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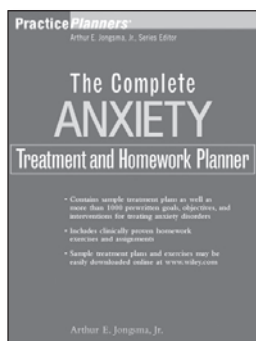
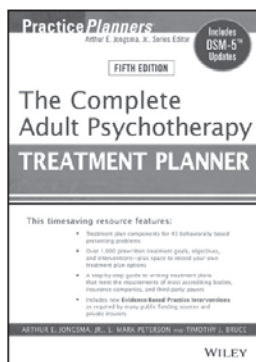
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JAMES R. FINLEY AND BRENDA S. LENZ

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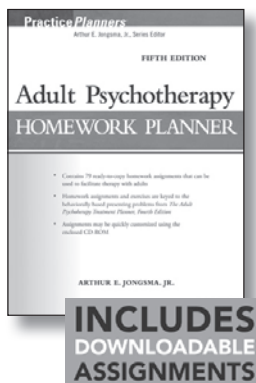
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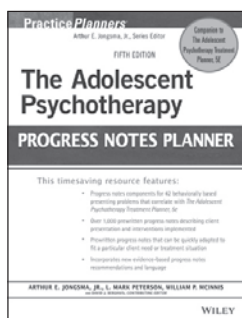
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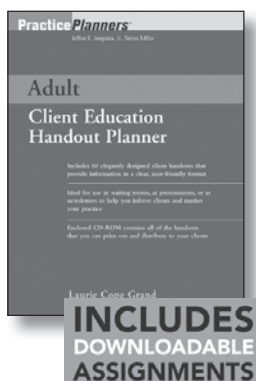
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**Fifth Edition**

*James R. Finley*

*Brenda S. Lenz*

**WILEY**



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For Matthew Raymond Hernandez—budding artist, dreamer, beloved grandson—you did more living in nine years than some do in decades, and you'll always live in our hearts.

Love, Grandpa Jim

—JRF

To my family, who supports me so that I am able to do the work I love.

—BSL



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# WILEY 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 Wiley PracticePlanners® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

The Wiley 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 fifth editions, but also Treatment Planners targeted to specialty areas of practice, including:

- Addictions
- Co-occurring disorders
- Behavioral medicine
- College students
- Couples therapy
- Crisis counseling
- Early childhood education
- Employee assistance
- Family therapy
- Gays and lesbians
- Group therapy
- Juvenile justice and residential care
- Mental retardation and developmental disability
- Neuropsychology
- Older adults
- Parenting skills
- Pastoral counseling
- Personality disorders
- Probation and parole
- Psychopharmacology
- Rehabilitation psychology
- School counseling and school social work
- Severe and persistent mental illness
- Sexual abuse victims and offenders
- Social work and human services
- Special education

- Speech-language pathology
- Suicide and homicide risk assessment
- Veterans and active military duty
- Women's issues

In addition, three branches of companion books 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 (such as anxiety, depression, chemical dependence, anger management, eating disorders, or panic disorder), which 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 online 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*.

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

The long-awaited and recently published fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* is the first major change in the *DSM* since *DSM-IV* was published in 1994 and slightly amended with the text revision to the *DSM-IV (DSM-IV-TR)* in 2000. The *DSM-5* includes changes in the diagnostic criteria and organization of disorders in several categories related to substance dependence and/or abuse.

This edition of the *Addiction Homework Planner*, in turn, reflects both the changes in the *DSM* and the continued emphasis on consumer-centered, assessment-driven, evidence-based treatment in the field of psychotherapy. We have continued to emphasize the importance of client motivation and shaped the content of this planner to help people in treatment move ahead in their readiness to work for positive change. Each exercise was designed to address motivation, with some educational content to increase knowledge and awareness of addiction and to include a skills component.

We are retaining the previous edition's use of an Appendix A listing additional assignments for each problem area, essentially the counterpart to the lists of additional problems in the exercise overviews. Rather than listing exercises based on American Society of Addiction Medicine (ASAM) criteria, we have made Appendix B a bibliography listing books for assignment to clients as bibliotherapy, for reference by clinicians, or both; each book's entry lists the problem areas for which it will be useful. We have again updated and retained most of the exercises and problem areas from the fourth edition, and further condensed nearly all of the lengthier exercises to make them no longer than two pages. We have also replaced several homework assignments to bring this book's content into closer alignment with the *Addiction Treatment Planner* and to address nine new or modified problem areas in response to new developments in the field and the *DSM-5*, to increase the 88 assignments in the fourth edition to a new total of 100 exercises in 46 problem areas.

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. We believe that clinicians need to include evidence-based therapeutic homework in treatment more each year for several reasons. Already-tight funding and other resources for treatment keep diminishing, while demand keeps growing. This is particularly true in the arena of substance abuse and the problems that come with it, as new synthetic drugs have made a dramatic impact, even in the short time since the fourth edition was published.

As always, homework between sessions helps clients keep their therapy in the forefront of their awareness and makes it easier to bring it into their daily lives at home, work, school, and social settings, so that they meet the inevitable questions and

challenges and bring them back to therapy quickly and solve these issues in a supported and collaborative way.

## USING THIS BOOK

This revision is a companion to the fifth edition of the *Addiction Treatment Planner*. You can use the website to download the assignments on your computer as Microsoft Word documents and print them as they are designed or customize them by rewording items, adding a logo or other art, or however else you choose. For further instructions, please see “About the Downloadable Assignments.”

As always, if you have suggestions, want to tell us which features you find especially useful, or would like to suggest topics to cover in future volumes, please contact us via this publisher. We are always eager for feedback we can use to make this a better resource with each edition. There is no work more important than helping people. Thank you for serving the people with whom you work, and through them, your communities and the world.

# ADDRESSING ACA TRAITS IN RECOVERY

## GOALS OF THE EXERCISE

1. Implement a plan for recovery from addiction that reduces the impact of adult-child-of-an-alcoholic (ACA) 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 non-addictive homes.

## ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

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

## SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Addressing ACA Traits in Recovery” activity is for clients with patterns of co-dependent relationships, enmeshment, boundary issues, and burnout in love, friendship, and workplace relationships. 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 codependency. 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 Wiley).

## ADDRESSING ACA TRAITS IN RECOVERY

Adult children of alcoholics, or ACAs, are adults who grew up in families where one or both parents chronically abused alcohol and/or other drugs, suffered from other mental illness, or had other problems that made them unable to meet their children's needs. When those children become adults, they may have feelings and behavior patterns that resemble those of their parents, especially in relationships. This can happen whether or not they abuse alcohol or other drugs—ACAs often become “addicted” to unhealthy patterns and people in their love, friendship, and work relationships. They are drawn to situations that feel in some ways like their childhood family life, and to people who treat them in ways similar to the ways their parents treated them and others. ACAs often fall into the trap of trying to please, “fix,” or “save” others, and their own lives are left in turmoil. Their motives are caring, but their efforts to please or rescue others seldom work. The results cause these ACAs great emotional pain and may put them in dangerous situations or lead to a work-related cycle of starting new jobs with great hope and energy but ending up burning out on those jobs or careers. No one can really control anyone else; other people's troubles are mostly caused by patterns only they can change, so trying to change them leads to one painful disappointment after another. As part of your recovery, this activity will help you learn to recognize and change these patterns, which are also often called *codependency*.

1. There are reasons we're drawn to relationships in which we try harder to solve other people's problems than they do. If we are ACAs, these patterns often echo those we experienced in our families as children. It's as if we're trying to replay the same story and get it to have a happy ending. Have any of the feelings listed here drawn you into painful relationships or situations in love, friendship, and/or workplace situations?

\_\_\_\_\_ You felt sure that if you tried hard enough, you could win approval.

\_\_\_\_\_ You felt needed.

\_\_\_\_\_ It was intense and exciting from the start.

\_\_\_\_\_ You felt intensely and magnetically drawn to the other person.

\_\_\_\_\_ They made you feel strong, smart, and capable.

\_\_\_\_\_ The sex was incredible.

\_\_\_\_\_ You identified with the hardships they'd suffered.

\_\_\_\_\_ You felt that you could help them and change their lives.



2. Here are signs of this kind of relationship. Please check off any you've experienced:
- \_\_\_\_\_ Manipulation and mind games take up a lot of time and energy.
  - \_\_\_\_\_ You're held responsible (by others or yourself) for things you can't control.
  - \_\_\_\_\_ You see that you keep getting into high-risk or no-win situations, but you can't help finding those are the only ones that attract you—safe people and jobs bore you.
  - \_\_\_\_\_ You're often worried that the relationship will fall apart, feeling you can keep the peace if you just say and do only the right things.
  - \_\_\_\_\_ You keep your partner away from your other friends and family because they don't get along, or you don't think they would.
  - \_\_\_\_\_ You spend a lot of time and energy solving other people's problems, over and over, often with little or no appreciation or recognition.
  - \_\_\_\_\_ You try hard to impress your partner and keep secrets; you fear that your partner would reject you if they 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.
  - \_\_\_\_\_ The relationship is never boring, but it's usually stressful.
  - \_\_\_\_\_ You go back and forth between feeling abandoned and feeling smothered.
3. How does this relate to getting and staying clean and sober? Well, common sense tells us there's a strong connection between stress and relapse, and research confirms that link. Looking at the items you checked for question 2, think about how stressful those relationships were or are. How could these stresses lead you to relapse, and how do you feel about that risk? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. Most people who get into addictive relationships don't just do so once. What unhealthy patterns do you see in the people you find attractive? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. Consider participating in 12-step recovery programs specifically for ACAs. Identify three reasons this could be beneficial to you. \_\_\_\_\_

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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 (ACA) traits on sobriety.
2. Reduce the frequency of behaviors that are exclusively designed to please others.
3. Eliminate behaviors that are dangerous to self or others.
4. Eliminate self-defeating interpersonal patterns in occupational and social settings.
5. Choose partners and friends who are responsible, respectful, and reliable.
6. Understand the feelings that resulted from being raised in an addictive environment and reduce feelings of inferiority and/or alienation from others who were raised in nonaddictive homes.
7. Obtain emotional support for recovery from family members.

### ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL

- Borderline Traits
- Childhood Trauma
- Family Conflicts
- Parent-Child Relational Problem
- Partner Relational Conflicts

### SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The “Understanding Family History” activity may be used effectively with clients who are 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, because many ACA 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 blame those who raised us, but for our own recovery and our families' futures. 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. Below 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 try to avoid confrontations or disappointment caused by 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. No family is completely dysfunctional, and nearly all of us remember our parents or other adults who raised us doing some good things we want to do for our children in turn. What good relationship patterns from your childhood do you want to continue and pass on? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Consider the strengths you obtained from growing up in your house with your family. How can you use these strengths to facilitate your own recovery efforts? \_\_\_\_\_  
\_\_\_\_\_

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 violent behavior.
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. Learn 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 taking responsibility for responses to feelings.

### **ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE USEFUL**

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

### **SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT**

The “Is My Anger Due to Feeling Threatened?” activity is suited for clients who are capable of introspection and who desire to change their 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 events or situations, 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 their reactions. Teaching relaxation strategies, mindfulness strategies, and self-soothing strategies would be beneficial in conjunction with the client working on recognizing and managing their anger.

## IS MY ANGER DUE TO FEELING THREATENED?

A wise person once said that every problem starts as a solution to another problem. Once we see this, it's easier to let go of the anger and find another solution for the original problem that works better. What kind of problem makes anger look like a solution? When is anger useful? It's good for 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 and is shared by many self-aware animal species as well. Nearly all of the threats they faced were physical (e.g., wild animals or hostile strangers), and in those situations anger served them well.

Some dangers are still physical, but more often we face threats we can't fight physically. There are threats to our self-images and our beliefs about the world, which can feel just as dangerous as threats to our safety 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, both physical and mental.
  - a. Here are some common physical effects of anger. Please check any you experience when you are starting to get angry:
 

<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



2. Now think of a situation that has been an anger trigger for you over and over or that has led to serious consequences because of your angry actions. Briefly describe the situation and the consequences. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Study the situation, and identify the threat that triggered your anger. Were you at risk of not getting something you wanted, or of losing something you already had and valued? Were you responding to “programmed” ways to react when situations feel similar? The item under threat could be physical well-being, a relationship, a career or life goal, your self-image, or even your values and beliefs about the way the world works. Explain how this situation threatens you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Think of a solution that will give you better results and cause fewer problems than acting in anger. Describe the solution and how you’d put it into action. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. After you’ve thought about triggers and solutions, what are your thoughts and feelings about the situation? Do you feel more in control? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. There are some situations in modern life where expressing anger is still appropriate, but not with physical violence. Please think of a way you can constructively express anger to be assertive and not submit to mistreatment, but do so without violence. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. When you feel your anger building, pause, take a breath and ask yourself, “Where’s the threat, and what else can I do about it?” This way, you can take control of your feelings and actions. This is difficult at first, but if you keep doing it, the pause and the question become automatic, just as the flash into rage was automatic. When you pause automatically and think this way, you control your anger, rather than it controlling you. At first, reminders help; think of someone you trust to help you with this. Explain what you’re doing, and ask them to watch