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

VETERANS EDITION


THE MISSION-VET CONSUMER WORKBOOK






David A. Smelson, Psy.D. • Leon Sawh, M.P.H.
Stephanie Rodrigues, Ph.D. • Emily Muñoz
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Finally, we hope that you find this Workbook to be a useful resource as you move forward to achieve your personal treatment and recovery goals. For questions regarding the use of the MISSION-VET Consumer Workbook, please contact your MISSION-VET Peer Support Specialist.

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The following institutions are affiliated with and participated in the writing of the MISSION Consumer Workbook: Veterans Edition:

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  - Commonwealth Medicine

Dedication:

To our Veterans: we salute you—who, with the same strength and courage that marked your military service, are allowing us to stand by you and fight with you for the life you want.

To VA and Community Service Providers: thank you for your tireless work on behalf of currently and formerly homeless Veterans with mental health and substance abuse problems. You help them believe again that "no soldier is left behind."

This workbook is dedicated to you.

GETTING STARTED

You have chosen, with many others, to walk a path that leads to recovery. Each Veteran's path is similar to the paths others have walked, but because we are individuals, each path is also distinctly different in certain ways. We have different obstacles to overcome, different strengths and weaknesses, different resources we can draw on, different memories, and different goals. Your idea of what "recovery" means may be different from another Veteran's.

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 will help you walk your path. It contains exercises that will help you in many ways: for example, to name and conquer adversaries within and without, to face your fears, to think through your options in difficult situations, and to realize what can cause relapse and what can help you avoid "slips." There are no right answers. Your answers are your answers and no one else's. Hearing others who are also courageously exploring what is true for them is important, though–hearing them can often help you hear yourself.

The workbook is divided into two parts. Part 1, Section A, includes seven exercises that you can use while you're receiving MISSION-VET services to help strengthen and solidify the recovery tools you're developing. Section B consists of three checklists that are simple tools designed to help you in your recovery. Part 1, Section C, contains the Dual Recovery Therapy Tools and Readings. These exercises and checklists are invaluable tools to facilitate your recovery. You should expect to meet with your MISSION-VET Peer Support Specialist once a week for a "check-in session" regarding the exercises and materials in this Workbook that you will be doing on your own. Please feel free to ask for additional time with your MISSION-VET Peer Support Specialist, if needed, regarding the materials that you will be completing as part of the exercises. Furthermore, please feel free to bring these materials with your MISSION-VET Case Manager, other treatment providers, or in sessions, as they are personal to your recovery and meant to facilitate the process.

Part 2, "Readings and Reflections," is intended to help you prepare for your transition and adjustment back into the community. It includes useful perspectives about recovery and helpful advice for making it on your own. The material also poses a number of questions that are meant for you to reflect upon–whether in quiet times, talking with others, or by writing in a journal. You should expect to discuss specific readings with your case manager as you prepare to transition or adjust to the community. Please also feel free to bring up any thoughts or concerns related to the readings with your MISSION-VET Peer Support Specialist, your MISSION-VET Case Manager or other VA and community case managers/care providers, or with your peers who are also facing (or have faced) similar challenges. If the amount of material seems overwhelming,

don't worry–your assigned MISSION-VET Peer Support Specialist will help you complete and digest the materials.

This book was written for you by others who care to assist you in developing new skills and to offer hope through the journey of recovery. Put it in your ruck, keep your courage up, and keep walking. Good luck!

MISSION-VET

CONSUMER WORKBOOK

PART 1

EXERCISES AND CHECKLISTS

INTRODUCTION TO PART 1

You are participating in MISSION-VET because you want to get the most out of your recovery from co-occurring psychological and substance abuse problems, homelessness, unemployment, and/or trauma-related issues. Often times, while you are undergoing structured treatment for psychological and substance abuse problems, your life is closely controlled. Activities are scheduled; you're screened for drugs and alcohol, and there are other expectations.

MISSION-VET adds another dimension to your recovery efforts by serving as a bridge, both while you're in structured treatment and after you leave and enter the community. MISSION-VET provides integrated treatment–meaning that it addresses your psychological and substance abuse problems together and recognizes the relationship between the two. However, you need to help your MISSION-VET Case Manager and Peer Support Specialist by sharing your thoughts and feelings so they can help you look inside and identify what might be causing some of your distress. This section of the workbook will help you do this.

Part 1 contains exercises and checklists for you to complete while you receive MISSION-VET services, and as you transition and adjust to community living. You can also use them after you complete the program to reinforce the recovery tools you've developed.

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

- 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-VET 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-VET case manager.

To get the most out of the integrated treatment approach that MISSION-VET offers, you have to be honest about what you're going through and what you want to accomplish. As previous MISSION participants observed:

"If you aren't honest, you won't come out any better than when you came in, as far as addiction, medical issues, and so forth. I had medical problems that wouldn't have been found out if I hadn't been in the Dom (the residential treatment program) and hadn't told my primary (case manager). A lot of people get shy and don't really say what they want, and nothing happens."

"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 don't want to die. Drugs were 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."

One Veteran who has been through residential treatment at the Dom twice, suggests,

> *"Give yourself enough to get back into the mainstream. If you rush the process, you're missing opportunities. People leave in 30 days, and two weeks later, they're knocking on the door to get back in."*

Once you're back in the community, you'll have a lot more freedom, but with that freedom comes the risk of relapse and the risk of forgetting the tools that you learned to use while in treatment. However, using the exercises and checklists contained in this part while you are still in residential treatment will help solidify these tools so they can help you once you're on your own again. We know you'll be busy while you're in structured treatement programs, but working with these tools is time well spent.

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 couldn't do before, to become more flexible and fit. These are pen-and-paper exercises, but they have the same kind of purpose. As you use them, you will gain clarity, skills, and self-knowledge. You can return to them again and again.

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

- What's it for?
- Why does it work?
- When to use it, and
- How to 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.

This cover sheet is followed by a *sample* completed exercise. The sample shows you how someone else might answer the same questions you are about to answer. Your answers will be different, but sometimes if you don't understand a question or nothing comes to mind, looking at someone else's answers 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 come to the *exercise* itself. This is for you to fill out. Take your time and be sure you're 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-VET Peer Support Specialist, counselors, others in recovery, 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: 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 problems or substance abuse 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.

Some common events that might trigger a relapse include

- Being around people who are using;
- Pain resulting from injuries in situations like combat;
- Stressful situations involving family members;
- Anniversaries of deaths of family, friends, or military buddies;
- Arguments with a spouse or partner;
- Flashbacks of a traumatic military experience;
- Life changes, such as moving to a new apartment;
- A stressful situation at work, or
- Being the victim of a crime.

Some common early warning signs include

- Physical cravings,
- Not going to meetings,
- Having "drug dreams,"
- Reminiscing about times when you were using,
- 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 or taking medications,
- Trouble concentrating,
- Thinking that people are against you,
- Increased spending/shopping, or
- 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 moving toward a relapse or do relapse.

RELAPSE PREVENTION PLAN WORKSHEET (SAMPLE)

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

1. *An old drinking buddy who was in the service with me came to town for a visit.*
2. *Watched a TV progrm that reminded me of painful memories from my military experience.*
3. *I lost my job.*

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

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

What I think would help me if I am 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.*

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. *Other vets in recovery: listen to my fears and worries and understand.*
3. *Friends and family: keep me away from the liquor store.*
4. *MISSION-VET 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-VET Peer Support Specialist, Paul 555-3800*
2. *My mother, Mrs. Rivera, 555-3900*
3. *My HUD-VASH case manager, Karen,, 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 am 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 2: 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 of this part of your Workbook. These simple checklists help you to 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 prevent or cope with stress. If you have trouble coming up with answers to this worksheet, try using the checklists.

STRESS WORKSHEET (SAMPLE)

Stressful situations to be aware of:

1. *I get very sad around the anniversary of my Army buddy's death.*

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

3. *I owe a lot of child support.*

My strategies for preventing stress:

1. *I will plan in advance to attend extra meetings during the month of the anniversary of my Army buddy's death.*

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

3. *I will make an extra effort to put more money away so I can make payments towards the support that I owe.*

My strategies for coping with stress:

1. *I will ask my AA sponsor for extra encouragement to attend more meetings.*

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

3. *I will view each payment of money I owe as a step in the right direction, even if I'm only paying a little bit at a time.*

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 3: "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; and
3. The awareness that there are always multiple solutions.

This tool helps you do all three of these. After you use this tool a while, it becomes "automatic" and you can use it more easily.

When to use it:

Whenever you have a problem or issue that is hard to solve and you are not sure what to do. You can use this tool to help a fellow Veteran 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:

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, and
- **A**ctions.

You can use this same approach over and over again for different problems and choices in your life. The letters "PICBA" help you remember the steps!

PICBA WORKSHEET (SAMPLE)

Raj has been offered a job through Compensated Work Therapy (CWT) at the VA that is interesting to him and offers potential for advancement, but the employer 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.

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

I want to take a new job, but I can't get to the VA in time for the early morning shift.

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 wrecked my old car driving drunk, so I don't have a car and my license is suspended.

Cost/Benefits – Step 3: ***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 to you and what are some of the short-term benefits if you leave things the same and don't take any action? What would be some of the *long-term* costs and benefits if you leave things the same and don't take any action?

If the problem is not resolved, in the short term….	***Costs***	***Benefits***
	I will lose this job possibility and my spot in CWT.	*I will have more time to spend with my family.*
If the problem is not resolved, in the long term…	*I will lose a job that might have led to a permanent job placement.*	*I don't have to risk trying something new or work too hard.*

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

1. *Ask the CWT case manager if I can work a shift when public transportation is available to get me to the VA.*

2. *Ask around to see if there is another Veteran in the CWT program who lives near my neighborhood and can give me a ride.*

3. *Try to get my license back and buy a car.*

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

Option 1 *Ask my CWT case manager for another shift.*

Pros *I could use public transportation to get to the VA for work.*

Cons *My CWT case manager might see me as unreliable if I can't work the offered shift.*

Option 2 *Reinstate license and buy a car.*

Pros *I'd have maximum flexibility to get to work and other places I need to be.*

Cons *Paying back fines and making a down payment would be expensive.*

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?**
1. *Ask CWT case manager what other shifts are available at the VA.*	*Today*
2. *Call supervisor to explain issue about public transit and ask about other shifts.*	*Tomorrow*
3.	
4.	
5.	

Best Option 2

Steps to Take	**By when?**
1. *Call DMV for list of fines needed to pay.*	*Today*
2. *Arrange a ride to the VA until first paycheck.*	*Tomorrow*

3. *Read classifieds to find car with low down payment.* *Start this Sunday*

4. *Go to DMV to pay fines and renew license.* *Next Saturday*

5. *Negotiate purchase of car to be completed with first paycheck.*

One Month from Today

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

I will try Option 1 first. If the human resources person or my supervisor at the VA can't help me, then I'll try Option 2. But that option won't leave me with much extra cash, so I'd rather try the first option and just use that as a backup. I'd still like to work toward Option 2 over the next few months, though - that would be a long-term goal.

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

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

<u>B</u>rainstorm (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?***

To make your actions as concrete as possible, choose a possible timeline when these small steps will be taken. Then you can see what you really 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 4: 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. Other fears might hold you back, such as a fear of new social situations. This tool helps you identify

- Situations in which you are afraid to act,
- The root of the fear that is holding you back, and
- Ways of addressing this fear.

When to use it:

You can use this exercise whenever there's 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 Veteran in the MISSION-VET 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 s followed by a blank worksheet that you can use. You can show your answers to your MISSION-VET Peer Support Specialist or Case Manager as a way of clearly explaining how you'd like them to help you.

MOVING THROUGH THE FEAR WORKSHEET (SAMPLE)

Ramon has been clean and sober since he left the Dom. For a while, he lived in transitional housing, but with his 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.

"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 see the teenagers dealing drugs, I get a sick feeling to my stomach and am short of breath. I sometimes have dreams about the drug dealers coming after me with guns.

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

I think about my time in a combat zone. I have seen gunshot wounds, and it scares me to think about the drug dealers shooting at me.

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've 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-VET Peer Support Specialist, and my HUD-VASH 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 5: 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, not 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 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 recovery day to day, it helps to set long-term goals to achieve happiness and success.

How to use it:

Think hard about what's 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 work 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.

THE LIFE YOU WANT WORKSHEET (SAMPLE)

Bernard has two children from a marriage that ended in a bitter divorce soon after he returned home from a deployment 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 them while he was living on the street, and now he wants to see his children again.

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 indicates my commitment to changing my past habits.*

b. *My willingness to seek mental health treatment has helped me become less angry.*

c. *I have been doing temporary work through the CWT program at he VA to help build the skills for a better job.*

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, and MISSION-VET Peer Support Specialist and Case Manager have 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 good way to approach the children in a positive and nonthreatening manner.

I need to coordinate the following resources...

I have to make sure I know what my legal situation is based on the previous situations, 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-VET Peer Support Specialist, who has gone through the same thing, to walk me through the practical aspects and provide support. Maybe get another family member help 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-VET 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 so I can remember what I'm working for.

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

Continuing to work on my sobriety and try obtaining permanent employment. Take time to reflect on the positive changes I have made in my life.

THE LIFE 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 6: Employment/Education Planning Worksheet: Getting the Job and Education that You Want

In order to promote lasting recovery, additional support in the MISSION-VET program can be found in linkages to opportunities that help break down barriers to vocational and educational achievements. While barriers to the successful attainment of vocational and educational goals may seem overwhelming, many VA and community programs exist that promote Veteran employment and education. You are encouraged to speak to your MISSION-VET Case Manager about these opportunities, as they can address your questions and connect you to the necessary VA and community resources 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, consider your strengths, skills, as you build a successful plan. In addition, the "Getting Connected to Campus Resources" worksheet will help you construct a detailed list of campus resources and services that you can use as a guide while progressing toward your educational goals. You are encouraged to complete these forms with your MISSION-VET Case Manager and Peer Support Specialist and update them regularly as you make progress and move toward new goals. Additional resources are also listed to provide you with a set of online resources that includes information related to supported employment and education opportunities.

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SUPPORTED EMPLOYMENT WORKSHEET (SAMPLE)

Individual Employment Plan

DATE: *1/18/15*

OVERALL EMPLOYMENT GOAL:

I love movies. I'd like to get a job working at a movie theatre. I might be willing to work in a video store. I want to work part-time.

STRENGTHS, SKILLS, RESOURCES:

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

OBJECTIVE 1:

Ann will find a part-time job in a movie theatre or video store

INTERVENTIONS:

Jill (employment specialist) will help Ann gather dates for past employment, as well as contact information for her references. She'll also help Ann think of ways to answer interview questions. The employment specialist will begin meeting with movie theatre managers and video store managers to learn about their businesses (at least 2 per week) and will later talk about Ann as a good employee and ask if the manager will meet with Ann. The employment specialist and Ann will also go out together once a week to think about places to work and to fill out job applications. Dwight (VR) will help Jill purchase slacks and shirts that she can wear to apply for jobs.

PERSONS RESPONSIBLE:

Jill Owens (client), Ann Tompkins (employment specialist), Dwight Jones, (VR counselor), Beth Owens (Jill's mom).

TARGET DATE: *4/18/15*

DATE ACHIEVED: *3/21/15*

Ann is employed at XXX movie theatre. She is going to sell tickets and work in the concession stand 20 hours per week.

SIGNATURES/DATES:

OBJECTIVE 2:

Ann will excel at her new job.

INTERVENTIONS:

Ann does not want her employment specialist to go to work with her, but doesn't mind if the employment specialist has phone calls with her boss (more private) to get extra feedback. If Ann has problems with voices at work, she may change her mind about on-the-job help. The employment specialist will call Ann's boss at least every other week for the first couple of months to make sure that the job is going well. The employment specialist will drive Ann back and forth to work for the first week just to provide a little extra support. If everything is going o.k. after that, the employment specialist and Ann will meet at Ann's apartment once a week to talk about the job. The VR counselor will join these meetings every other month to see how things are going. He'll also talk to Jill on a monthly basis.

PERSONS RESPONSIBLE:

Jill Owens, Ann Tompkins, Dwight Jones, Beth Owens

TARGET DATE: *6/21/15* **DATE ACHIEVED**:

SIGNATURE/DATES:

SUPPORTED EMPLOYMENT 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: _____

SIGNATURE/DATES:

Student Name: Jane Doe Date: 8/26/08

Campus Resource/Service	Assistance Needed?	Notes and Preferences
Accommodations Office of Disability Services http://www.bu.edu/disability/ Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University.	☑ Yes ☐ No	Checked website and scheduled initial appt. for 09/03/08 Follow-up on 09/10/08
Financial Aid Office of Financial Assistance http://www.bu.edu/finaid/ This office offers comprehensive financial aid services to undergraduate students and their families. This office administers grants, scholarships, loans, and part-time employment funding. We also provide information to help students and their families make thoughtful decisions about options for financing a Boston University undergraduate education.	☑ Yes ☐ No	Need to review financial status for academic year
Housing The Office of Housing Resources http://www.bu.edu/housing/ This office provides information on a range of housing options, FAQS, summer housing, etc.	☐ Yes ☑ No	
Residence Life Office of Residence Life http://www.bu.edu/reslife/ This office is designed to support student life in and out of the classroom.	☐ Yes ☑ No	

Student Name: Jane Doe Date: 8/26/08

Campus Resource/Service	Assistance Needed?	Notes and Preferences
Academic Services and Support		
Educational Resource Center The ERC provides academic support programs to the Boston University community http://www.bu.edu/erc/index.html	☐ Yes ☑ No	
Peer Tutoring to complement classroom experience	☐ Yes ☑ No	
Writing Center to assist with all aspects of the writing process	☑ Yes ☐ No	Set up initial appt. for 09/17/08
Language Link to provide small groups to practice foreign language skills	☐ Yes ☑ No	
Workshops to provide opportunity to learn how to become more successful academically	☑ Yes ☐ No	Scheduled to attend first workshop 09/24/08
Contingent Aid Program to design and implement educational goals	☐ Yes ☑ No	
Freshman and Transfer Resource Advisor	☐ Yes ☑ No	
Office of the Dean of Students This office provides orientation, mentoring and counseling programs to effectively engage students in academic and intellectual work, community service, and other activities that will enrich their time at the university http://www.bu.edu/dos/	☐ Yes ☑ No	Not at this time, but revisit in October/November

Campus Resources Assessment Example

Student Name: Jane Doe Date: 8/26/08

Campus Resource/Service	Assistance Needed?	Notes and Preferences
Student Health Services http://www.bu.edu/shs/ Student Health Services includes a medical service, behavioral medicine service by appointment or on an emergency basis, a crisis intervention counselor and chiropractic care.	☑ Yes ☐ No	Would like to have a contact person for counseling services Set up initial appt. for week of 09/22/08
University Service Center http://www.bu.edu/usc/ This office assists with concerns which are of a more complex or unique nature, or which may require the cooperation of several administrative offices to resolve; including the Registrar's Office, Student Accounting Services, Financial Assistance, and other administrative and academic offices. This office handles leaves of absence and withdrawals for undergraduate degree students.	☐ Yes ☑ No	
Career Services Office of Career Services http://www.bu.edu/careers/ This office assists in all aspects of your career search from the time you enter the University and choose a major to the time you leave the University and accept your first position. Career workshops Employer Information Sessions On-campus interviewing	☐ Yes ☑ No	

Campus Resource Assessment Form

Student Name: Date:

Campus Resource/Service	Assistance Needed?	Notes and Preferences
Accommodations	☐ Yes ☐ No	
Financial Aid	☐ Yes ☐ No	
Housing	☐ Yes ☐ No	
Residence Life	☐ Yes ☐ No	

Campus Resource Assessment Form

Student Name: Date:

Campus Resource/Service	Assistance Needed?	Notes and Preferences
Academic Services and Support	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Campus Resource Assessment Form

Student Name: Date:

Campus Resource/Service	Assistance Needed?	Notes and Preferences
Residence Life	☐ Yes ☐ No	
Student Health Services	☐ Yes ☐ No	
Career Services	☐ Yes ☐ No	
Other	☐ Yes ☐ No	

Exercise 7: Coping with Trauma-Related Issues and Emotional Distress

While MISSION-VET is not a PTSD intervention or one designed to treat co-occurring PTSD and addiction, we realize that many Veterans receiving MISSION-VET services may struggle with issues that are related to PTSD. The material found in this section seeks to provide you with a list of resources to help inform you about trauma reactions and provide some assistance with PTSD issues that may occur during the course of treatment. You are encouraged to speak to your MISSION-VET Case Manager regarding any concerns related to PTSD, as worsening symptoms may impact the progress you have made toward recovery. MISSION-VET Case Managers can link you to resources and help you decide whether or not referral to a program that specializes in PTSD treatment is an appropriate option.

Included in this section are some fact sheets that provide some basic information on PTSD, traumatic stress, unique considerations for female Veterans, as well as alcohol and drug risk. In addition, grounding and relaxation handouts are provided to supply you with a few exercises that may help you regulate emotional distress often associated with PTSD. It is important to note that these exercises are included here to provide you with some basic tools to address mild symptoms and are not a substitute for PTSD treatment. You should engage in an open dialogue with your MISSION-VET Case Manager to address fluctuations in symptoms throughout the course of treatment. Resources have also been included to provide you with additional information related to PTSD.

What is PTSD?

Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that can occur following the experience or witnessing of a traumatic event. A traumatic event is a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adult or childhood. Most survivors of trauma return to normal given a little time. However, some people will have stress reactions that do not go away on their own, or may even get worse over time. These individuals may develop PTSD.

People with PTSD experience three different kinds of symptoms. The first set of symptoms involves reliving the trauma in some way such as becoming upset when confronted with a traumatic reminder or thinking about the trauma when you are trying to do something else. The second set of symptoms involves either staying away from places or people that remind you of the trauma, isolating from other people, or feeling numb. The third set of symptoms includes things such as feeling on guard, irritable, or startling easily.

In addition to the symptoms described above, we now know that there are clear biological changes that are associated with PTSD. PTSD is complicated by the fact that people with PTSD may often develop additional disorders such as depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. These problems may lead to impairment of the person's ability to function in social or family life, including occupational instability, marital problems, and family problems.

PTSD can be treated with psychotherapy ("talk" therapy) and medicines such as antidepressants. Early treatment is important and may help reduce long-term symptoms. Unfortunately, many people do not know that they have PTSD or do not seek treatment. This handout will help you to better understand PTSD and how it can be treated.

How does PTSD develop?

PTSD develops in response to a traumatic event. About 60% of men and 50% of women experience a traumatic event in their lifetime. Most people who are exposed to a traumatic event will have some of the symptoms of PTSD in the days and weeks after the event. For some people these symptoms are more severe and long lasting. The reasons why some people develop PTSD are still being studied. There are biological, psychological and social factors that affect the development of PTSD.

What are the symptoms of PTSD?

Although PTSD symptoms can begin right after a traumatic event, PTSD is not diagnosed unless the symptoms last for at least one month, and either cause significant distress or interfere with work or home life. In order to be diagnosed with PTSD, a person must have three different types of symptoms: re-experiencing symptoms, avoidance and numbing symptoms, and arousal symptoms.

Re-experiencing Symptoms:

Re-experiencing symptoms involves reliving the traumatic event. There are a number of ways in which people may relive a trauma. They may have upsetting memories of the traumatic event. These memories can come back when they are not expecting them. At other times the memories may be triggered by a traumatic reminder such as when a combat Veteran hears a car backfire, a motor vehicle accident victim drives by a car accident, or a rape victim sees a news report of a recent sexual assault. These memories can cause both emotional and physical reactions. Sometimes these memories can feel so real it is as if the event is actually happening again. This is called a "flashback." Reliving the event may cause intense feelings of fear, helplessness, and horror similar to the feelings experienced when the event took place.

Avoidance and Numbing Symptoms:

Avoidance symptoms are efforts people make to avoid the traumatic event. Individuals with PTSD may try to avoid situations that trigger memories of the traumatic event. They may avoid going near places where the trauma occurred or seeing TV programs or news reports about similar events. They may avoid other sights, sounds, smells, or people that are reminders of the traumatic event. Some people find that they try and distract themselves as one way to avoid thinking about the traumatic event.

Numbing symptoms are another way to avoid the traumatic event. Individuals with PTSD may find it difficult to be in touch with their feelings or express emotions toward other people. For example, they may feel emotionally "numb" and may isolate from others. They may be less interested in activities they once enjoyed. Some people forget, or are unable to talk about, important parts of the event. Some think that they will have a shortened life span or will not reach personal goals such as having a career or family.

Arousal Symptoms:

People with PTSD may feel constantly alert after the traumatic event. This is known as increased emotional arousal, and it can cause difficulty sleeping, outbursts of anger or irritability, and difficulty concentrating. They may find that they are constantly "on guard" and on the lookout for signs of danger. They may also find that they get startled.

How common is PTSD?

PTSD is common. An estimated 6.8% of Americans will experience PTSD at some point in their lives. Women (9.7%) are more than two and a half times as likely as men (3.6%) to develop PTSD. About 3.6% of U.S. adults (5.2 million people) have PTSD during the course of a given

year. This is only a small portion of those who have experienced at least one traumatic event. In people who have experienced a traumatic event, about 8% of men and 20% of women develop PTSD after a trauma and roughly 30% of these individuals develop a chronic form that continues on throughout their lifetime. The traumatic events most often associated with PTSD for men are rape, combat exposure, childhood neglect, and childhood physical abuse. The most traumatic events for women are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

PTSD is more common in "at-risk" groups such as those serving in combat. About 30% of the men and women who served in Vietnam experience PTSD. An additional 20% to 25% have had partial PTSD at some point in their lives. More than half of all male Vietnam Veterans and almost half of all female Vietnam Veterans have experienced "clinically serious stress reaction symptoms." PTSD has also been detected among Veterans of other wars. Estimates of PTSD from the Gulf War are as high as 10%. Estimates from the war in Afghanistan are between 6 and 11%. Current estimates of PTSD in military personnel who served in Iraq range from 12% to 20%.

Who is most likely to develop PTSD?

Most people who experience a traumatic event will not develop PTSD. However, the risk for developing PTSD increases if people

- were directly exposed to the traumatic event as a victim or a witness,
- were seriously injured during the trauma,
- experienced a trauma that was long lasting or very severe,
- saw themselves or a family member as being in imminent danger,
- had a severe negative reaction during the event, such as feeling detached from ones surroundings or having a panic attack, and/or
- felt helpless during the trauma and were unable to help themselves or a loved one.

Individuals are also more likely to develop PTSD if they

- have experienced an earlier life threatening event or trauma,
- have a current mental health issue,
- have less education,
- are younger,
- are female,
- lack social support, and/or
- have experienced recent, stressful life changes.

Some research shows that ethnic minorities, such as blacks and Hispanics, are more likely than whites to develop PTSD. One reason for these differences is that minorities may have more contact with traumatic events. A person's culture or ethnic group can affect how that person reacts to a problem like PTSD. For example, some people may be more willing than others to talk about their problems or to seek help. Researchers are trying to understand other reasons for the differences in PTSD between ethnic groups.

How long does PTSD last?

The course of PTSD is variable. This means it can be different for different people and that it can change over time. PTSD usually begins right after the traumatic event but it can also be delayed for many years. For most people symptoms improve over the first year. Treatment also reduces

symptoms but for some symptoms can last a lifetime. Roughly 30% of individuals develop a chronic form.

PTSD usually involves periods of symptom increase followed by remission or decrease, although some individuals may experience symptoms that are long lasting and severe. Some older veterans, who report a lifetime of only mild symptoms, experience significant increases in symptoms following retirement, severe medical illness in themselves or their spouses, or reminders of their military service, such as reunions and anniversaries.

What other problems do people with PTSD experience?

It is very common for other conditions to occur along with PTSD, such as depression, anxiety, or substance abuse. More than half of men with PTSD also have problems with alcohol. The next most common co-occurring problems in men are depression, followed by conduct disorder, and then problems with drugs. In women, the most common co-occurring problem is depression. Just under half of women with PTSD also experience depression. The next most common co-occurring problems in women are specific fears, social anxiety, and problems with alcohol.

People with PTSD often have problems functioning. In general, people with PTSD are more likely to be fired and remain unemployed; are more prone to divorce or separation; and experience higher rates of spousal abuse than people without PTSD. Vietnam Veterans with PTSD were found to have many problems with family and other interpersonal relationships, problems with employment, and increased incidents of violence.

People with PTSD also may experience a wide variety of physical symptoms. This is a common occurrence in people who have depression and other anxiety disorders. Some evidence suggests that PTSD may be associated with an increased likelihood of developing medical disorders. Research is ongoing, and it is too soon to draw firm conclusions about which disorders are associated with PTSD.

PTSD is associated with a number of distinctive neurobiological and physiological changes. PTSD may be associated with stable neurobiological alterations in both the central and autonomic nervous systems, such as altered brainwave activity, decreased volume of the hippocampus, and abnormal activation of the amygdala. Both the hippocampus and the amygdala are involved in the processing and integration of memory. The amygdala has also been found to be involved in coordinating the body's fear response.

What treatments are available?

PTSD is treated by a variety of forms of psychotherapy (talk therapy) and pharmacotherapy (medication). There is no single best treatment, but some treatments appear to be quite promising, especially cognitive-behavioral therapy (CBT). CBT includes a number of diverse but related techniques such as cognitive restructuring, exposure therapy, and eye movement desensitization and reprocessing (EMDR). See the National Center for PTSD's website for more information about treatment types and providers (http://www.ptsd.va.gov/).

I think I have PTSD. What can I do now?

Many people who might need help for something like PTSD are afraid to go for help. One out of five people say they might not get help because of what other people might think. One out of three people say they would not want anyone else to know they were in therapy. But almost 50% of people say that there is less shame in seeking help now than there has been in the past.

A study that's been done of soldiers coming home from Iraq found that only 40% of service members with mental problems said they would get help. In many cases this was due to the soldiers' fears about what others would think and how it could hurt their military careers.

If you think you have PTSD there are a number of things you can do. You may want to be evaluated for PTSD by a psychiatrist, psychologist, or clinical social worker specifically trained to assess psychological problems. You could also discuss your symptoms with your doctor. Talk to your doctor about the treatments discussed in this handout.

If you do not want to be evaluated but feel you have symptoms of PTSD you may choose "watchful waiting." Watchful waiting means taking a wait-and-see approach. If you get better on your own, you might not need treatment. If your symptoms do not improve after 3 months and they are either causing you distress or are getting in the way of your work or home life, talk with a health professional.

In a few cases, your symptoms may be so severe that you need immediate help. Call 911 or other emergency services immediately if you think that you cannot keep from hurting yourself or someone else. 1-800-273-TALK (8255) is a 24-hour national suicide prevention hotline staffed by trained professionals that is also available to help you during an immediate crisis.

Source: adapted from http://www.ptsd.va.gov/public/pages/what-is-ptsd.asp (National Center for PTSD)

Traumatic Stress in Female Veterans

Women and their changing role in our military

A growing number of women are serving in the U.S. military. In 2008, 11% of Veterans from the Operation Enduring Freedom and Operation Iraqi Freedom were women. These numbers are expected to keep rising. In fact, women are the fastest growing group of Veterans.

What stressors do women face in the military?

Here are some stressful things that women might have gone through while deployed:

- **Combat Missions:** Women are not always trained for combat. Yet they often take part in stressful and dangerous combat or combat-support missions. More women are receiving hostile fire, returning fire, and seeing themselves or others getting hurt. An "urban warfare" setting like the one in Iraq can be even more stressful. After coming home, many male and female Veterans continue to be bothered by the combat they experienced.
- **Military Sexual Trauma (MST):** A number of women (and men) who have served in the military experience MST. MST is any kind of unwanted sexual attention. MST includes insulting sexual comments, unwanted sexual advances, or even sexual assault. Being a victim of MST can leave women feeling alone, depressed and anxious.
- **Feeling Alone:** In tough military missions, feeling that you are part of a group is important. In some theaters, though, personnel are deployed to new groups where they do not know the other service members. It can take time to build friendships and trusting relationships. Not feeling supported can be very hard.

- **Worrying About Family:** It can be very hard for women with young children or elderly parents to be deployed for long periods of time. Service members are often given little notice. They may have to be away from home for a year or longer. Some women feel like they are "putting their lives on hold." They worry that they can't be watching over their loved ones. If there are troubles at home, both women and men in the field might start to feel overloaded. After returning home, some women find it is hard to return to the "mommy role." They may find that they have more conflicts with their children.

Because of these stressors, many women who return from deployment have trouble moving back into civilian life. While, in time, most will adjust, a small number will go on to have more serious problems like PTSD.

How many female Veterans have PTSD?

Among female Veterans of the conflicts in Iraq and Afghanistan, almost 20% have been diagnosed with PTSD. We also know the rates of PTSD in female Vietnam Veterans. An important study found that about 27% of female Vietnam Veterans suffered from PTSD sometime during their postwar lives. To compare, in men who served in Vietnam, the lifetime rate of PTSD was 31%.

What helps?

Research shows that high levels of social support after the war were important for those female Veterans. Women who reported that they had close friends and family were less likely to have symptoms of PTSD. Having someone to talk to and someone who really cared helped women to adjust better to postwar life. It was also important for the returning female Veterans to feel that they could rely on others to assist them with tasks in times of need. Veterans who had this form of support suffered less from PTSD.

In response to the recent increase in female Veterans, the VA has put in place a number of health care and research programs just for women. This includes the Women Veterans Health Program and the Center for Women Veterans. Every VA in this country now has a Women Veterans Program Manager.

Sources

This is based on a more detailed version, located in the "For Providers and Researchers" section of our website: *Traumatic Stress in Female Veterans.*

http://www.ptsd.va.gov/professional/pages/traumatic_stress_in_female_veterans.asp

Alcohol, Medication, and Drug Use

Some people increase their use of alcohol, prescription medications, or other drugs after a trauma. You may feel that using drugs and alcohol seem to help you escape bad feelings or physical symptoms related to stress responses (for example, headaches, muscle tension). However, they can actually make these things worse in the long term because they interrupt natural sleep cycles, create health problems, interfere with relationships, and create potential dependence on the substance. If your use of alcohol or drugs has increased since the trauma or is causing problems for you, it is important for you to reduce your level of use or seek help in gaining control over your use.

Managing alcohol, medication, and drug use:

- Pay attention to any change in your use of alcohol and/or drugs.
- Correctly use prescription and over-the-counter medications as indicated.
- Eat well, exercise, get enough sleep, and use your family and others for support.
- If you find that you have greater difficulty controlling alcohol/substance use since the trauma, seek support.
- Consult with a healthcare professional about safe ways to reduce anxiety, depression, muscle tension, and sleep difficulties.
- If you believe you have a problem with substance abuse, talk to your doctor or counselor about it.
- If you feel like using larger amounts of either prescribed or over-the-counter medications, consult a healthcare professional.

If you have had an alcohol, medication, or drug problem in the past:

For people who have successfully stopped drinking or using drugs, experiencing a trauma can sometimes result in strong urges to drink or use again. Sometimes it can lead them to strengthen their commitment to recovery. Whatever your experience, it is important to consciously choose to stay in recovery.

- Increase your attendance at substance abuse support groups.
- If you are receiving counseling, talk to your counselor about your past alcohol or drug use.
- Increase your use of other supports that have helped you avoid relapse in the past.
- Talk with family and friends about supporting you to avoid use of alcohol or substances.
- If you have a 12-Step sponsor or substance abuse counselor, talk to him or her about your situation.
- If you are new to the community, talk to your counselor, family, or friends about helping to locate nearby alcohol or drug recovery groups.

GROUNDING: technique that can be therapist- or client-guided to help redirect attention from internal experiences, or emotional pain, by shifting one's attention to the external world. MISSION-VET clients can think of this as turning the dial on their radio to find a different radio station in order to listen to a different song. MISSION-VET clients should keep their eyes open during the exercise and are encouraged to notice their surroundings. Practice is encouraged. Grounding can be easily employed at any time and in any setting. MISSION-VET clients are encouraged to rate their level of emotional distress on a scale from 1-10 both before and after to gauge efficacy of the exercise. Grounding is NOT relaxation.

Five Countown Example

Count out five things you can touch. Touch each one as you name it and count it off.

Count out five things you can see. Look at each one as you name it and count if off.

Count out five things you can hear. Listen to each one as you name it and count if off.

Count out five things you can taste or smell. Taste/smell each one as you name it and count it off.

Now...

Count off four things you can touch. Touch each one as you name it and count it off.

Count off four things you can see. Look at each one as you name it and count it off.

Count off four things you can hear. Listen to each one as you name it and count it off.

Count off four things you can taste or smell. Taste/smell each one as you name it and count it off.

Now...

Count off three things you can touch. Touch each one as you name it and count it off.

Count off three things you can see. Look at each one as you name it and count it off.

Count off three things you can hear. Listen to each one as you name it and count it off.

Count of three things you can taste or smell. Taste/smell each one as you name it and count it off.

Now…

Count off two things you can touch. Touch each one as you name it and count it off.

Count off two things you can see. Look at each one as you name it and count it off.

Count off two things you can hear. Listen to each one as you name it and count it off.

Count off two things you can taste or smell. Taste/smell each one as you name it and count it off.

Now…

Count off one thing you can touch. Touch it as you name it and count it off.

Count off one thing you can see. Look at it as you name it and count it off.

Count off one thing you can hear. Listen to it as you name it and count it off.

Count off one thing you can taste or smell. Taste/smell it as you name it and count it off.

You can repeat this exercise. It works best with someone guiding you through each step to help you maintain your focus.

SOURCE:

adapted with permission from http://www.ptsdforum.org/content/308-Grounding-Exercise-for-Dissociating (10/23/10)

Tips for Relaxation

Tension and anxiety are common after experiencing a trauma. Unfortunately, they can make it more difficult to cope with the many things that must be done to recover. There is no easy solution to coping with post-trauma problems, but taking time during the day to calm yourself through relaxation exercises may make it easier to sleep, concentrate, and have energy for coping with life. These can include muscular relaxation exercises, breathing exercises, meditation, swimming, stretching, yoga, prayer, exercise, listening to quiet music, spending time in nature, and so on. Here are some basic breathing exercises that may help:

1. Inhale slowly (one-thousand one; one-thousand two; one-thousand three) through your nose and comfortably fill your lungs all the way down to your belly.
2. Silently and gently say to yourself, "My body is filled with calmness." Exhale slowly (one-thousand one, one-thousand two, one-thousand three) through your mouth and comfortably empty your lungs all the way down to your abdomen.
3. Silently and gently say to yourself, "My body is releasing the tension."
4. Repeat five times slowly and comfortably.
5. Do this as many times a day as needed.

ADDITIONAL RESOURCES

- VA National Center for PTSD (www.ptsd.va.gov). This site is provided by the US Department of Veterans Affairs to offer education and materials related to trauma and PTSD. It also includes the PILOTS database (the world's largest literature collection on PTSD and related disorders).
- Witness Justice (www.witnessjustice.org). Created by survivors for survivors. Their mission is to provide support and advocacy for victims of violence and trauma.
- National Center for Trauma-Informed Care (http://mentalhealth.samhsa.gov/nctic). Site developed by the Substance Abuse Mental Health Services Administration to provide resources for trauma-informed care.
- National Child Traumatic Stress Network (www.nctsn.org). Joint effort by university, government and community agencies to provide materials, education, and resources to improve care for traumatized children and families.
- International Society for Traumatic Stress Studies (www.istss.org). Professional society devoted to science, practice, and policy related to trauma and PTSD.
- International Society for the Study of Dissociation (www.issd.org). Professional society devoted to science, practice, and policy related to trauma and dissociation.
- Sidran Foundation (www.sidran.org). Provides information related to recovery from traumatic stress (including PTSD), dissociative disorders, and co-occurring issues, such as addictions, self injury, and suicidality.
- National Resource Center on Domestic Violence (www.vawnet.org). An online resource for advocates working to end domestic violence, sexual assault, and other violence.

- EMDR International Association (www.emdria.org) and EMDR Humanitarian Assistance Program. The first of these, EMDRIA, is a membership organization of mental health professionals dedicated to the highest standards of excellence and integrity in EMDR (eye movement desensitization and reprocessing therapy for trauma and PTSD). The second, EMDRHAP, is a global network of clinicians who travel anywhere there is a need to stop suffering and prevent the after-effects of trauma and violence. Their primary focus is on training local therapists within crisis or underserved communities to treat trauma using EMDR (Eye Movement Desensitization and Reprocessing).
- Seeking Safety (www.seekingsafety.org). Offers resources on trauma and substance abuse, including general information as well as material to implement the Seeking Safety model.

SECTION B: CHECKLISTS

Like the exercises in Section A, these checklists are meant for you to use on your own time. Your MISSION-VET Peer Support Specialist will meet with you in the "Check-in Session" to discuss your progress and answer any questions you may have regarding the sheets. You may also make discoveries or have thoughts you would like to discuss with your MISSION-VET Peer Support Specialist.

These checklists are designed to help you get the most out of your recovery. They will help you clarify in your mind what you are feeling and what you are experiencing, 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's possible to draw a blank on what is causing distress, and this checklist can help you identify topics to talk about with your MISSION-VET Case Manager.

- 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 provides 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 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 them with others or 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
___ Victim of a crime
___ Legal problems
___ 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

___ 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
___ 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
___ 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 *IIlness Management and Recovery KIT (evaluation edition), Substance Abuse and Mental Health Services Administration, 2005.*

Stress can interfere with your life, particularly work and maintaining sobriety. However, there are many strategies for reducing stress before it starts or coping with it more effectively when you're 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'd like to try—ask your MISSION-VET 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 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		

Strategy (cont'd)

Strategy	I already use this strategy	I would like to try this strategy or develop it further
Avoid being hard on myself. 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		
Write in a journal		
Listen to music		
Do artwork or go to see art		
Participate in a hobby		
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 a pharmacist or nurse at the VA.

	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			

	Experienced	Frequency	Description
Diarrhea			
Constipation			
Muscle stiffness or aching			
Muscle weakness			
Tremors/twitching, restlessness, or muscle spasms			
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 READING

MISSION-VET tries to help you deal with both psychological and substance abuse problems by offering "integrated treatment"—meaning that we recognize that psychological problems co-occur with substance abuse problems and that substance abuse usually worsens psychological problems. Because these problems are interrelated, we need to learn how they interact in your life and address *both* of them together.

The integrated treatment that MISSION-VET offers is very different from what you might have experienced elsewhere. A MISSION-VET client observed that some substance abuse counselors

> *"treat you like you're inferior, like you don't know what you need. They assume everything you're 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'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 psychological and substance abuse problems.

In MISSION-VET you will be in DRT groups or individual sessions, which will offer you skills to deal with co-occurring disorders, and in peer support meetings, which allow you to share comfortably with others who have similar experiences. Many Veterans in MISSION-VET have found that the small size and supportive environment of these groups has made sharing and getting help much easier. These groups were strategically placed at the beginning of your MISSION-VET experience in order to give you some early support with your mental health and substance abuse problems as you transition to the community. You will, however, use these skills and often discuss them in "booster" sessions with your case manager after the structured DRT sessions. These skills will provide a foundation for you to use throughout your recovery journey.

Many Veterans who have been through MISSION believe that these groups and other contact with the MISSION-VET staff offer them opportunities for addressing co-occurring disorders that they would not otherwise have in other types of treatment. One Veteran in MISSION-VET observed that once you've been through intensive substance abuse treatment, "If you don't have a foundation of recovery, you won't succeed, but if you're in MISSION, you can continue on a regular basis."

During your DRT sessions, you will learn some tools and ways of thinking about your life that will help you change. Your MISSION-VET Peer Support Specialist and Case Manager will guide you

through the readings and worksheets contained in this section and ask you to share your answers.

These exercises have cover sheets, like the ones in Section A, that answer the same questions: "What's it for?" "Why does it work?" They also tell you "when to use it" and "how to use it." Your MISSION-VET case manager will explain each exercise and guide you through it in your DRT group.

As you move into the community, returning to these tools and readings can remind you of some of the useful things you found in the class and some of the things you learned about yourself that can help you sustain recovery. You can reinforce the skills you learned so you make them part of your life. The more you use them, the more they begin to come naturally and the better you are 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 from a new point in time to compare your answers, you may see areas in which you have traveled a long way. Notice that! Let yourself really take in what's happening. It's real. You're moving and growing, and good things are happening.

Maybe you find some other areas where you've slipped back or where you're stuck. Here are the tools to help you get some traction on an old problem. They are still here, you can still use them, and they can still work. Don't hesitate to ask a fellow Veteran in recovery, your counselor in the community, or a twelve-step sponsor to talk about the areas you're 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 psychiatric and substance abuse problems began and relate them to what was happening in your life. Timelines of each symptom or psychological problem can be developed in order to help understand the factors involved in the problems. This can help you see patterns so you know how one set of problems in your life might impact other areas; then you can take actions that work for you to prevent this from happening.

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 timeline you did in class anytime 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 and see if you make more discoveries that you can use.

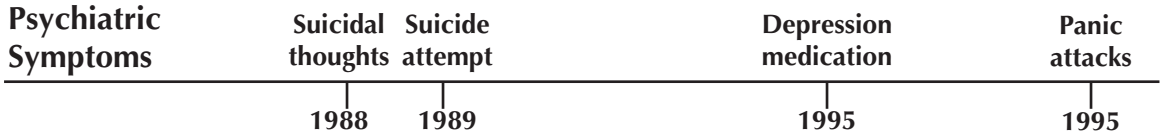
How to use it:

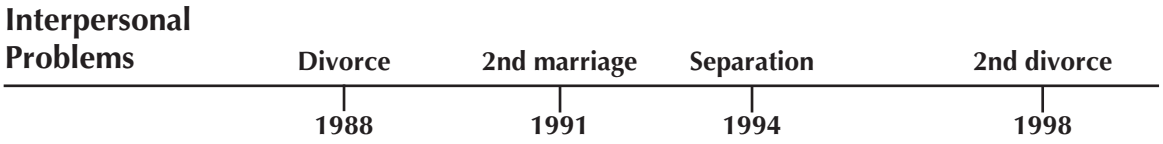
The following pages show three different timelines. First, you will see a sample; then, you will see timelines you can fill out based on your own experiences.

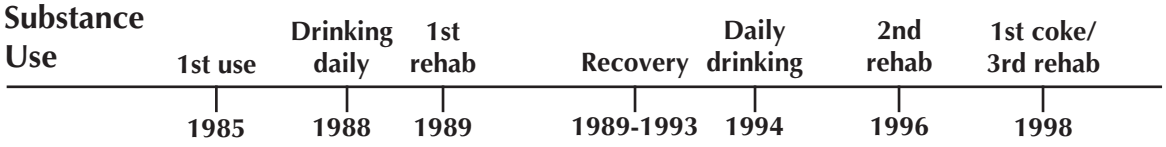
- One of these timelines is for psychiatric symptoms. This timeline asks you to remember when you have experienced them in your life.
- Another timeline is for interpersonal problems, such as quarreling more than usual with family members, having trouble at work, or falling into debt.
- The third timeline is for substance abuse. When were you using or drinking?

Once you have 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)







MY TIMELINES WORKSHEET

Psychiatric Symptoms

Interpersonal Problems

Substance Use

Exercise 2: Life Problem Areas

What's it for?

To help you see where the problems are in your life and what 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 list you created during the DRT session at any time so you can see how things are changing for you and identify which areas need more work.

How to use it:

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

1. What's getting better? What helped me change?
2. What's about the same? Why? What else could I do to make it better?
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	*Use cocaine every weekend for 2 days; must stop* *Drink heavily*
Family	*Arguments with wife - frequent!* *Very angry with my wife* *Don't get along with Ben (15-year-old*
Financial	*Last job was 5 months ago due to coke use - so money is very tight* *Wife is working but paying the bills is tough*
Psychological	*Angry a lot*
Social	*Not very many friends*
Legal	*Possession charge*
Employment	*Unemployed - lacking work*
Health	*High cholesterol*
Spiritual/Religious	*Anger at higher power* *Lack of meaning in life*

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 substance abuse, mental health, family, and other interpersonal relationships.

Why does it work?

We know that we need all three of these things working in our favor to be in the best position to move ahead. When we honestly admit we're 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 would be more confident about making a change if you had a good role model rooting for you.

When to use it:

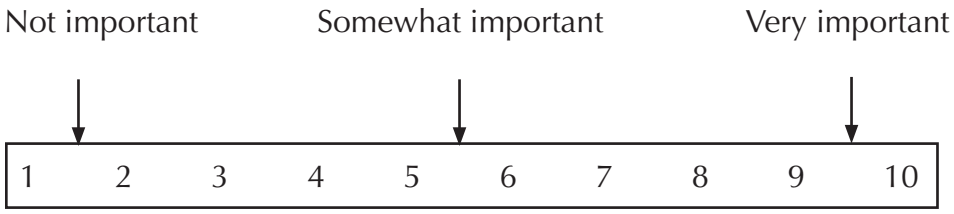
When you are thinking about change in your life – or wondering why it isn't happening – you can return to this exercise. It's really helpful to look at the way you filled out the rulers for the same subject area (for example, drinking) a few months later and see where you are now. Once you've settled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

How to use it:

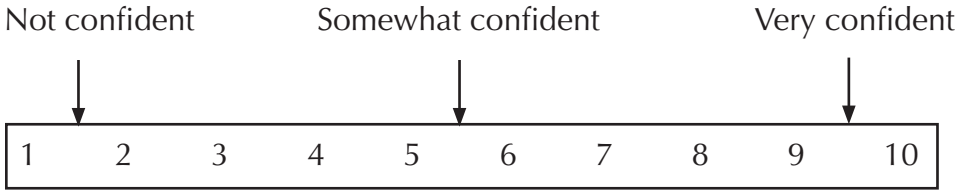
Whenever you want to look at a change in your life, circle the numbers on the rulers and think about where you are with the change. What would it take to make the number a little higher? How can you get more going in your favor?

WORKSHEET: IMPORTANCE, CONFIDENCE, READINESS RULER

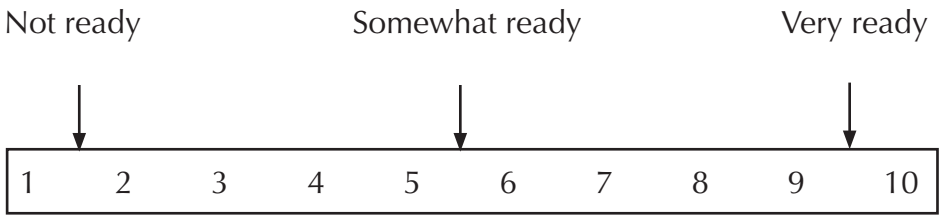
Using the ruler below, please indicate with a line HOW IMPORTANT it is for you to make a change in this area. Marking #1 means it is not at all important to make a change, #5 means it is somewhat important, and #10 means it is very important. Please feel free to use any of the numbers in between.



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.



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.



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 "2. Life Problem Areas." When you have mental health and substance abuse 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, 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 3 in Part 1, section A of this manual, the "PICBA" Approach to Problem Solving, to decide how you want to address each set of problems.

EXAMPLE OF A PERSONAL RECOVERY PLAN

LIFE AREAS	PROBLEMS	RECOVERY PLAN (How will the problem be addressed?)
Substance Use	*Use cocaine every weekend for 2 days; must stop* *Drink heavily* *Wife objects to occasional marijuana*	*Stop using drugs and alcohol* *Attend NA/AA groups* *Learn new ways of coping with problems*
Family	*Arguments with wife - frequent!* *Very angry with my wife* *Don't get along with Ben (15 year old son)* *Mother ill with cancer*	*Enter couples counseling* *Improve communication skills* *Discuss feelings about mother's cancer in individual counseling sessions with VA therapist*
Financial	*Last job was 5 months ago due to coke use - so money is very tight* *Wife is working but paying the bills is tough*	*Learn money management skills*
Psychological **Psychiatric**	*Angry a lot* *Feels depressed*	*Work on developing anger management skills* *Get a psychiatric evaluation to find out if an antidepressant would help me feel better*
Social	*Not very many friends*	*Make an effort to talk to more people at NA/AA groups*
Legal	*Possession charge*	*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 at VA for ongoing support*
Employment	*Unemployed - looking for work*	*Get a stable and satisfying job* *Enter vocational rehabilitation*
Health	*High cholesterol*	*Go to community health center regularly for check ups. Start eating healthier foods*
Spiritual/Religious	*Anger at higher power* *Lack of meaning in life*	*Speak with pastor about anger at higher power* *Increase participation in meaningful activities and relationships*

WORKSHEET: PERSONAL RECOVERY PLAN

LIFE AREAS	PROBLEMS	RECOVERY PLAN (How will the problem be addressed?)
Substance Use		
Family		
Financial		
Psychological		
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 wouldn't be doing a lot of the things that make trouble in our lives. It isn't easy because the same things that cause problems also have some benefits. We have to look honestly at what we're getting out of the behavior and what's driving it. Then maybe we can think of another way to meet the same need that doesn't cause us so much trouble.

Why does it work?

We can't just change by snapping our fingers. We have to decide. This tool helps us lay out and look at why we're doing what we're 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're 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? (SAMPLE)

Description of the Behavior: *Drinking*

	Maintaing My Current Behavior	Changing My Current Behavior
BENEFITS	*I can keep the same friends and enjoy hanging out with them.* *I can excape from unpleasant memories from the war.*	*I could probably hold a job.* *I wouldn't lose my temper and hurt people.*
NEGATIVE CONSEQUENCES	*I keep getting fired.* *Sometimes I get into fights.* *I hit George pretty hard once and he's just a kid.*	*I couldn't hang out with the same friends in the same places, because I'd want to drink.* *I'd have to find some other way to cope with my unpleasant memories from the war.*

SHOULD I STAY THE SAME OR CHANGE MY BEHAVIOR? WORKSHEET

Description of the Behavior:

	Maintaing 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're working on improving communication with people who are important in your life – whether they are family members, friends, VA counselors or case managers, MISSION-VET Case Manager or Peer Support Specialist, significant others, other Veterans, 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 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. Don't give up. Keep your commitments to a strong recovery and to strong, respectful, honest relationships.

ELEMENTS OF GOOD COMMUNICATION

- **Being polite and considerate:** treat your partner with the same basic respect you show acquaintances!
- **Stopping to think** before commenting on things that bother you: decide not to bring up issues unless they are *really important.*
- **Deciding not to *"kitchen sink".*** Decide not to bring up other problems when discussing one problem. Try to resolve one issue at a time.
- **Expressing 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.
- **Deciding on fun activities together.**
- **Being 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."
- **Avoiding destructive criticism or complaining:** phrase change requests in a positive way. Avoid complaining just for the sake of complaining.
- **Using good listening skills:** look at your partner when he/she speaks to you. Don't interrupt! Take turns talking and listening. Validate what your partner says even if you don't agree ("I can understand why you're worried about my spending a lot of money. Maybe we can decide together how much cash I should have each week").
- **Being 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're 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, or ignoring what he/she has 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 don't 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 ot 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's getting too heated. Forgetting to ask 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 don't know what it is you're arguing about.
- **Not taking responsibility:** always talking about what your partner is doing wrong instead of what you are doing.

Exercise 7: Orientation to 12-Step Programs

What's it for?

This section will help you use a powerful tool: the support of peers who are also in recovery. People who use this proven program, or others like it, are more likely to be able to practice new behaviors and claim the lives they want.

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 12 steps and attend groups their entire lives. Most people find it especially important to attend groups more frequently in 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 12-step group in the past, reflect on your experience and discuss it with other Veterans in recovery and your MISSION-VET Peer Support Specialist and Case Manager. If you have not, ask your MISSION-VET 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/NA)

AA historians trace the genesis of AA to the meeting of Bill Wilson and Dr. Bob Smith in 1935. Both men found that, with mutual assistance, they were able for the first time to remain abstinent from alcohol. Shortly thereafter, they went on to found AA groups in Akron, Cleveland and New York. Since that time, Twelve Step programs have grown at an astonishing rate. Recent data suggest that there are approximately 100,000 chapters of various Twelve Step groups worldwide, approximately two-thirds of which are AA groups. Despite rapid growth, AA and other Twelve Step recovery programs have steadfastly maintained a stance of independent non-professionalism, mutual assistance, and adherence to original principles.

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 recovering alcoholics and addicts 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 the First Step 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.

The past two decades have witnessed an explosive proliferation of Twelve Step offshoots. Emotions Anonymous, Nicotine Anonymous, Cocaine Anonymous, Al-Anon, and Ala-Teen 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 is a brief lexicon of 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 the 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 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 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 12-Step recovery; however, there are different roads to recovery, and recently consumers with a mental illness have adopted this word to describe their journey. This trend has been accelerated by the involvement of the dually diagnosed 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?

Often anger takes us by surprise. Reacting in the moment, we can damage friendships, hurt ourselves or others, abuse substances, or lose our ability to assess what is really going on. When we have a good sense of what our triggers are, we will still have that flash of rage or anger, but then we can say, "whoa."

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, 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, perhaps in your journal. You can work with your MISSION-VET Case Manager and other treatment providers to see how you can best give yourself the space to respond in a way that is in your best interest.

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 don't 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 unappreciated for the service that I provided for my country

_____ 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

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. 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-VET Peer Support Specialist and Case Manager, or sponsor.

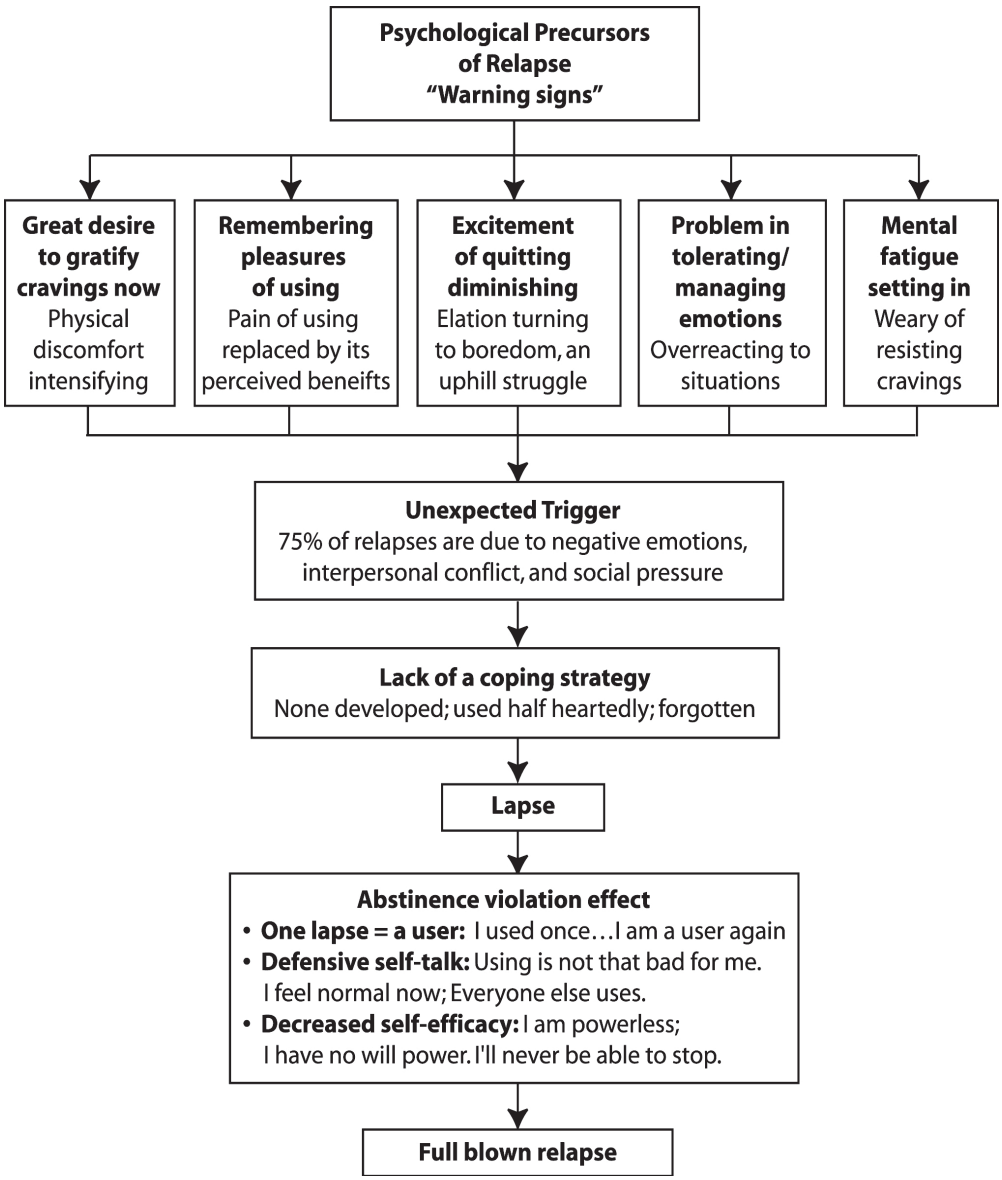
How to use it:

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. Then work on a change plan that you have faith in and believe 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 planning 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.



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 - eat, sleep, drink, and exercise healthily.
- 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.
- Don't give up - keep trying, even when discouraged.
- Choose courage - be willing to make hard choices.

DUAL RECOVERY THERAPY CHANGE PLAN (SAMPLE)

The changes I want to make are:

When I feel afraid of relapsing or something brings back memories of using really strongly, I don't want to give in. I want to have something else to do. I could call Jake or Alan from my MISSION-VET DRT groups, as they are further along in the program, or my sponsor. I could make plans to go to a 12-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 job and a home.

I want to respect myself.

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 the old drinking spots. I will avoid my favorite drinking spot, the VFW, 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.

Some things that could interfere with my change plan are:

I could get a call from some of my drinking buddies at the VFW. 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-VET 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 don't 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's another person involved you care about, maybe they will be willing to change what they're doing in some way so it doesn't get to you so much.

How to use it:

Fill out the first three questions on the worksheet. When you're 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/her intentions may be.

RELATIONSHIP-RELATED TRIGGERS WORKSHEET (SAMPLE)

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

1. *My girlfriend Julie won't lend me money when I really need it.*

2. *My brother Bill keeps trying to get me to go back to school.*

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 Bill, I guess - things always seemed so much easier for him.*

What might you typically have done then?

1. *I usually yell at Julie and leave the house.*

2. *I tell Bill to just shut up and leave me alone.*

To Spouse, Family Member, or Friend:

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

1. *I shared this page with Julie and asked her why she doesn't want to lend me money when I need it. She told me she can't lend me money and have me drink it away. But she says that 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. *Bill agreed that he'd stop asking me to do this right now because I'm just not ready.*

RELATIONSHIP-RELATED TRIGGERS WORKSHEET

Spouses, friends, and family members may have strong emotions about your substance use: 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 chance that you will go use or use more.

Sometimes, situations that involve the spouses, friends, and family members serve as triggers for use; for example, you may be asked to attend social functions together, and face an open bar.

REMEMBER:

- Spouses, friends, and family members are not to "blame" for these triggers!
- Ultimately, it is the personal responsibility of the substance abuser to control his or her use 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

> During family dinner, one of the children told their father that he had volunteered him to come speak to the class about his military experiences during the Vietnam War, as his class was studying that particular topic in history. Speaking about the war reminded the father about some painful experiences he had lived through in the service. Therefore, he told his son that he would be unable to speak to the class. His wife, seeing the disappointment in their son's face, stated, "I don't know what the big deal is anyway. It would be a good opportunity to bond with your son and show him that you care, since you spent most of his life being high and letting him down like you're doing right now." He stared at his wife, feeling undermined, misunderstood, and like a failure. He became more and more on edge and eventually left the house to go over to his cousin's, a fellow Veteran who understood him and who always had some dope that he could cop.

In this example, the wife's inability to understand her husband's difficulty with reliving a painful part of his past, as well as her difficulty with letting go of the painful parts of his drug abuse, are triggers for further drug use.

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 making progress, undermining our attempts to change. But if we build new ones and practice them, we can feel better.

When we change the way we're thinking, we change the way we feel and act. But we can't 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're making progress, where you need to remind yourself of something you want to change, and where you're 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's 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 shouldn't do, and you feel guilty if you don't live up to your standard. You may also feel angry, resentful, and frustrated with others if they don't 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 substance abusers use:

- **ALL OR NOTHING THINKING:** "My partner is being good, or he's being bad."
- **OVERGENERALIZATION:** "If he has one urge to use, or one bad day in which he uses, he's hopeless (or unmotivated)."
- **"SHOULD" STATEMENTS:** "I should be able to control his drug use."
- **PERSONALIZATION:** "His drug use problem is all my fault."

IDENTIFYING "STINKING THINKING" WORKSHEET (SAMPLE)

Experts believe that 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, can set you up for relapse, and can lead you to put impossible demands on your relationships. Below are some examples of stinking thinking – 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 came here.*

Projecting: Do you always predict the worse? 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. When I lost my job the last time.*

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: *When I started going out with Joe and things seemed to be going so well.*

IDENTIFYING "STINKING THINKING" WORKSHEET

Experts believe that 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. It can also lead you to put impossible demands on your relationships. Below are some examples of stinking thinking – how many are typical of you? Write some examples from your own experience.

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>
> ***Examples from my experience:***

Projecting: Do you always predict the worse? 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:***

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" (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 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 Thought	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?
My date was rude to me and started flirting with other women.	*I'm a loser. I'm fat. I'll never find someone who really loves me.*	*Rejected sad, hopeless.*	*I wanted to take some drugs. I didn't, but I left the reception early and went home and cried.*	*He's just one guy. I will find somene else. Being in recovery will help.*	*Patience. More confidence.*	*I might be able to stay and have fun and maybe meet someone new; who knows.*

PRACTICING NEW WAYS OF THINKING WORKSHEET

Situation or Event	Automatic Thoughts	Emotion(s) Felt During the Situation or Event	Behavioral Response	Adaptive Thought	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 that get in the way of recovery.

Why does it work?

Human beings are pretty smart, but we're also smart enough to lie to ourselves and get away with it sometimes. We just have to catch ourselves at it 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's usually when we tell ourselves something that isn't true to justify what we did, or to make sense of an action that really just wasn't a good or fair choice.

How to use it:

Read through the list of irrational beliefs and you'll get the idea. Think about which of them 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 them sometimes. Then write down a true statement, one that will be healthy and 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 us, 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's 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
If I hadn't asked Victor to trade seats with me on the truck in Iraq, he would still be alive. He died because I am a selfish person who wanted the window seat. I will never be able to make this up to his wife or his kids.	*It was hard to lose my friend. I didn't know there would be an IED on the route, or where it would detonate. If I had known, I would have tried to stop the mission altogether.*

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 or alcohol.

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:

Before you return to the community, plan how you want to structure your time using the worksheet that follows. It will help you make room for all that life offers that is real and rewarding. Reclaim the sports, caring friendships, relationships, and good health you enjoyed at good times in your life. If you haven't had those good times – it's time to start!

How to use it:

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

SCHEDULING ACTIVITIES IN EARLY RECOVERY WORKSHEET (SAMPLE)

Many people in early recovery find they need help organizing their time. Drugs and alcohol gave their life structure and predictability. Staying clean and sober means 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 instead of always coffee. 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 a 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.

SCHEDULING ACTIVITIES IN EARLY RECOVERY WORKSHEET

Many people in early recovery find they need help organizing their time. Drugs and alcohol gave their life structure and predictability. Staying clean and sober means 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-VET

CONSUMER WORKBOOK

PART 2

READINGS AND REFLECTIONS

INTRODUCTION TO PART 2

Part 2 of the MISSION-VET Consumer Workbook offers what we hope will be some helpful perspectives on getting the most out of what you've learned, fulfilling your goals, staying clean and sober, and building a life in the community. The whole reason that MISSION-VET exists is that transitioning from homelessness or an institutional facility back to the community is difficult. Veterans who have come before you and have walked in your shoes have expressed their opinions about some of the things that they wish they had known. You and your MISSION-VET Case Manager will begin to discuss these readings as you are beginning to think about returning to the community. The readings are meant to provide you with additional information and serve as a springboard to help you to start thinking about your transition.

We have pulled together other Veterans' opinions about what might be helpful to you. We have provided some reading material on topics that can help you sustain your recovery from psychological problems and substance abuse. We have also included some practical advice about returning to the community and making it in a sometimes tough world.

MISSION-VET serves people with many different skills, abilities, interests, and experiences. People find some strategies for recovery more helpful than others, and you might have your own opinion on the topics discussed because you've "been there, done that."

We've 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've divided the material into smaller segments to help you identify the portions that might be most useful to you. As the MISSION-VET 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've 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 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 helpful. We hope these readings help you as you recover, meet challenges, 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 is 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 Veteran in the MISSION-VET program asks, *"For someone who's been anesthetizing their 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 Consumer 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 return to the community, you'll receive ongoing support for several months. During this time, you'll learn what supports work best for you and where to find the support you need in the community. Like the mountain climbers in the picture, you are responsible for each step you take – but you are also connected to other people, and those connections will help you keep climbing.

This section provides some practical advice, both from the perspective of our MISSION-VET Case Manager and Peer Support Specialist as well as from Veterans who've 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, and
- using the Internet for information about recovery.

The section also includes some material you might want to read 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 substance abuse and psychological 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've gotten on the mountain you're climbing, and sometimes you will slip – everyone does. But when you do, find a toehold and ask for a rope. Take a deep breath. Listen to the encouragement of people who have your best interests at heart.

And then, keep climbing! You can plant your flag in a new start.

1. Understanding Mental Illnesses

MISSION-VET helps people who have both psychological and substance abuse problems, but people often overlook their psychological problems. Many people with co-occurring disorders are in denial about the 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 use has stopped, it is clear that there are other issues. Sometimes, the use of drugs or alcohol actually began as a way of "treating" the symptoms. Fortunately, there are better ways!

Your counselors, peers, and the MISSION-VET 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. 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-VET program, you were asked to answer questions that help identify mental health problems. You may have been given a diagnosis, such as bipolar disorder, depression, or post-traumatic stress syndrome. Sometimes more than one diagnosis might be given. However, every Veteran 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-VET 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 addictions. However, you're probably curious about the diagnosis or diagnoses you've been given. Therefore, we are providing an overview of some of the major forms of mental illnesses. 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 Web site: www.nimh.nih.gov. You can also call toll-free (866) 615-6464. Since not all the 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 interferes 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 do not seriously disable, 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 (2003), *Depression: A Treatable Illness, http://menanddepression.nimh.nih.gov/infopage7429.html?ID=15*

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 change 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 psychoeducation.

Sources: NIMH (2001), *Going to Extremes: Bipolar Disorder http://www.nimh.nih.gov/publicat/manic.cfm*, NIMH (2007), Bipolar Disorder, *http://www.nimh.nih.gov/publicat/bipolar.cfm*

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).

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 (revised 2006), *Anxiety Disorders*, *http://www.nimh.nih.gov/publicat/anxiety.cfm*

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 and 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 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 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 (revised 2006), *Anxiety Disorders* *http://www.nimh.nih.gov/publicat/anxiety.cfm*

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 (revised 2006), *Anxiety Disorders*, *http://www.nimh.nih.gov/publicat/anxiety.cfm*

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. 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. Most 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-VET 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 always urged to talk to MISSION-VET Case Managers about changes in symptoms and concerns about PTSD.

Sources: NIMH (revised 2006), *Anxiety Disorders*, *http://www.nimh.nih.gov/publicat/anxiety.cfm*
National Center for PTSD, *What Is PTSD?* *www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_what_is_ptsd.html*

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. Within the past 15 years, a 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 (2001), *Borderline Personality Disorder: Raising Questions, Finding Answers, www.nimh.nih.gov/publicat/bpd.cfm*

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. People with schizophrenia can have delusions that are quite bizarre, such as 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 but 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 patients 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.

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 increased risk suicide attempts. The problem of TBI and suicide has gotten increased attention as veterans return from Iraq and Afghanistan, as TBI can be 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.

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).

Treatment for mental health disorders in individuals with TBI will be influenced by the level of disability caused by TBI. For example, psychosocial approaches are currently the most effective treatments for PTSD, 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.

Suicidal Feelings

Suicidal feelings are not associated with any one form of mental illness, but can be common with 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 illnesses, psychological distress can take many forms: 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, inability to concentrate, etc. MISSION-VET seeks to improve your ability to cope with some of these symptoms that can interfere with your ability to lead a fulfilling life and which can lead you to feel like using again. This section discusses some ways of dealing with distress–other than going back to old ways.

Veterans with co-occurring disorders often engage in self-destructive behavior even though they know the consequences. One MISSION-VET participant 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-VET teaches you to recognize some of the causes of your self-destructive behavior. As one participant 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've 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 Veteran? 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 2 in Part 1, Section A of this Workbook) can help you to identify a strategy that's right for you.

Some Veterans 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. Remember what it's been like in the past – but this time, go better

prepared, with a clear idea of how *you* want to handle the encounter. Perhaps you will have 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. In the meantime, ask for suggestions from your MISSION-VET Peer Support Specialist or Case Manager.

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 hurt of homelessness, the struggle for sobriety, the hopelessness of unemployment, and the harshness of military service. 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're 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're 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've made and the feelings you've 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 Veteran did it.

"George" is a Veteran who had been homeless and had lost connection with his family because of it. Through a Compensated Work Therapy (CWT) program, 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 homelessness and mental illness – 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. 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 experiencing homelessness, people had probably stopped laughing at his jokes or even listening to them. 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, plan to get married. After being drafted onto a city-wide steering committee, George has gone on to become the sole consumer participant on the data management project. He also joined a regional committee formed to deepen consumer engagement. George confessed that when he started this work at his 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 and 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 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. Keep the ideas separate in your life: relax on a couch, sleep in a bed, and practice 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/releasing exercises, from your head to your toes, leaving your entire body relaxed. Try the following steps:

- 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 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, or exercising and 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, h*ttp://www.soundings.com/.* You may also find other sounds of nature and music on sites such as this one; often, 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 the nose and exhaling through your mouth, slowly counting 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_I.html

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, and leads to violent physical or verbal outbursts.

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 don't 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, but temporary, rush of pleasure – and 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, *www.apa.org/topics/controlanger.html.* Anger management seeks to reduce both the feelings and the physiological arousal of anger and to help individuals learn how to control their reactions.

People have different "anger styles". Some are hot-headed 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 positively without turning it inwards on ourselves. See Section 2 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

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. Because relapse is experienced differently for each person, and people are in recovery from different illnesses, it is important to understand what relapse is and what it looks like for you. This segment discusses some ways to identify when a relapse might be coming and help prevent it from happening.

Being Aware of the Danger

A relapse can be minimized or avoided if you recognize the signs of mental health symptoms and addiction at the earliest stages. Think back to the times in your past when you relapsed. Examine the events that led up to each past relapse. You might find some elements or conditions leading to the most recent relapse were present during your initial lapse or episode. However, just because you have an illness or disease or have had a past relapse, or even several, it doesn't mean you must always be controlled by it. In fact, understanding the process in the past can help you ward off a relapse in the future. It is important to underscore that we are not saying it's fine to use drugs or alcohol, but rather that we understand that relapses sometimes occur in the process of recovery.

Each relapse teaches you more about yourself, your triggers, your obstacles, and your strengths. Over time, you learn how to manage your illness, 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 seeing the 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 that could contribute to losses such as housing, good health, friends, family, and 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 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://www.yourchn.com/youth/wrap.htm.* 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 an old Army buddy with whom you've had a difficult relationship lately can bring on rage or anger. Maybe you feel he doesn't understand no matter what you say, or how many times you try to explain, you do not want to talk about your experiences in the military. You find yourself doing a slow burn, your voice rising, as you once again begin to explain that the topic is off limits. You might have hoped that you could have moved past this. You might find it confusing because you care about this person and are puzzled over why they can invoke so much anger. When these feelings occur, you are experiencing an emotional trigger, and it can be overwhelming.

Emotional triggers can also be caused by things happening in the world over which you have no control, such as a traumatic news event or harsh or loud noises. Triggers can be bills that you can't pay, disrespect from someone you do or don't 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 repressed.

We can get physically and mentally sick when we don't 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 don't 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 that you might also associate with a habit or behavior you are trying to change. For example, if you used to use at 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 and 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 were and are not. For example, a drink might make the expression of anger or violence, or not caring about other people, seem OK. If you've quit smoking, you might reach for a cigarette and smoke the whole pack; if you've given up alcohol, you might think that only one drink will help you cope better and pretend that that drink won't turn into a binge.

If you're 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 back 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 Section 1. However, more in-depth tools 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 in your local department of mental 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 illnesses. 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. 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 don't 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 don't get 20 chances. In fact, you don't 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. As a Veteran, she applied for and received help through the VA HUD-VASH program, which ultimately helped Julie with her rent and helped her obtain furniture. She supplied the required documents to the landlord, applied for and received help with her first and last month's rent, requested and received furniture, and got her first apartment after 13 years of homelessness. She went on to find employment and created a powerful 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 with 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 and sober.

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), groups at

the VA, community policy meetings, and started volunteering. She took dance classes and theatre classes. She went back to school. She kept showing up. Often, she was the only person present at community meetings. She often felt shame at her ignorance and regretted years lost to pain and addiction, 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. 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 began to be paid for her work. She bought her first home.

She never went back to the streets or addiction – 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 working to make it real. She got involved in a healthy relationship, began to go back to college, and is planning on writing a book, which she may call, Healthy Alternatives to Drugs & Alcohol: How to Keep a Lapse from Becoming a Relapse*. She knew that she could have been the one to pull the short straw and that, had she stayed on the streets, it might have ended in jail or death.*

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, whom 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 changing. 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 Veterans 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; and
- Volunteering or working (while maintaining balance in your life).

Another big part of a healthy lifestyle is eating right. You don't 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 orolive oil. You may also wish to switch from white sugar to brown.

Of course, Veterans 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 Web site, *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're feeling depleted, you're 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 while before bed time, and try reading or listening to soft music instead of TV; and
- 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 or drinking.

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 things you do. After leaving behind associates who are actively using or drinking, you will find yourself contemplating them over the years. In the beginning, you think they're still having "fun." Then you will begin to see a few of them relapse, detox, relapse, detox, 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 who you associate with. The most dangerous of your old associates, of those currently in recovery, are those with whom you once used. It's easiest to relapse with them, since it once was a shared habit. You might want to share each other's "secret" relapse, or think 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 don't share a history of using together. Sure, some of them may have used with someone, 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 recovered from his homelessness, living for almost twenty years in the shelter system.

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 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 associates, 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 active addiction.*

Places and Things

To stay clean and sober, you want to avoid the locations of former drug use where possible. In fact, you also don't 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. Every tiny nip bottle poking up through a patch or 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. The one time when she actually saw a discarded plastic crack bottle, 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 materials associated with drug use. Then discard the phone numbers of people you used with, as well as the numbers of the 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-VET Peer Support Specialist, another Veteran, or someone else in your support group. Most of all, forgive yourself and don't 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.

Neither of these addictions is easy to escape by moving away. In some instances, yes, moving out of range or into unfamiliar territory can interfere with picking up old habits right away. If you are determined to use, you'll break through this barrier. But 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 don't 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 don't like alcohol, drinking it as a substitute for 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-VET Peer Support Specialist or AA sponsor, or find and attend meetings with consistency. There is a slogan in both 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 place where you live poses 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. This is especially likely as the system moves toward a "harm reduction" approach that recognizes that people are more likely to recover once they have housing than when they are homeless.

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 and you determine it to be a threat to your recovery, the best advice is to notify your counselor, your sponsor, MISSION-VET Peer Support Specialist, 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 the strategies you learned about staying clean and sober. 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.

4. Medication Management

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

- Your doctors (including psychiatrists) have the responsibility (with your input) of deciding 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.
- 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 medication 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.

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 about medications.

Understanding Medications

There are many medications that are used when treating mental illnesses, none of which "cure" the disorder permanently. Instead, they are used to control symptoms. 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 illnesses. 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 are sometimes called "major tranquilizers" or "neuroleptics." 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 rehospitalizations. 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**
Clozaril*	Clozapine
Haldol	Haloperidol
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 rehospitalizations. They are not addictive.

Examples

Brand Name	**Chemical Name**
Eskalith, Eskalith controlled release	Lithium carbonate
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 also be hazardous while taking these medications.

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 the acute symptoms and prevent relapses and hospitalizations. They are not addictive.

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

Examples

Brand Name	**Chemical Name**
Anafranil	Clomipramine
Desyrel	Trazodone
Effexor	Venlafaxine
Elavil	Amitriptyline
Ludiomil	Maptrotiline
Luvox*	Fluvoxamine
Marplan	Isocarboxazid
Nardil	Phenelzine
Norpramin	Desipramine
Pamelor, Aventyl	Nortriptyline
Paxil*	Paraxitine
Prozac*	Fluoxetine
Serzone*	Nefazadone
Sinequan, Adapin	Doxepin
Tofranil	Imipramine
Vivactil	Protriptyline
Wellbutrin	Buproprion
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.

ANTIANXIETY AND SEDATIVE MEDICATIONS

Antianxiety and sedative medications help reduce anxiety and feeling overly stimulated. Some of these medications also help people sleep. Unlike other medications for mental illnesses, these medications take only 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 with a daily alarm is a good way of reminding yourself to take medication each day. A pill organizer, available inexpensively from a pharmacy, can help you remember whether or not you've taken your pill for the day. Some have multiple compartments for morning, noon, and night.

Make sure that you don't 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've forgotten to do this and you're 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'll be able to remember what you want to say and give the doctor more complete information. For example:

- Write down your perceptions of symptoms you're experiencing, such as fear or sadness, and whether those are worse or less severe since you started on the medication.
- If you're 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 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've 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 don't 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 milligrams to 25, 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're not comfortable using a computer or don't know how to "surf the web," don't let that keep you from learning. Ask for help from a librarian or someone else!

Once you're online, don't 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, self-help techniques, alternative treatments, healthy living, and other topics that can aid in your recovery.

A list of helpful web sites appears at the end of this section, but you can find out information about anything by using a "search engine" such as *www.google.com*. Just type in what you're looking for, whether it's "relaxation techniques," "meditation instructions," or "methadone side effects" and dozens, hundreds, or even thousands of web sites will come up. However, general purpose search engines like Google don't distinguish between reliable and unreliable information. For example, a number of web sites providing unscientific information are likely to come up if you are searching for information about methadone side effects.

Some web sites offer the opportunity to search for information only on web sites 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 web site that presents balanced information about the safety, effectiveness, and side effects of methadone. However, this search engine will pull up far fewer web sites than Google, and you might be interested in hearing opinions from outside of the mainstream.

Another option is to go into looking for information with an open mind, knowing that opinions 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 web site:

1. ***Who runs this site?*** Any good health-related web site 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 web site. The source of a web site'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's 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 Web sites 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?*** Web sites 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?*** Web sites usually have a policy about how they establish links to other sites. Some medical sites take a conservative approach and don't 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?*** Web sites routinely track the paths visitors take through their sites to determine what pages are being used.

   However, many health web sites 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 don't 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 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/*

SOME HELPFUL WEB SITES

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

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

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

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

National Institute of Mental Health, Mental Health Topics (www.nimh.nih.gov/healthinformation) – Access publications, ranging from introductory to clinical, on a variety of mental illnesses.

Veteran Recovery (www.veteranrecovery.org) – Find self-help and peer support materials and links to other Veterans in recovery.

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

VA Compensated Work Therapy (CWT) Program (http://www.cwt.va.gov) Find information on opportunities to become a part of VA-sponsored vocational rehabilitation programs in your area.

U.S. Department of Housing and Urban Development, VA HUD-VASH Housing Vouchers (http://www.hud.gov/offices/pih/programs/hcv/vash) – Access information regarding opportunities for rental assistance for homeless Veterans receiving case management and clinical services at their local VA.

Department of Veterans Affairs, My HealtheVet (http://www.myhealth.va.gov) VA e-health website that offers access to VA healthcare information and services to veterans, active duty service members, dependents, and caregivers.

6. Reading List for Recovery

There are many wonderful books written to help people in recovery from substance abuse and mental health problems. Here are some that 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.

SECTION B: COMMUNITY LIVING

Adjusting to life in the community can be difficult after you've been homeless, 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.

MISSION-VET helps you deal with some of the biggest challenges you'll face, such as housing and finding 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-VET stress the importance of taking it a step at a time and rolling with the punches. As one observed, *"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'm on housekeeping for my job. I set goals, like to clean up to here by this time, rather than being finished 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'll 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'll 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 advocate for yourself successfully.

Here you will also find reflections and advice on how to take care of some of the issues you'll need to address in order to be safe, successful, and happy, including

- Advocating for yourself,
- Money management,
- Personal hygiene,
- Safer sex; and
- Crime prevention.

Asking questions of people you trust – for example, MISSION-VET 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've been accustomed to having a case manager or other professionals help you, you might lose sight of the fact that you also need to be advocating for yourself. You're the only person who knows exactly what you need, plus you're the only person who's always been there when you need help. Teach yourself how to become a better 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's 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's 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 don't remain completely silent. Ask questions when someone uses a term or an abbreviation that you don't know. To avoid confusion on important points, restate the person's position: "So what you're 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's important to let people know that you appreciate their help. It's 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 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 shoe box 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're 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 purchase and earn money (interest) on your savings, but they obviously don't 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 fees,
- 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've 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 homeless, brushing your teeth and showering often might have not been practical or even a priority, but maintaining your personal hygiene 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 dental visits, 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-VET 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 Centers for Disease Control and Prevention (CDC) have 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), living longer and 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 feel 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 with 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 some might 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're willing to remain abstinent or you're sure that you and your partner are disease-free and in an exclusive sexual relationship, you're 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. Don't be afraid to be assertive about safer sex—your life and health depend on it!

5. Crime Prevention

No matter where you live, your home in the community might seem safer than some of the situations you've 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 rooms, and
- 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 to annoy you, such as playing music too loudly, it is much easier to ask them 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 to 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. Thieves sometimes pose as legitimate businesses or representatives of services. Any business that you handle over the telephone should be something that you initiate. Don't 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's always safer if you call the business or agency using a published telephone number so that you can verify that you're really talking to who you think you are talking to.

Today, thieves increasingly use the internet 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 web site and ask you to enter sensitive information. Be wary of e-mails that direct you to a web site. Stick to web sites you've heard of by typing the address yourself, like www.amazon.com, or typing your bank's web site 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 web site that has access to your private information, make sure that you "log out" or "sign off" using the button on the web site, and make sure that you close all of the browser windows (Internet Explorer, Firefox, 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. If you are going to be alone in a potentially dangerous area, let someone else know where you're going and when you should be back, so that the person will know in case something happens. When walking alone, particularly at night, avoid areas such as alleyways, vacant lots, and wooded areas where attackers might hide. Get to know an area during the day time, so you can identify alternative routes, businesses that can provide a place to which to escape, phone booths, police stations, and other safe locations.

If you are mugged or physically attacked, try to make as much noise as possible. If the attacker is just after your wallet, purse, or jewelry, it is usually safest to just hand over the items. Some community organizations offer self-defense classes, particularly for women.

Protect Your Belongings

Pickpockets and muggers look for people who appear to be easy targets. Make sure that you always look around to maintain an awareness of your surrounding. Carry a wallet in your front pockets or inside a jacket, and don't let a purse dangle invitingly. If you carry a backpack, make sure it's closed. A backpack is generally not a good place to keep valuables, but using a safety pin on the backpack's zipper can help foil pickpockets.

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.

Interacting with Law Enforcement

In certain neighborhoods, you're fairly likely to interact with police officers and perhaps be challenged by them, even if you have done nothing wrong. Although this seems particularly unfair to someone who is turning his or her life around, it's an unfortunate fact of life. In its 2004 publication, *Know Your Rights: What to Do If You're Stopped by the Police*, the American Civil Liberties Union (ACLU) recommends that you:

- Think carefully about your words, movement, body language, and emotions.
- Don't 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.
- Don't run. Don't touch any police officer.
- Don't resist even if you believe you are innocent.
- Don't complain on the scene or tell the police they're wrong or that you're going to file a complaint.
- Do not make any statements regarding the incident. Ask for a lawyer immediately upon your arrest.
- Remember the officers' 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 the 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 don't assume the worst of anyone. Another way some might put this is, "don't go looking for trouble!"

Stay safe. Stay healthy. Stay connected.

And stay clean and sober.

As You Return to the Community…

We hope that you found this workbook and the MISSION-VET services helpful. We suggest that you hang onto this workbook and use it as a tool as you reflect on the stages of your recovery process. We believe that the use of this workbook, along with the skills obtained by participation in other programs and services, provides you with a strong foundation for recovery.

Please stay active in your recovery and keep working the program. Remember, this is not the end, but the beginning of your journey. We will be cheering for you!

It has been a pleasure to partner with you in the initial phase of your recovery journey. Thank you for your service to our country and your willingness to secure freedom for others. Now we wish you the best as you secure your best life for yourself.

Sincerely,

The MISSION-VET Family

About the Authors

David Smelson

Dr. Smelson is is the Director of Translational Mental Health Research at the Bedford VA and Director of Co-Occurring Disorders at the VA New England Healthcare System. He is also a Professor and Vice-Chair of Clinical Research in the Department of Psychiatry at the University of Massachusetts Medical School. He has devoted his career to studying novel 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 of New Jersey – Robert Wood Johnson Medical School, where he was a part of the Medical School and the School of Health-Related Professions. He remains indebted to these institutions for their ongoing support and assistance with these projects.

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Dr. Stephanie Rodrigues is a postdoctoral fellow in the Center for Health Quality, Outcomes, and Economic Research (CHQOER), located at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts. Throughout her career, she has been committed to research that addresses treatment for issues related to mental illness and co-occuring substance use. She is currently exploring self-stigma and how it applies to the treatment of severe and persistent mental illness, with a special interest in dual diagnosis.

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Ms. Muñoz serves as the Special Assistant for Translational Research in Mental Health at the Edith Nourse Rogers Memorial Veterans Hospital. She has extensive experience working with national security and military policy issues, including strategic, capabilities, and force structure planning; Veteran and survivor benefits; family readiness; and wounded warrior support services. She has held research and analysis positions at numerous think tanks and defense contracting firms. Prior to joining the VA, she served as an outreach liaison for U.S. Army Special Forces Command, Ft. Bragg, NC; on the Board of Directors for the United Warrior Survivor Foundation, a non-profit organization for families of fallen special operations soldiers; and as a group leader for the National Good Grief Camp at the Tragedy Assistance Program for Survivors (T.A.P.S.) National Survivor Seminar in Washington, D.C.

Julia Tripp

Ms. Tripp is a Program Associate with AHP, where she brought her understanding of how to engage chronically homeless and other challenged populations to the Projects for Assistance in Transitioning out of Homelessness (PATH). She is a creative, dynamic leader in the field of consumer-informed program development, with a special focus on persons with mental illness or substance abuse issues who are homeless. She has impacted the way data are collected in the human service system by highlighting and defining the potential contribution of consumers to the development of the Homeless Management Information System (HMIS), an initiative of the Department of Housing and Urban Development (HUD). She developed the curriculum on Consumer Involvement in HMIS, holding trainings to communities across the country on this topic. An accomplished trainer and facilitator, she has served as moderator, presenter, and keynote speaker for numerous conferences. In addition to her work with AHP, Ms. Tripp serves as Constituent Coordinator for the Center for Social Policy in the John W. McCormack Graduate School of Policy Studies, University of Massachusetts (Boston); she is an HIV/AIDS educator, a certified graduate of the Georgia Mental Health Certified Peer Specialist Project (CPSP), a trainer, monitor and certification board member for the Massachusetts Certified Peer Specialist project, and the author/director of the "Bring America Home Theatre "Project. She was honored as a 2002 Boston Neighborhood Fellow, a cash award given in recognition of "heroes behind the scene" in the Boston area.

Alan Marzilli

Alan Marzilli joined Advocates for Human Potential, Inc., in 2005, bringing with him experience in mental health policy issues as well as writing, training, and curriculum design. At AHP, he has helped to develop toolkits on permanent supportive housing and consumer-operated services under contract to the Substance Abuse and Mental Health Services Administration (SAMHSA) and to create training materials for providing employment services for people who are homeless, under projects funded by the Departments of Housing and Urban Development (HUD) and Labor. He has conducted training in 30 states and territories and has designed three training curricula that are used nationally to educate people about mental health, housing, and support services issues. These include developing a curriculum for center for Mental Health Services on involving people with mental illnesses in planning housing and other supports necessary for community integration; a curriculum for the National Mental Health Consumers' Self-Help Clearinghouse (NMHCSHC), a CMHS-funded technical assistance center, on the topic of self-advocacy for people with mental illnesses; and a curriculum for NMHCSHC on the topic of peer-run mental health support services. Other writing projects have involved housing and transportation issues affecting people with mental illnesses. He has also authored 12 non-fiction books on topics of law, public policy, and criminal justice, all published by Chelsea House Publishers.

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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 Medical Center. 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, in particular tobacco dependence. He has served as an advisor to President Bush's New Freedom Commission on Mental Health

and Substance Abuse (co-writing the section on co-occurring disorders) and advised 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 Co-Occurring Disorder Center for Excellence, Project Director for Co-Occurring Disorders Grants and Site Visitor for the COCE Technical Assistance to non-COSIG sites. He served on the ASAM Patient Placement Criteria Co-occurring Disorder Workgroup that developed the Dual Diagnosis Capable/Enhanced concepts for the ASAM PPC. He has written over 100 book chapters and peer-reviewed publications and co-edited 3 books and 5 behavioral therapy manuals for co-occurring disorders. He also serves on the Editorial Board of *The American Journal of Drug and Alcohol Abuse*, *The Journal of Groups in Addiction & Recovery*, and *The Journal of Substance Abuse Treatment.*

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T H E

MISSION-VET

CONSUMER WORKBOOK

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Research & Development
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