Practitioner Guidelines for Enhanced IMR for COD
Handout #8:
Coping with Stress

Introduction

Stress can contribute to symptoms and relapses for people with a psychiatric disorder. Coping with stress effectively can reduce symptoms and prevent relapses. This module helps people to recognize different types of stress and to identify the signs that they are under stress. It also provides a variety of strategies that people can use to cope with stress. Practicing coping strategies both in the sessions and as part of homework can decrease symptoms and distress, and increase people’s ability to manage their illness more effectively.

Stress is related in three primary ways to co-occurring mental health and substance use disorders. First, people often use substances to cope with stress. In this module people will learn other healthier ways of coping with stress, so that they are less likely to use substances. Second, people with substance use problems often find it stressful to decrease or quit using substances. Learning healthy ways to cope with stress decreases the vulnerability to relapse for substances. Third, strategies for coping with stress can also be used to help people manage cravings and deal with high-risk situations. This module focuses on learning and practicing a variety of strategies for coping more effectively with stress, which is especially helpful to persons with co-occurring mental health and substance use problems.

Note: For the practitioner’s convenience, information and strategies that relate to COD are placed in italics. In addition, there is an additional category called “Substance Use Strategies” that provides specific strategies for COD within this particular module.

Goals:

• Convey a sense of confidence that people can reduce stress and improve their ability to cope with stress effectively.
• Help people identify the life events and daily hassles that can cause them to feel under stress.

• Help people identify and practice strategies for preventing some sources of stress.

• Help people identify and practice coping strategies for reducing the effects of stress.

• Encourage people to involve family members and other supportive people in their plans for coping with stress.

• Help people identify how they may have used substances to cope with stress.

• For people with substance use, help them identify the relevant life events and daily hassles that create additional stress for them.

• Help people identify and practice coping strategies they may need to deal with substance related stressors, such as dealing with cravings and avoiding high risk situations.

**Number and pacing of sessions**

“Coping with Stress” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount. For people in pre-contemplation, the sessions would probably stay the same. For people who are in contemplation around their substance use, and interested in looking at how it contributes to the stress in their lives, this might be an opportunity to spend some time examining this topic in an extra session.

**Structure of sessions**

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
- Follow-up on goals.
- Set the agenda for the current session.
- Teach new material (or review material from the previous session if necessary).
  - Potential Topic Starters:
  - Today we are going to talk about coping with stress. First we’re going to talk about some of the “not so great ways” we may have tried in the past to cope with stress. For some people this may include using
substances, such as alcohol or drugs when they were feeling under stress.

Today I’d like to talk about how stressful it can be for people in early recovery from substance use. For example, when they have a bad day, or they get in an argument, or have been feeling really anxious or down. Sometimes they start to crave a drink or a drug.

- Summarize progress made in the current session.
- Agree on homework to be completed before the next session.

**Strategies to be used in each session**

- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies

**Motivational strategies**

Most people are motivated to reduce and/or cope with stress, both to improve their everyday life experience and to help reduce symptoms and relapses. It may also be helpful to point out that stress is a common problem for most people, with countless magazine articles, books, and television programs focusing on how to cope more effectively with stress. Because most people experience stress in their lives, being able to cope with stress effectively can be described as a good skill for anyone to have, regardless of whether or not he or she has experienced psychiatric symptoms.

The following suggestions may be helpful:

- For each major topic covered in the handout, practitioners can help people discuss their own experiences. Most of the sections have checklists (“Life Events Checklist,” “Daily Hassles Checklist,” “Signs of Stress Checklist,” “Strategies for Preventing Stress Checklist,” “Strategies for Coping with Stress Checklist,” “Individual Plan for Coping with Stress”) which can be completed by people based on their own experiences.

- Practitioners should keep in mind the goals identified by people in earlier sessions. For many people, reducing stress may facilitate the ability to pursue personal goals. For example, someone may have the goal of part-time work, but is worried about the stress of deadlines, etc. The practitioner could discuss how having the ability to cope effectively with stress could increase the person’s ability to perform well on a job.

- **Help people link coping more effectively with stress to an increased ability to make progress towards an important goal.**

- **Even though some people may not be ready to consider their substance use as a problem (i.e., persons in engagement or persuasion), they usually can look at the areas of stress in their lives and are willing to learn**
ways to cope with it. Using the client’s language, help them identify problem areas and strategies they are willing to try to better manage stress.

- Help people connect stress between different areas of life such as psychiatric symptoms and substance use. Provide feedback about how stress in one area of life often brings with it stress in other areas. For example, a person may experience stress from mental health symptoms, such as hearing critical voices, and may use substances as a coping strategy. Or a person may experience stress from using substances, such as legal problems or family conflict, which can contribute to a relapse of mental health symptoms.

- For persons in active treatment, help people identify how learning coping strategies could help them in changing their substance use or to better manage a craving in response to a stressful situation.

- When reviewing “what makes you feel under stress,” help people identify common stressful situations, and whether or not they have used substances to cope with those situations. This includes both stresses from Life Events (for example, drinking to cope with breaking up with a boyfriend or girlfriend) and Daily Hassles (for example, smoking marijuana to cope with a stressful workday).

- When reviewing the coping strategies for stress, help people identify how each strategy may or may not be helpful in changing their substance use or getting into stressful situations around substance use. Consider expanding the list of coping strategies to include strategies that could be helpful in managing stress around changing substance use. For example, if a person has had conflicts with a family member that usually lead to drinking alcohol, it can be helpful to consider some specific strategies for that person to use when family conflict arises, such as talking a walk instead of drinking, using a relaxation strategy, or asking for support from other family members.

- Ask for examples of when people have used a coping strategy successfully during a stressful time. For persons with COD, ask for examples of coping strategies that have helped them get through a stressful time that could have led to using a substance.

**Educational strategies**

Educational strategies for this module focus on increasing people’s knowledge about recognizing sources of stress, recognizing signs of stress, preventing stress and coping with stress in their own lives.
The following educational strategies were discussed in detail in Guidelines for Educational Handout #1:

- Review the contents of the handout by summarizing or taking turns reading paragraphs.
- Pause at the end of each topic to check for understanding and to learn more about the person’s point-of-view.
- Allow plenty of time for questions and interaction.
- Pause to allow the person to complete the checklists and questionnaires.
- Break down the content into manageable “pieces.”
- Find a pace that is comfortable to the person.

These educational strategies may also be helpful in Module 8:

- Encourage sharing of sources of stress, including stressful situations that are related to substance use.

- Provide education around how strategies for coping with stress could be helpful in changing substance use. For example, relaxation techniques can be helpful for people who are experiencing cravings.

- Provide education about how stress is an important factor for both psychiatric symptoms and substance use. Therefore learning strategies for coping with stress will help individuals improve both their psychiatric symptoms and their substance use symptoms.

- Provide education about how increased levels of stress can trigger psychiatric symptoms, which some people cope with by using substances. In a similar way, increased levels of stress can trigger substance use, which can worsen psychiatric symptoms. This can lead to a “vicious cycle.” That is, stress can lead to psychiatric symptoms, which can lead to substance use, which can lead to worse psychiatric symptoms, etc. Or, another example, stress can lead to substance use, which can lead to psychiatric symptoms, which can lead to more substance use, etc. Learning strategies for coping with stress can interrupt this kind of cycle.

- Consider ways to increase coping strategies for people who have decided to make a change in substance use. For example, help people identify the kinds of stresses they anticipate with changing substance use and what strategies they can learn to cope with them.

**Cognitive-behavioral strategies**

Cognitive-behavioral strategies focus on helping people learn new and more effective strategies for recognizing and responding to stress.
During the sessions, practitioners can help people role-play how they might use information from the handout.

The following examples may be helpful:

1. Practitioners can help people recall an example of a recent relapse and then evaluate what stressors preceded the relapse.

2. Practitioners can ask people to discuss any forthcoming major change and help them anticipate how they might minimize the stress involved. For example, if someone were planning to move, would it be helpful to start making lists of the various tasks involved in moving? Would it be helpful to do the packing in short sessions over the course of a week or two? Would it be helpful to involve friends in taking boxes to the new location?

3. After people complete the “Daily Hassles Checklist,” practitioners can ask them to think of ways to decrease some of their daily hassles. For example, if someone feels rushed when leaving for work in the morning, how could she plan the morning to be more comfortable? Could she prepare more the night before? Go to bed and get up earlier?

4. After people complete the “Strategies for Preventing Stress Checklist” there are many opportunities to help them practice the strategies they choose. For example, if someone would like to try the strategy of scheduling meaningful activities, the practitioner could help him pick out specific activities and plan when he could do them. If someone chooses to attend art classes to pursue an interest, the practitioner could help her investigate where and when classes are offered. If the person was apprehensive about talking to the art teacher or to fellow students, the practitioner could help her role-play how she might respond to questions and keep the conversation going.

5. After people complete the “Strategies for Coping with Stress Checklist,” the practitioner can help them practice the coping strategies they choose. The following are examples:

   a. If someone wanted to try the strategy of talking to someone else about feeling stressed out, the practitioner could help him choose whom he would talk to and role-play how he might approach the person.

   b. If someone wanted to practice maintaining her sense of humor, the practitioner could help her decide if she wanted to watch a particular television show or video or if she liked to read funny books or comics. If she wanted to spend time with someone who has a good sense of humor, the practitioner could help her role-play how she might approach the person.
c. If someone wanted to practice writing in a journal, the practitioner could help him decide what kind of notebook he would like, where he would keep it, etc. Part of a session could be reserved to write an entry in the journal.

d. If someone wanted to use relaxation techniques to cope with stress, the practitioner could help her practice one or more of the techniques described in the Appendix (relaxed breathing, muscle relaxation, and imagining a peaceful scene.)

6. Provide positive reinforcement around ability to manage stress in the past and ability to go forward with learning new strategies.

7. Reinforce any contemplation or consideration of changing substance use that the person expresses.

8. Explore the role of stress in making a change and how the person can work together with the practitioner to make those changes when the person decides to cut down or stop using.

9. Reinforce any changes that the person has made in substance use. Discuss the benefits of having a plan to cope with the stress associated with cravings and high-risk situations. Practice a coping strategy in session that the person could use in response to the stress of making a change in substance use. For example, if being around people with whom you used to smoke marijuana is a high-risk situation, practice how you can leave the situation if they are at the same social event or practice how you can tell them that you don’t want to smoke now.

10. For the person in the persuasion stage of change, review the Daily Hassles Checklist and ask if any of the listed hassles relate directly to their substance use, such as not enough money to spend on leisure because they spend it all on alcohol and drugs, or arguments at home with their spouse because they don’t come home after work but go drinking with buddies instead. After identifying one or two hassles that create a significant amount of stress in their daily life, help the person develop a plan to use coping strategies to decrease stress in daily life.

11. Look for opportunities to demonstrate and practice in session a coping skill for reducing stress. The following strategies may be helpful for participants who are at different stages of treatment:
   a. One person may be stressed at the end of the day because his peers want him to go out drinking with them. In the past, he has attended peer recovery groups. Consider practicing in a role play how to approach someone to go with him to try some meetings, and maybe even get a sponsor.
b. Another person may feel stressed out from their parenting responsibilities. This person may be in the relapse prevention stage of treatment, and the stress from parenting brings up thoughts of using substances. Some helpful strategies include: using relaxation techniques, trying to get more balance in their lives, using their support system, finding someone (especially another parent) to able to talk about their feelings and do some problem-solving, and using positive self-talk. For example, a person could go on the internet and look for a mom’s or dad’s self-help meeting where a parent can bring the kids along while the meeting is in progress.

c. Some people may be in the persuasion stage and struggling with the stress of cravings. Relaxed breathing and imagining a peaceful scene can be very helpful coping strategies. Some people also find it useful to imagine the negative effects of substance use as a deterrent to giving into cravings. You can demonstrate in session how to use the idea of relaxed breathing as you ride through the wave of a craving, recognizing that it is very time limited. With imagery, when a craving comes on, you can demonstrate how to bring to mind the worst image from ones substance using days and keep that picture foremost in the mind until the craving disappears. Or you can help people imagine a peaceful scene from a time when they were sober and things were going well in their lives (e.g., a sober trip to the seashore or a sober walk in the mountains).

**Substance Use Strategies**

As noted in the introduction to the Practitioners’ Guidelines for COD-Enhanced IMR, there are 8 principles of COD Treatment. It is helpful for practitioners to keep all of the principles in mind when they deliver each module. It is also important to note that some modules offer more opportunities than others to apply specific principles. In addition, the principles are applied in different ways, depending on the client’s stage of treatment.

Here is a review of the COD principles:

1. Integration of mental health and substance use services including mental health and substance abuse treatment and relapse prevention planning.
3. Comprehensive variety of services offered to clients such as family therapy, medications, supported employment, use of self-help services such as Dual Recovery. Providing a full array of services.
4. An assertive approach to treatment (i.e., not waiting for client to request treatment but using engagement strategies such as assertive outreach).
5. Using a harm reduction approach.
Here are a few examples of opportunities for practitioners to use the COD principles in Module 8, “Coping with Stress.”

**Principle 1:** Practitioners can review the importance of integrated mental health and substance use treatment and how coping with stress is linked to both.

**Principle 2:** Practitioners can offer comprehensive assessment of mental health and substance use and how evaluating stress for both psychiatric symptoms and substance use is important.

**Principle 3:** When discussing coping strategies for stress, practitioners can offer clients a comprehensive variety of services including use of self-help services and other groups that may reduce stress.

**Principle 5:** In this module, practitioners can use a harm reduction approach to develop coping strategies for stress for people who have decided to make a change in substance use.

**Below are some additional examples of using the COD principles in this module.**

- Provide education about how coping more effectively with the stress of substance use can help you reduce the risk of relapse for both substance use and mental illness. This is part of the overall Stress-Vulnerability Model.

- For persons in the engagement stage, focus on developing coping skills related to stress. Discuss how symptoms of mental illness can be connected to substance use.

- For persons in the persuasion stage, help to recognize how the consequences of substance use can be associated with increases in stress associated with life events and daily hassles. For example, some people get into legal trouble related to their substances use, which can be associated with increases of stress. As another example, some people go into dangerous neighborhoods in order to secure substances, which increases stress.

- For persons in active treatment phase, look for opportunities to demonstrate and practice coping strategies for stressful situations associated with substance use.
• For persons in relapse prevention, discuss ways to incorporate a relaxation strategy into the daily routine that could prevent a slip or a relapse.

• Discuss how cravings are often a part of the daily hassles that someone with a co-occurring disorder faces. Look for opportunities to demonstrate and practice additional coping strategies that a person needs to learn to manage cravings. Willingness to work on these coping strategies will depend on their motivation to change their substance use and stage of treatment.

• When developing an individual plan for Coping with Stress, make sure to address situations and signs of stress associated with substance use and to develop at least one strategy to cope with stress associated with substance use and to use a relaxation skill in response to stress associated with substance use.

**Homework**

Homework for this module focuses on helping people put into action what they have learned about preventing and coping with stress. During the sessions, people identify prevention and coping strategies to use in their own lives. The homework assignments follow up on this by making specific plans to practice the strategies on their own.

Practitioners should follow up on homework assignments in the next session by asking how it went. They should reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the homework, practitioners can explore the obstacles they encountered and help them come up with a solution for following through on the homework.

The following examples of homework may be helpful:

1. Reviewing some of the checklists with family members or other supportive people. What have they noticed regarding sources and signs of stress for the person?

2. Reviewing what helped and what did not help during stressful situations in the past. Family members and other supportive people can also be asked for their observations about this.

3. Keeping track of daily hassles for a week, using the checklist provided.

4. Asking family members, friends and other supportive people to play a role in a prevention or coping strategy. For example, a person might like someone to join her on a daily walk as part of a plan for reducing stress.
5. Keeping track of signs of stress for a week, using the checklist provided.

6. Practicing a strategy for preventing stress, such as scheduling time for relaxation, and keeping track of how it affects the person’s stress level.

7. Practicing a coping strategy, such as listening to music, and keeping track of how it affects the person’s stress level.

8. Locating resources needed for a prevention or coping strategy. For example, if someone wanted to eat a healthier diet as part of coping with stress, he could make a shopping list and buy specific groceries as part of homework.

9. Make a list of major events that have happened in the last 10 years (weddings, divorces, births, funerals, family member going into the hospital) where substance use has played a major role in this event.

10. Use the Daily Hassles Checklist to track stressful events over the last week. Make a note by each one that was associated with substance use or thoughts of using a substance.

11. Review the Signs of Stress Checklist with a family member, staff member, or friend and ask them to identify signs of stress that they have noticed. Ask them if they have noticed substance use as a sign that the person is under stress. Ask them if they have noticed any other signs of stress.

12. Make a list of the stressful events in your life over the next week and rate them on a scale of 1-10, where 1 is not stressful and 10 is extremely stressful.

13. Pick at least one coping strategy to try out next week that can be used in response to a stressor associated with substance use. Use the strategy (or strategies) at least twice during the week. Each time you use it, rate afterwards how effective it was in reducing your stress. 1-not effective at all, 10-extremely effective.

**Special Issues for Group IMR**

- Encourage group members to share life events and daily hassles that have been associated with substance use.

- Discuss the similarities and differences between how stress has affected psychiatric symptoms and how it has affected substance use. This can be helpful and encourage interaction among group members.
Encourage group members to help each other try out a new coping strategy for psychiatric symptoms or substance use. Pair up group members, break the strategy into smaller steps if needed, and role play the coping strategy during the session.

**Tips for common problems**

- **People may have difficulty identifying signs that they are under stress.**

  When someone can’t identify signs of stress, it may be helpful for the person to talk to family members or other supportive people about what signs they noticed in the past when the person was under stress. For example, family members might have noticed that the person had a decrease in appetite, slept more, or was more irritable over small things that happened.

- **People may find it difficult to select a coping strategy that they want to try to deal with stress.**

  When people are depressed or experience the negative symptoms of schizophrenia, they may find it especially hard to imagine that a coping strategy could be helpful. In such situations, the practitioner should encourage the person to keep an open mind, and to give the coping strategy a try “just to see what happens,” while conveying an understanding of their concerns.

  Practitioners can also suggest that the person ask someone to join him or her in using a coping strategy. For example, as part of a coping strategy, a person could ask friends to play cards once a week or go for a bike ride or watch a video together.

- **People may blame the stress in their lives around substance use on other people.**

  “I wouldn’t be having problems with drinking if my wife would get off my back.” When dealing with this, the best strategy is to bring the focus back to the areas of stress that the person is willing to identify. “So, what do you feel are things in your life that are stressful for you in other areas? Are there things that I could help you with that you would like to see changed?”

- **People who are in early recovery such as persuasion or early active treatment may need additional recognition given to the daily stress of early recovery, and the wear and tear of cravings. Provide information to better understand that stress triggers relapse of symptoms for both disorders.”**
**Additional Resources**

- In the Integrated Treatment for Dual Disorders book:

- Information about coping with stress related to stopping or cutting down substance use. This website offers suggestions for coping strategies for dealing with cravings related to alcohol use but may be helpful for persons using other substances. The strategies include distraction, imagery, relaxation, activity, coping flashcards, etc.
  - [http://www.brighteyecounselling.co.uk/coping-with-cravings.htm](http://www.brighteyecounselling.co.uk/coping-with-cravings.htm)

**COD-Clinical Vignette**

During this module, George was focusing on his goal of continuing to play his guitar three times a week in the morning at the center. He reported that using the new alarm clock along with the alarm on his phone were helpful reminders in the morning, however, he was still having difficulty getting to the center in the mornings at least one time a week. Lynette decided to update George’s tracking sheet to update his goals. George re-affirmed his long-term goal to make a CD and even stated he was interested in trying out a new song he had been working on. Lynette asked George what was it about his music that was so important to George. He said, “It is the only way that I know that people understand me.” Lynette asked George if he had been able to play any of his own music in the morning sessions. George reported that he would like to but hasn’t been able to yet. Lynette also asked George how his drinking has affected his music and George paused for a moment and admitted he wasn’t sure. This was a big step for George because in the past he had been prone to downplay the role of alcohol in his goals. Lynette and George refined his short-term goals, which were now to play his music at the center and to work on becoming abstinent from alcohol. George’s first step was to develop a personal sobriety plan by re-visiting the last section of Module 6 (Drug and Alcohol Use).

Because George wanted to complete a sobriety plan, Lynette and George agreed to put the Module 8-Coping with Stress on hold to go back to Module 6 (Drug and Alcohol Use) to complete George’s sobriety plan. George and Lynette spent two sessions completing and practicing skills related to his plan. After finishing the plan, they agreed to go back to Module 8 to pick up where they left off. An example of George’s completed sobriety plan is attached below.

During Module 8, George and Lynette focused on developing a plan to cope with stress that could help George in his decision to stop drinking and continue working towards his goal of making a CD of his music. During the review of the Life Events Checklist, George identified his recent relapse of increased alcohol use was not only extremely stressful but also, increased his
feelings of sadness and increased loneliness. Lynette and George decided to focus on one issue at a time. George wanted to work on developing coping strategies for his loneliness first. George agreed to contact his sister and see how she responded to his call. Lynette and George made a plan for George to call his sister including sharing with her his progress and explaining some information about what he was working on in IMR. This was followed by a set of role-plays where Lynette demonstrated how to make the call and George then practiced the call with his sister. For his home practice, George was going to make the call to his sister on Thursday because he knew she would be home and George would continue to make a list of his songs he could play and start working on the first step of his sobriety plan.

**Review Questions**

At the end of this module, the practitioner can use either open-ended questions or multiple-choice questions to assess how well the person understands the main points.

**Open-ended questions**

- What is an example of a life event that was stressful for you?
- What is an example of a daily hassle in your life?
- What are some signs that you are experiencing stress? How do you know when you're under stress?
- What is something you can do to prevent stress in your life?
- What can you do to cope with stress?
- What is an example of a daily hassle in your life that has been associated with substance use?
- What is an example of a Life Event that was associated with substance use?
- What is the connection between signs of stress and your symptoms of mental illness and substance use?

**Multiple choice and true/false questions**

1. A life event can be stressful even when it is a positive event, like getting married. True or False

2. Which of the following is an example of a daily hassle?
   - A tornado
• Unreliable transportation
• Receiving a compliment

3. Which of the following is a sign of being under stress?
• Happiness
• Headaches
• Feeling rested

4. One effective strategy for preventing stress is:
• Schedule time for relaxation on a regular basis
• Keep your feelings to yourself
• Drink alcohol or smoke marijuana

5. One effective strategy for coping with stress is:
• Staying in bed all day
• Ignoring stress entirely
• Using a relaxation technique

6. Many people cope with stress by drinking or using drugs. True or False.

7. Stress is related to
• Substance use only
• Mental illness only
• Mental illness and substance use
Personal Sobriety Plan

Congratulations! You’ve taken the first and most important step toward being free of problems related to alcohol and drug use. Complete this plan by following the steps outlined. Don’t worry about making the plan perfect—you can change it as you go along based on how well it is working for you. Share your plan with people who are close to you so they can support you in your sober lifestyle.

**STEP 1.** List one to three ways that your life will be better by stopping using substances. Consider how sobriety may help you achieve your personal recovery goals.

1. I can make a CD of my guitar music.
2. I would feel less depressed.

**STEP 2.** List at least one person who will support your sobriety (by talking with you, helping you solve problems, encouraging your efforts, etc.).

my sister, my case manager, my doctor, and Joe from Dual Recovery group

**STEP 3.** Identify one to three high-risk situations that can lead to unintended use of alcohol or drugs. Consider situations in which you have used substances in the past, such as people offering you substances, being pressured to use, feeling bad, having nothing to do, and cravings.

1. Being bored
2. Being alone
3. Being around alcohol

**STEP 4.** Make a plan for how to deal with those high-risk situations. For each high-risk situation, identify one or two ways of dealing with it.

*Situation 1:*

Boredom-not having anything to do at my apartment.
Plan for dealing with it:
Practice my guitar
Follow my schedule—set my alarm, make breakfast, go for a walk, read, meet a friend or call my sister

Situation 2:
Being alone

Plan for dealing with it:
Visit with my sister or my neighbor
Practice one of my coping skills from IMR—going for a walk or calling Joe from Dual Recovery group

Situation 3:
Being around alcohol—in apartment

Plan for dealing with it:
Go for a walk
Use positive self-talk and imagery around what happens when I drink

STEP 5. Find new ways of getting your needs met. Consider the ways using substances have met your needs in the past, such as hanging out with friends, feeling relaxed or “high,” dealing with symptoms, or having something to do. What needs did they meet? For each need you identify, think of at least one new strategy for getting that need met.

Need 1:
Boredom
New strategy for meeting this need:
practicing guitar at home
learning new songs to play for other people

Need 2:
loneliness and depression

New strategy for meeting this need:
Including sister on recovery plan so I can begin to re-connect with her

Need 3:
fear of withdrawal from alcohol

New strategy for meeting this need:
learn more about withdrawal symptoms, ask for support in Dual Recovery Anonymous group