

## SUPPORT GROUP GOALS

Working with those students who are recovering from alcoholism or chemical abuse can be a rewarding, yet challenging experience. Many of these people have chosen a life style that was endangering their lives; support offered to them to turn their lives around needs to be founded in strong goals and principles.

The following is a list of group goals that need to be adhered to in working with recovering people:

1. Support and reinforce a student's desire to remain "chemically free." — This involves encouraging the group to take a look at activities that can induce "natural highs" and setting up a support system to participate and share in these activities.
2. Increase frequency of behaviors which have a positive effect on self-esteem. — These group members need to learn to accept the idea that they "deserve the good things that life has to offer." They can begin to achieve this by receiving support for their positive behaviors (doing things that are good for themselves).
3. Assist students in learning alternative methods of problem solving, goal setting, or coping. — Helping students to look at and face reality can be a determining factor in recognizing alternatives in problem areas and in setting realistic goals for themselves.
4. Assist students in choosing and following through on new behaviors. — Once the options are laid out, a recovering person will need support in taking positive action. The group can offer suggestions and then provide the support needed to "go for it."
5. Build an informal network of peer support for positive, alternative, "drug free" behaviors. — Recovering students need to be encouraged to attend AA and have a sponsor for outside-the-school support. In-school support is just as vital and those students in the school support groups need to look to one another for encouragement to stay straight in the school system. Touching base with each other daily and arranging to meet between classes or eat lunch together can be very helpful.

6. Improve communication skills. — Some group members have never learned appropriate communication techniques. They will need to learn new communication skills and then practice those skills on one another in their home and work environments.
  
7. Give and receive positive support. — This is a learning process and students often need to be guided in understanding the meaning of positive support. They also need direction in not only receiving, but giving positive reinforcement.

TITLE:	A Sober, Healthy, and Happy Life
OBJECTIVE:	To allow group members to reflect on the various aspects of their sober life style.
PROCEDURE:	Each group member reads the statements reflecting a healthy and happy life. The facilitator leads discussion as to the importance of each point presented.
MATERIALS:	Handout on "A Sober, Healthy, and Happy Life"

### A SOBER, HEALTHY, AND HAPPY LIFE

Because I want to stay sober and lead a healthy and happy life I will work to:

1. spend time with people who are sober and support my sobriety. I know that my friends have a large influence on me. I know that when I am with old using friends, and with people who are abusing drugs, that I am in danger. Because I want to make it, I will build a sober support system for myself.
2. overcome boredom and loneliness. When I am bored or lonely my mind does not operate in my best interests and it is easy to start thinking about the "good old days" when I was getting wasted. To prevent boredom I need to keep myself busy with activities that I enjoy and work which needs to be done. I know that sometimes I will be lonely, but if there is a phone nearby there are supportive people I can talk to. Sometimes it is scary to call someone or go to a new meeting, but I know that I can do these things and feel good about myself for defeating fear as well.
3. talk about my feelings with people who care about me, both in my support groups and outside of them as well. I know that when I stuff my feelings my thoughts get all screwed up, and I tend to get involved in old behavior, which is a set-up for using again. Sometimes this is painful and risky to do, but because I want the rewards of sobriety, I will do it.

4. be honest in all my dealings with people, especially my friends and family. I know that I don't like the guilt and shame that I feel when I am not honest. Because I want to feel good about myself and do what is right, honesty is an important part of my program.
5. have healthy relationships with members of the opposite sex. I will respect them as people and not just use them for a brief moment of pleasure. I will respect their feelings and be honest with them. Along with honesty, however, I know that in these kinds of relationships people can be easily hurt. I will do what I can to not cause any unnecessary pain to another. I know that the way I feel about myself as a man or woman has a lot to do with my own self worth. Because of this truth I will work to attract the kinds of people who are healthful for me; and avoid those who cheapen me.
6. accept the limits that my parents have set for me. I know that I may not always like the limits or agree with them. I also know that as I prove to be worthy of their trust that the limits will be changed, and that my parents will allow me to do more things my way. Trust is something which takes a long time to earn, but can be quickly destroyed. Because I value my family, I will work to be a positive part of it.
7. do good work at school and on my job. I know that when I work hard I feel good about myself and I grow. I know that if I want anything meaningful in life there are no shortcuts around the work involved. If I'm having problems with my school work or on my job I will ask for help from those who are there to help me. I will listen to their advice and, if it is helpful, I will apply it and succeed at what I'm doing.

TITLE: Open-ended Questions

OBJECTIVE: To allow group members to get in touch with their own feelings and take the risk of sharing them with others.

PROCEDURE: Each group member completes the following sentences. The facilitator then asks group members to share what they have written.

MATERIALS: Handout entitled "Open-ended Questions" and pencil

### OPEN-ENDED QUESTIONS

1. Since treatment . . .
2. Working the A.A. Program . . .
3. When I think of the future after high school, I . . .
4. An adult is someone who . . .
5. The trouble with some homes is . . .
6. Today I feel . . .
7. A family . . .
8. When I am praised . . .
9. I am most scared of . . .
10. I find some serenity when . . .
11. It is hard for me to understand . . .
12. Not using chemicals . . .
13. For me, God . . .
14. The characteristic of a friend that I admire . . .
15. A friend is someone . . .
16. School . . .
17. It is really difficult . . .
18. My parents . . .
19. My sponsor in A.A. . . .
20. I like my . . .

TITLE:	Why I Don't Drink
OBJECTIVE:	To allow group members to get in touch with their reasons for not drinking.
PROCEDURE:	Group members read the reasons for not drinking. The facilitator then leads discussion as to how these statements relate to their own lives.
MATERIALS:	Handout Entitled "Why I Don't Drink"

### WHY I DON'T DRINK

"How come you don't drink anymore?" a renewed acquaintance from long ago asked me the other day.

"Any more than who?"

"I mean any longer. How come you don't drink anything these days?"

"Drink? I drink . . . coffee, milk, tea, soda, water, fruit juice, ice cream frappes."

"I mean drink," he said, "you know, booze."

"Eh, booze. No, I don't drink booze any more, you're right," I said. "I couldn't trust it anymore. It turned on me. Once my friend, it became my enemy."

"Maybe you got a bad batch," he said.

"No, the sauce is the same. I changed. Because I have the illness of alcoholism, my tolerance weakened. Alcoholism doesn't come in bottles, it comes in people."

"Sounds pretty confusing," the fellow said.

"You think you're confused," I said, "you should have seen me. I drank for happiness and became unhappy; I drank for joy and became miserable; I drank to be outgoing and became self-centered; I drank for sociability and became argumentative and lonely . . ."

"I drank for sophistication and became crude and obnoxious; I drank for friendship and made enemies; I drank to soften sorrow and wallowed in self-pity; I drank for sleep and awakened without rest . . ."

"I drank for strength and felt weak; I drank to prove my masculinity and it sapped my potency; I drank medicinally and got sick; I drank because I thought my job called for it and I lost my job . . ."

"I drank for relaxation and got the shakes; I drank for assurance and became doubtful. . . "

"I drank to stimulate thought and blacked out; I drank to make conversation and it tied my tongue; I drank for warmth and lost my cool; I drank for coolness and lost my warmth . . . "

"I drank to feel heavenly and came to know hell; I drank to forget and became haunted; I drank for freedom and became a slave; I drank for power and became powerless; I drank to erase problems and saw them multiply; I drank to cope with life and invited death . . ."

"I drank because I had the RIGHT and everything turned out WRONG."

"Gosh" my friend exclaimed, "that must have taken a bunch of booze to get you in that shape."

"Just one," I told him, "THE FIRST ONE. For me one's too many and a thousand not enough."

"So that's why you don't drink anymore!"

"Yep, I made it a rule. I DON'T DRINK WHILE I'M SOBER."

TITLE:	Warning Signs of a Relapse
OBJECTIVE:	To allow group members to explore their own lives and see if any of these warning signs are present.
PROCEDURE:	Each group member reads the warning signs of a relapse. The facilitator leads discussion regarding group members' agreement or disagreement of points presented.
MATERIALS:	Handout entitled "Warning Signs of a Relapse"

WARNING SIGNS OF A RELAPSE

1. EXHAUSTION - Exhaustion is becoming overly tired or in poor health.
2. DISHONESTY - Dishonesty begins with little lies and deceptions. Eventually these become rationalizations which make excuses for not doing what the individual knows he/she must do for his/her continued sobriety.
3. IMPATIENCE - Impatience may involve frustration with things not happening fast enough or others not doing what is expected of them.
4. ARGUMENTATIVENESS - Argumentativeness involves small and ridiculous points of view and indicates a need to always be right.
5. DEPRESSION - Depression involves unreasonable and unaccountable despair, dismay, and may be serious and cyclical in nature. Regardless, it needs to be talked about and dealt with.
6. FRUSTRATION - The frustration may be with people or events.
7. SELF-PITY - A feeling of not being appreciated or being a victim of circumstances.
8. COCKINESS - Cockiness involves a feeling of having it made, of being able to enter situations which are far too risky. The cockiness involves a lack of recognition of the degree of risk in the situation.
9. COMPLACENCY - Complacency happens when the program which has helped maintain sobriety is taken for granted. It's often said that relapses occur more often when things are going well than otherwise.
10. EXPECTING TOO MUCH FROM OTHERS - "I've changed, why hasn't everyone else."



11. LETTING UP ON DISCIPLINES - Prayer, meditation, daily inventory, AA attendance, and good health practices are all involved in successful recovery.
12. USE OF MOOD-ALTERING CHEMICALS - Some people may begin to use other drugs to relieve anxiety or to lessen pressures. Often the use of mood-altering chemicals to cope with problems simply results in a new addiction.
13. WANTING TOO MUCH - Setting unrealistic goals is dangerous. "Happiness is not having what you want, but wanting what you have."
14. FORGETTING GRATITUDE - Looking negatively on life or concentrating on problems instead of the progress diminishes our gratitude.
15. IT CAN'T HAPPEN TO ME - This is related to denial or minimizing the problem. This actually results in carelessness.

TITLE: Risks of Relapse

OBJECTIVE: To allow group members to think of situations which may be risky for them (where they may have a slip).

PROCEDURE: Each group member writes down five situations which may be risky for them. Each situation should be rated with a score from 1-100 depending upon its degree of risk. (1-low risk, 100-very high risk). Included in the situation should be a description of the place, people (relationship), and feeling. Group members then share several situations with the group. Discussion follows.

MATERIALS: Handout on "Risks of Relapse" and pencil

RISKS OF RELAPSE

<u>Situation</u>	<u>Risk Rating</u>	
		1-100
1.		
2.		
3.		
4.		
5.		