

# California Access to Recovery Effort (CARE)



## Telephone Monitoring & Adaptive Counseling (TMAC)

# TMAC Client Workbook

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### Content Based on the Copyrighted Work Of:

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## Welcome to Telephone Monitoring and Adaptive Counseling!

Congratulations on having made a commitment to your recovery! Because you are progressing well in your treatment program, you are now eligible to participate in telephone monitoring as part of ongoing continuing care. This program is designed to help you stay alcohol and drug free.

*Telephone monitoring* is the process of reviewing how you are doing on a regular basis. Often, relapses seem to “just happen,” but if you look at it more closely, you can see that you were heading in that direction for some time. Monitoring helps you stay honest with yourself. You can give yourself credit for the progress you have made, and you can see when you need to get back on track before you pick up.

*Adaptive counseling* consists of brief conversations geared toward helping you achieve your goals in recovery. At each call, you and your counselor will take a look at how you are doing and decide what you need to focus on in order to maintain your recovery. Your counselor will make suggestions, but you will be the one responsible for choosing and following through on a plan.

You and your counselor both have important roles to play in continuing care.

<b>YOUR COUNSELOR IS...</b>	<b>YOU ARE...</b>
An expert with professional knowledge of addiction and recovery	THE expert in your own experience of recovery
A second opinion about what's going on in your life	The only one who really knows what's going on in your life
Responsible for providing support for recovery	Responsible for the hard work of recovery
Not a family member or friend, so you don't need to worry about acting or sounding “together” if you're not	Responsible for being as honest as possible
A caring listener A keen observer Someone who may challenge you Someone who may coach you	Capable of changing and achieving your goals.

## Scheduling Talks with My Counselor

**Orientation Session:** First, you will meet with your counselor for about an hour for an orientation session on telephone monitoring. During the orientation, you and your counselor will decide when to schedule the next few calls and determine who will be responsible for placing the calls. This is also a time for you to ask any questions you have about telephone monitoring.

Orientation Session Date: \_\_\_\_\_ Time: \_\_\_\_\_

Counselor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**How Often Will We Talk?** It is suggested that you and your counselor talk at least once a week for the next three months. However, only you and your counselor can determine a schedule customized to meet your needs. You and your counselor should schedule at least the next 3-4 calls and reassess how frequently (or infrequently) you wish to check-in.

**Scheduling – Is it Important?** Scheduling can be a difficult and tedious thing to begin doing if you're not used to it. It is however, an important part of the recovery process. Scheduling helps to build structure around yourself to keep you from using.

**Do I need to write it down?** Absolutely. Schedules that are in your head are too easily changed by your addicted brain. If you write your schedule down while your rational brain is in control and then follow it, you will be doing what you *think* you should be doing (rational brain) instead of what you *feel like* doing (addicted brain).

**What if I'm not an organized person?** You can learn to be. Get a schedule book or calendar and work with your counselor. The chart below is for you to write down your schedule for the next few calls with your counselor.

Week	Day	Date	Time	Who makes the call?
1				<input type="checkbox"/> Counselor <input type="checkbox"/> Client
2				<input type="checkbox"/> Counselor <input type="checkbox"/> Client
3				<input type="checkbox"/> Counselor <input type="checkbox"/> Client
4				<input type="checkbox"/> Counselor <input type="checkbox"/> Client
5				<input type="checkbox"/> Counselor <input type="checkbox"/> Client
6				<input type="checkbox"/> Counselor <input type="checkbox"/> Client
7				<input type="checkbox"/> Counselor <input type="checkbox"/> Client
8				<input type="checkbox"/> Counselor <input type="checkbox"/> Client

## Emergency/Safety Contract

1. The person I can count on to help me in case of an emergency:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
2. My primary care physician:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. My local emergency room is:  
Name of hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. My counselor:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
5. My psychiatrist:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
6. My sponsor or mentor:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
7. Emergency Guidelines: If I think or feel I may harm myself or someone else, I will follow the steps shown below. If needed, I will contact my emergency helper (identified in #1) and ask him/her to help me complete these steps:
  - 1) During daytime hours Monday – Friday, call my counselor.
  - 2) If I have a psychiatrist treating me, call his/her office and tell them that I am in crisis.
  - 3) If neither of the above can be reached, I will go to my local emergency room and tell them I am in psychiatric crisis.
  - 4) If I am unable to get to an emergency room, I will dial 911, tell them I am in psychiatric crisis and ask for help.
8. If I am in any type of medical crisis, I will call my primary care physician. If he/she is not available, I will go to my local emergency room or call 911 and ask for help.

I have reviewed this emergency plan with my counselor and fully understand the steps I need to take in the event that I am in psychiatric or medical crisis. I agree to review this contract with my emergency helper.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

## Identifying High-Risk Situations – People, Places, and Things

Drinking and drug use don't just happen out of the blue. Everyone has their own situations that are especially risky for them. **These high-risk situations are your “people, places, and things.”**

Throughout continuing care you will:

- ✓ keep track of how often you spend time in your high-risk situations;
- ✓ learn to avoid triggers for use;
- ✓ learn to cope with triggers for use.

### Some common high-risk situations include:

- Payday or handling money
- At a party where there is alcohol/drugs
- At an active friend's house
- At an active family member's house
- Hanging out with active drinkers/users
- With boyfriend/girlfriend/parent while they are drinking/using
- After conflicts or arguments with parents/boyfriend/girlfriend
- After conflicts or arguments with other people
- During lunch break at school or in school bathrooms
- Being in neighborhoods where I used to buy drugs
- At a corner store that sells beer
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Often it's not the situation; it's the thoughts or feelings that are triggers for use. **Some common “internal” high-risk situations include:**

- Feeling bored
- Feeling angry
- Feeling frustrated
- Feeling depressed
- Physical discomfort or pain
- Wanting to escape
- Wanting to do something exciting
- Being tired of working so hard at recovery
- Thinking you can drink or use in a controlled manner
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## Moving Toward A Sober Life

Staying away from high-risk situations is a great start, but maintaining recovery in the long term means building a full, rewarding new lifestyle free of substance use. Throughout the program you will monitor how often you do fun and fulfilling things with people who do not have an alcohol or drug problem, and try to increase your involvement in a recovery-oriented lifestyle.

Here are some examples of **ways to spend time** with people who do not have an alcohol or drug problem:

Basketball, baseball, soccer, track, other sports participation

Church services, church youth group

Sponsor, mentor, or big brothers/sisters events

Working out/going to the gym

Book club/activities at the library

Arts/crafts, music, drama, dance, other creative activities

After-school programs

Activities with sober friends. Some of the things we do together are...

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Activities with sober family members. Some of the things we do together are...

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Other: \_\_\_\_\_

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## Ways to Spend Time: Interest Checklist

Please check all the things below that you enjoy, are interested in, or always wanted to try if you had the chance. Your counselor may be able to help you access or connect with an activity that will help you have meaningful and fun social contact without alcohol or other drugs.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 4 H club               | <input type="checkbox"/> Engines          | <input type="checkbox"/> Play musical instrument |
| <input type="checkbox"/> Acting                 | <input type="checkbox"/> Environment      | <input type="checkbox"/> Poetry                  |
| <input type="checkbox"/> Aerobics               | <input type="checkbox"/> Fashion          | <input type="checkbox"/> Politics                |
| <input type="checkbox"/> Animal welfare         | <input type="checkbox"/> Fishing          | <input type="checkbox"/> Public speaking         |
| <input type="checkbox"/> Applying for jobs      | <input type="checkbox"/> Football         | <input type="checkbox"/> Reading                 |
| <input type="checkbox"/> Art                    | <input type="checkbox"/> Foreign language | <input type="checkbox"/> Religious youth group   |
| <input type="checkbox"/> Audio/video creation   | <input type="checkbox"/> GED              | <input type="checkbox"/> Rock climbing           |
| <input type="checkbox"/> Babysitting            | <input type="checkbox"/> Government       | <input type="checkbox"/> Skateboarding           |
| <input type="checkbox"/> Band                   | <input type="checkbox"/> Graphic arts     | <input type="checkbox"/> Skiing                  |
| <input type="checkbox"/> Baseball               | <input type="checkbox"/> Gymnastics       | <input type="checkbox"/> Snowboarding            |
| <input type="checkbox"/> Big Brother/Big Sister | <input type="checkbox"/> Hiking           | <input type="checkbox"/> Soccer                  |
| <input type="checkbox"/> Board games            | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Softball                |
| <input type="checkbox"/> Boating                | <input type="checkbox"/> Ice skating      | <input type="checkbox"/> Spirituality            |
| <input type="checkbox"/> Budgeting              | <input type="checkbox"/> Investing money  | <input type="checkbox"/> Swimming                |
| <input type="checkbox"/> Camping                | <input type="checkbox"/> Law enforcement  | <input type="checkbox"/> Tennis                  |
| <input type="checkbox"/> Career exploration     | <input type="checkbox"/> Martial arts     | <input type="checkbox"/> Theatre                 |
| <input type="checkbox"/> Community service      | <input type="checkbox"/> Mentoring        | <input type="checkbox"/> Travel                  |
| <input type="checkbox"/> Computers              | <input type="checkbox"/> Movies           | <input type="checkbox"/> Tutoring                |
| <input type="checkbox"/> Crafts                 | <input type="checkbox"/> Other cultures   | <input type="checkbox"/> Volleyball              |
| <input type="checkbox"/> Creative writing       | <input type="checkbox"/> Painting         | <input type="checkbox"/> Weight lifting          |
| <input type="checkbox"/> Dance                  | <input type="checkbox"/> Peer mediation   | <input type="checkbox"/> Yoga                    |
| <input type="checkbox"/> Debate                 | <input type="checkbox"/> Photography      | <input type="checkbox"/> Other _____             |

## Setting Personal Goals

Setting personal goals can help motivate you to stay alcohol and drug free. Over the course of the program your counselor will encourage you to choose some short- and long-term goals, and help you to keep track of your progress as you achieve them. Examples of the kinds of goals other clients have set include:

**Take better care of myself physically** – make/keep appointments with the doctor, dentist, orthodontist, or optometrist, make sure I get my prescriptions filled and take my medicines, eat better, join a gym, get more exercise...

**Improve my education** – attend school regularly, get better grades, improve my study skills, apply for college, take GED classes, get tutoring or homework assistance...

**Participate in an extracurricular activity** – join school band, a sports team, student government, church youth group, take a martial arts, music, drama or dance class...

**Get ready to work or get a better job** – get job training, learn how to write a resume and fill out a job application, practice interviewing skills, improve my computer skills...

**Become self-sufficient** – learn to drive, get my drivers license, save money for a car, learn to manage my money, open a bank account, learn to cook/prepare meals...

**Be a better friend, parent or family member** – regain trust of family members, learn to control my anger, be a good role model for younger siblings, be honest, get help to get out of a gang...

**Find a better place to live** – save money for my own place or a better place, find a roommate, be able to move back in with relatives I've lived with before...

**Be a more involved member of my community** – do volunteer work, become a mentor, tutor younger kids, help keep my street clean, plant a garden, work for a local political campaign...

**Develop spiritually** – establish or reestablish a relationship with a higher power, acquire skills to cope with life-changing incidents, identify a sense of purpose and mission for my life...

**What are your personal goals? What are the first steps you need to take to meet those goals?**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

## PROGRESS ASSESSMENT WORKSHEET

Prior to each call, your counselor will ask you to complete this worksheet. Here are some suggestions for completing the assessment:

- ✓ Don't worry about spelling, complete sentences, or proper punctuation.
- ✓ Please be as honest and accurate as possible.
- ✓ Use a calendar to help you answer some of the questions. You can draw a symbol or apply a sticker on the days you don't use alcohol or drugs. You can use different symbols or stickers to keep track of the days you attended a 12-step meeting, or talked with your sponsor/mentor.

<b>SUBSTANCE USE STATUS</b>		
<i>Since you last spoke with your counselor...</i>	Your answers	
<b>1. SUBSTANCE USE</b> How many days have you <u>not used</u> alcohol or drugs? (Include any illegal drug or misuse of prescription drugs)	I did not use any alcohol on ____ days last week. I did not use any drugs ____ days last week.	
<b>RISK FACTORS (situations that may increase your risk for relapse)</b>		
<i>Since you last spoke with your counselor...</i>	Your answers	Score
<b>2. POTENTIAL HIGH RISK SITUATIONS</b> How often have you been around friends or others who you drank or used drugs with in the past?  If you've seen anyone like that since our last call, was that person using when you were with him/her?	____ times last week I was around friends/others who I used with in the past.  That person/people were using when I was with him/her/them. __yes __no	2 1 0
<b>3. PEOPLE, PLACES, THINGS</b> How often were you in the situations you identified as your people, place and things?	I was around my trigger situations ____ times last week.	2 1 0
<b>4. MOOD</b> How often have you felt sad, anxious, irritable, or like you had no interest in things that usually interest you? How long did it last?	I felt sad, anxious, irritable, or uninterested in things that usually interest me ____ times and ____ days last week. It lasted _____ (how long)	2 1 0
<b>5. CONFIDENCE</b> Are you really worried about starting to use alcohol or drugs again? On a scale of 0 to 100 (0 being not at all confident, and 100 being completely confident), how confident are you that you can stay alcohol/drug free until our next call?	I am / am not (circle one) really worried about starting to use again. I'm _____% confident that I can be clean and sober until the next call.	2 1 0
<b>6. CRAVINGS</b> How often have you had thoughts of using, even if you didn't want to use? How much did those thoughts bother you or make you want to pick up?	I had cravings ____ times last week. They bothered me: a little / a lot / not at all (circle one)	2 1 0
<b>Risk Total Score 0-10 (lower is better)</b>		

## PROGRESS ASSESSMENT WORKSHEET (page 2)

<b>PROTECTIVE FACTORS (what you are doing to help yourself)</b>		
<i>Since you last spoke with your counselor...</i>	Your answers	Score
<b>7. COPING SKILLS</b> How did you stay away from or deal with your "people, places, and things"?		0 1 2
<b>8. SOBER ACTIVITIES</b> How often have you done things with people who are sober or who don't have an alcohol/drug problem?	____ times this week I did something with people who did not use or are in recovery. I made plans to do something with people who are sober ____yes ____no	0 1 2
<b>9. PERSONAL GOALS</b> What steps have you taken toward your personal goals?	GOAL:  ACTIONS:	0 1 2
<b>10. POSITIVE EXPERIENCES</b> How much of the past week did you have positive experiences at school, home, or work?	____ percent of the time this week I had positive experiences at school, home, or work.	0 1 2
<b>11. SUPPORT GROUPS</b> How often have you participated in a support group that you felt was helpful to your recovery? (This can include AA or NA, church youth group, mentoring, or other kinds of support)	____ times this week I participated in a support group.	0 1 2
<b>Protective Total Score 0-10 (higher is better)</b>		

What might be some high-risk situations between now and the next call?:

Plan for dealing with high-risk situations between now and the next call:

My goals to work on between now and the next call:

Next call (circle one): Mon Tue Wed Thu Fri Date: \_\_\_\_\_ at \_\_\_\_\_ AM / PM

Who is responsible for making the call? (circle one): Me Counselor