AAP

Abstinence Assurance planning

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Abstinence Assurance Planning

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Abstinence Assurance Planning

- Abstinence Assurance Planning (AAP) is an addictions assessment and treatment process created to produce the best conditions for successful abstinent recoveries for those with substance abuse and dependence disorders.

- An AAP may be an effective alternative to incarceration for persons with persistent legal and employment problems related to alcohol and other drug abuse.

- An AAP is also an option for those with substance abuse employment problems that otherwise could lead to dismissal.

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AAP
Abstinence Assurance Planning

By David Macmaster, CSAC, PTTS

Alcohol and other drug treatment has generally attempted to produce an abstinent condition for alcohol and drug abusing patients who are diagnosed as being "dependent." Many strategies have been discovered to prevent relapse and produce a satisfying recovery, both within and without the medical model approach to recovery from addiction.

A veritable catalogue of such strategies can be produced containing clinical recommendations, useful suggestions and tried and true activities. Included would be 12 Step programs, antabuse, drug screening, therapy, family counseling, recreational and leisure development, spiritual and religious practices and many other behaviors, affirmations and ideas. There is no universally accepted constellation of recovery strategies that is widely used or confirmed by research to be either essential or required for abstinent recovery. AODA treatment programs develop their own set of strategies based on the staff's training and experience.

Most of these recovery promoting strategies are helpful, perhaps even crucial. However, much of the focus for abstinence is frequently blunted in the assessment/evaluation process. Complications associated with the addiction are revealed deserving and needing attention. These issues may or not be directly caused by the abuse of alcohol or drugs or other addictive activities. For example, a person may have grief and abuse issues from childhood that need attention. These identified problems are included in the history and transferred as essential parts of a treatment plan.

It frequently happens that the focus on developing abstinence as the primary purpose of addiction treatment is merely included in a general "life improvement" plan for recovery.

The severity of the alcohol, drug or other addiction requires a much more laser-like focus on developing abstinence than most treatment plans provide.

Abstinence Assurance Planning does not ignore the complications of the identified addiction(s.) The AAP places these complications for resolution in continuing care and ongoing support for recovery. The exception is when these complications threaten recovery and must be addressed in order to prevent relapse. The threat of imminent physical harm or pressing personal problems that prevents the patient from recovering need to be addressed with wisdom and compassion.

AODA treatment programs typically do not place the need for an abstinent recovery as the primary goal of treatment with sufficient emphasis. The measures selected to produce abstinence are not always powerful enough to ward off relapse.

Evidence of this lack of focus can be observed by following the evaluation and treatment process in many treatment programs. At the conclusion of the assessment/evaluation process a diagnosis is developed by a physician, or perhaps a clinical psychologist. The diagnosis of any substance abuse or dependence is a serious matter. It signifies as individual has been found to have a progressive, life threatening, terminal addictive disease aggravated by the ingestion of neurotoxic substances that produce euphoria and dangerous unwanted harmful consequences.

Frequently debate and disagreement occurs as treatment providers argue over what is most important as goals and objectives in a patient's treatment given the distressing complications uncovered in the intake and evaluation. The need for abstinence is agreed to, but the plans for achieving it and maintaining abstinence may get blurred as the other issues combine in an often-overwhelming set of challenges. The singular importance of abstinence must not be lost by clinicians if the patient is going to survive long enough to be able to address his/her past, present and future issues

In 2006, the treatment **"prescription"** (and the word is emphasized deliberately) for substance dependence is **abstinence**. No other recommendation is medically appropriate. Recommendations other than abstinence would likely be malpractice if medical providers made recommendations other than abstinence for persons diagnosed with substance dependence.

Abstinence is also widely prescribed for those whose diagnosis is "abuse" rather than "dependence." While harm reduction is a reasonable expectation for persons with some substance disorders, the major goal remains abstinence given the tendency for relapse. Abstinence is a very difficult goal for alcoholics and those dependent on other drugs to achieve.

The lack of abstinence does not mean total failure in an individual's recovery. It does indicate there will be ongoing harmful problems associated with the use of intoxicating substances until abstinence is accomplished for the addict. Less trouble is better than more trouble. Any episode of substance abuse can result in disastrous difficulties. These alcohol/drug related difficulties can be eliminated only with complete abstinence from the addicting substances and the impaired brain chemistry they produce.

Abstinence then is the primary business of Abstinence Assurance. It is (or should be) the main goal of all AODA treatment plans. Remember that abstinence generally means NO USE of intoxicating substances PERIOD. However, in recent years the meaning of the state of abstinence has been altered. Many addicts have legitimate needs for medications that have potential for abuse and addiction/dependence.

Abstinence in such situations is often expanded to include medication management combined with no use of all intoxicating substances other than the medications being prescribed.

Finally, a state of abstinence makes it possible and even likely that the other life complications the person is coping with may be resolved. Without abstinence these life improvements are far more difficult, if not impossible, to achieve.

Note: The term "prescription" needs to be a major addiction element in addiction treatment to assure the desired linkage with the medical/ health language and practice.

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Abstinence Assurance Plans

The AAP Process

Step 1 - A comprehensive substance dependence evaluation is completed with the best available instruments, collateral information, history and physical data and professional interviewing techniques.

Step 2 - A substance dependence disorder is confirmed by a medical professional with addiction treatment experience and a prescription for abstinence is provided to the patient and treatment staff.

Step 3 - The patient, family members and other stakeholders in the patient's life are presented with the diagnostic information and advised of the doctor's prescription for abstinence. Stakeholders are informed of the seriousness of the diagnosis and the predictable relapse consequences resulting from non-compliance with the prescription and its recommendation for an abstinent recovery program.

Step 4 - The patient accepts the diagnosis and prescription for abstinence and agrees to accept treatment for his/her condition. It is understood that denial and other resistance to treatment may be present even if the patient accepts treatment. This step confirms the patient's agreement to accept treatment and acceptance of the need for a therapeutic alliance with a selected treatment provider.

Step 5 - The Abstinence Assurance Plan process begins as the major element in the global treatment plan for the patient who has been diagnosed as having a substance dependence or abuse disorder requiring professional medical treatment.

Step 6 - The most helpful abstinence promoting strategies are selected for inclusion in the AAP. The selection of recovery promoting strategies and relapse prevention counter measures are determined from the findings of the assessment process. The level of care is also considered in the development of the AAP. It is understood this step in the AAP development involves a collaborative process with staff, patient and identified stakeholders working toward a realistic set of expectations for the plan. It is also understood the AAP may be amended if agreed by the patient and his/her/support teams and professional staff.

Step 7 - Members of the patient's Recovery Support Team are identified. The Team is comprised of 3-5 members. The team typically includes the patient's physician, employer/supervisor, pastor or priest, addictions counselors, probation/parole

officers or any person who has a professional interest in the patient's abstinent recovery. Other members of the Support Team are family members, friends, co-workers, 12 Step group members, a sponsor or co-workers. Team members are signatories to the AAP plan and receive ongoing progress reports as arranged.

Step 8- The AAP process proceeds with measurable performance details agreed to. These include monthly calendars for the first year of supervised, supported recovery, timelines and objectives for supporting abstinent recovery through the selected levels of care. Funding issues and other barriers to successful treatment are resolved.

Step 10 - The final draft of the AAP is completed; agreed to and signed off by all parties involved and committed to the plan. Treatment and other services begin or are continued according to the provisions of the plan and include how the ongoing progress review will be achieved and monitored.

Summary:

The Abstinence Assurance Plan validates the importance of abstinent recovery for the person diagnosed as having a substance abuse or dependence disorder and involves those most concerned. The AAP establishes a medical basis for recovery. It includes the active involvement of stakeholders the patient needs to account to for his/her recovery, particularly if past attempts at abstinent recovery have failed. A pattern of frequent relapses almost always leads to credibility and trust problems for the patient, family members and others affected by the patient's substance use problems and behaviors.

The combination of strong abstinence promoting measures and the involvement of those committed to the patient's recovery makes the AAP a powerful method for achieving recovery from addiction. The patient's willingness to participate in the development of a strong AAP and his/her motivation for recovery can be evaluated by the quality of the AAP.

Many individuals also have legal issues to deal with. Patients may have consequences of their substance use behaviors to answer for. Preservation of public safety is important and the responsibility of court and corrections workers. The AAP gives court and corrections staff another tool for achieving their expectations for change from those they are supervising. A valid medical prescription for abstinence provides another reason to expect complete abstinence from those they are supervising. The AAP provides more structure and recovery support than most addiction treatment plans. The one-year minimum timeline is important and not typical of most current treatment plans.

Many addiction treatment plans include complications faced by patients as these are identified by the medical and counselor evaluations. Financial, health and family problems are examples. The AAP does not address these life complications in a comprehensive way. These issues are important and need to be addressed. However, if abstinence is not achieved and maintained, the likelihood that real progress on any of these complications will result are slim.

Life complications are dealt with in continuing care and ongoing services. Maintaining abstinence is the focus of an AAP. The AAP provides the framework offering the best chance of recovery for the patient who deserves the best plan possible. Inadequate treatment plans lead to relapse and disappointment for the patient, family, employers and all those affected by a return to active drinking and/or using drugs. Many relapses can be prevented with appropriate abstinence promoting strategies. The AAP provides the comprehensive recovery program that is often missing in the treatment of alcoholism and drug addiction. It may seem to be more work for the providers at first glance. Yet, best practices suggest that the strategies for developing and maintaining abstinence are well known. It doesn't take any longer to "do it right" than to struggle with recidivism and relapse in an endless "revolving door" of poor planning and inadequate service.

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Abstinence Assurance Planning

Common Complications of Addiction

Severity of Addiction Index

(Scale: 0 least severe – 5 most severe – circle your selection)

#	Addiction Complications	Scale	Score
1	Grief and Loss Issues	0 1 2 3 4 5	
2	Guilt and Shame	0 1 2 3 4 5	
3	Sexuality/Gender	0 1 2 3 4 5	
4	Self Esteem	0 1 2 3 4 5	
5	Legal Problems	0 1 2 3 4 5	
6	Financial Distress	0 1 2 3 4 5	
7	Career/ employment Problems	0 1 2 3 4 5	
8	Family and/or Personal Relationships	0 1 2 3 4 5	
9	Medical/ Physical Problems	0 1 2 3 4 5	
10	Psychiatric/ Mental Health Problems	0 1 2 3 4 5	
11	Parenting/ Childcare Issues	0 1 2 3 4 5	
12	History of Early Life Abuse/ Neglect	0 1 2 3 4 5	
13	Post-Traumatic Stress Disorder	0 1 2 3 4 5	
14	Lack of Personal and/or Community Resources to Sustain Independent Living	0 1 2 3 4 5	
15	**Relapse History:** One relapse = 3 points Two relapses = 5 points Three relapse = 8 points More than 3 relapses = 15 points More than 5 relapses = 25 points More than 10 relapses = 50 points	…… …… …… …… …… ……	
		Total Score	

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Abstinence Assurance Plan

Diagnostic Report

Patient: _____ has completed a diagnostic evaluation to determine or rule out a

substance dependence disorder at _____ by _____,

The following diagnostic procedures were completed:

1. A history and physical examination by _____, M.D. on _____, 2006

2. A bio/psycho/social history was completed at intake including a substance abuse history by _____

3. A battery of professionally accepted screening and testing instruments were completed including the (GAIN, DSM-IVR, SASSI and the MAST)

4. Collateral interviews with family, employer and other identified involved or concerned individuals

The outcome of the evaluation establishes that _____has a substance dependence disorder(s) of: _____.

Recommendations for Care

1. Prescription for abstinence as ordered by a specialist in addiction medicine in consultation with the patient's physician

2. Treatment planning as developed by the patient and his/her treatment provider as indicated by the presenting circumstances and history

3. Ongoing medical follow-up and examination

_____ _____

Clinician Date

Abstinence Assurance Plan

Prescription for Abstinence

(Patient): _____has been diagnosed as having a substance use disorder (Diagnosis code and name of substance use disorder): _____by _____ at _____on _____ 200__.

A diagnosis of substance dependence indicates the need for abstinence from alcohol and other intoxicating substances under the supervision of a physician experienced in the treatment of substance abuse and dependence disorders and/or the physician's designees.

Abstinence Prescription for (Patient) _____:

1. No use of alcoholic beverages or other products containing alcohol

2. No use of illegal drugs including marijuana, cocaine, other stimulants, narcotics, hallucinogens, inhalants.

3. No misuse of prescription medications or over the counter medicines.

4. Use of tobacco products is strongly discouraged.

5. Appropriate use of prescribed medications under the supervision of a physician for pain or other co-occurring disorders is permitted under the terms of this prescription. Monitoring of prescription drug and over the counter medicines is required for all abstinence assurance plans.

Duration

This abstinence prescription is for 12 months from _____, 200__ to _____, 200__. Services for rehabilitation and support provided by_____.

Documentation

Copies of treatment plans, revisions in monthly progress reports and other documentation are to be maintained in the patient's medical records. A review of this Abstinence Assurance Plan has been scheduled for _____, 200__.

_____ _____

Specialist in Addiction Medicine Date

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Abstinence Assurance Planning

Menu of Abstinence Promoting Strategies

1. 12 Step Recovery Program Involvement (or equivalent, e.g.; Women in Sobriety)
    a) Obtain a sponsor
    b) Develop a recovery support network of recovering friends (3-5)
    c) Attend 12 Step meetings and activities
    d) Proceed through the 12 Step recovery process

2. Professional alcohol and other drug (AODA) counseling/treatment for relapse prevention and personal problem solving

3. Naltrexone, Vivitrol, Antabuse or Suboxone therapy

4. Monitored antabuse therapy

5. Random drug testing

6. Scheduled visits to family physician for medical check-ups and support

7. Compliance with probation/parole corrections plans and agreements

8. Family and/or couples therapy

9. Refusal skills development

10. Scheduled sessions with a spiritual advisor

11. Development of a spiritual program with and/or without religious affiliations

12. Recruit personal and professional support teams

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ABSTINENCE ASSURANCE PLAN

AAP for John E. Doe

DIAGNOSIS: Poly-substance Dependence (304.80)

Plan Rationale

John E. Doe has been diagnosed with polysubstance dependence disorder by the clinical staff at St. Clare Center, Baraboo, Wisconsin following a comprehensive assessment of John's history of substance abuse. It was determined John E. Doe has a history of alcohol dependence as evidenced by his drinking and driving history of three OWI's. John has been harmfully involved with cocaine and has misused prescription pain medications. John had a major burn injury in an industrial accident; was treated with opiates for pain and became addicted to pain medications.

John's diagnosis of polysubstance dependence was confirmed by Danny Sessler, MD, St. Clare Center Medical Director and a specialist in addiction medicine who has issued a prescription for life-time abstinence for John E. Doe. John was admitted for a 14 day course of primary addiction treatment in 2001 after his substance abuse led to legal and vocational problems. This was the first clinical intervention in John's long history of substance abuse. Johon maintained abstinence following his 2001 treatment for 3 ½ years from September 2001 until October, 2004.

After leaving the Baraboo area to work in the Madison area, John E. Doe participated in continuing outpatient alcohol and other drug abuse counseling at New Start, Madison from January 2001 until March 2003. This counseling was part of recovery plan arranged by John's employer EAP program.

John relapsed into active drinking and drug use in October, 2004. As his life circumstances deteriorated in relapse, John returned to the Baraboo area. John sought assistance from Sauk County for his addiction and was admitted for 10 days of day treatment at the St. Clare Center in October, 2004. John achieved abstinence again, and has maintained an abstinent condition since leaving St. Clare Center and beginning outpatient counseling at the Pauquette Center.

A review of John E. Doe's treatment and recovery history reveals that John has been able to maintain abstinence when he combines alcohol and drug abuse counseling with active participation in a 12-step program. These effective relapse prevention measures were in place after his first St. Clare Center treatment permitting John to reorganize his life and make a vocational comeback.

However, when John moved to another area he was unable to duplicate his supportive program and individuals eventually relapsing into the active phase of his addictions. Given the extreme damage John's addiction has brought into his life and the lives of his family (elderly father and a concerned brother) it appears John's addiction is of a virulent nature requiring stronger counter measures to assure abstinence and prevent drinking and driving and other harmful behaviors.

It appears John Doe's legal, personal, relationship, financial, health and financial problems have all been caused or aggravated by alcohol and/or other drugs. John has been able to sustain a livelihood, make a contribution in his professional and family life and avoid legal problems when he is free of alcohol, drugs and the misuse of medications. Therefore, it the assumption of this Abstinence Assurance Plan that John E. Doe will not be a risk to public safety and will be a responsible citizen of

his community if he is alcohol and drug free. The counter measures to John's addiction contained in this plan are designed to assure abstinence for John E. Doe for the next 12 months as a foundation for life-long recovery.

Conclusions:

1. John E. Doe suffers from a severe form of polysubstance dependence with a history of relapse episodes and partial compliance with recommendations.

2. John has achieved 3 years of abstinent recovery in the past and is motivated to follow this abstinence assurance plan.

3. John has the ability, resources, insight and support to achieve a successful outcome by remaining alcohol and drug free.

4. John's relapse history and the seriousness of having a third OWI confirms stronger counter measures are required to assure abstinence.

Develop a 12 month support program that provides maximum opportunity for an abstinent recovery for John E. Doe

Abstinence is defined as no use of alcohol, recreational drugs, volatile chemicals or misuse of appropriately prescribed medications or over the counter medicines.

AAP Components

1. **12 Step program involvement**

    a) Attendance at 3 AA or NA meetings/week for 12 months with reduced number of meetings/week to follow as negotiated between John and his case manager

    b) Obtain a 12 Step sponsor and two other male members who agree to provide contact, support, recreation and friendship

    c) Implement and maintain the Recipe for Recovery system for daily maintenance of abstinence and recovery.

2. Continuing alcohol/drug abuse counseling care with Betty Kryka, CSAC, as scheduled.

3. Monitored antabuse therapy for 12 months. Antabuse to be monitored by family members or professional staff as arranged.

4. Random urinalysis as scheduled by driver safety plan manager for duration of the AAP

5. Support from a team consisting of 5 family, friends and professionals willing to be members of John's support network providing encouragement and support for John's recovery from alcohol and drug dependence and prevention of medication misuse. Team members will receive John's monthly Recovery Activities Schedules containing both planned and actual recovery activities for each month.

Case Management for John E. Doe's AAP

- Medical direction by Danny Sessler, MD, specialist in addiction medicine and Medical Director of the St. Clare Center, Baraboo, Wisconsin

- Continuing AODA treatment as scheduled by Betty Kryka, CADCIII, Case Manager for 12 months of supportive services within an appropriate schedule

- Legal status case management by designated driver safely plan counselor.

John E. Doe's Recovery/ Relapse Prevention Support Team

Professional Supporters	Personal Supporters
1.	1
2	2
3	3

12 Month Recovery Activities Schedule
(See attached calendar for the first month's schedule)

Relapse Understandings

Should John relapse into active alcohol, drug use or misuse of prescribed medications or over the counter medicines, it is understood a prompt re-assessment of John's service needs and legal status will occur.

This re-assessment of John's service needs, and legal status will be arranged within 24 hours of the disclosure that active drinking or using behaviors have been reported either by John, caregivers, family members or others with a stake in John's continuing recovery from addiction. The re-assessment will

be scheduled at St Clare Center, or other state licensed agency specializing in addiction medicine or services

Relapse into active using means that John's belief he can stay abstinent from alcohol, drugs and the misuse of medicines was incorrect. Relapse into active using means a higher level of addiction treatment or more severe legal sanctions may be necessary.

Non-compliance with the understandings of this AAP by John E. Doe or other parties shall be dealt with as an issue for John and his AODA case manager and be resolved to the satisfaction of all concerned. It is also understood that the terms of this AAP may be re-negotiated by John and /or any member of Johns support teams when revisions appear to be necessary to achieve the abstinence goal of the AAP.

Signatures of AAP Support Team Members

Signature	Date	Signature	Date

_____ _____
David Macmaster, CSAC, PTTS Date
AAAP Developer

_____ _____
John E. Doe Date

Recipe for Recovery From Substance Use Disorders

Created By

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Recipe for Recovery

(RFR)

Created by David "Mac" Macmaster, CSAC, PTTS

The four ingredients in the Recipe for Recovery

1. **Daily attention to a personal 12-step or equivalent mutual help program** including relationships within a network of recovering persons and practice of the recovery concepts offered in 12-step literature.

   This ingredient may work within a non-12-step equivalent mutual help program for recovery if it includes the two elements of a) association with recovery persons and b) an effective program for preventing relapse and enhancing positive life changes and improvements

2. **Daily attention to a personal relationship with a higher or greater power of one's understanding** and the development of a spirituality that provides purpose and openness to spiritual practices and the search for personal meaning

   Such spirituality does well in the context of a traditional or non-traditional religious belief and practice, but also works without committed association with organized religion and dogma.

3. **Daily attention to the development and maintenance of supportive relationships**
   As treatment outcome studies has clearly demonstrated, those who do not abandon their "using peer group and lifestyle" seldom recover from substance dependence

   This ingredient encourages the recruitment/selection of persons who unconditionally support abstinence and the behavior necessary for the recovery from substance dependence

4. **Daily attention to the development and maintenance of self-esteem**
   (Defined as being how warm, loving and accepting we unconditionally feel when we think about ourselves)

   This ingredient takes self-esteem past the "performance and appearance-based" notion of self-esteem to the concept of the unique, specialness, one of a kind nature of our human reality actually is, hence

   "I am the only one of my kind because the odds of me being who I am are estimated at 720,000,000:1 and that makes my life worthwhile whether I am doing well and looking

good. The fact of my being alive at all is that my life is clearly an expression of whatever creates life intends or I would not even be here."

Recipe for Recovery

The Concept

The 4 essential ingredients in the Recipe for Recovery must all be present if the individual is to achieve the recovery success referred in 12-step literature, namely, "Rarely have we seen a person fail who has thoroughly followed our path."

Treatment outcome research also suggests that a permanent abstinent recovery can be accomplished to this hopeful level when recovering persons use the Recipe for Recovery in their individual, creative ways provided the 4 ingredients are faithfully incorporated into personal recovery program.

Each of the 4 ingredients can be individualized as the recovering person learns to adapt to what works best for her/him by trial and error – experimentation and observation. Each person can select or develop a menu of activities for each of the four Recipe for Recovery ingredients.

Recovering persons can select spiritual practices that allow that individual to abandon the need to demand control over the uncontrollable. One may learn to rely on spiritual direction and the comfort that appears to be available to those who actively seek it. Countless recovering men and women continue to document their spiritual practices as being indispensable for their recoveries.

Recovering people continue to report their belief that their spiritual activities and programs provide a barrier to relapse. That is, when these recovering persons do practice a spiritual way of life they don't relapse into active addiction as often as those who do not.

Similarly, an individual can discover who in his/her life will support the need to abstain; to go to meetings and engage in other activities essential for recovery from substance dependence. The skills of communications, negotiations, problem solving, and decision-making are often under-developed in alcoholics and others with substance dependence. These skills will need to be learned, practiced and improved if the individual is going to maintain the support from others that has been shown to be crucial for most addicts in early recovery.

if the person who is responsible for her/his recovery rejects herself/himself, does not believe he/she is worthy and concludes he/she does not deserve a better life

because she/he has not performed well in life so far, it is unlikely those persons will invest the energy in their recovery to prevent relapse.

Strong self-esteem in the Recipe for Recovery concept is based on the concept that the person's life energy and worth cannot be condemned because a person's very existence is evidence she/he has a right to be here and alive. This belief suggests a person still has worth even though he/she has behaved badly. Believing that he or she is, in fact, the only one of his/her kind is more likely to transform the person into a better steward of his/her life than low self-esteem permits. Low self-esteem is a predictable barrier to successful recovery from addiction.

These recovery concepts are based on the assumption that those entering recovery have begun the process of accepting the nature of their substance dependence disorder. They are assumed to have sufficient hope their recovery from substance dependence is not only possible but also likely if they practice their personal Recipe for Recovery daily and diligently.

According to treatment outcome research and the collective experience of 12-step program and equivalents, it those entering recovery from substance dependence do incorporate an effective Recipe for Recovery into their daily lives, their recovery is almost guaranteed.

The Recipe for Recovery includes:

1) The elements of motivational enhancement
   (Developing a will to recover; that recovery is possible)
2) Relapse prevention
   (Learning the pitfalls and potholes that lead back to drinking and using)
3) Orientation to the 12 Step programs or equivalent
   (As a proven resource for recovery)

The benefits of recovery are emphasized. The dangers of relapse are exposed; remedial steps are recommended.

The benefits of the 12 Step programs (or equivalent) are clearly identified. Many have discovered having a mutual help program like Alcoholics Anonymous, Narcotics Anonymous or other 12-Step program or equivalent as the foundation for their recoveries can include all four ingredients in the person's Recipe for Recovery.

There are many "spices" and other interesting growth items that may be added to the Recipe for Recovery, but it is important that the recovering person never forgets to attend to all four of the essential ingredients in their new, abstinent, life-changing recoveries on a DAILY basis. Occasional attention to the ingredients of recovery

does not lead to success. Lack of perseverance can be a character deficit that leads to complacency, forgetful memories and the return to the psychological defenses like denial and rationalization that has kept addicts sick for so long.

The 24-hour program of recovery is the time frame. Daily practice of the principles and behaviors of recovery is the key. There really are no short cuts to lifelong recovery from substance dependence/addiction.

The Recipe for Recovery originated out of ideas and information obtained from treatment outcomes research that has identified indicators of a successful recovery. Outcomes research like Norman Hoffman and his associates from CATOR/NEW STANDARDS, Hazelden and Parkside treatment follow-up studies suggest there are some specific behaviors and practices that are protective of recovery. These researched indicators of successful recovery from substance dependence are included in the ingredients of the Recipe for Recovery.

A recipe provides a path to a successful outcome, but all the ingredients must be present to produce that outcome. Therefore, it appears essential that recovering persons pay attention to each of the four recovery ingredients if they are to recover successfully. Leaving any ingredients out does not produce a "satisfying dish." Just as a four-number combination lock will not open with only part of the combination. It is better to have some of the right numbers if not all four. It is better to find the missing number or numbers than to have no progress in opening the lock.

Similarly, a person is unlikely to experience successful recovery in AA or NA is she/he is still having low self-esteem and has no family or other support for recovery or no spirituality.

The good news is there are endless numbers of recovering persons ready to help those who are new to recovery learning the four ingredients of recovery. You can start or continue any time you are ready. The Recipe for Recovery is reliable, affordable and reliable. **Bon Appétit!!**

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My Daily Recipe for Recovery

Menu of Recipe for Recovery Activities

Your daily recipe for recovery includes activities from all 4 “ingredients” in the recipe. It is helpful to list as many activities that support your recovery as you can discover or create.
Add new ones to keep your recovery fresh and satisfying.

How Will I Use My 12 Step (or equivalent) Program to Assure My Recovery Today?	
1	
2	
3	
4	
5	
6	
How Will I attend to my spirituality today?	
1	
2	
3	
4	
5	
6	

Menu of Recipe for Recovery Activities

Which supportive relationships will I improve today?	
1	
2	
3	
4	
5	
6	
How will I improve my self-esteem so I feel warm and, loving and accepting of myself?	
1	
2	
3	
4	
5	
6	

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My Daily Recipe for Recovery

Date: _____

How Will I Use My 12 Step (or equivalent) Program to Assure My Recovery Today?
(Examples: I will go to a meeting; I will call my sponsor)

How Will I attend to my spirituality today?
(Examples: I will meditate; I will go on a nature reflection walk)

Which supportive relationships will I improve today?
(Examples: I will visit my parents for a social visit; I will tell my children I love them.

How will I improve my self-esteem so I feel warm and, loving and accepting of myself?
(Examples: Today I will not base my self-esteem on my appearance or performance but on the truth, I am the only one of my kind worthy of acceptance and respect; affirm I am capable, responsible and worthy no matter what happens.

What did I learn about my recovery and me today?
Improving?

Needs Improvement?

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