

# RELAPSE PREVENTION IN ALCOHOL DEPENDENCE

## MY WORKBOOK



National Institute of Mental Health and Neuro Sciences  
CENTRE FOR ADDICTION MEDICINE (CAM)  
Bangalore-560 029

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## *My Workbook*



**National Institute of Mental Health and Neuro Sciences  
Centre for Addiction Medicine (CAM)  
Bangalore-560 029, INDIA**

## Practice Exercises

- I.
  - a. *Pros/Cons of my Drinking*
  - b. *Change Plan*
- II.
  - a. *Managing high-risk situations (Patient)*
  - b. *Managing high-risk situations (Caregiver)*
  - c. *Drink refusal scenario (role play)*
- III. *Dealing with faulty cognitions*
- IV.
  - a. *Relaxation technique*
  - b. *Diaphragmatic breathing*
- V.
  - a. *Daily time schedule*
  - b. *Long-term activities*
- VI.
  - a. *Anger triggers; plan of action*
  - b. *Anger anecdote*
- VII. *Finding a satisfying vocation*
- VIII. *Monthly budget plan*
- IX.
  - a. *Communication practice*
  - b. *Relationship agreements (Patient)*
  - c. *Relationship agreements (Caregiver)*
- X. *S.O.L.V.E.*

## List of Homework Assignments (for review at follow up)

- I.
  - a. *Recovery Calendar (Patient)*
  - b. *Recovery Calendar (Caregiver)*
- II. *Medication Compliance Calendar*

## TREATMENT CONTRACT

### Patient:

In order to help me recover I, \_\_\_\_\_ (name of the patient), agree to cooperate and comply with the treatment instituted for me during the course of my admission at this treatment center. This includes:

- Undergoing assessments conducted by the treatment provider.
- Attending all the treatment sessions as scheduled.
- Participating in behavior rehearsals and other skills taught to me during the sessions.
- Completing all assignments according to the schedule.

### Primary Caregiver:

In order to help my family member recover, I, \_\_\_\_\_ (name of the caregiver), agree to cooperate and comply with the therapy along with my family member, during the course of his admission at this treatment center. In this connection, I agree to:

- Undergo assessments conducted by the treatment provider.
- Attend all therapy sessions along with my family member, as scheduled.
- Participate in behavior rehearsals and other skills taught to us during the sessions.
- Complete all assignments given to me, together with my family member, according to the schedule.

\_\_\_\_\_  
Patient  
(Signature & date)

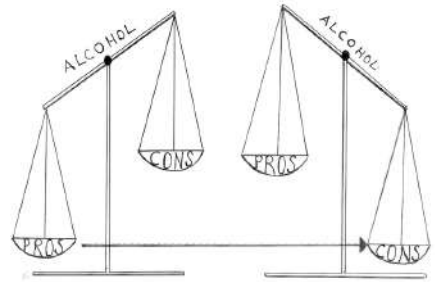
\_\_\_\_\_  
Family Member  
(Signature & date)

\_\_\_\_\_  
Treatment provider  
(Signature & date)

## Practice Exercise I

### A. PROS/CONS OF MY DRINKING

Please list down the good as well as bad things that might have happened in your life because of your drinking. As you do so, please keep in mind the information we have gone through in our last session on Consequences of Alcohol Use and try to apply them to your life situations. Getting a clear analysis of all these may help you take a decision that best suits your interests, and those of your family.



| <b>Good things about drinking</b><br>(Number them)      | <b>Bad things about drinking</b><br>(Number them)      |
|---|--|
|   |  |
| <b>Good things about not drinking</b><br>( Number them) | <b>Bad things about not drinking</b><br>( Number them) |
|   |  |

## B. CHANGE PLAN

**The changes I want to make:**

**The most important reasons why I want to make these changes:**

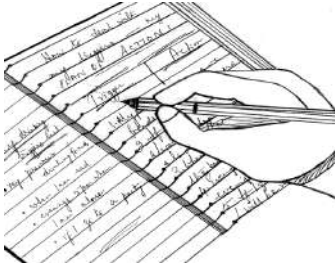
**Some barriers that could interfere with my plan to make changes:**

**Some ways to overcome these barriers:**



## Practice Exercise II

### A. MANAGING HIGH-RISK SITUATIONS (Patient)



*Please identify certain situations that may place you at a high risk for drinking after you go back home. Also, please list down some possible ways in which you can overcome these situations, so that you do not return to drinking.*

| High-risk situations | My plan of action |
|----------------------|-------------------|
|                      |                   |

| <b>High-risk situations</b> | <b>My plan of action</b> |
|-----------------------------|--------------------------|
|                             |                          |

**If I feel an urge to drink, I will meet/call:**

Name

Phone Number

**If I do happen to use alcohol again, my plan of action:**

(1) People whom I'll meet/call (be specific, and include phone numbers if they are not immediately reachable):

(2) Other measures I will take:

**Ways in which my family (and other support persons) can help me:**

**B. MANAGING HIGH-RISK SITUATIONS IN MY FAMILY MEMBER**

(to be carried out by the patient's caregiver)

| <b>High-risk situations</b> | <b>Action I will take when my family member is faced with these situations</b> |
|-----------------------------|--|
|                             |  |

| <b>High-risk situations</b> | <b>Action I will take when my family member is faced with these situations</b> |
|-----------------------------|--|
|                             |  |

**If my family member does drink again, my plan of action:**

Blank area for writing a plan of action.

### C. DRINK REFUSAL SCENARIO (ROLE PLAY)

- Recall a situation you have experienced before, when you were asked by a friend or colleague for a drink. How had you responded and what happened next?
- Now imagine a situation which you anticipate can take place after you go back home, when you might be approached by someone with whom you had used alcohol before. Can you think of how you would respond now “assertively” so that you don’t hurt him, but at the same time you do not get persuaded either, to accompany him for a drink? We will try to enact this refusal scenario, so that you are prepared to handle such situations after your discharge.

### Practice Exercise III

#### DEALING WITH FAULTY COGNITIONS



*Make a list of faulty thoughts/cognitions which have occurred to you, and write down briefly, how you might deal with them:*

| S.No. | Faulty cognition | Ways to deal |
|-------|------------------|--------------|
|       |                  |              |



## Practice Exercise IV

### A. RELAXATION TECHNIQUE



#### Note:

- Concentrate fully on what you are doing. Do not allow any other thought to cross your mind.
  - Do not fall asleep.
  - Wear comfortable clothes.
  - Concentrate only on that part of the body engaged in tensing and relaxing.
1. Assume a comfortable position in a quiet environment. Select some neutral, peaceful or pleasant thought or object and focus full attention on it, while at the same time maintaining a passive attitude.
  2. Take several deep respirations and exclude unpleasant thoughts. Deep breathing exercises are a form of relaxation, and when practiced regularly, can bring about relief from stress.
  3. Next, tighten in sequence the following muscle groups. Tense the muscles for 5-7 seconds and relax for 20-30 seconds. Repeat 3-5 times for each muscle group:
    - Dominant hand and arm
    - Non-dominant hand and arm
    - Facial muscles
    - Shoulder and upper torso
    - Abdominal muscles
    - Legs and feet

4. Following completion of the muscle tensing and relaxing, take several deep respirations, sit quietly for a few minutes and focus attention on the pre-selected thought or object.

## **B. DIAPHRAGMATIC BREATHING**

1. Sit comfortably, with loose clothes.
2. Place one hand on the upper part of your abdomen.
3. Slowly inhale through your nose. As you do so, push your stomach out and feel your diaphragm expand. Do NOT suck in your abdomen.
4. Now exhale through pursed lips, feeling your abdomen fall inwards. You may even push gently with your hand, allowing the abdominal muscles fall inwards, at the same time relaxing your neck, chest, and shoulder muscles.
5. Repeat this exercise for 5-10 minutes, 3-4 times a day.

## Practice Exercise V

### A. DAILY TIME SCHEDULE

Plan a typical day's activity as you would like it to be, after you return to your home and work routine:



| Time | Activity | Whether completed or not (Yes/No)* |
|------|----------|------------------------------------|
|      |          |                                    |

*\*If not completed, it goes into the next day's schedule*

## B. LONG-TERM ACTIVITIES

*Think of long-term activities which you have always wanted to accomplish, but never had time for, or could not do, possibly because your drinking had gotten into your way. Examples of such activities could be joining a fitness club, taking part in social activities, starting a business venture, cultivating a new hobby, and so on. Categorize them according to the ABC system, and plan when you would like to undertake them. Chalk these out with your family member, especially the activities you would like to undertake together:*

| <b>Activity</b> | <b>Category (A,B,C)</b> | <b>When I / we would like to undertake (date/month/year)</b> |
|-----------------|-------------------------|--|
|                 |                         |  |

## Practice Exercise VI

### A. ANGER TRIGGERS; PLAN OF ACTION

*Please make a list of situations that trigger your anger. Make a brief plan of how you plan to overcome them, when you are faced with these situations after discharge:*



| Anger Triggers | How do I plan to deal with them |
|----------------|---------------------------------|
|                |                                 |

## B. ANGER ANECDOTE

1. Try and recall an incident when you got really angry with somebody - a family member, a colleague, a friend. Write down the following:
  - What was the incident?
  - How did you react?
  - What happened next?
  - What were your thoughts and feelings following the incident?
2. Now rethink the whole situation calmly. How would you handle it now, in your present frame of mind? What would the consequences be now, if you handled it this way?

The following formats can be used:

| Incident | My reaction | Consequences | My thoughts and feelings after the incident |
|----------|-------------|--------------|---|
|          |             |              |   |

How I would handle the same incident if it took place today:

| <b>My reaction would be</b> | <b>Expected consequences</b> | <b>How I would feel afterwards</b> |
|-----------------------------|------------------------------|------------------------------------|
|                             |                              |                                    |







## Practice Exercise VIII

### MONTHLY BUDGET PLAN

Devise a monthly budget plan for your family, keeping in mind your financial position (monthly income, loans to be paid, monthly expenses, etc), which you might adopt after you go back home:



| Monthly Income<br>(Include all sources) | Monthly Expenses*<br>(Including loan repayment) | Amount allocated |
|---|---|------------------|
|   |   |                  |
|   |   | <b>Total</b>     |

\* Write from most important to least important

## Practice Exercise IX

### A. COMMUNICATION PRACTICE

*Choose an issue which may be causing a certain amount of tension between you and your family member (e.g. your current alcohol problem, and even other general life issues such as managing money, etc.). Recall a verbatim conversation that had gone on between you both, over this issue, in which you feel you haven't communicated appropriately. Write it down, just like it took place at that time.*

*Next, I'd like you to think about how you would respond now, in your present frame of mind. How would the conversation go, if it took place today? Write this down.*

*In our next session, we shall go over these conversations and try to enact the scene, as you talk and communicate your viewpoints to each other.*

The following format may be used:

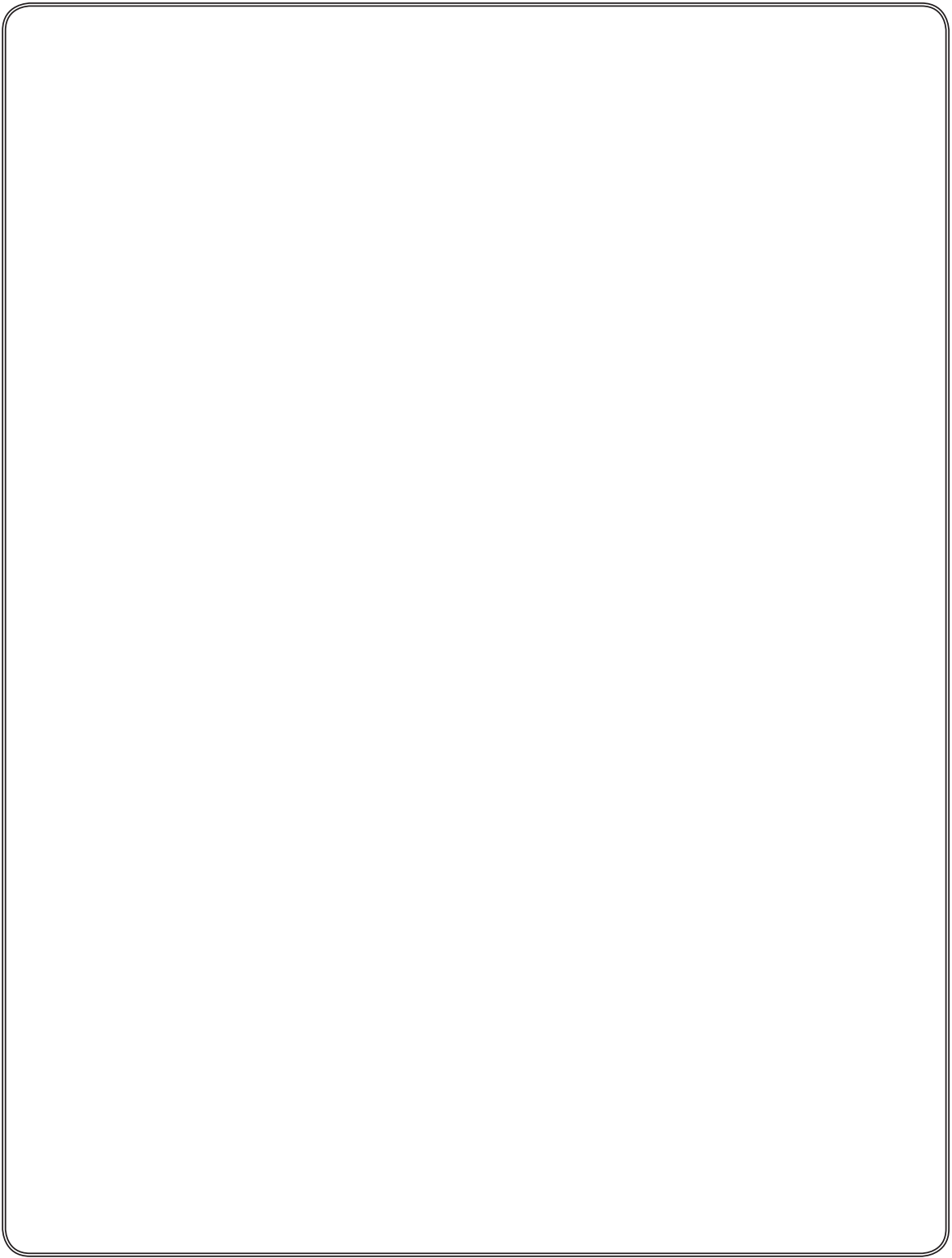
Issue:

*Details of conversation:*

Patient (i.e. what the patient had said at that time):

Family member:

*continue as above to record further conversations:*



## **B. RELATIONSHIP AGREEMENTS (PATIENT)**

*Make a list of Specific Requests. Requests might include things that would make you happier in your relationship and make your life easier. Some areas to consider are: communication, childrearing, money, leisure time and social activities, household responsibilities, etc. More importantly, it can even include anything related to your current problem of alcohol use: write requests in which you tell your family member about something you would like to see change in this area (e.g. the support you would want from him/her):*

1.

2.

3.

4.

5.

### C. RELATIONSHIP AGREEMENTS (CAREGIVER)

*Make a list of Specific Requests. Requests might include things that would make you happier in your family and make your life easier. Some areas to consider are: communication, money matters, leisure time and social activities, household responsibilities, etc. More importantly, it can even include anything related to the patient's current problem of alcohol use: write requests in which you tell him about something you would like him to change:*

1.

2.

3.

4.

5.

## Practice Exercise X

*I would like you to identify some issues you consider to be problematic in your lives, and then indicate on the scale below each problem, as to what extent you find that problem troublesome:*

*(the Dyad can fill this together)*

### A. PROBLEMS SHEET

**Problem:**

| 1                 | 2 | 3                  | 4 | 5 | 6                | 7 | 8 | 9                     | 10 |
|-------------------|---|--------------------|---|---|------------------|---|---|-----------------------|----|
| Least Troublesome |   | Mildly troublesome |   |   | Very troublesome |   |   | Extremely troublesome |    |

**Problem:**

| 1                 | 2 | 3                  | 4 | 5 | 6                | 7 | 8 | 9                     | 10 |
|-------------------|---|--------------------|---|---|------------------|---|---|-----------------------|----|
| Least Troublesome |   | Mildly troublesome |   |   | Very troublesome |   |   | Extremely troublesome |    |

**Problem:**

| 1                 | 2 | 3                  | 4 | 5 | 6                | 7 | 8 | 9                     | 10 |
|-------------------|---|--------------------|---|---|------------------|---|---|-----------------------|----|
| Least Troublesome |   | Mildly troublesome |   |   | Very troublesome |   |   | Extremely troublesome |    |

**Problem:**

| 1                 | 2 | 3                  | 4 | 5 | 6                | 7 | 8 | 9                     | 10 |
|-------------------|---|--------------------|---|---|------------------|---|---|-----------------------|----|
| Least Troublesome |   | Mildly troublesome |   |   | Very troublesome |   |   | Extremely troublesome |    |

## B. S.O.L.V.E.

Please apply the steps of S.O.L.V.E approach to your own individual situation which you feel is most important to address after you go back home. You may use the Problems Sheet which you have filled earlier, to choose the problem you want to apply the S.O.L.V.E. Approach to. Bring the worksheet to the next session for discussion.

*Situation (state it here):*

S: Stop, slow down and see the problem

O: Outline solutions: What can you do?

L: List consequences

V: Vote: What is the best solution?

E: Evaluate: How did it go?



## THE RECOVERY CONTRACT

### **Patient's commitment**

In order to help me recover and learn to apply the skills taught to me at this treatment center to maintain abstinence, I, \_\_\_\_\_, agree to comply with the following:

- complete all homework assignments
- come for follow-up sessions as scheduled, along with my family member
- call \_\_\_\_\_ (treatment provider) if there is any situation which we feel we cannot handle on our own.

### **Caregiver's commitment**

In order to help my \_\_\_\_\_ with his continued recovery, I, \_\_\_\_\_, agree to fully support and encourage his abstinence by applying the skills we have learnt at this treatment center. Specifically, I agree to cooperate and comply with the following:

- complete all homework assignments
- come for follow-up sessions as scheduled, along with my \_\_\_\_\_
- call \_\_\_\_\_ (treatment provider) if there is any situation which we feel we cannot handle on our own.

### ***Length of contract***

We understand that this agreement covers the time from today \_\_\_\_\_ (date) until the end of at least 6 months \_\_\_\_\_ (date).

\_\_\_\_\_  
Patient  
(Signature & date)

\_\_\_\_\_  
Family member  
(Signature & date)

\_\_\_\_\_  
Treatment provider  
(Signature & date)

**Date of my first follow up:**

## Home Practice Assignment I

### A. RECOVERY CALENDAR (PATIENT)

*Practice maintaining this calendar every day following discharge. If, on any day, you face (or may face) a drinking trigger, place a tick mark (✓) in the box provided. Then elaborate on the trigger, and what you did to overcome (or avoid) it:*

| Date | Particulars of trigger | Action taken to overcome it |
|------|------------------------|-----------------------------|
|      |                        |                             |

## B. RECOVERY CALENDAR (CAREGIVER)

*Practice maintaining this calendar every day after your family member is discharged. If, on any day, your family member faced a trigger, elaborate on the trigger, and what you did to help him overcome, in the format below:*

| Date | Particulars of trigger | Action taken to help him overcome |
|------|------------------------|-----------------------------------|
|      |                        |                                   |

## Home Practice Assignment II

### MEDICATION COMPLIANCE CALENDAR

Maintain this calendar every day following discharge. Just place a tick mark (✓) everyday, indicating that you had taken the medication as prescribed, for that day (the numbers indicate dates of the month):

Month :

Year :

Week (Dates):

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 |    |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

This workbook is designed for use along with 'Relapse Prevention in Alcohol Dependence: a family-based approach - Treatment Provider's Manual' developed by Prasanthi Nattala, Pratima Murthy, Nagarajaiah. Helping persons with addiction Manual Series 3. National Institute of Mental Health and NeuroSciences, Publication No. 87, ISBN 81-86436-00-X.