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PERSONALIZED TREATMENT PLAN GOAL

Client Name:_____ **Date:**_____

PROBLEM: Addiction

TASK: Explore the following in writing:

WHY DO YOU WANT TO MAINTAIN ABSTINENCE FROM DRUGS/ALCOHOL?

WHAT IS LIKELY TO HAPPEN IF YOU RESUME DRINKING/DRUGGING?

HOW WILL YOU KEEP THE MEMORY OF WHY YOU QUIT DRINKING/USING ALIVE?

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BLACKOUTS

WHAT IS A BLACKOUT?

The blackout, which is experienced by some heavy or alcoholic drinkers, is sometimes confused with passing out. Actually, they are quite different:

- **Passing out means unconsciousness – that is, the drinker appears to suddenly fall asleep. There is no memory loss involved.**
- **Blackout, on the other hand, has nothing to do with falling asleep. Rather, it is a form of amnesia – a period of seconds, minutes, hours, and even days during which the drinker is awake and active but later remembers nothing about the events that took place during the period of time of the blackout. Amazingly, the drinker may appear quite normal – performing many life functions.**

  EXAMPLE: The morning after a night of partying, the drinker wakes up not remembering how he got home, what he did or said at the party the previous night. He may have been "the life of the party," seemed "normal" to everyone at the party, driven his car home – recalling the correct way, and gotten himself to bed – all with no recollection in the morning.

TWO TYPES OF BLACKOUTS:

"True" Blackout – Has a definite beginning, total memory loss, and usually a vague ending time. Many who experience a "true" blackout segue into sleep and then realize they've had a blackout only upon wakening from sleep. Most "true" blackouts are short – lasting only a few minutes or hours.

Fragmented Blackout – The drinker is unaware of memory lapse unless told of it by someone else.

WHO EXPERIENCES BLACKOUTS?

Social drinkers *never* experience blackouts – simply because generally, the amount of alcohol needed to trigger a blackout appears to be considerable. However, a lesser amount of alcohol combined with antidepressants and sedative-hypnotic drugs may also induce blackouts.

Blackouts, therefore, are experienced primarily by alcohol abusers and alcoholics. Even the occasional abuser can experience a blackout if he consumes an excessive amount of alcohol. For the occasional abuser, however, the blackout experience is generally sufficiently frightening to motivate the drinker to avoid further excessive use. The chronic abuser and alcoholic are more likely to rationalize and dismiss the experience – ultimately, they normalize blackouts rather than viewing them as a potentially serious problem.

Although some alcoholics never have a blackout, those who do may share the following characteristics:

- **They have higher tolerance for alcohol,**
- **They lose control of their drinking more frequently,**
- **They more often drink until drunk or fall asleep,**
- **They crave alcohol more.**

An isolated blackout experience may be a symptom of abuse but generally, blackouts are considered to be symptomatic of alcoholism.

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THE CHANGE PROCESS

Client Name: _____ DUE BY: _____

If you are here – in this program – it would appear that something needs to change. This worksheet is intended to help you evaluate your need and motivation for change. Change is a process that takes time and effort. Following is an outline of the process:

1. Recognize the **NEED** for change and know that you are **CAPABLE** of change,
2. Make a **DECISION** to change,
3. Develop a **PLAN** for change:
   - Set a GOAL,
   - Identify what needs to be changed in order for you to achieve your goal,
   - Identify the STEPS necessary to achieve the goal.
4. Take **ACTION**,
5. **REVIEW**.

How motivated are you to change? High Moderate Low

Who or what is motivating you? _____

GOAL: ABSTINENCE

What changes do you need to make in order to achieve this goal? (attitude, behavior, environment, peer group, belief system, level of motivation, life style, etc.):

_____

_____

_____

_____

What steps will you take to Achieve your goal

1. _____
2. _____
3. _____
4. _____
5. _____

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PERSONALIZED TREATMENT PLAN GOAL

Client Name: _____ Due by: _____

COMPULSIVE USE

You answered "YES" to the evaluation question "Do you ever drink more than you intend" which is suggestive of compulsive drinking. That is, after having one or two drinks – you may want more or drink more.

How often do you find that you are NOT SATISFIED with 1-2 drinks – that after having 1-2 you crave more and drink more even though you did not intend to?

Never _____
Sometimes _____
Frequently _____

Give some examples below of times when you wanted or drank more alcohol than you originally intended.

_____

_____

_____

_____

_____

_____

_____

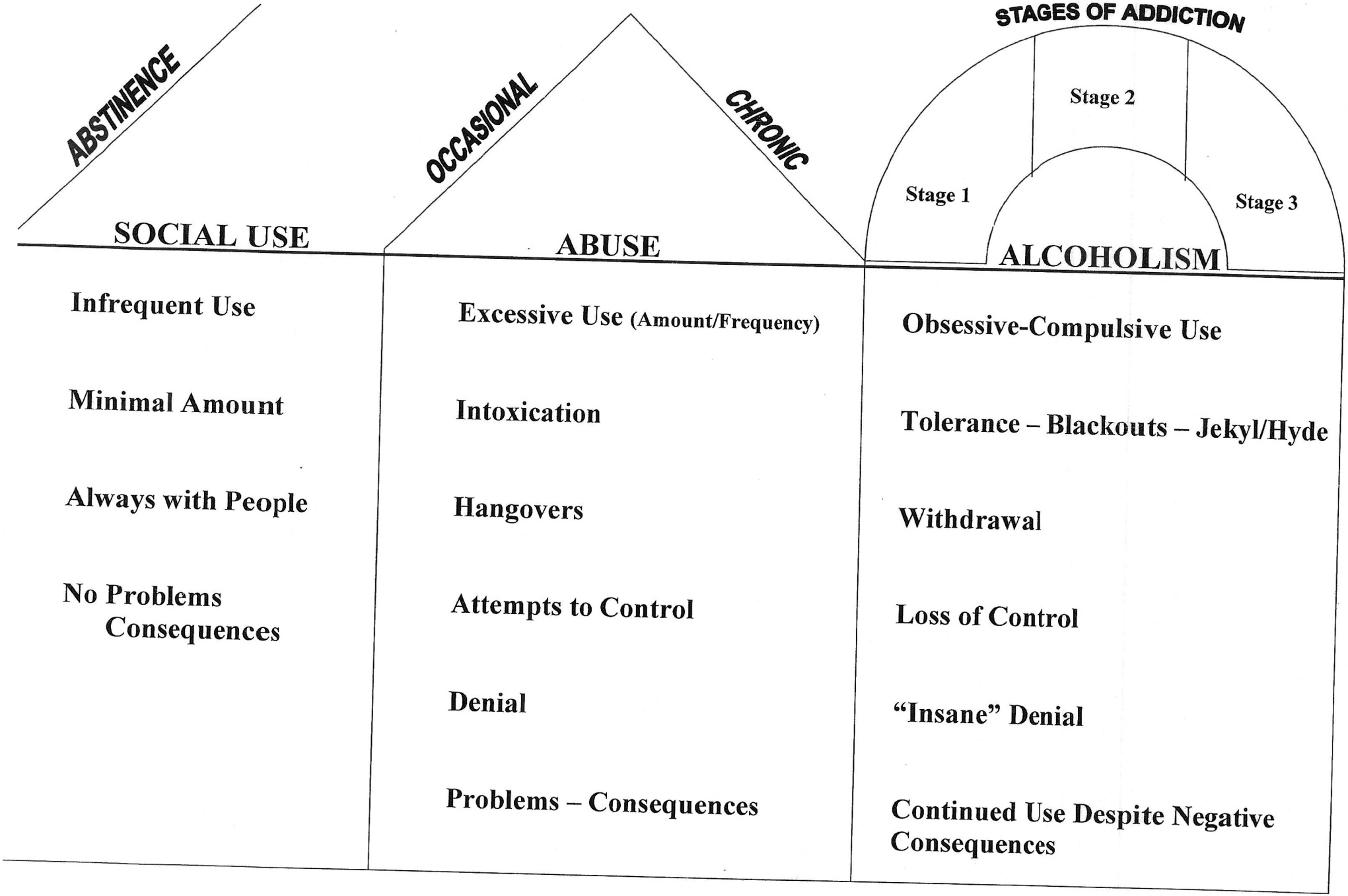
_____

When not drinking, how often or when might you think about drinking or look forward to having a drink?

_____

_____

_____



CONTINUUM OF ALCOHOL USE

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COST-BENEFIT ANALYSIS

Client Name: _____ **Date:** _____

Indicate below how the use of alcohol and/or drugs has COST you and how you have benefited:

COSTS (and consequences):

Legal: _____

_____

Family Relations: _____

_____

Financial: _____

_____

Work: _____

Health (Physical Mental): _____

Social: _____

Moral/Spiritual: _____

Inconvenience/Hardship: _____

Other: _____

Sexual Consequences – Relationship between substance abuse/addiction and HIV/AIDS & other sexually transmitted diseases: _____

_____

BENEFITS (indicate how you have benefited/how your life has been made better with the use of alcohol and/c drugs): _____

_____

_____

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CROSS-ADDICTION

Summarized from the Hazelden Publication
A Look at Cross-Addiction by Saul Selby

What is cross-addiction?

Simply put – it is the transference of addictions. That is, the exchange of one harmful dependency for another harmful dependency. Substituting one mood-altering drug (for instance, alcohol) for another mood-altering drug (for instance, marijuana) is perhaps the most common form of cross-addiction. The decision to switch from one chemical to another has sabotaged the efforts of many who have attempted to conquer their addiction issue.

Why is it harmful for a recovering alcoholic to smoke a little pot, or a recovering cocaine addict to drink a glass of wine with dinner, or an ex-junkie to use some Valium to calm down? Addicts reason – *I have used these chemicals before without problems.*" This reasoning may seem sound on the surface, but it is not good thinking. Rather, it is a deceptive first step on the road back to active addiction. One of two things usually happens when the addict exchanges one mood-altering chemical for another.

1. The substitute drug is the onset of a new addiction. This may not happen immediately – it may take months or even years. The intent, stated or otherwise, is to use the new chemical in moderation – not enough to create problems and not for very long. It perpetuates the need for a mood-altering chemical to cope with life rather than developing skills for dealing with the trials and tribulations that occur in all lives. The addict eventually uses more and more of the substitute chemical, the problems get worse and worse, and the addict is eventually right back where he/she started. The addict now has all of the same old problems and a new master.
2. Using a substitute chemical often results in a return to the chemical of choice. Why? – Because the resolve to abstain from the drug of choice weakens when another mood-altering chemical is being used. Clouded judgment is a natural byproduct of drug use, and the new chemical convinces the addict that the old chemical *wasn't really that bad.* The pain and problems associated with the drug of choice are easily forgotten making it easier to use it again.

Cross-addiction and denial

Total abstinence is difficult for most addicts to accept – we argue that giving up *ALL* chemicals is unfair, unrealistic, and unnecessary. We don't want to hear about this concept of cross-addiction because the thought of facing life without a *"shock absorber"* is terrifying. It means experiencing ups and downs, fear, uncertainty, and – worst of all – pain, without an anesthetic. We desperately look for reasons, excuses, and rationalizations to *DENY* our addiction issues and the need for complete abstinence.

If my doctor prescribed it, it must be OK

Addicts mistakenly or conveniently choose to believe that any medication prescribed by a doctor must be OK to take. We assume that all doctors understand the potential dangers of drugs and would not prescribe anything harmful – this is not always the case. Additionally, many addicts neglect to discuss their addiction issues with their physician. It is important to always discuss these issues with your doctor and make him/her aware of your need to avoid potentially addictive mood-altering chemicals.

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PERSONALIZED TREATMENT PLAN GOAL

Client Name: _____ **Date:** _____

STOP DUI BEHAVIOR WORKSHEET

In order to stop DUI behavior, you must have a carefully thought-out plan and a **back-up** plan. Any plan worth having is worth writing down. All plans have a clearly defined goal as well as specific steps to achieve the goal. Please formulate your plan below.

GOAL: Avoid any/all future DUI behavior

STEPS TO ACHIEVE THE GOAL:

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

BACK-UP PLAN (in the event of emergency or the above plan fails)

_____

_____

_____

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The GENETICS of Addiction

Adapted from ADDICTIONSandRECOVERY.ORG

Name:_____ **Date:** _____

Anyone can become an addict – in fact, we all have some predisposition for addiction. That is, when something is pleasurable, humans are apt to continue using/doing that which is pleasurable. Although everyone has the potential for addiction, some people are more predisposed than others.

Repeatedly abusing alcohol or drugs changes your brain chemistry and increases the way you then respond to alcohol or drugs.

- **Someone may start out with a low genetic predisposition for addiction, but have poor coping skills and repeatedly escape through alcohol or drugs. In that case, the repeated behavior may permanently *rewire the brain* and the person DEVELOPS addiction.**
- **On the other hand, there are those who drink alcoholically or use drugs compulsively from the very beginning of use.**

Approximately 50% of addiction is caused by your GENES. This has been confirmed by numerous studies comparing identical twins with fraternal twins. When one identical twin was addicted to alcohol, the other twin had a high probability of also being addicted. On the other hand, when one non-identical twin was addicted to alcohol, the other twin did not necessarily have an addiction.

Approximately 50% of addiction relates to your ENVIRONMENT & COPING SKILLS.

- **A person who is raised in an environment that normalizes the abuse of alcohol or drugs is at greater risk for developing addiction issues than someone raised in a non-drinking/using environment.**
- **People who have poor coping skills and who deal with stress by drinking or using drugs are at greater risk for developing addiction issues than someone who has developed good stress management and coping skills.**

The children of alcoholics/addicts are EIGHT TIMES more likely to also become addicted.

What are your genetic risk factors?

_____

_____

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PERSONALIZED TREATMENT PLAN GOAL

Client Name: _____ Date: _____

"JEKYLL-HYDE" SYNDROME

During your evaluation you indicated that you or someone else thinks that you experience a personality change when you drink.

Please explain below how your personality changes when you drink.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Does this personality change create problems in any of your relationships or interactions with other people?

If "yes" – in what way(s)? _____

_____

_____

_____

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Client Name: _____ **Date:** _____

Explore in writing the potential PROS (benefits) and CONS (consequences) of continued drinking/drugging.

PROS	CONS

Explore in writing how the quality of your life might improve should you choose to quit drinking/drugging entirely.

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PERSONALIZED TREATMENT PLAN GOAL

Client Name: _____ **Date:** _____

GOAL: Responsible Drinking

Define responsible drinking – be very specific:

How many drinks? _____ **Of what?** _____

Over what period of time? _____

Example: No more than 1 drink per hour

How often? _____

Example: Number of times per week

How will you monitor your drinking?

_____

_____

_____

_____

How will you prevent future DUI behavior?

_____

_____

_____

_____

_____ _____

Client Signature Date

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STRENGTHS & LIMITATIONS

CLIENT NAME:_____ DATE:_____

STRENGTH – something that enhances your ability to achieve your goals

LIMITATION – something that limits your ability to achieve your goals

STRENGTHS	LIMITATIONS

WITH REGARD TO YOUR FUTURE INVOLVEMENT WITH ALCOHOL and/or DRUGS, WHAT IS YOUR GOAL?_____

How can your STRENGTHS help you achieve your goal?

_____

_____

_____

_____

How might your LIMITATIONS sabotage your efforts to achieve your goal?

_____

_____

_____

_____

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PERSONALIZED TREATMENT PLAN GOAL

Client Name: _____ Date: _____

TOLERANCE: The capacity to absorb a drug continuously and in increasingly larger doses without adverse effect. (Kathleen Fitzgerald, PhD – Alcoholism)

If an individual repeatedly consumes alcohol, over time his/her body will make certain adaptations to try to maintain normal function in the presence of the foreign chemical. First, the individual's liver becomes more efficient at metabolizing alcohol – at least in the earlier stages of his or her drinking career. This is known as METABOLIC TOLERANCE to alcohol. For example, over time, it may take more and more alcohol to achieve the desired "buzz" or to become intoxicated. This is called ***increasing tolerance.*** In the latter stages of alcoholism, the drinker may begin to experience ***reverse tolerance***. This is where it takes less and less alcohol to become intoxicated. The reason for the reversal is usually attributable to the body's inability to metabolize alcohol efficiently – usually because liver damage is occurring. Reverse tolerance is a symptom of Stage 3 alcoholism.

PHARMACODYNAMIC TOLERANCE is where the cells of the central nervous system attempt to carry out their normal function in spite of the continual presence of a toxin such as alcohol. The cells of the brain become less and less sensitive to the chemical's effects, and the individual has to use more and more alcohol to achieve the desired effect.

Another expression of tolerance is known as BEHAVIORAL TOLERANCE. Whereas a novice drinker might appear and feel quite intoxicated after 5 or 6 beers, the chronic drinker might appear and feel quite sober even when legally intoxicated.

Concepts of Chemical Dependency
Harold E. Doweiko

Aspects of your evaluation were suggestive of INCREASING TOLERANCE:

_____

_____

What are your thoughts on this?

_____

_____

_____

_____

_____

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WITHDRAWAL SYNDROME

Client Name: _____ **Date:** _____

Continuum of alcohol use

			ALCOHOLISM
Social Use	Occas. Abuse	Chronic Abuse	Stages 1 2 3

Continuum of withdrawal from alcohol

Hangover	Withdrawal Syndrome

Unlike the social drinker who will experience no aftereffect from a couple of drinks, the abuser may experience a "hangover" and the alcoholic – "withdrawal syndrome."

TO SIMPLIFY: A hangover is the body rejecting alcohol – punishing you for drinking too much. Withdrawal syndrome is the body punishing you for NOT putting alcohol in – it is the body "screaming" for more alcohol.

Hangovers may vary in intensity and duration depending on the amount consumed and the length of time spent drinking. Likewise, withdrawal syndrome may range from mild symptoms to very intense and even life threatening symptoms.

Circle all of the symptoms listed below that you have ever experienced

HANGOVER	WITHDRAWAL SYNDROME		
Headache	Anxiety	Rapid Heartbeat	Paranoia
Thirsty	Vomiting	Hand Tremors	Hallucinations
Nausea	Insomnia	Loss of appetite	DT's **
Agitation	Sweating	Increased Pulse	Seizures
	Diarrhea	Vertigo	

DT's (*delirium tremens*) involve a period of delirium, hallucinations, delusional beliefs that one is being followed, fever, tachycardia, and – in some cases – a disruption of normal fluid levels in the brain. In the past, 5 to 25% of the cases experiencing DT's ended in death from cardiac and/or respiratory arrest. However, improved medical care (medical detox) has decreased the mortality from DT's to about 1%. People going through DT's are also a high-risk group for suicide as they struggle to come to terms with the emotional pain and terror associated with this condition.

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Client Name: _____ **Date:** _____

Explore in writing the potential PROS (benefits) and CONS (consequences) of continued drinking/drugging.

PROS	CONS

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