Use a grocery-shopping list to prevent impulse buying.
- Take your lunch to work instead of eating out.
- Shop around to get the best deal on big-ticket items like cars and appliances.
- Pay your bills on time to avoid late fees, extra finance charges, utilities being turned off, eviction, repossessions, and the costs of a bad credit rating.
- If you are responsible for your own utility bills, look for ways of saving money, such as shopping around for a cheaper telephone calling plan; turning off lights and televisions when they are not in use; raising or lowering the thermostat; and using clear plastic film over drafty windows.

Paying your bills on time is very important, particularly your rent, credit cards, and car payments. Marking a calendar with important due dates is one way to keep track. Another option is an organizer that has slots

numbered 1-31, so that you can arrange your bills by their due dates.

Banking

Depending on where you live, a check-cashing store might seem more convenient than a bank, but using a traditional bank has advantages. Not only can you build a financial record, you can be sure that your money is safe even in the extremely rare case that a bank fails. Additionally, you can find lower fees at a bank than you can at a check-cashing store. Keeping money in a bank is safe: Your money is insured by the Federal Government for up to \$100,000 at banks with the Federal Deposit Insurance Corporation (FDIC) sign.

Bank accounts fall into two main types: checking and savings. Generally, checking accounts are more convenient because they let you write checks for rent, utilities, and other expenses. However, checking accounts typically pay less interest (meaning that you earn less money on your deposits) and might charge fees for giving you the privilege of writing checks. Additionally, because you are writing checks that others will send back to the bank for payment, banks generally want to look into your banking and credit history before letting you open a checking account. Savings accounts present a safe place to keep your money for future purchases and earn money (interest) on your savings, but they obviously do not offer the convenience of check writing.

Shop around for bank accounts just like you would shop for any other product. Many banks offer a free or low-cost checking account if you have your checks direct-deposited into the account. Items to compare when looking for a bank account include:

- Monthly fee
- Minimum balance needed for free or low-cost checking
- Number of checks allowed per month

- Costs for using ATM (cash machines)
- Costs for “bouncing” a check
- Availability of “overdraft protection” that protects you from bouncing a check by giving you a short-term loan
- Interest paid to you on your deposits
- Convenience—are the bank’s “branches” located near where you live or work?

Using Credit Wisely

Your credit history, which is made up of records of whether you have paid your bills on time, determines not only whether people will be willing to lend you money, but also the terms for whatever loan they may be willing to give you. Unfortunately, lenders often take advantage of people with poor or no credit histories and people with low incomes. Before borrowing money, be sure that you are clear on the amount you are borrowing, any fees such as a set-up fee or late fees, the length of the loan, and the amount of interest to be charged.

Many types of credit should be avoided except in case of an emergency. Often so-called “pay day loans” charge many times as much interest as credit cards, and tax preparers who offer you immediate access to your tax refund are actually lending you money, often at a high rate of interest. Similarly, merchants offering “rent to own” furniture or selling computers for a “low monthly payment” are often offering low quality merchandise and collecting a lot more money than their products are worth.

How can you rebuild your credit? Paying your bills on time is a good start. It might be difficult to resist temptation to buy things on credit, but the longer you can go without any late payments, the more likely you are to be able to get a fair loan in the future.

3. Personal Hygiene

When you were incarcerated, brushing your teeth and showering was part of a daily routine that was scheduled for you. Maintaining your personal hygiene on your own is an important part of readjusting to life in the community.

Personal hygiene is important to your health. Brushing your teeth at least twice a day and flossing regularly, along with regular visits to the dentist, can help prevent cavities, tooth loss, and gum disease. Showering daily can help prevent rashes, infections, and skin and scalp problems.

More importantly, maintaining good personal hygiene can promote better self-esteem. It can help prevent bad breath and body odor, which interfere with interpersonal relationships. Personal hygiene and grooming of hair, facial hair, and nails are also important in the workplace,

as hygiene and appearance can play a role in getting and keeping a job.

Dressing properly for the occasion or situation is also important in the community and at work. If you are worried about having the right clothes for a job interview or when you start work, talk to your MISSION-CJ Peer Support Specialist, a friend, a minister, or an employment counselor about how you can obtain the clothes you need and put together your “ensemble.”

Talking to people about issues of hygiene, grooming, or dress can be awkward, and people might engage in silent discrimination against people who do not meet their standards. Before going to a job interview or other important meetings, ask someone you trust if everything seems OK. They may be able to point out something that might cause a poor impression before it becomes a problem.

4. Safer Sex

The rise of the HIV/AIDS epidemic made “safe sex” a household term, although today many use the term “safer sex” to indicate that only abstinence or a long-term, exclusive relationship with a disease-free partner can ensure that sexual activity does not carry a risk. However, practicing “safer sex” can reduce your chances of contracting or spreading not only HIV/AIDS, but also other sexually transmitted diseases (STDs) such as gonorrhea, syphilis, herpes, hepatitis, Chlamydia, and genital warts. The Federal government’s Centers for Disease Control and Prevention (CDC) has established guidelines for prevention, which are discussed below.

As the number of new HIV infections declined, and people started living much longer with HIV, many people have begun to let down their guard. This is unfortunate, because rates of other STDs have gone up, and HIV/AIDS is still a threat. Safer sex remains a crucial way to maintain your health and the health of others.

For people living with HIV/AIDS (PLWAs), feeling better extends their own lives and those of others. Today, many PLWAs are more likely to be in and have healthy intimate relationships with others because they feel well and good about themselves. More people now know that HIV/AIDS medications have been effective in slowing the progression of the disease and allowing PLWAs to lead healthy and active lives. The medication, often referred to as a “cocktail,” has enabled people to maintain low or undetectable levels of the HIV virus in their bodies. And as a result, PLWAs and their partners, whether another PLWA or especially a non-infected partner (sero-discordant), may be more likely to engage in unprotected sex.

For PLWAs and their non-infected (or sero-discordant) partners, the challenge is to be able to understand that loving each other means not putting the other partner at risk. It means the infected partners realize that their partner’s use of a condom is not a rejection of who they are. The challenge for PLWA couples is

the risk of reinfection and the mutation of the virus in their bodies to a more resistant strain. In any intimate relationship, agreeing to use and using a condom is the responsibility of each partner. Each needs to take an active role in protecting themselves and each other. And the challenge for any person not in an intimate, monogamous relationship is to be sure a condom is used every time he or she engages in sexual activity.

When used properly, latex condoms are effective at preventing HIV/AIDS and other STDs. However, proper use means putting them on correctly and using them any time any sexual activity takes place—including vaginal, anal, and oral sex. Another product called a “dental dam” can be used to prevent disease transmission during oral-vaginal or oral-anal contact.

Some people are at particular risk of having HIV/AIDS or other STDs, including men who have sex with men, IV drug users, and prostitutes, as well as the sexual partners of people in these high-risk groups. However, even people not in these high-risk groups have some risk of contracting an STD, and testing is the only way to ensure that a partner cannot transmit a disease to you.

Sometimes, bringing up the subjects of HIV/AIDS testing or condom use can be awkward. Many people do not like to use condoms because they worry that they limit the sensations of sex, and/or they think that condoms are not a manly thing. Others get defensive and say they are not at risk. If either you or your partner is hesitant about condoms, the message is clear: get over it. Unless you are willing to remain abstinent or you are sure that you and your partner are disease-free and in an exclusive sexual relationship, you are at risk of HIV/AIDS or other STDs.

How can you make sure you practice safer sex every time? Remember that a condom or dental dam should be used for any type of sexual activity, so always be prepared by having them on hand. Do not be afraid to be assertive about safer sex—your life and health depend on it!

5. Crime Prevention

It is important to recognize that persons who are at risk of arrest are also persons who may themselves be at risk of being victimized through robbery, assault, sexual trauma and other forms of victimization. You may already have had experiences in which you were a victim, which can make life feel unstable and uncertain. Thinking about being a victim in the past and how it impacted you might also help you see how your behavior can impact others. At certain times, your behavior may have seemed justifiable because you were, for example, desperate for money or feeling angry or feeling you needed some excitement in your life and crime felt like a way to fill some of those gaps. The MISSION-CJ program teaches you healthier ways of managing your emotions and helps you to develop a deeper understanding of how crime can impact upon you and others. The following tips and thoughts might also help you think about reducing the risk of crimes occurring to you.

No matter where you live, your home in the community might seem safer than some of the situations you have faced in your life. Nevertheless, there are some steps that you can take to help protect yourself, your money, and your belongings at home and around the community.

Apartment Safety

The apartment you choose can make a big difference in your personal safety. Landlords by law can evict people for using or selling illegal drugs, but not every landlord does so. Find out how good a job the landlord is doing at keeping out drugs, preventing drinking in common areas, and otherwise controlling crimes and public nuisances. After looking at an apartment during the day, you might want to come back at night to see what it is like and possibly talk to other tenants.

The National Crime Prevention Council's "Safety Checklist for Apartments" recommends that when selecting an apartment, you look for safety features such as:

- A working deadbolt lock

- A rod that secures sliding glass doors
- Well-lit halls and common areas such as laundry room
- A secure building entrance

Building Community

When you move into a new building, get to know your neighbors - they can help identify any suspicious activity. You are more likely to build relationships with your neighbors if you yourself are a good neighbor. Keep your apartment clean and avoid anything that might annoy your neighbors, such as leaving trash in the wrong place or talking loudly in common areas. Avoid excessive noise. Leases prohibit tenants from causing disturbances to other tenants and neighbors.

Getting to know neighbors early on can help reduce conflicts later. If someone is doing something that annoys you, such as playing music too loudly, it is much easier to ask him or her nicely to stop if you know the person's name. If necessary, you can always go to your landlord or the police, but trying to resolve something by a respectful agreement is usually best. If you think that the neighbor is potentially dangerous, you might not be able to resolve the conflict directly and might need to start out by asking for outside help.

Safety at the Door

A good way to stay safe at home is to open the door only to people who you know or who are wearing uniforms that you recognize. Criminals often gain entry into people's homes by pretending to be a delivery person, salesperson, fundraiser, or repairman, or even claiming to be awarding a sweepstakes prize. Do not feel obligated to open the door for anyone, and further protect yourself by asking to see a picture ID or calling the company the person claims to represent. If you are not expecting a repairman, call the apartment manager to confirm that repairs or inspections are needed and find out who was sent.

Other criminals might try to gain entry by claiming the need to make an emergency phone call, have water, or something like that. Offer to make a phone call for them

or direct them to a public place where they can meet that need (for example, a water fountain in the lobby).

Preventing Fraud

Even as some types of crime are on the decrease, fraud is on the rise, particularly “identity theft,” in which criminals steal your personal information and use it to buy merchandise, borrow money, run up your bills, steal your deposits, or empty out your savings.

Traditionally, the telephone has been the tool of choice for fraud. People sometimes pose as legitimate businesses or representatives of services when they are trying to get your information. Any business that you handle over the telephone should be something that you initiate. Do not let yourself be caught off guard by someone who calls seeking personal or financial information that they could use to defraud you. Be very suspicious if someone calls on the telephone and asks for sensitive information, such as your birth date, Social Security number, or banking or credit card information. If you need to conduct business over the phone, it is always safer if you call the business or agency using a published telephone number so that you can verify that you are really talking to whom you think you are.

Today, the Internet can be used to steal personal information. No legitimate business will contact you by e-mail and ask for personal or financial information. Some e-mails will direct you to a phony website and ask you to enter sensitive information. Be wary of e-mails that direct you to a website. Stick to websites you have heard of by typing the address yourself, like *www.amazon.com*, or typing your bank’s website directly into the computer.

If you are sharing a computer or using a public computer at the library, entering private information can be risky. When you visit your e-mail or a website that has access to your private information, make sure that you “log out” or “sign off” using the button on the website, and make sure that you close all of the browser windows (Internet Explorer, Firefox, Google Chrome, etc.) and restart the system before you let anyone else onto the computer.

Street Safety

Although there is “safety in numbers,” it is not always possible to travel with others. Also, your peer group may be a negative influence for you, as they may be likely to have conflicts with others while you are with them. Being mindful of those types of interpersonal conflicts and settings is important.

If you are going to be alone in a potentially dangerous area, let someone else know where you are going and when you should be back, so that the person will know in case something happens. Minimize victimization by knowing your route, and by identifying safe locations and safe havens with positive social supports and friends. Protect your belongings to the extent possible.

Public Transit Safety

Public transit is generally safe, but you can take additional steps to reduce dangers. Wait for buses or trains only in well-lit areas. If you have a choice, pick busier stations or bus stops where others are likely to be waiting. Learning bus and train schedules can also help you avoid spending much time at empty stops or stations.

Staying Out of Trouble

In the beginning, breaking old habits might seem hard. In the period before you begin to form new friendships with associates who are also on the path to recovery, you might be tempted to reach out to old associates who you used with or maybe even engaged in some of the criminal activities with that were just discussed to break the cycle of loneliness. Delays in reaching your goals, like finding a job or securing stable housing might make using or engaging in illegal activity seem inviting, if only to ease the emotional tension and help pay the bills. However, there are many other solutions that won’t lead you down the road to relapse or recidivism, many of which are discussed and highlighted in exercises throughout this Workbook. Use them! When you find yourself having these doubts, stop and think a moment. You have support! Addressing these concerns with your MISSION-CJ Case Manager and Peer Support

Specialist early on, as well as regular attendance at AA and NA group meetings will help you find the resources and community you need to best achieve your goals for recovery. These people that you will meet have stood where you are in your recovery and have progressed further on into their own. Do not give up! You can make it too!

Interacting with Criminal Justice Officials

If you are on parole or probation, it is likely that you will be routinely checking in with parole or probation officers on the status of your recovery, and if you are in a court-based program (like a drug court, a mental health court, a veterans treatment court or other such programs), you may be checking in with a judge on a regular basis. Depending on the conditions of your parole or probation, this might involve drug testing and/or appointments, as well as regular updates from your MISSION-CJ Case Manager or Peer Support Specialist about your attendance in the program. While some may look at this as a drag on their time, these officials are there to help support you in your recovery. They want to see you succeed and a positive report from them goes a long way to showing the court, your community, and yourself that you are committed to your recovery. Make an effort to work with them, be respectful, and show up on time. Also, dressing appropriately and being prepared goes a long way to making a good impression and showing that you care just as much about your recovery as they do. This also includes court appearances, which are usually more formal settings, where you have to stand before a judge.

In certain neighborhoods, you are also fairly likely to interact with police officers and perhaps be challenged by them. You may or may not have been engaging in behavior or conduct that warranted police attention. Police may also be coming to speak to you related to wellness checks. If an interaction seems challenging to you, and feels unfair for someone who is turning his or her life around, you may need to take a deep breath and use your other relaxation skills so that you do not escalate the situation. It is an unfortunate fact of life that a person in the criminal justice system is under intense

oversight in the community, and certain behaviors may be viewed as suspicious to law enforcement. If you are going back to your old neighborhood, you might even know some of the officers from previous busts that you might have been involved in. If trying to change your relationship from negative to positive with the law enforcement officials in your community, there are a few things you should consider. For example, in its 2004 publication, *Know Your Rights: What to Do If You are Stopped by the Police*, the American Civil Liberties Union (ACLU) recommends that you:

- Think carefully about your words, movement, body language, and emotions.
- Do not get into an argument with the police.
- Remember, anything you say or do can be used against you.
- Keep your hands where the police can see them.
- Do not run. Do not touch any police officer.
- Do not resist even if you believe you are innocent.
- Do not complain on the scene or tell the officer they're wrong or that you are going to file a complaint.
- Do not make any statements regarding the incident. Ask for a lawyer immediately upon your arrest.
- Remember the officer's badge and patrol car numbers.
- Write down everything you remember as soon as possible.
- Try to find witnesses and their names and phone numbers.
- If you are injured, take photographs of the injuries as soon as possible, but make sure you seek medical attention first.
- If you feel your rights have been violated, file a written complaint with police department's internal affairs division or civilian complaint board.

If you are interested in dealing with the issue of police harassment as a societal problem, local chapters of the ACLU and other community groups often are involved in efforts to address the problem. Finally, remember that not all police are trying to harass you! Be polite, maintain control of your temper, and do not assume the worst of anyone. Another way some might put this is, “do not go looking for trouble!”

Stay safe. Stay healthy. Stay connected.

And stay clean, sober, and out of trouble.

As You Complete the MISSION-CJ Program and Have Your Community Resources Established...

We hope that you found this workbook and the MISSION-CJ services helpful. We suggest that you hang onto this workbook and use it as a tool to reflect on regarding the stages of your recovery process. We believe that the use of this workbook along with the skills obtained through your participation in other programs and services provides you with a strong foundation for recovery.

Please stay active in your recovery and keep working on what you have learned from the program. Remember, this is not the end, but a new beginning along your journey. We will be cheering for you!

It has been a pleasure to partner with you in this phase of your recovery journey. Good luck!

Sincerely,

The MISSION-CJ Team

About the Authors

David Smelson

Dr. David Smelson is a Professor and Vice-Chair of Clinical Research in the Department of Psychiatry at the University of Massachusetts Medical School. He is also the Director of Translational Research in Mental Health at Edith Nourse Rogers Memorial Veterans Hospital and Director of the Bedford Node of the National Center for Homelessness Among Veterans. He has devoted his career to studying treatments for addiction and mental health problems and received grants from such agencies as the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment and Center for Mental Health Services, the National Institute of Health/National Institute of Drug Abuse, and the National Center for Complementary and Alternative Medicine, along with numerous other foundations. The majority of the work on the initial MISSION Service Delivery project and MISSION Manual Development Fidelity Project was done while Dr. Smelson was at the Department of Veterans Affairs, New Jersey Health Care System; the University of Medicine and Dentistry, Robert Wood Johnson Medical School; and the University of Medicine and Dentistry School of Health-Related Professions. He remains indebted to these institutions for their ongoing support and assistance with these projects.

Debra A. Pinals

Dr. Debra A. Pinals currently serves as the Assistant Commissioner of Forensic Mental Health Services for the Department of Mental Health, and is an Associate Professor of Psychiatry and Director of Forensic Education at the University of Massachusetts Medical School. She is a forensic psychiatrist who, over the past 15 years, has worked in inpatient psychiatric hospitals, correctional facilities, court clinic, outpatient, and emergency mental health settings as an attending psychiatrist and conducting forensic evaluations. In her current role she oversees management of adult and juvenile court clinic services, reentry services for individuals with serious mental illness, police diversion programs, specialized risk management services as well as standards for forensic clinical assessments. She has directed several federal grants related to

reentry and court-diversion, including four grants that have helped inform the development of MISSION-CJ services. Dr. Pinals has served as a member of the Council on Psychiatry and the Law for the American Psychiatric Association and as President of the American Academy of Psychiatry and the Law (AAPL). She has received awards and recognition for her work in Public Sector Psychiatry, Jail Diversion, and the establishment of the Plymouth Mental Health Court in Plymouth, Massachusetts. Dr. Pinals has developed training materials for police who encounter persons with mental illness, and has authored or co-authored numerous publications on topics related to mental health, justice, and forensic assessment. Dr. Pinals extends her appreciation and gratitude to the individuals she has treated, the students she has taught, and the countless colleagues who have worked with her across various agencies and institutions and who strive to provide better services for court-involved individuals with co-occurring disorders as they work toward personal recovery.

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Dr. Jennifer Harter is a Licensed Clinical Psychologist in Massachusetts where she specializes in treating children and adults. She is affiliated with the UMASS Medical School Department of Psychiatry. Her early clinical and research interests primarily focused on underserved populations, including individuals with HIV/AIDS and substance abuse disorders.

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Dr. Ziedonis is Professor and Chair of the Department of Psychiatry at the University of Massachusetts Medical School and UMass Memorial Health Care. Dr. Ziedonis has dedicated his career to better understanding and treating individuals with co-occurring mental illness and substance use disorders, including research in mental health, addiction, and primary care settings. He is an internationally recognized leader in co-occurring mental illness and addiction, including recovery and wellness. He has received many NIH, SAMHSA, and Foundation research grants, including support to develop and evaluate behavioral therapy approaches such as Dual Recovery Therapy (DRT) and organizational change studies to help agencies better address co-occurring disorders, including tobacco. He has been active in Veterans Affairs related initiatives, including serving on the Institute of Medicine's (IOM) Committee on Gulf War and Health: Smoking Cessation in Military and Veteran Populations. Dr. Ziedonis has served as an advisor to President Bush's New Freedom Commission on Mental Health and SAMHSA on numerous Co-Occurring Disorder activities, including the Report to Congress on the Prevention and Treatment of Co-Occurring

Substance Abuse Disorders and Mental Disorders and TIP 42, Substance Abuse Treatment for Persons with Co-Occurring Disorders. He served as Senior Fellow for the SAMHSA Co-Occurring Disorder Center for Excellence. He served on the American Society of Addiction Medicine's Patient Placement Criteria Co-occurring Disorder Workgroup that developed the Dual Diagnosis Capable/Enhanced concepts. He has written over 150 peer reviewed and other publications, including co-edited 3 books and 5 behavioral therapy manuals for co-occurring disorders. He serves on the Editorial Boards of The Journal of Groups in Addiction & Recovery and The Scientific World Journal.

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