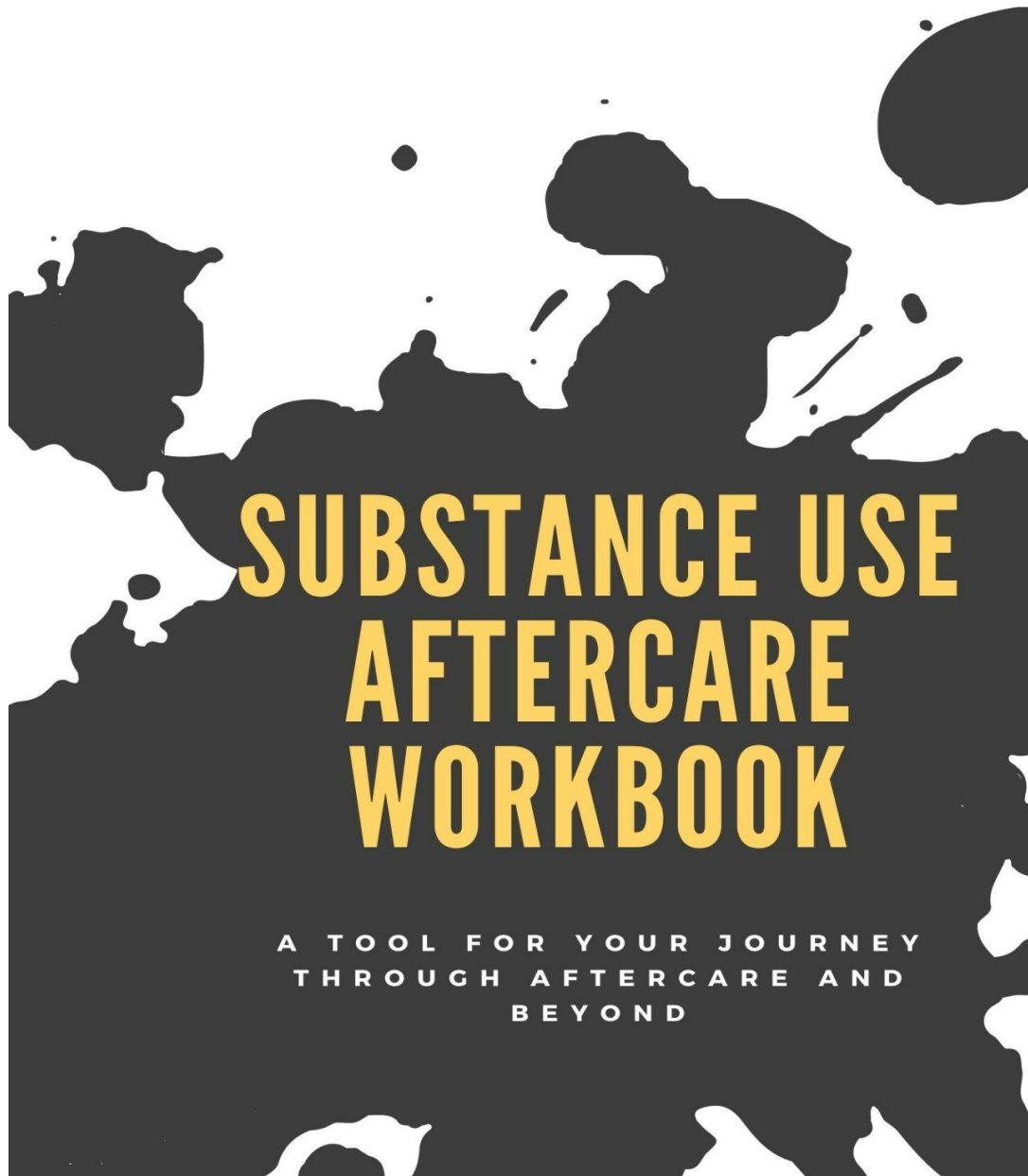


**CHARISA RICHARDSON**

CADC, NCACII, SAP, CAS, CAMSII, CDVSIII, BCC



**SUBSTANCE USE  
AFTERCARE  
WORKBOOK**

A TOOL FOR YOUR JOURNEY  
THROUGH AFTERCARE AND  
BEYOND

# THE SUBSTANCE USE AFTERCARE WORKBOOK

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### Instructions for the Client Workbook

The following tools and journal sheets have been provided for you to use in your aftercare phase. The aftercare phase is where you put everything you have practiced and learned during your primary care sessions into everyday practice.

These tools will assist you in maintaining the changes you have made and alerting you to any possible complacency.

Please be sure to provide honest and thoughtful responses.

Aftercare is your next chapter!



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To the Purchaser,

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# The Tools

# SESSION PREP FORM

This form is most helpful when used with your counselor or therapist. If still involved in counseling services, you may find it useful to take this form to your next session. If not currently in therapy, you may still find this form helpful to complete weekly, independently.

NAME \_\_\_\_\_

DATE COMPLETED \_\_/\_\_/\_\_

1. What has occurred since your last session? Some things may seem insignificant but they aren't. Please be specific.

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2. What is your biggest challenge right now? What resources do you need that you currently do not have?

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3. How do you feel things are going right now, and WHY?

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4. Have you used any substances in the past week? If so, please list quantity and frequency.

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**\*\*For clients still receiving counselor services and using this form with a clinician\*\***

5. How would you like to use our time today? (If you are completing this form prior to your session, please answer it in relation to how you would like to use your upcoming session.

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SIGNATURE \_\_\_\_\_



# SESSION PREP FORM

Please follow same instructions as previous.

(Expanded Version)

CLIENT NAME \_\_\_\_\_

DATE COMPLETED \_\_/\_\_/\_\_

1. If this is your first session, what changes have occurred since your discharge from primary care? If this is not your first session, what changes have occurred since your last session? NOTE TO CLIENT: Please be sure to include ALL lifestyle changes, even if they seem insignificant. Remember, seemingly irrelevant decisions DO add up.

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2. What substances, if any, have you used? Please describe frequency, quantity and duration for EACH substance that you have used. Who were you with, what were you doing, and what led up to your use?

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3. If you haven't used any substances, did you place yourself in any high risk situations? If yes, describe those circumstances.

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4. What challenges, if any, have you encountered? How did you do?

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5. What changes could put you in danger of falling away from your goal?

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6. Who are the key people in your life, are they aware of your goals?

7. If there are new key people in your life, are they aware of your goals? If not, why not?

8. Please list current / recent stressors (both good and challenging stressors).

9. Please list your current coping skills.

10. What resources do you presently lack that you need? (ie, time, money, support, information.)

SIGNATURE \_\_\_\_\_

# QUICK LIFESTYLE ASSESSMENT INVENTORY

## Worksheet

NAME \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_

**Instructions:** Please rate the following areas. On a scale from 1 to 5, indicate how satisfied you are in the following life areas, with one being unsatisfactory and five being highly satisfactory. Following your rating, please indicate if you are comfortable with your score or if you would like it to improve. If you would like it to improve, what would be different?

### Emotional Health

① ② ③ ④ ⑤

Are you comfortable with this score? (Y/N)

If your answer was NO, how would you like it to be different? \_\_\_\_\_

### Physical Health

① ② ③ ④ ⑤

Are you comfortable with this score? (Y/N)

If your answer was NO, how would you like it to be different? \_\_\_\_\_

### Relationship Health (Friends)

① ② ③ ④ ⑤

Are you comfortable with this score? (Y/N)

If your answer was NO, how would you like it to be different? \_\_\_\_\_

**Relationship Health (Family, Significant Other)** ①②③④⑤

Are you comfortable with this score? (Y/N)

If your answer was NO, how would you like it to be different? \_\_\_\_\_

**Financial Health** ①②③④⑤

Are you comfortable with this score? (Y/N)

If your answer was NO, how would you like it to be different? \_\_\_\_\_

**Fitness (Exercise) Health** ①②③④⑤

Are you comfortable with this score? (Y/N)

If your answer was NO, how would you like it to be different? \_\_\_\_\_

**Career/Employment (Work) Health** ①②③④⑤

Are you comfortable with this score? (Y/N)

If your answer was NO, how would you like it to be different? \_\_\_\_\_

**Hobby and Interest Health** ①②③④⑤

Are you comfortable with this score? (Y/N)

If your answer was NO, how would you like it to be different? \_\_\_\_\_

Religious/Spiritual Health (1)(2)(3)(4)(5)

Are you comfortable with this score? (Y/N)

If your answer was NO, how would you like it to be different? \_\_\_\_\_

Reflection Questions:

After looking at the above areas, what comes to mind?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Looking at your scores as a whole, how do you feel?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any changes since you last completed this form, or since leaving primary care? Any noted improvements? Any areas that have required more of your time, attention, or energy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have identified an area that you would like to improve upon, how can you increase your satisfaction in the area by one point? Identify resources that may be lacking (i.e. time, money, support, information, motivation). How can you attain the needed resource?

\_\_\_\_\_  
\_\_\_\_\_

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What are your next steps?

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What areas would you like your counselor or other support person to hold you accountable for?

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SIGNATURE \_\_\_\_\_

# REMEMBERING THE BENEFITS OF CHANGE

NAME \_\_\_\_\_

DATE \_\_/\_\_/\_\_

1. When you made changes concerning your use of substances, was it solely your choice? Was there an expectation from others? If your initial change was for others, then how did you feel about this?

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2. If your initial motivation was externally driven, did this change over time? If so, how?

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3. When did a shift occur and why?

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4. What benefits are you now experiencing due to your abstinence or management plan?

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5. Were there any unexpected / unanticipated bonus benefits?

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6. How have your changes improved your life?

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7. What will you be risking or potentially jeopardizing should you lapse back into “old behaviors”?

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8. What major life areas have improved as a direct result of the changes you have made?

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**People, Places, and Things**

	<u>People</u>	<u>Places</u>	<u>Things</u>
<u>Past</u>			
<u>Present</u>	<u>People</u>	<u>Places</u>	<u>Things</u>

INSTRUCTIONS: Understanding key changes in your life's settings, people, and things is an extremely important piece of information for measuring your growth and recovery. Fill out the above chart with as much information as you can think of. Write in the margins if necessary.

### **Reflection Questions**

**PEOPLE :**

1. Looking at your chart(s) what do you notice?

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- \_\_\_\_.
2. In the people column, are there any constants? People who are in both your past and your present?

- \_\_\_\_.
3. Is this good? Or, are there some people who are still in your life that could jeopardize your goal?

- \_\_\_\_.
4. Has someone left who was a big supporter?

PLACES:

1. Looking at places, both past and present, what are the similarities?

- \_\_\_\_.
2. If there are similarities, are there any changes you still need to make?

- \_\_\_\_.
3. Do the places in your life support or potentially jeopardize your goal?

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THINGS/EVENTS

1. Look at your past and present activities, events, etc. Do your activities currently support your goal?

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2. If there are activities in your past that also show up in your present, will any of these pose a concern? If so, what, why, and how? What, if anything, do you plan to change?

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3. Overall, what fits? What doesn't? Are there any incongruent pieces? People, places, things and events that no longer serve you well? If so, what is your plan to change these things?

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4. What resources do you need to make changes?

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5. What commitments to change can you make?

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6. What obstacles do you anticipate?

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## Assessing for **HALT**:

It is said that one of the biggest predictors of relapse is falling into the HALT syndrome. So, what is **HALT**?

**H**UNGRY

**A**NGRY

**L**ONELY

**T**IRED

This activity will help you stave off potentially game-changing situations, help you name your feelings, and acquire more coping skills. Use the clouds below to find out which symptoms you may be experiencing, then write your thoughts on the corresponding lines.

**For best results, assess daily.**

## Assessing for HALT

### **#1- HUNGRY**

Do I need nourishment? If so, what kind? NOTE: Think outside of the box. You may be hungry for actual food nourishment, but you may also be hungry for other things. ie, time, attention, affection, peace, security, and so on.

### **#2- ANGRY**

Again, thinking outside of the box here, assess not only for Anger, but for other emotions as well. Are you overreacting or under reacting to situations? To people? To life? If your responses are not in proportion to the problem or situation, then stop and assess. It may not be what has just happened, but rather the fact that YOU are experiencing HALT. Being able to accurately identify and name our emotions allows us the ability to put our time and energy into addressing what is really happening instead of just reacting to our feelings that have shown up due to the emotions.

No. 1

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No.2

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### #3-LONELY

Feeling alone in a crowd? Like no one gets you? Do you feel like you lack support, friendship, or company?  
Spending too much time in your head?

### #3-TIRED

This one has MANY applications. Here are just a few, beginning with the most obvious. Physically tired. Worn out. Mentally tired. 'So done'. 'Over it'. Tired of a situation. Tired of a relationship. Tired of being tired.

No. 3

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No.4

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Look at your responses above. **What needs your attention? What needs to change?** While in the HALT syndrome we tend to make poor choices. The goal here is to identify that we are there and get out as soon as possible.

What are your overall thoughts/reflections?

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Y	How am I Coping?	N
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Please answer the following questions with how you would most likely respond (Yes/No). Do not try to select the best answer, select the honest answer.

1. When faced with a triggering topic in a conversation with someone, I tend to address it with appropriate expressions, rather than stuff it all inside or explode. (Y/N)
2. When faced with a high risk using situation, I tend to talk about it with a support person rather than suck it up and deal with it on my own. (Y/N)
3. When I am feeling overwhelmed with life in general, I can quickly recognize and address the issue. (Y/N)
4. When I am using self-talk that, in the past, has led to trouble, I am able to catch it and replace it with something more realistic, constructive, and positive. (Y/N)
5. When I am in a situation where my emotions have hijacked my intellect, I am able to see it and respond instead of react. (Y/N)
6. When I am isolated and feeling lonely, I am able to identify it and reach out. (Y/N)
7. I actively and regularly engage in good self-care practices. (Y/N)
8. My significant life areas run smoothly most of the time, and when they don't, I can quickly identify the problem and create a plan of action. (Y/N)



9. My relationships are drama, chaos and volatility free, at least 90% of the time. (Y/N)
10. I have at least one good friend or family member who supports me and is healthy themselves. (Y/N)
11. I have adequate finances. (Y/N)
12. I consider myself fairly healthy. (Y/N)
13. Most of my habits support the bigger picture I hold for my life. (Y/N)
14. I have meaningful hobbies. (Y/N)
15. I have meaningful work. (Y/N)
16. I am able to address challenging life situations head on and don't feel the need to escape or isolate beyond that which is healthy. (Y/N)
17. I am able to allow myself to sit with uncomfortable, unpleasant, or otherwise difficult emotions. (Y/N)

Keeping in mind that a "perfect score" is not realistic, how well do you think you fared?

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If your score is not what you had hoped, which items bother you most? Why?

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What, if any, action(s) will you take?

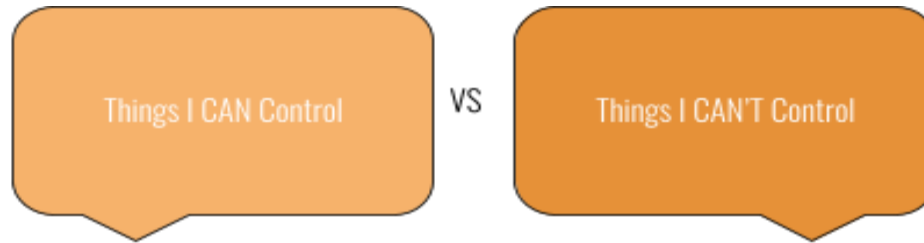
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# Journal



Brain Dump Exercise

INSTRUCTIONS: WITH EVERY SITUATION THAT YOU ARE PLACED IN, THERE ARE PARTICULAR THINGS THAT ARE IN AND OUT OF YOUR CONTROL. FOR EXAMPLE, YOU CAN'T CONTROL THE WEATHER, BUT YOU CAN MAKE A CHOICE TO BRING AN UMBRELLA. IN THIS EXERCISE, YOU WILL SIMPLY WRITE THE THINGS THAT YOU CAN CONTROL INSIDE OF THE CIRCLE, AND KEEP OUTSIDE OF THE CIRCLE THE THINGS THAT YOU CAN'T.



PICK ONE: "Today I will..."  
\_\_\_\_\_

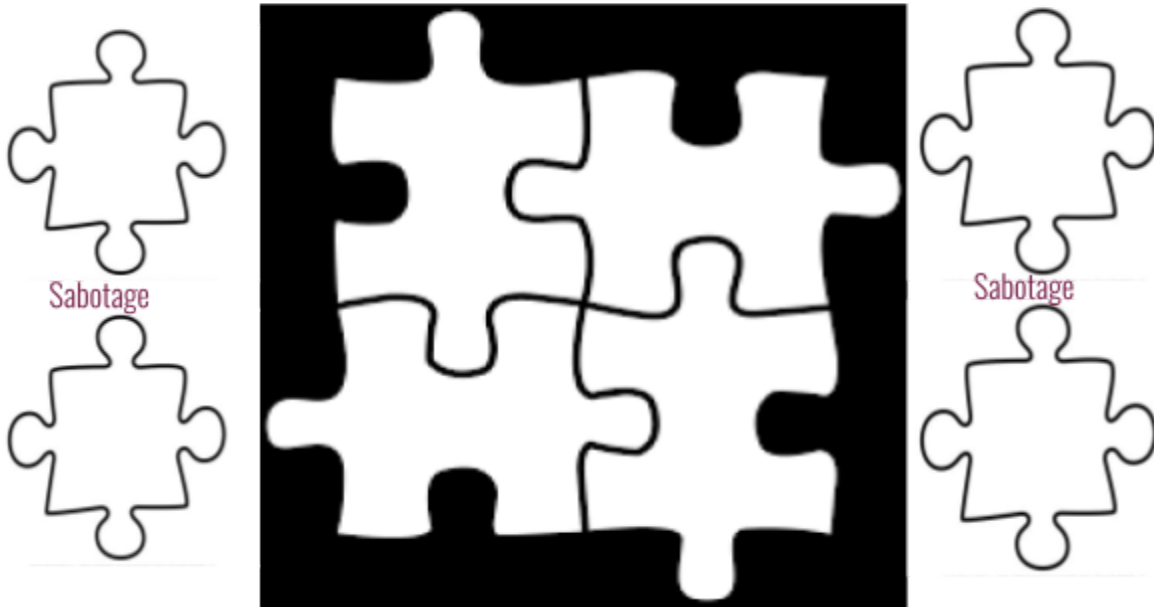
PICK ONLY ONE ITEM IN YOUR CONTROL TO FOCUS ON TODAY

# PUZZLE PIECES

## Brain Dump Exercise

**INSTRUCTIONS: PLACE SUPPORTIVE THOUGHTS IN THE ALREADY COMPLETED PUZZLE PIECES, AND SABOTAGE THOUGHTS ON THE STRAY PIECES.**

Thoughts that support my goal



Reflection: Where do my "sabotage" thoughts come from? \_\_\_\_\_

How can I replace them? \_\_\_\_\_

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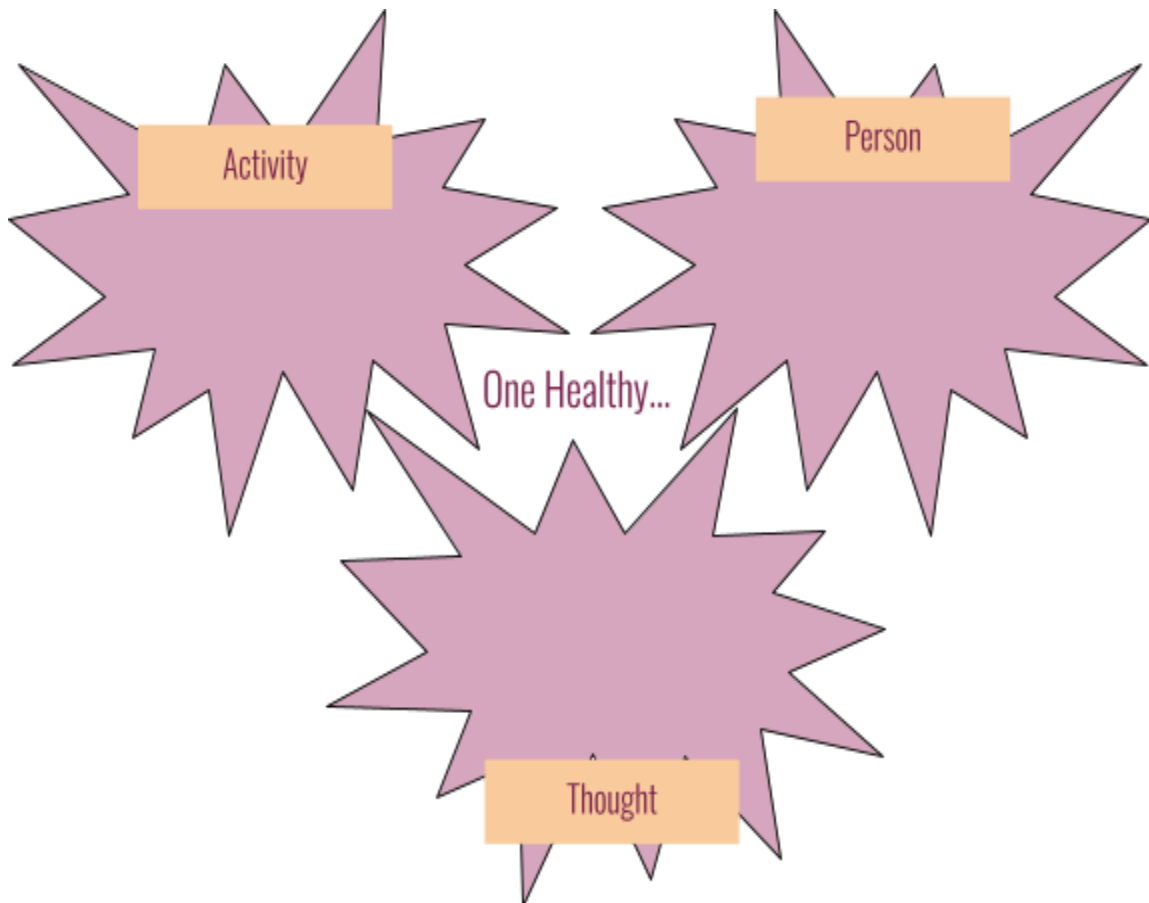
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# DAILY INTENTIONS JOURNAL SHEET

- TODAY, I will focus on... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- In order to maintain my changes and NOT fall into complacency, I will need to... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- I am GRATEFUL for... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- *TODAY, I can...* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- *TODAY, I will...* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- *TODAY, I won't...* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

## FOR TODAY

Instructions: In each box below, name one healthy influence you have.



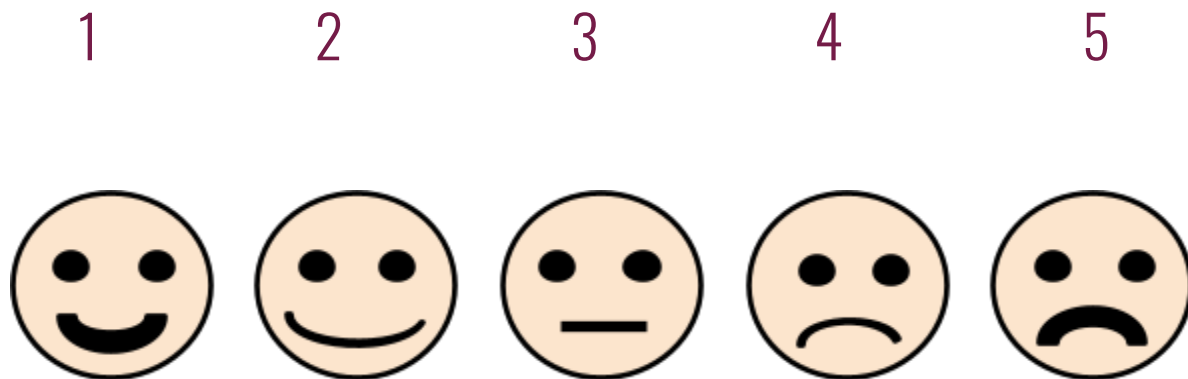
REFLECTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## END OF WEEK REVIEW QUESTIONS

Much like the pain scale used in medical facilities such as the Emergency Room or an Urgent Care, this modified tool, completed daily, can yield a wealth of information.



Sunday

YOUR RATING: 1 2 3 4 5

What influenced your score today? \_\_\_\_\_

If your score is significantly different than yesterday, what is your plan for tomorrow? \_\_\_\_\_

Monday

YOUR RATING: 1 2 3 4 5

What influenced your score today? \_\_\_\_\_

If your score is significantly different than yesterday, what is your plan for tomorrow? \_\_\_\_\_

Tuesday

YOUR RATING: 1 2 3 4 5

What influenced your score today? \_\_\_\_\_

If your score is significantly different than yesterday, what is your plan for tomorrow? \_\_\_\_\_

Wednesday

YOUR RATING: 1 2 3 4 5

What influenced your score today? \_\_\_\_\_

If your score is significantly different than yesterday, what is your plan for tomorrow? \_\_\_\_\_

Thursday

YOUR RATING: 1 2 3 4 5

What influenced your score today? \_\_\_\_\_

If your score is significantly different than yesterday, what is your plan for tomorrow? \_\_\_\_\_

Friday

YOUR RATING: 1 2 3 4 5

What influenced your score today? \_\_\_\_\_

If your score is significantly different than yesterday, what is your plan for tomorrow? \_\_\_\_\_



Saturday

YOUR RATING: 1 2 3 4 5

What influenced your score today? \_\_\_\_\_

If your score is significantly different than yesterday, what is your plan for tomorrow? \_\_\_\_\_

Reflection: Looking back at the week as a whole, what went well? What do you need to stop doing? Start doing? Do more of?

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To the purchaser/owner of this workbook,

Complacency is one of the biggest contributors to relapse. Therefore, it is important to remain vigilant to that which could compromise or jeopardize the positive changes you have made. Dedication and commitment are important, but awareness and daily choices go a long way to the maintenance of your goals. Continued use of these and other tools can aid in your plan.

Best,

***Charisa Richardson***

Contact us at **clientresources@rcwc.hush.com**

OR by phone at **(309) 346-0898**

We would love to hear from you!

## **Taking Charge of Your Future? We can help!**

**THIS SUBSTANCE USE AFTERCARE WORKBOOK WILL ASSIST YOU WITH ADDRESSING YOUR PERSONAL NEEDS THROUGHOUT THE AFTERCARE PROCESS, AND BEYOND. THIS WORKBOOK IS PACKED WITH TOOLS, EXERCISES, AND JOURNAL SHEETS, DESIGNED TO GIVE YOU THE BEST CHANCE AT KEEPING YOURSELF ACCOUNTABLE, AND KEEPING YOUR RECOVERY ON TRACK.**

**\*\*THIS PRODUCT IS INTENDED FOR INDIVIDUALS THAT HAVE COMPLETED A PRIMARY CARE TREATMENT EPISODE (IMPATIENT OR OUTPATIENT) HAVE BEEN INVOLVED IN PRIVATE COUNSELING SESSIONS, OR AA\*\***

**LETS TALK! (309)346.0898**

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**ALL CONTENT CREATED AND OWNED BY CHARISA RICHARDSON.  
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