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THE SOBER LIFE TREATMENT SERIES

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Do the best you can until you know better.
Then when you know better, do better.

— Maya Angelou

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ABOUT THE INSTRUCTOR

About the Instructor:.

Delbert Boone was one of the nation's foremost authorities on addiction and criminal behavior and other social ramifications associated with addicted individuals. He had the ability to consistently help drug offenders and addiction professionals understand the parallels between addiction and criminal behavior.

Over the past 30 years Delbert Boone worked with addicts from all walks of life and by relating his own struggles with addiction to alcohol, heroin and incarceration, he gave hope where there previously was none. Boone developed the tools to help individuals who are facing addiction to alcohol and other drugs, incarceration, depression, frustration, and loneliness.

Boone's primary work was through his own consulting and training firm NND Productions, in which he consults with both local and federal correctional systems, as well as school districts and law enforcement officials nationwide to deliver quality and effective substance abuse treatment programs, services and training.

Delbert Boone was an award winning film presenter for FMS, Productions, Inc. Since 1995, he was been honored with nine International Telly Awards and recognized for outstanding contributions at four American Corrections Association Film Festivals for his video/DVD programs. Boone was a Certified Substance Abuse Counselor, Certified Psychotherapist, American Institute of Clinical Psychotherapists and received his BS degree from the Central Michigan University.

Evidence for Structured Cognitive-Behavioral Treatment Exercises

Since this course was originally published, the evidence base for structured cognitive-behavioral interventions targeting criminal thinking has grown considerably. Four areas of current research are directly relevant to the treatment exercises in this course: the effectiveness of Rational Emotive Behavior Therapy (REBT) for criminal cognition, the relationship between cognitive distortions and criminal behavior, developmental trajectories of criminal thinking, and the identification of which clients benefit most from structured interventions.

REBT and Criminal Thinking

Shomali Ahmadabadi et al. (2024) conducted a controlled study with 30 male prisoners receiving 12 sessions of Rational Emotive Behavior Therapy specifically targeting criminal thinking patterns. The intervention produced significant decreases in both criminal thinking and law-evasion attitudes, and these gains persisted at follow-up. While the sample size is modest, the study is valuable because it demonstrates that structured cognitive exercises -- the kind central to this course -- can produce measurable changes in the thinking patterns that drive criminal behavior. For counselors facilitating treatment exercises with justice-involved clients, this provides empirical grounding for what clinical experience has long suggested: when clients practice identifying and challenging their distorted thinking in a structured format, the effects are real and durable.

Cognitive Distortions and Criminal Behavior

A systematic review by Syasyila et al. (2024) analyzed 25 studies published between 2019 and 2024 and confirmed that cognitive distortions actively induce unlawful conduct. Importantly, the review found that the relationship between distortions and criminal behavior is not uniform -- different types of distorted thinking have distinct impacts on different categories of offenses. This nuance matters for treatment planning. A counselor working through exercises on criminal thinking should understand that the cognitive patterns underlying property crime may differ from those driving violent offenses or drug-related behavior. Treatment exercises that help clients identify their specific distortion patterns, rather than addressing criminal thinking as a monolithic construct, are more likely to produce meaningful change.

Developmental Trajectories

Walters (2022) tracked criminal thinking trajectories in 1,273 juvenile offenders aged 16 to 22 and found that 93.6% followed declining patterns over time. This is an encouraging finding, but the study's most important insight for treatment practitioners is that the direction of the trajectory was at least as important as its magnitude. In other words, a client whose criminal thinking is moving in the right direction -- even if it has not yet reached low levels -- may be progressing meaningfully. For counselors using structured exercises, this suggests that progress should be measured directionally rather than against a fixed threshold. Small but consistent shifts in thinking patterns are clinically significant.

Treatment Matching

Not every client responds equally to structured cognitive interventions, and identifying who benefits most is essential for effective treatment. Blonigen et al. (2024), in a randomized controlled trial of justice-involved veterans receiving Moral Reconation Therapy (MRT), found that individuals with high psychopathic traits showed the greatest reductions in substance use days at each follow-up. This may seem counterintuitive -- clients with the most entrenched antisocial patterns showed the strongest treatment response on this outcome. While MRT differs from the specific exercises in this course, the finding suggests that the structured, systematic format common to many cognitive-behavioral interventions may be particularly well-suited to individuals who resist less directive therapeutic approaches. For counselors facilitating the exercises in this course with resistant or seemingly unmotivated clients, this research provides a reason for persistence: the structure itself may be the mechanism that reaches clients who appear least amenable to change.

Implications for Treatment Exercises

These findings collectively validate the approach taken in this course: structured, cognitive-behavioral exercises that target criminal thinking patterns. The evidence supports continuing this work while refining it -- attending to specific distortion types, measuring directional progress, and recognizing that the most challenging clients may ultimately derive the greatest benefit.

Recovery Capital and Treatment Engagement

The concept of recovery capital -- the breadth of internal and external resources an individual can draw upon to initiate and sustain recovery -- has increasingly informed how treatment outcomes are understood and measured. For clients engaged in structured cognitive-behavioral exercises targeting criminal thinking, recovery capital provides a complementary framework for understanding what sustains change beyond the treatment session itself.

Headid et al. (2024) compared 39 treatment completers with 30 non-completers in a residential SUD program and found that graduates accumulated substantially more recovery capital resources by discharge, including stronger social connections, improved coping skills, and greater community engagement. Critically, both groups entered treatment with similarly limited resources, indicating that the capacity to build recovery capital during treatment -- rather than pre-existing advantages -- distinguished those who completed from those who did not (Headid et al., 2024). For structured treatment programs like the one described in this course, this suggests that exercises targeting criminal thinking may be most effective when paired with deliberate efforts to build the social and personal resources that support continued change after treatment ends.

Osborne and Kelly (2023) conducted a qualitative study with 20 clients and 13 staff in New South Wales, Australia, examining how physical health intersects with recovery capital. Participants described how unmanaged physical health issues compromised recovery, particularly when associated with hopelessness and pain, and reported that addressing health conditions supported their broader recovery

efforts (Osborne & Kelly, 2023). For justice-involved clients completing structured cognitive-behavioral treatment, unaddressed medical needs represent a threat to the gains made in treatment. A client who successfully restructures criminal thinking patterns but cannot manage chronic pain or untreated illness faces conditions that may erode those cognitive gains over time.

Knapp et al. (2024) tracked recovery capital trajectories in 165 drug treatment court clients over one year and found that the effects of education and substance use on recovery capital varied by court type. Among opioid intervention court (OIC) participants specifically, having a high school diploma or GED at baseline was associated with greater gains in recovery capital over time, and the negative association between continued drug use and recovery capital strengthened as treatment progressed -- effects that were not as pronounced in traditional drug treatment court participants (Knapp et al., 2024). For counselors facilitating the exercises in this course, this finding suggests that the window for intervention is meaningful: clients who reduce their substance use early in treatment are better positioned to accumulate the recovery capital that sustains long-term change. The structured, sequential nature of cognitive-behavioral treatment exercises may be particularly well-suited to capitalizing on this early momentum.

Client resistance, is it normal or abnormal? Client resistance when you are talking about addiction is normal and a part of the pathology of addiction. Because the longer an addict uses, the more resistant he becomes to treatment because he is trying to hide more of himself.

Morals/Values: Home, job, respect, family, children. When an addict or alcoholic became involved with their drug of choice, traditional morals and values become secondary and the alcohol/drugs slowly become the priority in addict's life.

Lying, disappointment, double-crossing slowly erodes the values as getting high becomes the priority.

Addicts often look back and wonder what happened to those traditional morals and values they were raised with. As they do this, they become disillusioned, frustrated, and disappointed with their life. This can last for years. Addicts can't understand how and why they are out of compliance with the traditional morals and values which they were raised with.

Therapy says, "You should want to help yourself." But, doing so often makes you look at the disappointment in your life. As a therapist one of the first things you should do is work on trust with your client.

How do you establish trust? Through talking? No. It is a two way street through the establishment of rapport between the client and you.

If are going to impact your client, you need to understand the client's frame of references.

Communication should be your primary tool as a therapist. Always remember that resistance should be looked at a normal part of the pathology of addiction.

Listen. . . . Do not turn the relationship into a power struggle. Be empathetic; allow them to tell their story un-interrupted.

Respect must be a part of the relationship between you and your client. This takes patience. Many times, addicts are not conscious of the resistance they are putting up against you and therapy.

Always remember that the basic relationship between you and your client is for you to guide the addict back toward societal norms.

As the addict becomes aware of why things evolved in their life, they will start to become more aware of the positive possible outcomes for their future.

Addicts need to get anger and unreasonable resentment out of their life. They also need to get rid of negativity, guilt, shame, and blaming, and start managing their egos by trying to avoid grandiosity, and learning to recognize their sophisticated alibi system.

A therapist's best tools to address and embrace client resistance:

1. **Trust**
2. **Rapport**
3. **Lines of Communication**
4. **Rules and Expectations-Most addicts have an all out distain for rules.**

The addict/alcoholic has broken most of life's rules, and they are not quite sure why they broke them. Some will say: Rules are for chumps, I have never been good at it, and I have trouble with authority.

Always be aware that expectations can cause the client to resort back to being un-predictable, irresponsible and cause unreliable behavior. In some cases the client will have high anxiety, and worry that they won't be able to meet expectations; because they have never been able to meet most expectations in the past. Their addiction and their resistance to recovery tells them that they are not that good at talking so they don't want to come to group or therapy.

As an addiction professional it is important to understand that your client is capable of handling rules and expectations because they did it in an un-healthy manner before. But, now in therapy, the illness tells them they cannot meet the rules and expectations.

Remember that trust in key to your client's recovery. One of the ways to establish trust and rapport is to listen to your client's story in a meaningful way, which lets them know you care. Then, it is your place as the therapists to show your client what really happened in their life. But keep in mind that most of what actually happened in the addict's life, he has tried to forget.

Be patient enough to let the client tell his or her story and listen to exactly what happened. Always focus the client on the future and the difference treatment can make.

Encourage your client to develop a positive peer network. Peers usually have more opportunity than you to observe each other's behavior. Peers using a group treatment modality have the capacity to give more immediate feedback for positive steps to change and for negative thinking and behavior. Peers can often give feedback in ways that the client can more readily assimilate. Clients often and accurately see the relapse signs in others well ahead of the time they are able to see relapse signs in themselves. Using peer support and feedback also serves to prepare your client for using peer support organizations in the community.

During this course, I will discuss how the process of addiction focuses the user on the mechanics of being an addict or alcoholic and help them understand how addiction is a disease. As we all know, many addicts fight the idea of addiction as a disease and many choose to remain in denial. By understanding the power of utilizing effective treatment exercises you will be able to help your client understand how their life has become unmanageable as well as help them see how addiction has affected everyone and everything in their life.

I will also address recovery and explain the importance of challenging the addict to look at their addiction as a disease that needs to be treated. As an addiction professional, you must reinforce that treatment works if they are willing to follow all suggestions for recovery and work through treatment exercises. Like any disease, if they want to get well, they will have to do what you, the addiction professional or therapist tells them to do.

Throughout this course I will share with you a series of treatment exercises I refer to as **Making It Real**. I have successfully used these treatment exercises to help addicts and alcoholics work through the stages of sobriety and recovery.

As an addiction professional I believe it is important that you understand the following:

PRINCIPLES OF DRUG ADDICTION TREATMENT

More than two decades of scientific research has yielded a set of 13 fundamental principles that characterize effective drug abuse treatment. These principles are detailed in NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide.

1. No single treatment is appropriate for all individuals. Matching treatment settings, intervention, and services to each patient's problems and needs is critical.

2. Treatment needs to be readily available. Treatment applicants can be lost if treatment is not immediately available or readily accessible.

3. Effective treatment attends to multiple needs of the individual, not just his or her drug use. Treatment must address the individual's drug use and associated medical, psychological, social, vocational, and legal problems.

4. At different times during treatment, a client may develop a need for medical services, family therapy, vocational rehabilitation, and social and legal services.

5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The time depends on an individual's needs. For most patients, the threshold of significant improvement is reached at about 3 months in treatment. Additional treatment can produce further progress. Programs should include strategies to prevent patients from leaving treatment prematurely.

6. Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships.

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavior therapies. Methadone and levo-alpha-acetylmethodol (LAAM) help persons addicted to opiates stabilize their lives and reduce their drug use. Naltrexone is effective for some opiate addicts and some patients with co-occurring alcohol dependence. Nicotine patches or gum, or an oral medication, such as buproprion, can help persons addicted to nicotine.

8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.

9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification manages the acute physical symptoms of withdrawal. For some individuals it is a precursor to effective drug addiction treatment.

10. Treatment does not need to be voluntary to be effective. Sanctions or enticements in the family, employment setting, or criminal justice system can significantly increase treatment entry, retention, and success.

11. Possible drug use during treatment must be monitored continuously. Monitoring a patient's drug and alcohol use during treatment, such as through urinalysis, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that treatment can be adjusted.

12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients

modify or change behaviors that place them or others at risk of infection. Counseling can help patients avoid high-risk behavior and help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Participation in self-help support programs following treatment often helps maintain abstinence.

Following is a written description of each treatment objective followed by treatment exercises that will help the addict reach their treatment objective:

Treatment Objective #1: Describe the characteristics of addictive substances.

All addictive substances alcohol, uppers, downers, marijuana have two special qualities about them. The first is tolerance. Tolerance means that, over a period of time the addict needs more of the drug to obtain the same high. Instead of drinking two beers, they drink six.

Impaired thinking is the other. Impaired thinking means that the addict starts to take chances they would not have normally taken. They might start to take unnecessary risks such as driving under the influence, stealing, being late for work or lying to their family about where they have been and what they were doing.

The more drugs they take, the worse their situation becomes. The addict finds that he is doing things he had never done before because addictive drugs have a way of taking you places you don't want to go, places like prison, county jail, funeral parlors, the emergency room or the courtroom.

Making It Real – Treatment Exercise 1

1. How much did you spend on your drug of choice when you first start using it?

2. How much were you spending on your drug of choice when you got locked up?

3. How much money have you spent on "getting high" in the last five years?

4. Did you spend more or use more drugs than you planned on using over the past five years?

5. Look over activities #1 – 4. In your mind, does it spell tolerance?

6. Explain your answer to activity #5 in one page or less.

Treatment Objective #2: Describe the early, middle and late stages of drug use and abuse.

This exercise is designed to help the addict understand the three stages of addiction. Using seems to be a fun thing to do at first. However, the way a person uses drugs changes over time, this change is called progression. Sometimes, like with alcohol, the change is slow, a person starts by drinking a beer or two and ten years later is up to a case. Sometimes, like with crack or meth, the change is fast. A person starts out with a hit and one month later is spending every cent they can get their hands on. In both cases, things get more serious as time goes by.

Like any other illnesses, addiction can be broken down into three stages. It is important to discuss each stage.

Stage 1 – Early Stage

This is the honeymoon period. Everything is wonderful. The drugs feel good. They make you high. Each hit or drink seems to do the job you want it to do. In this stage you are not addicted you are just getting to know your drug. This is the start of a relationship, just like with a lover. Often, you begin to fall in love with your drug. This stage can last weeks, months or years. It depends partly on you and partly on the drug you are using.

Stage 2 – Middle Stage

This is where you start to need your drug. Life begins to feel empty when your drug of choice is not around. You begin to think of your drug of choice all the time, and you are always trying to find ways to get and use drugs. This is called obsession and is part of addiction. The drug may not reward you as much and at this stage, your use may keep dope sickness away instead of being fun. Also at this stage, anger and paranoia may move in right after the first hit. Things are changing and not for the better. This is progression. During this stage, you begin to pay for your relationship with your drug. These payments include loss of jobs, family, health and sometimes freedom.

Stage 3 – Late Stage

This is where the love of your life starts to cheat on you. Your drug makes you a trick or a john to the bottle, needle, stem or whatever. You become a slave and your drug is the master. You will sacrifice all areas of your life to be with your drug of choice. You become sick with organ damage and infections. You need the drug to live.

These are the three stages of addiction. There is a fourth stage. It happens when a person reaches the third stage and continues to use. It can happen in any of the stages when you catch a bad bag, get in a bad accident or someone rips you off. What can we call this fourth stage? *Have your client write the answer.*

Making It Real – Treatment Exercise 2

1. Do you understand that drug use progresses or changes over time?

2. Explain what this means. Use examples from your life or people you have known.

3. Earlier we described using as a type of relationship. Do you agree that you had a relationship with your drug or drugs?

4. Think about the early stages of your own use. Remember how you thought about drugs at that time. Using examples, describe what it was like at that time and how drugs made you feel.

5. Think about the middle stages of your use. Remember the first time you realized that you needed the drug. List the losses and problems that started to happen in your life and list the times you tried to quit.

6. Think about the late stages. For those of you, who have entered the late stage, describe it. For those of you who believe you have not entered late stage, try and imagine what you will be like.

7. The answer to what stage four is called is simple. It is death. There are no more chances. No more excuses. No more dreams, hugs, love, and laughter – nothing. Write a letter to a dead addict or alcoholic. If you do not know one, make one up. Tell them why you will or will not be joining them soon. Read the letter to your counselor or your cellmate.

Treatment Objective #3: Describe the use of drugs by adults in general and by criminal offenders.

Sometimes is seems like the whole world is getting high or drunk. Alcohol and tobacco are sold in most stores. They are legal if you are the right age. In some states marijuana has become legal. Crack, cocaine, Meth, heroin, street marijuana, PCP, ecstasy are sold all over the place. They are not legal, but are available to all, regardless of age. Television, books, movies, music, newspapers and politicians are always talking about the dangers of alcohol and cigarettes, and they will often mention cocaine, Meth and heroin epidemics. It's hard to avoid all the noise about drug use. No wonder we think the whole world is getting off.

We are wrong. Despite the fact that Americans use about 50% of the world's illegal drugs, only 20% of American's consume it. That means only one out of every five persons are problem users or drinkers. Four out of five Americans do not have a problem with drugs. If you are in this program you are not one of them. You belong with the one out of five.

Between 69% and 80% of all crimes in the U.S. are related to drugs. These are not all possession or sales charges, most of them are charges like assault, domestic violence, fraud, theft, weapons, drunk driving and so on. Drugs may not be mentioned at all, but if you dig, sooner or later, drugs are a part of the story.

What this means is simple. A minority of the people (1 out of 5) are using all the drugs. This minority is talked about a lot in the media. The minority says things like "everyone uses". They are totally wrong. They have been fooled. Most people are not paying the price the users pay. Most people are glad they are not users. They try and teach their children not to use. The big majority of these children will not join you. They will not use and they will not do time. They will not overdose and they will not waste their lives. Would you like your children to be part of the majority or minority? Explain your reasons. Write them down.

Making It Real - Treatment Exercise 3

1. Before this lesson did you think most people used? What feelings did you have when you realized that most people do not use? Write your answer.

2. How many times have you heard the word "drugs" on TV, movies, in music or other forms of media? Think about it. Do you choose to watch those movies or buy that music? Why? Write your answer.

3. Four out of five Americans do not have a problem with drugs. Think about what it would be like to be part of that majority. Do you think you can be? If so, why? If not, why? Write your answer.

4. List all the crimes you have been charged with. Now think of all the crimes you were not charged with. Did drugs play a part in any way? How many of your crimes were the result of your drug use?

5. "Drugs did the crime and you do the time." What feelings does this statement create for you?

6. Do you ever wish you had not picked up in the first place? What would be different in your life? Think of all the changes and write them down.

7. You cannot go back in time and fix things, however, you can make changes. How? Write it down and keep it simple.

Treatment Objective #4: Explain the psychological aspects of addiction.

The psychological aspects of addiction are about how you think. Drugs are powerful, they affect the way you think about things. Drugs create their own world. Slowly, the drug user becomes more and more comfortable in that world. As time goes by more of the user's history becomes that of a substance abuser. This is very big, because when someone wants to be clean and sober, they have to leave the drug world. It sounds easy, right? All you have to do is stop using. At least that is what most people think. However, it is much harder than that. What you really have to do is leave the world of drugs, this includes the people, places and things that became your life when you were using.

Drug users have their own social life and their own friends. It can be the people in a local bar or other addicts. It maybe a certain block where you know everyone and you feel comfortable, whatever it is you have become dependent on those people. You may not like all of them, but you know what the rules are and it is comfortable.

People also became dependent on you, they are used to seeing you on drugs, and seeing you destroy yourself. You also became very dependent on places, it didn't matter if it was a bad place or not, as you became more involved in drugs, you became more comfortable in these places. It may be street noises or smells,

whatever it is, it is your world and you grew to depend on it. Certain things can be very comfortable for the drug user. Think about a bottle, a needle, a stem or papers for rolling a joint, there are many things that make up your drug world: a taxi to a cop spot, trains to uptown or downtown, certain foods or certain kinds of music. This list is long, but these are the things you have become use to.

So psychological dependence is about depending on your world, if it is a drug world and you want to be clean and sober, you will have to change your world and the people, places and things in it. This is the first challenge of recovery. The second challenge is to learn to put up with feeling uncomfortable. The straight world is not a place you are used to and until you spend some time there, you won't know what you can depend on.

Making It Real - Treatment Exercise 4

1. Describe the drug world that you lived in on the outside. Describe the drug world you live in while you are in prison.

2. Think about the people who know you as a criminal and/or drug user. If you decide to clean up, which of these people will you miss? Do not use real names, you can use initials.

3. Think about the non-users who will stay in your life if you clean up. How will they have trouble accepting a different you? Talk this over with someone if you are comfortable. Think about it. Write your answer.

4. In the drug world, you have gotten used to certain places. These places are dangerous to you if you are clean and sober. Write down the most dangerous places.

5. Things can have a lot of power over you. What will it be like to see a crack vial on the street or you walk past a bar and hear the glasses and bottles? Think about the things in your drug world. What are the most powerful for you? How will you deal with them when you run into them?

6. If the drug world is not going to be your world anymore, what is? Write down the people, places and things you want in a clean and sober world.

7. Look at your answers to exercises #1, 2, 4, 5 and 6. Do they represent the psychological aspects of addiction? Explain your answer.

Treatment Objective #5: Explain the biological and social causes of substance abuse.

When you talk about drug abuse, there are two major areas of concern. One area is the biological aspect the other is the social aspect. There has been a lot of talk about which one is most important. This is kind of like which comes first, the chicken or the egg? As your client works through these exercises they will find out that both are important.

First, there is the biological aspect of addiction. Addiction runs in families. It can be passed from one generation to the next. You can pass your addiction on to your kids. But don't panic, they cannot become addicted if they don't use.

Second, there is the social aspect of addiction. Social aspects reflect the norms, values and attitudes of society. In other words it is how we feel about drugs and what we do about it. For instance, in the 1960's drug use was popular. Most people considered it a matter of "free expression" and a way to "cosmic awareness". People used drugs openly and thought it was a way to be cool. But, we have learned a lot about drugs since the 60's. Being cool turned out to be big trouble and "cosmic awareness" often meant looking through bars.

Making It Real - Treatment Exercise 5

1. Does addiction run in your family? If so, make a list of your family members that have a problem with drugs (alcohol included).

2. Compare your answer with someone if you are comfortable. Do you see any similarities?

3. If you are the first person in your family to have a drug problem, write down why you think you used drugs.

4. Is your answer biological or social in nature? Discuss your answer with someone.

5. Write down four issues that address the social aspects of addiction.

    1.

    2.

    3.

    4.

Treatment Objective #6: Explain the bio-psychosocial model of addiction.

During past exercises I have addressed what drugs have done to the addict's life and the life of others. The bio-psychosocial model of addiction sounds a lot more complicated than it is. All it means is how drug use has hurt different parts of you and yours.

bio- The "bio" part is about the body. This means everything. Drinking and drugging hurts your brain, skin, organs, muscles and everything else. Maybe you picked up some infections from your use or broken bones. You get the idea?

psycho- The "psycho" part is not about being lazy, it is about how your use has affected your moods. Some people get angry when they use and they may hurt somebody and some people may be real depressed and they may try to hurt themselves.

"Psycho" also means your use has affected the way you deal with the world. Someone in heroin withdrawal is not going to look at the world as a great place to be. Years of using and being dope sick may cause a person to become bitter or cynical. The constant punishment of detox, rehab, jail, prison, parole officers and other results of use can make a person resentful, thinking the world is out to get them. Seeing everything through the stoned eyes of the chronic marijuana smoker may make clean and sober seem unpleasant or hard to deal with.

social- The "social" part of bio-psychosocial is about all the relationships you have. This includes your relationship to places and things as well as people. Earlier exercises pointed out the damage using has done to people you care about. Those in recovery have also made certain neighborhoods a dangerous place for you to be. It they hang there, they will probably use again. As a therapist you must help your

client understand that their network of friends from the street and in prison will probably use again, and that their relationship to them and those neighborhoods are dangerous to them and their loved ones.

Finally, talk to your client about the relationship they had to getting high or drunk. Getting high or drunk may have been their best friend. It gave them a feeling of warmth and power. It helped them sleep or maybe it helped them have sex. Whatever, it is very important. Now ask your client how important that relationship is and have them write their answer.

Making It Real - Treatment Exercise 6

1. Your body is the only one you have. Write down what it felt like to be healthy. What did it feel like to be strong?

2. Drugs can hurt your body. Write down what it feels like to be sick from your use. If this has not happened yet, use your imagination. Include what it would feel like to be wasted and weak.

3. Drugs affect your moods and your way of thinking. At first they feel good. Then they feel bad. Write down all of the good things drugs made you feel.

4. After a bit of time, drugs started to mess with you. You begin to get nasty, depressed and other negative things. Write down three examples of times drugs gave you a bad time.

5. Using drugs affected your relationships. It told you who to spend time with and it told you your family was not important. Think back to when you did not use. Write answers to the following questions:

   Who were the most important people in your life?

   What were your hobbies?

   Did you play sports?

   What were your dreams?

6. We have looked at some of the affects of a bio-psychosocial model of addiction. Write down words that describe the way your life is when you do not use. Just write single words like busy, complex, etc.

7. Now write down words from the life of drugs, like incarcerated.

8. Look at the words in exercise #6. Now look at the words in exercise #7. Do it again. Be sure. Now answer this. Which life do you want #6 or #7? Explain why you chose that life.

Treatment Objective #7: Explain and if appropriate, personalize the following definition of addiction: a chronic, progressive, relapsing disorder characterized by compulsive use of one or more substances that result in physical, psychological or social harm to the individual and continued use of the substance despite this harm.

This exercise is designed to help your client understand the nature of addiction and how it changed his or her life.

How many of you remember that judges gave actor Robert Downey, Jr. several changes to get his life in order. He was told to stop using drugs. He did get his life in order, but he never stopped using drugs. As a result of drug use, he ended up in prison.

Robert Downey, Jr. made a big mistake. He tried to take care of his life first and his addiction second. Like many addicts, he forgot that addiction is:

- A primary illness. *It needs to be treated first*.
- A chronic illness. *It comes back.*
- A progressive illness. *It gets worse.*

Addiction is also marked by compulsive use ("I use when I don't want to") and a tendency to relapse (start using again).

Robert Downey, Jr. like many addicts, had things a little backwards. If he had remembered his illness first – primary, progressive, chronic, compulsive, relapse – he probably would not have gone to prison.

Making It Real - Treatment Exercise 7

1. "First, the man takes the drug. Then the drug takes the drug. Then the drug takes the man!" What do you think this means?

2. Copy the line in exercise #1. Instead of the word "drug" use the name of whatever drug you used. For example, if you used heroin, you would write: "First, the man takes the heroin. Then the heroin takes the heroin. Then the heroin takes the man!"

3. If you feel comfortable, talk with someone about what this sentence means to you.

4. A primary illness means that if it is not treated, there will be no long lasting improvement. This is true for every area of life. Name three ways your life would be different today if you left drugs (alcohol is a drug) alone.

5. The first part of this exercise says the disease is chronic, that it comes back. Have you or someone you know picked up after some clean time? How quickly did all the crazy stuff come back? What other ways have you seen the disease come back? Write your answers.

6. Progressive means that the disease gets worse. How do you relate to that? Use examples from your own life. Write your answer.

Treatment Objective #8: Explain and if appropriate, personalize the following definitions of alcoholism: a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. It is often progressive and fatal. It is characterized by an impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences and distortion in thinking most notably denial. (Morse, R.M. & Flavin, D. K., 1992)

In a way, alcohol might be thought of as the world's perfect solvent. It can take the wax off of a floor. It can remove paint off a wall. It can also take away a wife, a car, a bank account, a liver, a kidney, a hope and a dream. It eats up everything it touches.

Addiction is a powerful force. It changes everything it touches, no matter what race, creed or color. Big or small, rich or poor, addiction is the great equalizer.

Addiction is a disease best known by its signs and symptoms.

"I used when I didn't want to."

"I used more than I wanted to."

"I just couldn't stop using."

Addiction touches every part of your life. It affects your body, your thinking and your feelings. It affects your family, friends and neighborhood. It can even affect your religious beliefs.

Making It Real - Treatment Exercise 8

1. For each word, list three examples of how addition affected you:

Psychological (thinking)	Emotional (feelings)
Physical (body)	Social (friends)
Genetic (family)	Spiritual (religious beliefs)
Environmental (neighborhood)	

2. We keep asking you to list the ways addiction has hurt your life. What did it feel like to do activity #1? Write your answer.

3. How many times have you used when you did not want to? Think about this before you answer. Talk it over with your counselor or someone.

4. Using more than you wanted to is called loss of control. You told yourself you would stay for one drink, but you helped close the bar. You were only going to "chip" and you went on a three-year run. There are many examples. Write down two of your own.

5. Not being able to stop is the whole story of addiction. How many times have you tried to stop? What brought you back to using? Write your answers.

6. What do you think the phrase "powerless over drugs" means? Use your own words. Use examples from your life.

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Appendix A: The Sober Life Treatment Series

Directions: To receive credits for this course, you are required to take a post test and receive a passing score. We have set a minimum standard of 80% as the passing score to assure the highest standard of knowledge retention and understanding. The test is comprised of multiple choice and/or true/false questions that will investigate your knowledge and understanding of the materials found in this CEU Matrix – The Institute for Addiction and Criminal Justice distance learning course.

After you complete your reading and review of this material, you will need to answer each of the test questions. Then, submit your test to us for processing. This can be done in the following manner:

Submit your test via the Internet. All of our tests are posted electronically, allowing immediate test results and quicker processing. First, you may want to answer your post test questions found at the end of this appendix. Then, return to your browser and go to the Student Center located at:

http://www.ceumatrix.com/studentcenter

Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'View Lesson Quiz' and you will be presented with the electronic exam.

To take the exam, simply select from the choices of "a" through "e" for each multiple choice question. For true/false questions, select either "a" for true, or "b" for false. Once you are done, simply click on the submit button at the bottom of the page. Your exam will be graded and you will receive your results immediately. If your score is 80% or greater, you will receive a link to the course evaluation. You will also receive a link to the Certificate of Completion. This is the final step in the process, and you may save and / or print your Certificate of Completion.

If, however, you do not achieve a passing score of at least 80%, you will need to review the course material and return to the Student Center to resubmit your answers.

NOTE: THE EXAM QUESTIONS AND /OR ANSWERS MAY BE IN A DIFFERENT ORDER IN THE ONLINE EXAM

Answer the following questions by selecting the most appropriate response.

1. All but which are part of the 3 aspects of behavior that Delbert wants us to think about:
    a. Where I go
    b. How I react
    c. When do I react
    d. What I do

2. Addictive behavior acts to separate an individual from family and God.
    a. True
    b. False

3. Delbert says that the easiest way for a user to generate revenue is:
    a. Get a job
    b. Ask your parents
    c. Selling plasma
    d. Stealing

4. Healthy, non-users tend to function using:
    a. emotion over intellect
    b. fear over safety
    c. intellect over emotion
    d. wants over needs

5. Addiction causes individuals to decide what to do based on:
    a. intellect
    b. emotion
    c. finances
    d. peer pressure

6. Addicted individuals realize that they are the ones who are not normal.
    a. True
    b. False

7. Addiction tends to lead users to demand that everything be:
    a. True
    b. Easy
    c. Fair
    d. Difficult

8. Delbert explains that when he began using cocaine his mood primarily turned into:
    a. Peacefulness
    b. Sympathetic thoughts
    c. Sadness
    d. Anger

9. Addiction is compulsive, unmanageable behavior characterized by a loss of control can be broken down simply into: using when you didn't want to use.
    a. True
    b. False

10. One way Delbert defines recovery is "Change in the way I do business with the world."
    a. True
    b. False

11. Previous _____ have an effect on attitude and affect the way a person reacts.
    a. jobs
    b. experiences
    c. significant others
    d. finances

12. Most addicted individuals see treatment as the _____, while Delbert says that they should see treatment as the _____.
    a. beginning, end
    b. toughest part, easiest part
    c. easiest part, toughest part
    d. end, beginning

13. Addiction teaches people how to _____ things.
    a. acquire
    b. sell
    c. hide
    d. invent

14. In actuality, drug abusers are mad at judges, parole officers, policeman, etc. rather than angry with themselves.
    a. True
    b. False

15. Delbert believes that the only thing the addicted individual isn't afraid of is _____
    a. incarceration
    b. what others think
    c. the police
    d. using again

16. In order to make treatment successful, Delbert says that you must have the courage to tell yourself the truth about what went down.
    a. True
    b. False

17. One of the struggles of the human condition is to be able to control _____.
    a. other peoples thoughts
    b. some of your own destiny
    c. the world around you
    d. nothing

18. Delbert finds that the majority of addicts in the recovery program _____.
    a. are there of their own will
    b. pay a large fee to be there
    c. were forced in by some person or situation
    d. used heroin

19. Addiction is laced with _____
    a. good thoughts
    b. terminal uniqueness
    c. bad times
    d. financial downfall

20. During early sobriety it is important to relax and let someone guide you.
    a. True
    b. False

21. Addiction causes one to make unhealthy _____
    a. behaviors
    b. decisions
    c. lifestyles
    d. all of the above

22. Delbert states that of all those who begin the road to sobriety, ____ percent will be successful.
    a. 6
    b. 2
    c. 15
    d. 30

23. Recovery/sobriety is made a little easier by the fact that addiction causes you to want to ask for help.
    a. True
    b. False

24. An important part of recovery is obtaining the correct _____ about/concerning addiction.
    a. information
    b. costs
    c. level of euphoria
    d. future

25. Delbert believes that addiction is a disease because it treats everybody the same.
    a. True
    b. False

26. The illness (addiction) convinces the user not to be _____
    a. employed
    b. friendly with others
    c. truthful with yourself
    d. angry

27. _____ is/are not a luxury that recovering people can afford themselves.
    a. Money
    b. Friends
    c. Happiness
    d. Self-pity

28. The addicted person in recovery must seek to make everything in his/her life _____
    a. profitable
    b. meaningful
    c. boring
    d. exciting

29. In summary, Delbert says that the only reason he doesn't use anymore is because he doesn't like the things that happen after he uses.
    a. True
    b. False

30. The _____ an addict uses, the _____ he becomes to treatment because he is trying to hide more of himself.
    a. shorter, more resistant
    b. stronger, less resistant
    c. longer, more resistant
    d. less, less resistant

31. Establishing trust with a client is a two way street through the establishment of rapport between the client and you.
    a. True
    b. False

32. A therapist's best tools to address and embrace client resistance include all but what?
    a. rapport
    b. lines of communication
    c. trust
    d. accurate billing
    e. rules and expectations

33. For most patients, the threshold of significant improvement is reached after about _____in treatment.
    a. 1 year
    b. 3 months
    c. 6 months
    d. 4 weeks

34. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in complete separate ways.
    a. True
    b. False

35. All addictive substances have two special qualities about them, _____ and _____.
    a. relaxation, affordability
    b. agitation, reliability
    c. tolerance, impaired thinking
    d. narcotic, depressive

36. Obsession and progression both occur in the middle stage of addiction.
    a. True
    b. False

37. Up to ___% of all crimes in the U.S. are related to drugs.
    a. 40
    b. 50
    c. 70
    d. 80

38. In order for an addicted person to be successful in recovery they must leave the _____ that became their life when using.
    a. people
    b. places
    c. things
    d. all of the above

39. Two major areas of concern when talking about drug abuse are the _____ and _____ aspects of addiction.
    a. financial, social
    b. biological, social
    c. biological, environmental
    d. popular, awareness

40. One can think of alcohol as the world's perfect _____ because it eats up everything it touches.
    a. liquid
    b. solution
    c. solvent
    d. substance

