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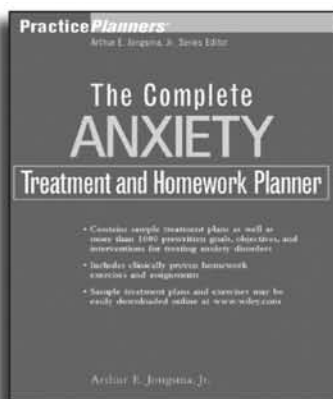
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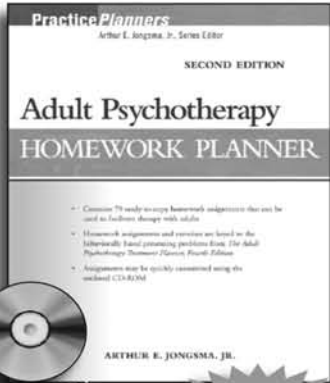
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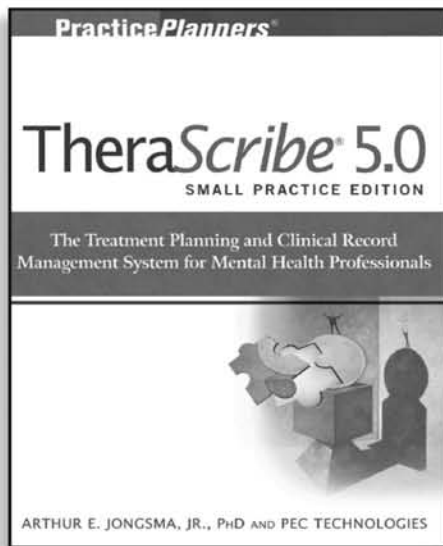
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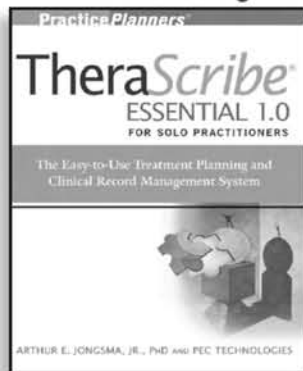
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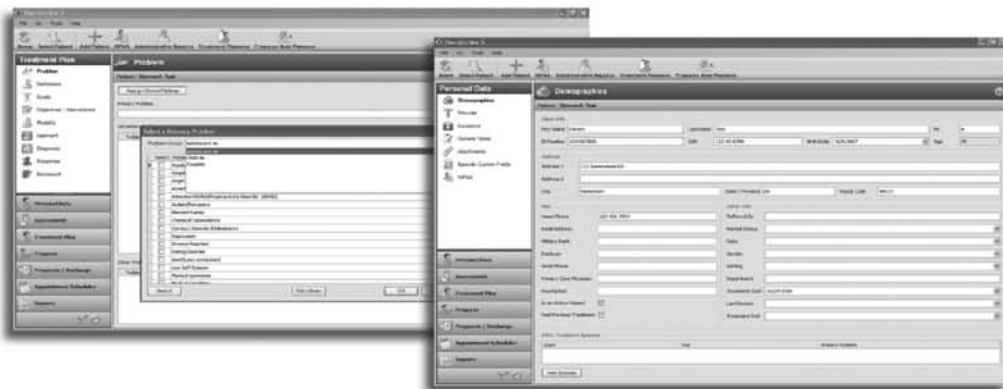
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This book is dedicated to our loved ones, who've given us so much encouragement and been so unselfish in the face of our work's demands, and to all the clients and colleagues who've taught us and inspired us over the years. Without you all this would be impossible. Thank you.

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PRACTICEPLANNERS® SERIES PREFACE

Accountability is an important dimension of the practice of psychotherapy. Treatment programs, public agencies, clinics, and practitioners must justify and document their treatment plans to outside review entities in order to be reimbursed for services. The books and software in the PracticePlanners® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

The PracticePlanners® series includes a wide array of treatment-planning books, including not only the original *Complete Adult Psychotherapy Treatment Planner*, *Child Psychotherapy Treatment Planner*, and *Adolescent Psychotherapy Treatment Planner*, all now in their fourth editions, but also *Treatment Planners* targeted to a wide range of specialty areas of practice, including:

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In addition, there are three branches of companion books that can be used in conjunction with the *Treatment Planners*, or on their own:

- **Progress Notes Planners** provide a menu of progress statements that elaborate on the client's symptom presentation and the provider's therapeutic intervention. Each *Progress Notes Planner* statement is directly integrated with the behavioral definitions and therapeutic interventions from its companion *Treatment Planner*.
- **Homework Planners** include homework assignments designed around each presenting problem (e.g., anxiety, depression, chemical dependence, anger management, eating disorders, or panic disorder) that is the focus of a chapter in its corresponding *Treatment Planner*.
- **Client Education Handout Planners** provide brochures and handouts to help educate and inform clients on presenting problems and mental health issues, as well as life skills techniques. The handouts are included on CD-ROMs for easy printing from your computer and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues. The topics covered by these handouts correspond to the presenting problems in the *Treatment Planners*.

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- **TheraScribe®**, the best-selling treatment-planning and clinical record-keeping software system for mental health professionals. TheraScribe® allows the user to import the data from any of the *Treatment Planner*, *Progress Notes Planner*, or *Homework Planner* books into the software's expandable database to simply point and click to create a detailed, organized, individualized, and customized treatment plan along with optional integrated progress notes and homework assignments.

Adjunctive books, such as *The Psychotherapy Documentation Primer* and *The Clinical Documentation Sourcebook* contain forms and resources to aid the clinician in mental health practice management.

The goal of our series is to provide practitioners with the resources they need in order to provide high-quality care in the era of accountability. To put it simply: We seek to help you spend more time on patients and less time on paperwork.

ARTHUR E. JONGSMA JR.
Grand Rapids, Michigan

PREFACE

CHANGES IN THIS EDITION OF THE HOMEWORK PLANNER

The field of psychotherapy in general, and addiction treatment in particular, continues to evolve. Since completing the third edition we have seen ongoing movement from fixed, program-driven interventions toward more flexible, individualized, assessment-based, clinically driven treatment. Providers and consumers seek approaches recognizing the impact of client readiness and motivation in the treatment process. People enter treatment at all stages of readiness, and clinicians need to help some increase motivation for change and others move from one stage of readiness to the next. We have revised assignments with stages of readiness and change in mind and added appendices to help select exercises based on American Society of Addiction Medicine (ASAM) criteria. At the same time, there is more demand for treatment strategies and interventions to be evidence-based, and we have sought to reflect this trend.

While we have updated and retained the 88 exercises in 42 problem areas in the third edition, in response to feedback from colleagues and clients we have condensed some content. We have reduced the overviews to one page or less apiece. Most exercises are one or two pages in length, and none are longer than three pages. Our hope is that these changes will make this book even more useful than the previous edition. We believe it is more important than ever to include therapeutic homework in treatment for several reasons:

- The process of working on these exercises between therapy sessions helps clients integrate their treatment into their daily life and all the environments in which they live.
- When newly recovering people encounter problems and challenges, it seldom happens in session—in a way, these homework assignments enable us to extend the reach of the process from individual or group sessions into the client's home, work, and social life.
- As we noted in the preface to the third edition, homework makes effective use of the time between sessions, empowers the client and leads him/her into a more active role in treatment, gives the therapist documentation of progress and a vehicle for giving the client feedback, and provides the client a reference to keep and use long after treatment ends.

USING THIS BOOK

This revision is a companion to the fourth edition of the *Addiction Treatment Planner*. It is compatible with the fourth edition of the *Therascribe*[®] treatment-planning software. As before, you can look assignments up by issue or assignment title in the table of contents; use the appendices to cross-reference assignments with treatment issues; and use the enclosed CD-ROM to install the assignments on your computer as Microsoft Word documents and print them as they are or customize them by rewording items, adding a logo or other art, or however else you choose. For further instructions please see “About the CD-ROM” at the back of this book.

You may also use the companion CD-ROM add-on module with the *TheraScribe*[®] treatment-planning software to import goals and exercises directly into treatment plans.

As always, if you have suggestions, or want to tell us which features you find especially useful, please contact us via John Wiley & Sons, Inc. We are always grateful for feedback and have found it helpful in bringing you the best resource we can. Thanks for making the world a better place.

UNDERSTANDING CODEPENDENT BEHAVIORS

GOALS OF THE EXERCISE

1. Implement a plan for recovery from addiction that reduces the impact of adult-child-of-an-alcoholic (ACOA) traits on sobriety.
2. Decrease dependence on relationships while beginning to meet one's own needs.
3. Reduce the frequency of behaviors that are exclusively designed to please others.
4. Choose partners and friends who are responsible, respectful, and reliable.
5. Overcome fears of abandonment, loss, and neglect.
6. Understand the feelings that resulted from being raised in an addictive environment and reduce feelings of alienation by seeing similarities to others raised in nonaddictive homes.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Borderline Traits
- Dependent Traits
- Partner Relationship Conflict
- Sexual Promiscuity

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The "Understanding Codependent Behaviors" activity is for clients with patterns of co-dependent relationships, enmeshment, and boundary issues. It teaches clients about addictive relationship dynamics, then heightens motivation by focusing on the threat this poses to recovery, ending by directing clients to further exploration of issues of co-dependency. Follow-up may include discussing the issue with the therapist, group, and sponsor; support group referrals; bibliotherapy; and videotherapy (e.g., *Rent Two Films and Let's Talk in the Morning* by John W. Hesley and Jan G. Hesley, also published by John Wiley & Sons).

UNDERSTANDING CODEPENDENT BEHAVIORS

Codependency is addiction to a relationship. A codependent tries so hard to “fix” or “save” someone else that his/her own life is left in turmoil. No one can control anyone else—other people’s troubles are mostly due to patterns only they can change, so trying to change them leads to one painful disappointment after another.

1. There are reasons we’re drawn to relationships in which we try harder to solve our partners’ problems than they do. These patterns are often related to having grown up with parents or other adults who suffered from alcoholism, other drug addiction, or other addictive disorders, and may echo our childhood relationships with those adults. Have you been in painful relationships for any of these reasons?
 - You felt needed.
 - It was intense and exciting from the start.
 - You felt intensely and “magnetically” drawn to them.
 - They made you feel strong, smart, and capable.
 - The sex was incredible.
 - You identified with the hardships they’d suffered—your heart ached for them.
 - You felt that you could help them and change their lives.
2. Here are signs of codependent relationships. Again, please check off any you’ve experienced:
 - Manipulation and mind games take up a lot of time and energy.
 - You’re often worried that the relationship will fall apart, so you walk on eggshells.
 - You keep your partner away from your other friends and family because they don’t get along, or you don’t think they would.
 - One of you spends a lot of time rescuing the other from problems, again and again.
 - You try hard to impress your partner and keep secrets; you fear your partner would reject you if he/she knew about parts of your life or past.
 - You get in heated arguments that don’t make sense to either of you.

- _____ The relationship became very intense very fast when you first got together.
- _____ One or both of you feel a lot of jealousy and insecurity about the relationship.
- _____ The relationship is never boring, but it's usually stressful.
- _____ You go back and forth between feeling abandoned and feeling smothered.

3. There's a strong connection between stress and relapse. Looking at the items you checked for question 2, how could a stressful relationship lead you to relapse and how do you feel about that risk?

4. Most people who get into codependent relationships don't just do so once. Each of us has a type we're most likely to be drawn to. What unhealthy patterns do you see in the people you find attractive?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.

UNDERSTANDING FAMILY HISTORY

GOALS OF THE EXERCISE

1. Implement a plan for recovery from addiction that reduces the impact of adult-child-of-an-alcoholic (ACOA) traits on sobriety.
2. Decrease dependence on relationships while beginning to meet one's own needs.
3. Reduce the frequency of behaviors that are exclusively designed to please others.
4. Eliminate behaviors that are dangerous to self or others.
5. Eliminate self-defeating interpersonal patterns in occupational and social settings.
6. Choose partners and friends who are responsible, respectful, and reliable.
7. Overcome fears of abandonment, loss, and neglect.
8. Understand the feelings that resulted from being raised in an addictive environment and reduce feelings of alienation by seeing similarities to others raised in nonaddictive homes.
9. Learn new ways to interact with the family in adult life.
10. Obtain emotional support for recovery from family members.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Childhood Trauma
- Family Conflicts
- Parent-Child Relational Problem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Understanding Family History” activity may be used effectively with clients experiencing shame, confusion, or anxiety as a result of seeing themselves repeat negative behaviors seen in childhood caretakers. It may be useful in couples therapy, since many ACOA individuals form relationships with partners with similar backgrounds. For clients struggling with acceptance and forgiveness of their parents or of themselves, this activity may help in understanding the roles of addiction and powerlessness in distorting values and behaviors. It may also be useful for clients who have parenting issues in recovery to understand the roots of their children's behaviors.

UNDERSTANDING FAMILY HISTORY

It's important to understand the role of family history in addictions, not to assess blame but for your own recovery and your family's future. This exercise looks at how family history affects us.

1. As a child, what did you learn about drinking, drug use, or other addictions in your family?

2. What problems, if any, did your family have because of these behaviors (e.g., violence, divorce, financial problems, dangerous or illegal activities, or other worries)?

3. Please describe the typical atmosphere in your family when someone was drinking, using drugs, or engaging in other addictive patterns, and its effects on you then and now.

4. Here are some common patterns in families struggling with addictions, related to the unspoken rule "Don't talk, don't trust, don't feel" that develops as other family members, especially children, try to avoid confrontations or disappointment due to the inability of addicted adults to be nurturing and dependable, or to cope with the emotional pain that is the result of that inability. For each pattern, give an example from your childhood and an example of how you can make healthy changes now.

- a. Dishonesty/denial

(1) Childhood example: _____

(2) Working for healthy change: _____

b. Breaking promises

(1) Childhood example: _____

(2) Working for healthy change: _____

c. Isolating/withdrawing

(1) Childhood example: _____

(2) Working for healthy change: _____

d. Emotional/physical/sexual abuse and neglect

(1) Childhood example: _____

(2) Working for healthy change: _____

e. Influencing others to act in self-destructive ways

(1) Childhood example: _____

(2) Working for healthy change: _____

f. Confused roles and responsibilities (e.g., children taking caring of adults, people blaming others for their own actions, etc.)

(1) Childhood example: _____

(2) Working for healthy change: _____

5. What good relationship patterns from your childhood do you want to continue and pass on?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.

IS MY ANGER DUE TO FEELING THREATENED?

GOALS OF THE EXERCISE

1. Develop a program of recovery that is free from substance abuse and dangerous/lethal behaviors.
2. Terminate all behaviors that are dangerous to self or others.
3. Decrease the frequency of occurrence of angry thoughts, feelings, and behaviors.
4. Verbalize core conflicts that lead to dangerous/lethal behaviors.
5. Recognize the first signs of anger and use behavioral techniques to control it.
6. Think positively and realistically in anger-producing situations.
7. Come to see that anger is a secondary emotion responding to fear or anxiety in response to a perceived threat.
8. Learn to self-monitor and shift into an introspective and cognitive problem-solving mode rather than an emotional reactive mode when anger is triggered.
9. Shift from a self-image as a helpless or passive victim of angry impulses to one of mastery and ability to choose responses to feelings.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Dangerousness/Lethality
- Oppositional Defiant Behavior
- Posttraumatic Stress Disorder (PTSD)

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH CLIENT

The “Is My Anger Due to Feeling Threatened?” activity is suited for clients who are capable of introspection and who desire to change reactive patterns of anger. It may be useful when clients describe perceptions of being unable to control their anger, have patterns of impulsive anger disproportionate to the triggering event or situation, or express regrets over their actions when angry. Follow-up can include keeping a journal documenting angry impulses and the client’s use of this process to manage his/her reactions.

IS MY ANGER DUE TO FEELING THREATENED?

A wise person once said that every problem starts as a solution to another problem. When anger becomes a problem it is often this kind of failing solution to another problem. Once we see this, it's easier to let go of the anger and find another solution that works better.

What kind of problem makes anger look like a solution? When is anger useful? It's good for one thing: energizing and preparing us to fight. It's the "fight" part of the "fight or flight" instinct that is any creature's response to perceived (whether real or not) danger. When we feel angry, chances are that we feel threatened.

This instinct developed in prehistoric people over thousands of generations. Nearly all the threats they faced were physical (e.g., wild animals or hostile strangers). In those situations anger served them well.

Some dangers are still physical, but more often we face threats we can't fight physically, like bills we can't pay. There are threats to our self-images and our beliefs about the world, which can feel just as dangerous as threats to our careers or health.

In this exercise, you'll think about a situation that has triggered your anger and identify both the threat that the anger wants to fight and another solution that will work better.

1. First, it's important to recognize anger as soon as it starts to develop. To do this, you need to watch for the early warning signs of anger, physical and mental.
 - a. Here are some common physical effects of anger. Please check any you experience.

<input type="checkbox"/> Muscle tension or shaking	<input type="checkbox"/> Rapid heartbeat
<input type="checkbox"/> Rapid, shallow breathing	<input type="checkbox"/> "Butterflies in the stomach"
<input type="checkbox"/> Reddening of the face	<input type="checkbox"/> Agitation and restlessness
 - b. Our thinking changes with anger, often in these ways. Again, check any you experience.

<input type="checkbox"/> Impulsiveness and impatience	<input type="checkbox"/> Feelings of power and certainty
<input type="checkbox"/> "All or nothing" thinking	<input type="checkbox"/> Taking things personally
<input type="checkbox"/> Inability to see others' perspectives	<input type="checkbox"/> A sense of having been wronged