



## Functional Analysis of Recovery-Orientated Behaviour

This collaborative exercise explores healthy, recovery-orientated behaviours in your life. Choose something healthy or fun that you do right now that does not involve alcohol and/or drugs. Then consider what happens before the behaviour happens. Finally, explore the short and long term consequences.

<b>Environmental Triggers</b> <i>(Who with? Where? When?)</i>	<b>Thoughts and Feelings</b> <i>(What were you thinking? Feeling emotionally? Feeling physically?)</i>	<b>Behaviour</b> <i>(Be specific – What do you do, how long and how often?)</i>	<b>Positive Consequences</b> <i>(Relationship? Emotions? Physical Health? Legal? Job/education? Money?)</i>	<b>Negative Consequences</b> <i>(What are the barriers? Who, where, when? Thoughts, emotions, physical?)</i>
			Short and long term:	Short and long term:

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## Exploring the Relationships Between Substance Use and Mental Health

This worksheet is designed to explore the relationship between substance use and mental health. First, list all of the legal, illicit, and prescribed substances that you used before treatment (regularly or periodically). Second, list the mental health and social problems you experienced. Look for ways in which the two columns interact.

Substances Currently Being Used	Mental Health and Social Problems

What is the *perceived* coping potential of the substances used (e.g. substance related beliefs)?

What is the impact of the substance use on mental health?

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## Daily Routine Worksheet

***The purpose of this worksheet is to provide participants with the opportunity to relate the content of the course with their work. The following questions can be used as a personal review of the material, as a part of a consultation with other professionals, or a structure for peer or individual supervision. Consider an individual with whom you work, either currently or in the past....***

1. How do they describe their mental health in general? How do they describe their sleep? What are their beliefs about their mental health, and what do they tell themselves?
2. What time do they wake up in the morning and what do they do? What are their morning rituals?
3. What types of physical exercise do they get during the day? Do they get outside in the sunshine? What about mental exercise?
4. What do they eat and when?

(Over)

5. List all the substances they use, including legal, illicit and prescribed.
  
  
  
  
  
  
  
  
  
  
6. Which parts of their living space do they use? Do they spend most of their time in one place? Do they use their bedroom for “active” activities while awake?
  
  
  
  
  
  
  
  
  
  
7. What do they do in the 2 hours before bedtime? What are their “wind down” rituals?
  
  
  
  
  
  
  
  
  
  
8. What time do they go to sleep? What do they do when if they are unable to fall asleep?
  
  
  
  
  
  
  
  
  
  
9. How do they sleep during the night? Do they describe waking up with a start? Nightmares? What do they do to cope with any sleep problems?

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## Identifying Problems

Below are some problems that can be made worse by drug and alcohol use.  
Put a check beside any that you have had.

### Medical or Physical:

- Head Injury in past (#:      )
- Overdose experiences
- Stomach problems
- Dental/teeth problems
- Seizures or convulsions
- Large weight gain or loss
- Diarrhoea or constipation
- Nose or sinus problems
- HIV issues
- Hepatitis issues
- Waking up at night with a start
- Difficulty breathing
- Difficulty breathing at night
- Heart problems
- Chronic pain
- Specific pain problem
- Chronic fatigue
- Memory problems
- Other (Specify):

### Relationships:

- Fights with partner
- Fights with children
- Fights with other family or friends
- Feeling alone
- Difficult to talk to other people
- Difficulty solving problems
- Loss of friends
- Only knowing people who use
- Problems with children/parenting
- Loss of partner
- Children at risk/in care
- Problems in sex life
- Other (Specify):

### Legal:

- Arrested – possession/dealing
- Arrested - theft or robbery
- Arrested - assault/other violence
- DTTO, probation or parole
- Divorce or separation
- Child visitation issues
- Other (Specify):

### Emotions and Feelings:

- Depression
- General anxiety or stress
- Panic attacks
- Anxiety around other people
- Anxiety when outside
- Other specific fears/phobias
- Sudden swings in mood
- Problems controlling anger
- Problems dealing with the past
- Remembering/flashbacks to past
- Hallucinations
- Feeling suspicious or paranoid
- Memory problems
- Can't sit still – always moving
- Can't relax
- Can't concentrate
- Other (Specify):

### Housing, Finances, and Skills:

- Finding a place to live/sleep
- Furnishing/equipping your home
- Finances and budgeting
- Home skills (cooking, shopping)
- Taking care of your home
- Taking care of yourself
- Other (Specify):

### Daily Routines

- Problems getting to sleep
- Severe snoring
- Problems waking up
- Eating too much or too little
- Not eating a balanced diet
- Bored during the day
- Lack of fun things to do
- Loss of sports or hobbies
- Lack of physical exercise
- Problems finding or keeping work
- Problems with training or school
- Other (Specify):

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## Identifying Things to Work On

Now, look at this list again. 1) Check what would you like to change in your life. 2) Number those checked in order of importance.

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## Happiness Scale

*The Happiness Scale is used as a part of the Community Reinforcement Approach (CRA). For the most recent overview of CRA, see: Meyers, R. J., Roozen, H.G., and Smith, J. E. (2011). The Community Reinforcement Approach: An Update of the Evidence. Alcohol Research & Health, 33 (4), 380-387.*

This scale is intended to estimate your current happiness with your life in each of the ten areas listed below. Ask yourself the following question as you rate each area:

*How happy am I with this area of my life?*

You are to circle one of the numbers (1-10) beside each area.

Numbers toward the left indicate various degrees of unhappiness, while numbers toward the right reflect various levels of happiness.

In other words, state according to the numerical scale (1-10) exactly how you feel today.

**Remember:** Try to exclude all feelings of yesterday and concentrate only on the feelings of today in each of the life areas. Also try not to allow one category to influence the results of the other categories.

	Completely Unhappy					Completely Happy				
Drug use	1	2	3	4	5	6	7	8	9	10
Job or Education Progress	1	2	3	4	5	6	7	8	9	10
Money Management	1	2	3	4	5	6	7	8	9	10
Social Life	1	2	3	4	5	6	7	8	9	10
Personal Habits	1	2	3	4	5	6	7	8	9	10
Marriage/Family Relationships	1	2	3	4	5	6	7	8	9	10
Legal Issues	1	2	3	4	5	6	7	8	9	10
Emotional Life	1	2	3	4	5	6	7	8	9	10
Communication	1	2	3	4	5	6	7	8	9	10
General Happiness	1	2	3	4	5	6	7	8	9	10

Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Meyers & Smith, 2000)

Adapted from: Budney, A. and Higgins, S. (1998). *A Community Reinforcement Plus Vouchers Approach: Treating Alcohol and other drugs Addiction*. NIDA. Page 60.

### Summary of Identified Challenges

**Name:**

**Date:**

*For each area, identify how high of a priority you see the need for change. Choose a number between 1(no need for change) to 10 (urgent need for change) to put beside area.*

1. Alcohol and Other Drug Use

Priority:

2. Mental Health

Priority:

3. Physical Health

Priority:

4. Family + Significant Relationships

Priority:

5. Employment/Training/Education

Priority:

6. Recreational/Social

Priority:

7. Legal

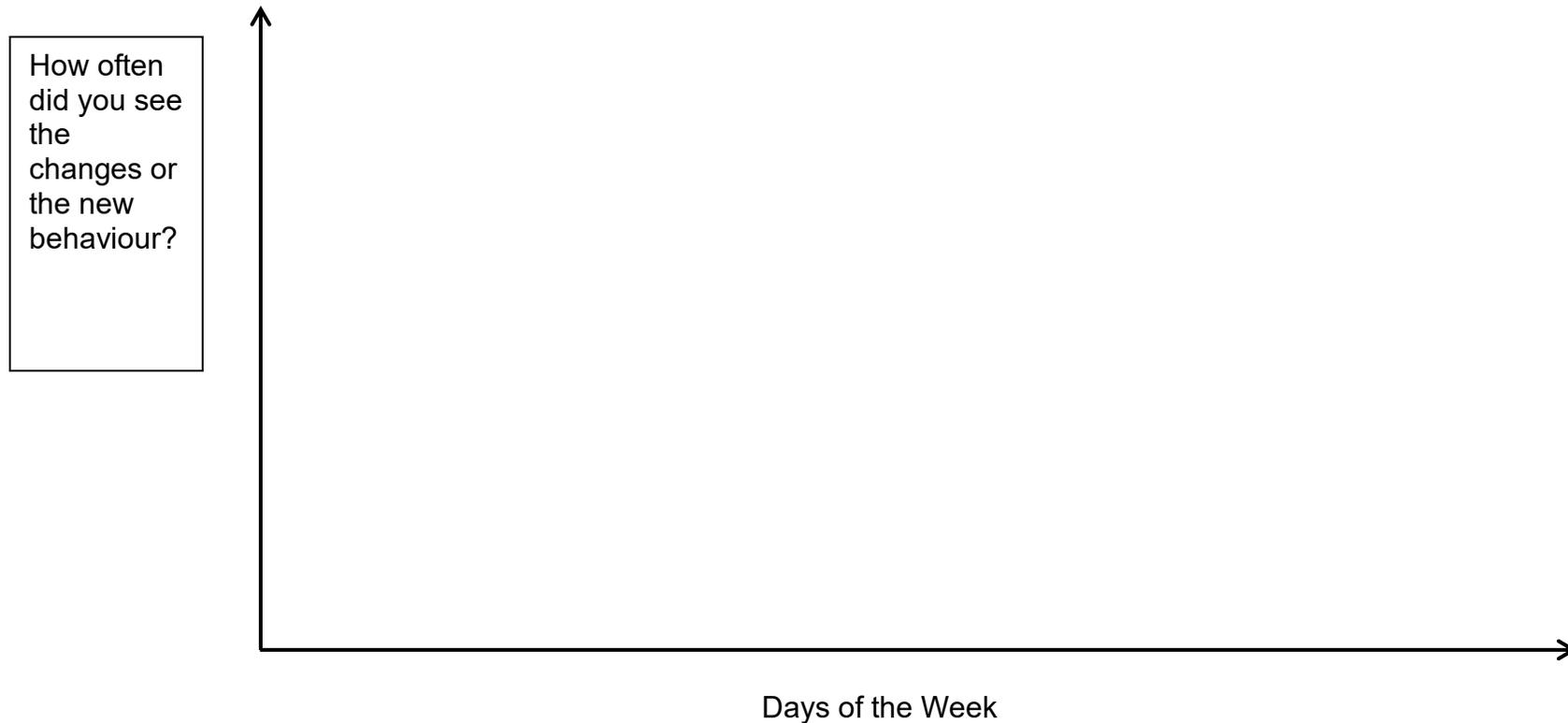
Priority:





## Highlighting Progress

Highlighting the progress made as someone works towards a goal is essential. When someone is making changes in their lives, finding a visual way to see is often used to help people see the change happening. Highlighting progress can be as simple as a colour coded calendar, or as complex as graphs and charts. It is useful to create templates of charts, graphs or calendars which can be easily picked up and put to use. Here are two different examples.



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## Highlighting Progress

Name:				Month:		
What do you want to see yourself doing? What's your goal?						
Choose a colour and use it to mark the days when you reach your current goal.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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## Discovering Triggers

Adapted from: Budney, A. and Higgins, S. (1998). *A Community Reinforcement Plus Vouchers Approach: Treating Alcohol and other drugs Addiction*. NIDA. Page 60.

### Discovering Triggers of Your Alcohol and Other drugs Use

1. List the *places* where you are most likely to use alcohol and other drugs:
2. List the *people* with whom you are most likely to use alcohol and other drugs:
3. List and *times* or *days* when you are more likely to use alcohol and other drugs:
4. List any *activities* that make it more likely that you will use alcohol and other drugs:
5. Do you think that you use alcohol and other drugs when you are feeling certain ways? Read through the following list and mark the ones that are relevant to you. For those you have marked, list specific examples from your own experience.

a. at the end of (or during) a tense day	g. when you feel bad about yourself
b. when faced with something you fear or are anxious about	h. when you are depressed
c. when you've failed to accomplish something you'd planned	i. when you want to feel energized or high
d. when you feel you have been taken advantage of	j. when you are faced with a tough problem
e. when you are bored	k. when you want to be friendly
f. when you are in a social situation	l. when you wish your personality was different
	m. others not listed here
6. List the places where you are *unlikely* to use alcohol and other drugs:
7. List the people with whom you are *unlikely* to use alcohol and other drugs:
8. List the times or days when you are *unlikely* to use alcohol and other drugs:
9. List the activities you engage in when you are *unlikely* to use alcohol and other drugs:
10. When, or in what situations, will it be important to revisit these questions?

*This form was originally adapted from Miller and Munoz 1982.*

## Recreational Survey

**Name:**

**Date:**

Please tick the column which best describes your thoughts/feelings about each row.

<b>SPORTS AND GAMES</b>				
<b>Activity</b>	Did at least 4x's last year	Would like to try...	Have tried and liked it...	No Interest
Football				
Tennis				
Swimming				
Golf				
Jogging/Running				
Aerobics				
Gymnastics				
Bowling				
Ten-pin bowling				
Darts				
Karate				
Pilates				
Tai Chi				
Yoga				
Snooker				
Billiards/Pool				
Rugby				
Badminton				
Sudoku				
Crossword Puzzles				
Internet Based Games				
Computer Games				
Chess				
Dominoes				

**Reinforcing Recovery Worksheet 18: Page 2**

Scrabble				
Jigsaw Puzzles				
Table Tennis				
Shinty:				
Other:				

**Outdoor Activities**

<b>Activity</b>	<b>Did at least 4x's last year</b>	<b>Would like to try...</b>	<b>Have tried and liked it...</b>	<b>No Interest</b>
Walking				
Hillwalking				
Bike/Dirt bike riding				
Fishing				
Going to the beach or shore				
Going to the park				
Ice Skating				
Sailing				
Windsurfing				
Skateboarding				
Camping				
Gardening				
Picnics				
Birdwatching				
Other:				

**Art, Music, Dance and Drama**

Drawing/Painting				
Photography				
Sculpture				
Woodworking				

### Reinforcing Recovery Worksheet 18: Page 3

Jewellery Making				
Knitting				
Sewing				
Cooking/Baking				
Listening to music				
Singing/ Karoake				
Playing instrument				
Dancing				
Scottish Country Dancing				
Line Dancing				
Acting				
Other:				

### Other Activities

<b>Activity</b>	Did at least 4x's last year	Would like to try...	Have tried and liked it...	No Interest
Shopping				
Museums				
Art Galleries				
Fairs				
Historical Sites and Events				
Sporting Events				
Eating Out				
Travelling				
Library				
Cinema				
Music Concerts				
Theatre				
Talking with a Friend				

**Reinforcing Recovery Worksheet 18: Page 4**

Attending a Party				
Volunteer Activities				
Watching TV				
Reading				
Meditation				
Creative Writing				
Support Groups				
Other:				
Other:				
Other:				

**How would you rate your satisfaction with the recreational activities in your life?**

**Very Dissatisfied**

**Dissatisfied**

**Satisfied**

**Very Satisfied**

**Are there problems that make it difficult for you to develop a healthy recreational lifestyle? If yes, describe:**

## Exploring Relationships

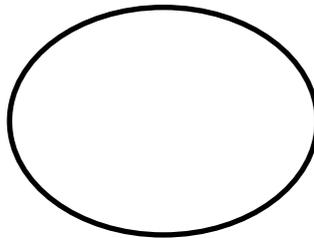
Relationships play a key role in recovery. Some relationships will be supportive of recovery, some will not, and in some cases the relationship is both supportive and not. It is important to explore the relationships in recovery, both to highlight and appreciate those who are supportive and to develop coping strategies to deal with the times when someone tries to undermine the progress made.

List all of the people you that you regularly see. This may include family, friends, and partners, but also people you see through the day such as someone at a shop, a teacher, or chemist. For as many as you can, decide whether they are supportive of your recovery (+), not supportive (-), or a bit of both (~) and put this in column two. In column three, write down any thoughts you might have about what makes them supportive or not. You can always add more sheets of paper if you need them!

Name of Person	Are they +, -, or ~ in their support of your recovery?	What is it that makes you feel that they are supportive or not? What do they do? How do you feel when you're with them?

## Exploring Relationships

Put your name in the circle. Consider each person from your list and decide how important they are in your life (e.g. how much time you spend with them and how much impact they have on how you feel). Write each person's name around your own, putting the people who are more important closer to the middle circle and those less important further away. Now, add the support symbol (+, -, ~) to their name.



**Look through these two pages on Exploring Relationships.**

- **What are the important things for you that makes someone supportive?**
- **What can you do to increase the recovery support in your life?**

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## Daily Reminder to Be Nice (Partners)

Adapted from: Budney, A. and Higgins, S. (1998). *A Community Reinforcement Plus Vouchers Approach: Treating Alcohol and other drugs Addiction*. NIDA. Page 101.

Date:							
Did you express appreciation at least once to your partner today?							
Did you compliment your partner at least once today?							
Did you give your partner any pleasant surprises today?							
Did you express visible affection to your partner at least once today?							
Did you spend some time devoting your complete attention to pleasant conversation with your partner?							
Did you start at least one of the pleasant conversations today?							
Did you make any offer to help before being asked?							

*Original source cited as: Sisson and Azrin 1989, pp. 254-255.*

## Daily Reminder to Be Nice (Family or Close Friend)

Adapted from: Budney, A. and Higgins, S. (1998). *A Community Reinforcement Plus Vouchers Approach: Treating Alcohol and other drugs Addiction*. NIDA. Page 101.

<p><b><i>The same form can be used to enhance relationships with family and friends. In this version, write the name of the person that you want to have a daily reminder to be nice.</i></b></p> <p style="text-align: right;">Date: _____</p>							
Did you express appreciation at least once to _____ today?							
Did you compliment _____ at least once today?							
Did you give _____ any pleasant surprises today?							
Did you express visible affection to _____ at least once today?							
Did you spend some time devoting your complete attention to pleasant conversation with _____ ?							
Did you start at least one of the pleasant conversations today?							
Did you make any offer to help before being asked?							

*Original source cited as: Sisson and Azrin 1989, pp. 254-255.*

## Daily Reminder to Be Nice (Co-Worker)

Adapted from: Budney, A. and Higgins, S. (1998). *A Community Reinforcement Plus Vouchers Approach: Treating Alcohol and other drugs Addiction*. NIDA. Page 101.

<p><b><i>The same form can be used to enhance relationships within teams and reinforce positive work.</i></b></p> <p>Date:</p>							
Did you express appreciation at least once to a co-worker today?							
Did you compliment a co-worker today?							
Did you do anything today to enhance the enjoyment of working within the team?							
Did you make any offer to help others before being asked?							

*Original source cited as: Sisson and Azrin 1989, pp. 254-255.*