

TABLE 1.1 List of Common Emotions

Afraid	Sad	Glad	Mad	Ashamed
anxious	blue	appreciative	annoyed	degraded
frightened	brokenhearted	content	betrayed	devalued
horrified	closed off	delighted	bitter	embarrassed
nervous	depressed	elated	enraged	frozen
numb	disappointed	excited	frustrated	guilty
paralyzed	discouraged	grateful	furious	hopeless
scared	empty	honored	hateful	humiliated
shaky	heavyhearted	joyful	indignant	judged
shocked	hopeless	moved	irritated	regretful
shy	hurt	proud	jealous	remorseful
startled	lonely	relaxed	out of control	ridiculed
suspicious	remorseful	relieved	resentful	used
terrified	tearful	serene	stunned	worthless
worried	uncertain	thrilled	vengeful	wounded

EXERCISE 2.1 Identifying Your Repeat-Offender Thoughts

Consider the following list of common repeat offenders. (Visit <http://www.newharbinger.com/48107> to download this list.) Check any that make sense for you. Then, add any others that come to mind.

- ☐ I am not smart enough.
- ☐ I can't do it.
- ☐ It's not fair.
- ☐ I am not safe.
- ☐ I never get what I want.
- ☐ I'm not good enough.
- ☐ I will fail.
- ☐ They won't like me.
- ☐ I won't like them.
- ☐ I am better than they are.
- ☐ I am not as good as they are.
- ☐ It won't work out.
- ☐ This isn't how it's supposed to be.
- ☐ I'm not attractive enough.
- ☐ I can't handle this.
- ☐ I am going to be alone forever.
- ☐ It's all my fault.
- ☐ It's all their fault.
- ☐ I'm not supposed to feel this way.
- ☐ No one cares about me.
- ☐ I am too damaged to be loved.
- ☐ I can't have the good things other people have.

Other Repeat-Offender Thoughts:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

EXERCISE 2.2 Where Did Your Repeat-Offender Thoughts Come From?

Use the following space to think about sources of your own repeat offenders (or visit <http://www.newharbinger.com/48107> to download the worksheet). Remember, this isn't about blaming others. This is *your* path to healing; it's about gaining understanding for yourself so that you can move forward. Use the list of common repeat offenders from the last exercise, and then write each in the following space. Consider ways that you first developed these ideas. You don't have to figure it all out. These are just ideas, whatever comes to mind. Just let yourself explore and see what you find.

Example A

Repeat offender/core belief: I'm never going to be able to do this job; I know they are going to fire me! I will fail.

Person or event that may have led to the belief: I can remember my grandfather telling me that I shouldn't bother doing my homework because no one in my family ever graduated anyway; during my first job as a waiter when I was sixteen, the manager fired me one day and never said why.

Example B

Repeat offender/core belief: There's no point in trying to explain to my husband how I feel; people care only about themselves anyway. I just have to handle it on my own.

Person or event that may have led to the belief: My mother used to tell us that we could depend only on ourselves, especially after my dad left. She used to say, "People aren't there when you need them; you have to grow up and learn to do things for yourself in this world!"

Your Responses

Repeat offender/core belief: _____

Person or event that may have led to the belief: _____

Repeat offender/core belief: _____

Person or event that may have led to the belief: _____

Repeat offender/core belief: _____

Person or event that may have led to the belief: _____

Repeat offender/core belief: _____

Person or event that may have led to the belief: _____

Repeat offender/core belief: _____

Person or event that may have led to the belief: _____

EXERCISE 2.3 Consider the Evidence Worksheet

When you identify a repeat offender at work in your mind, use this worksheet (or download it at <http://newharbinger.com/48107>). It would be a good idea to make several blank copies. You could also do the work in your journal and use this worksheet as a guide.

You are likely to have many thoughts moving through your mind at once. Choose *one* to focus on at a time. You can then go back and do the exercise again with the other thoughts.

Before getting started, think about the following examples. Review the previous list of balanced evaluations as needed.

Example A

Thought: I'm not a nice person.

Evidence that this is true: I snapped at the waiter at lunch. Dave is mad at me for not visiting Mom's grave on Mother's Day. I was tired and didn't take out the trash when my wife asked me to last night.

Evidence that this is not 100 percent true: I helped Aunt Joan move last month, even though I was busy and my back hurt. I think about Mom and pray for her whenever I see her picture. I am usually a good tipper and friendly to people. I try to be helpful around the house.

Balanced evaluation: Sometimes I'm rude when I am having a bad day, but nobody's perfect. Going to Mom's grave would have been too painful for me right now; I can grieve in my own ways. I don't always help around the house as much as I should, but that doesn't make me a bad person; it's just something I want to work on. I'm human.

What, if anything, could you do to improve this situation? I could call Dave and ask him how the visit went, and maybe even explain why I chose not to go. I can practice being friendly and patient with others, and maybe apologize to the waiter. I can do something nice for my wife, like clean up the kitchen as a surprise.

Example B

Thought: Nothing ever goes my way; it isn't fair!

Evidence that this is true: I didn't get the job I wanted, even though I am qualified. Our car broke down again. My best friend never has to struggle with her weight like I do, and her husband makes so much money that they never have to worry like we do.

Evidence that this is not 100 percent true: We've been making ends meet ever since I lost my job, and we aren't going to end up on the streets. I may not be skinny, but my health is good. I have a loving husband and kids to cherish.

Balanced evaluation: Sometimes things don't turn out the way I want and I don't get the things I think I need, but we always get through it. It doesn't matter what other people have; some people have more and some people have less than I do. I have a lot to be grateful for.

What, if anything, could you do to improve this situation? I can keep a gratitude list to stay focused on the positive. I can keep putting out applications and living in a healthy way, whether I get what I want or not.

Your Responses

Use this worksheet to balance your unbalanced thoughts.

Thought: _____

Evidence that this is true: _____

Evidence that this is not 100 percent true: _____

Balanced evaluation: _____

What, if anything, could you do to improve the situation?

EXERCISE 5.1 Losses Checklist

Think about this list of losses. Write a check mark next to any loss that you've had in your own life, whether or not you believe it has had a big impact on you. (If you prefer, you can download this checklist at <http://www.newharbinger.com/48107>.)

- | | |
|--|---|
| <input type="checkbox"/> lost a job or business | <input type="checkbox"/> psychiatric treatment as an inpatient |
| <input type="checkbox"/> unemployed long term (loss of identity, loss of hope, loss of purpose, loss of money) | <input type="checkbox"/> drug or alcohol treatment/rehab as an inpatient |
| <input type="checkbox"/> quit a job | <input type="checkbox"/> severe depression/suicidal thoughts (loss of hope, loss of mental stability) |
| <input type="checkbox"/> promotion or demotion at work | <input type="checkbox"/> graduation from high school |
| <input type="checkbox"/> parents divorced/split up | <input type="checkbox"/> graduation from college |
| <input type="checkbox"/> divorce | <input type="checkbox"/> graduation from graduate school or other higher education |
| <input type="checkbox"/> had a miscarriage | <input type="checkbox"/> spiritual crisis/loss of faith |
| <input type="checkbox"/> infertility | <input type="checkbox"/> mastectomy |
| <input type="checkbox"/> had an abortion | <input type="checkbox"/> loss of a limb |
| <input type="checkbox"/> gave a baby up for adoption | <input type="checkbox"/> loss of mobility (unable to walk or move) |
| <input type="checkbox"/> were given up for adoption yourself | <input type="checkbox"/> chronic illness (loss of health) |
| <input type="checkbox"/> failed adoption experience | <input type="checkbox"/> hearing loss |
| <input type="checkbox"/> loss of reputation | <input type="checkbox"/> loss of sight/worsening vision |
| <input type="checkbox"/> unrequited love | <input type="checkbox"/> being betrayed, lied to, manipulated (loss of trust) |
| <input type="checkbox"/> breakup of important romantic relationship | <input type="checkbox"/> a friend moving away |
| <input type="checkbox"/> death of a pet | <input type="checkbox"/> loss of friendship through losing touch/drifting apart |
| <input type="checkbox"/> having to give a pet away | <input type="checkbox"/> loss of friendship through argument/conflict |
| <input type="checkbox"/> pet running away | <input type="checkbox"/> aging (loss of youth, loss of energy, loss of health) |
| <input type="checkbox"/> military deployment | <input type="checkbox"/> loss of an organ or joint |
| <input type="checkbox"/> arrest/time in jail (loss of freedom) | <input type="checkbox"/> loss of driver's license |
| <input type="checkbox"/> time in prison | <input type="checkbox"/> homelessness/loss of housing |
| <input type="checkbox"/> mental illness or a psychotic break | |

- ☐ moving to a new house or apartment
- ☐ moving to a new town/city
- ☐ moving to a new state
- ☐ moving to a different country
- ☐ living in a foreign country (loss of cultural identity, loss of connection to own culture)
- ☐ losing your home
- ☐ loss of virginity
- ☐ loss of sexual interest
- ☐ impotence
- ☐ addiction of a parent
- ☐ mental illness of a parent
- ☐ absent father
- ☐ absent mother
- ☐ discharge from military
- ☐ abuse (loss of security, loss of safety, loss of self-esteem, loss of trust, loss of identity)
- ☐ physical abuse
- ☐ verbal abuse/emotional abuse/psychological abuse
- ☐ sexual abuse
- ☐ loss of a dream (realizing you will never get to do something you always dreamed of)
- ☐ large financial loss
- ☐ loss of license through DUI
- ☐ trauma: sexual assault
- ☐ trauma: physical assault or other act of violence
- ☐ trauma: natural disaster (pandemic, fire, earthquake)
- ☐ trauma: combat
- ☐ trauma: other _____
- ☐ death of a close friend
- ☐ death of your father
- ☐ death of your mother
- ☐ death of your paternal grandfather
- ☐ death of your paternal grandmother
- ☐ death of your maternal grandfather
- ☐ death of your maternal grandmother
- ☐ death of another close family member
- ☐ death of a sibling
- ☐ a sibling leaving home
- ☐ death of your spouse
- ☐ death of your child
- ☐ your child leaving home/leaving for college
- ☐ ending counseling/therapy (loss of mental health support)
- ☐ loss of certainty about the future
- ☐ loss of mental functioning/dementia
- ☐ sexual harassment (loss of safety at work)
- ☐ domestic violence (loss of safety at home)
- ☐ being discriminated against
- ☐ other loss: _____
- ☐ other loss: _____
- ☐ other loss: _____

EXERCISE 5.3 How Resolved Is Your Loss?

Let's begin by looking at how far you have come in processing your losses. Considering each loss you listed in the previous exercise, one at a time, take this ten-question quiz to see where you are in your healing process. Circle the number next to the answer that makes sense for you right now. Scoring will be explained after you have considered all of your losses. Make copies of this quiz to use with each loss you are targeting, or visit <http://www.newharbinger.com/48107> to download the quiz.

Indicate which loss you are reflecting on here: _____

When I think about this loss, I feel...

1. ...calm, but a little bit sad at times.
2. ...I don't think about it.
3. ...numb.
4. ...overwhelmed or furious.

I have talked about this loss with...

1. ...anyone who would benefit from knowing about it.
2. ...a counselor, therapist, or spiritual adviser as well as loved ones.
3. ...only my very closest friends and/or family members.
4. ...No one knows about the loss.

When I talk about the loss...

1. ...I get emotional at times; I share how I'm feeling with the person I'm talking to.
2. ...I am very matter-of-fact; nothing affects me.
3. ...I don't talk about the loss.
4. ...I become emotionally overwhelmed and shut down.

I have dreams related to the loss...

1. ...once in a while.
2. ...never or almost never.
3. ...pretty often.
4. ...almost every night.

At the time of the loss, the people closest to me...

1. ...talked to me about the loss and about their own emotions and experiences; helped me to feel safe expressing myself.
2. ...tried to be there for me but were too overwhelmed or couldn't handle it; I focused on their needs and taking care of them more than myself.
3. ...shut down and avoided talking about the loss; sent me the message that my feelings about the loss should be kept to myself or maybe were wrong altogether.
4. ...There wasn't anyone close to me during the loss.

After the loss, I did something...

1. ...right away; I felt ready to do something.
2. ...a short time later.
3. ...months later; I was in a fog for quite a while.
4. ...I still haven't taken any action steps.

Even though I have experienced a significant loss, giving back to the community...

1. ...is important to me; I like helping others.
2. ...is important, but I'd rather wait a little first.
3. ...is not important; I'd rather just stay away from community activities.
4. ...is not important at all; what's the point?

Since the loss, I have been able to find meaning...

1. ...most days; I feel I'm on the right track.
2. ...once in a while.
3. ...not very often; I don't really know how to make sense of my loss.
4. ...not at all; I cannot make sense of my loss.

Since the loss, my family and I are...

1. ...close; we touch base often.
2. ...pretty close; I feel that there is support there if I need it.
3. ...distant; we don't talk much.
4. ...estranged; I'm pretty mad.

In regard to this loss, I feel...

1. ...sometimes sad, but mostly at peace.
2. ...a deep, powerful sadness.
3. ...self-blame, a sense of responsibility, guilt, shame, or regret.
4. ...numb, closed off; everything seems dark.

Add together the numbers you circled to get your total score for this loss.

Write your total score for this loss here: _____

Remember, even if you have a long way to go toward resolving a loss, that's okay; you are here to do the work! You will get there. You will experience the freedom that comes from resolving a loss. Now, take the total score for each loss and write it below:

Loss 1 score: _____

Loss 2 score: _____

Loss 3 score: _____

Loss 4 score: _____

Loss 5 score: _____

Scoring

10–20 points: Good job! You have processed your loss very well. There's still some work to do, but you are on your way to healthy recovery from your loss.

21–30 points: You may still be struggling with some strong feelings about the loss. The loss still has a significant impact on you, and there's still work to be done.

31–40 points: This loss is still unresolved. It is causing you a lot of unnecessary pain and struggle, and it's time to take a good look at this and get moving forward. Some people benefit from talking to a professional counselor once they see how past losses may be affecting them. Complete the next worksheet thoroughly to see exactly how this loss has been affecting you. Part 3 of this workbook, particularly chapter 8, Mindful Grieving, will give you more tools for working through your loss. You will experience healing if you focus your skills on this loss.

EXERCISE 5.4 Loss Impact Worksheet

Now consider the impact of each loss you listed in exercise 5.2. It will be best to start with your least resolved loss, based on your scores from the previous exercise. Then move on to next least resolved loss, and so on, until you've considered all five. Write down your ideas about how each loss may have affected your life. You can do that in the space below, in your journal, or on the worksheet, which you can download from <http://newharbinger.com/48107>. If you write your answers below, it would be wise to photocopy the worksheet first so that you have one copy for each of your five most significant losses. If you download the worksheet, print out five copies. Using your journal is another option, and as always, it's a great place to expand on your thoughts and feelings as they come up.

Your loss: _____

Consider the influence your loss had on the following areas of your life:

Spirituality: _____

Social life: _____

Ideas about relationships: _____

School or work functioning: _____

Eating or sleeping: _____

Family life: _____

Mood: _____

Sense of security and safety: _____

How you see yourself: _____

EXERCISE 6.2 Checklist of Addiction Signs: Alcohol or Drugs

Here is a list of signs and symptoms of alcohol or drug addiction. Place a check mark next to any of the signs that you have. (If you prefer, you can download this checklist at <http://newharbinger.com/48107>.)

- ☐ Trying to quit or cut down on the use of alcohol or drugs but can't
- ☐ Increasing the amount of alcohol or drugs needed to feel a buzz (tolerance)
- ☐ Feeling an urgency to get the day's first drink or drug (feeling itchy, restless, and eager to have it)
- ☐ Having blackouts, or memory lapses, during or after using alcohol or drugs
- ☐ Sneaking to use drugs or alcohol, and developing an increasing need to use
- ☐ Making excuses for drug or alcohol use
- ☐ Using the substance while alone, or hiding all evidence of using
- ☐ Avoiding family and friends, especially if they express concern about your drug or alcohol use
- ☐ Drinking or using drugs more than other people do at social events
- ☐ Using alcohol or drugs to forget about your problems
- ☐ Experiencing financial, legal, medical, family, and/or work problems that have developed due to alcohol or drug use
- ☐ Being unable to enjoy social gatherings or events without using drugs or alcohol
- ☐ Losing interest in other activities and an increased desire to get "high"
- ☐ Doing things under the influence of drugs or alcohol that cause feelings of shame or regret later on
- ☐ Neglecting important responsibilities in order to use drugs or alcohol
- ☐ Being willing to do almost anything to get the drug or alcohol
- ☐ Being unable to talk about the problem with others
- ☐ Being in denial about the seriousness of the addiction problem
- ☐ Not eating properly
- ☐ Not taking care of yourself or your hygiene
- ☐ Taking risks that may be harmful to yourself or others, such as having unsafe sex or driving while high or drunk

Scoring

Count the number of check marks you made in the previous list.

Number of signs and symptoms marked: _____

If you checked ten or more signs and symptoms, then there's a good chance you are experiencing *significant* distress due to drugs and alcohol. Use the resources in this workbook to help yourself. Also, you may want to attend an in-person or online 12-step or SMART Recovery meeting for extra support while using this book. Seek professional therapy as soon as possible to give yourself the best chance of lasting recovery.

If you checked nine or fewer signs and symptoms, then alcohol or drugs are still causing problems for you. Continuing to do the work will bring you closer to regaining your health and improving your coping skills.

EXERCISE 6.3 Identify Addictions Worksheet: Other Troubling Behaviors

A number of other troubling behaviors, when done to excess, can mask underlying problems. Take a look at this list and place a check mark next to the items that ring true for you. (If you prefer, you can download this worksheet at <http://www.newharbinger.com/48107>.)

- ☐ *Gambling.* Compulsive activity that you are unable to stop, despite the fact that continuing to gamble is creating serious money and relationship problems.
- ☐ *Overeating.* Eating when you are not hungry or when you are already full, eating too much food that's not good for you, eating in secret.
- ☐ *Overexercising.* Exercising while injured or to the point of exhaustion or injury. Obsessing about exercise at the expense of your responsibilities or your physical health.
- ☐ *Overshopping.* Spending money that you do not have on items you do not need, on multiple similar items, or on items for others. Spending even though you do not have the money.
- ☐ *Overuse of computers/video games.* Gaming for hours per day, and/or using the computer at the expense of your school-work, job, relationships, sleep, hygiene, or health.
- ☐ *Overworking.* Working excessive hours; unable to stop working and thinking about work when you are supposed to be off the job.
- ☐ *Pornography.* Obsessively watching pornographic material despite negative consequences.
- ☐ *Sex.* Sexual behavior with multiple partners, visiting prostitutes, sex theaters, or sex spas, frequent masturbation.
- ☐ *Stealing/Shoplifting.* Taking items from stores or from other people for a rush despite the legal consequences.
- ☐ *TV Watching/ Gaming.* Watching multiple hours of television or gaming, usually alone, despite negative feedback from family or friends. Most or all of free time is spent watching TV or gaming, including sleeping or eating in front of the television, or not sleeping at all.

EXERCISE 6.4 Checklist of Addiction Signs: Troubling Behaviors

Here's a list of signs and symptoms of troubling behaviors. Place a check mark next to any of the signs that you have. (If you prefer, you can download the checklist at <http://www.newharbinger.com/48107>.)

- ☐ Trying to quit or cut down on the behavior but can't
- ☐ Increasing how often you do the behavior to feel good (tolerance)
- ☐ Urgency in preparing to do the behavior (feeling itchy, restless, and eager to do it)
- ☐ Sneaking the behavior or hiding all evidence of doing it
- ☐ Making excuses for doing the behavior
- ☐ Feeling depressed, anxious, or angry when something keeps you from doing the behavior
- ☐ Doing the behavior while alone when it used to be done socially
- ☐ Avoiding family and friends, especially if they express concern about the behavior
- ☐ Wanting to leave social events to return to doing the behavior
- ☐ Doing the behavior to forget about your problems
- ☐ Experiencing financial, legal, medical, family, and/or work problems that have developed from doing the behavior
- ☐ Losing interest in other activities and an increased desire to do the behavior
- ☐ Feeling shame or regret later on because of doing the behavior
- ☐ Neglecting important responsibilities in order to do the behavior
- ☐ Being willing to do almost anything to get back to doing the behavior
- ☐ Being unable to talk about the problem with others
- ☐ Being in denial about the seriousness of doing the troubling behavior
- ☐ Not eating properly, not taking care of yourself or your hygiene
- ☐ Taking risks that may be harmful to yourself or others
- ☐ Lying to others about stopping when you are continuing to engage in the behavior

Scoring

Count the number of check marks you just made.

Number of signs and symptoms marked: _____

If you checked *any* of these signs and symptoms, this troubling behavior is causing problems for you. If you checked ten or more signs and symptoms, then there's a good chance you are experiencing *significant* distress from this behavior. Use the resources in this workbook and seek professional counseling to help yourself. Also, you may want to attend an in-person or online 12-step meeting to get extra support while using this book. Some examples are Overeaters Anonymous, Sex Addicts Anonymous, and Gamblers Anonymous.

EXERCISE 7.1 Creating Your Addiction-and-Loss Time Line

On the left side of a piece of paper, create a list called “Losses.” Write down your losses and the approximate age at which each happened, starting with the earliest at the top. Write down the age the loss occurred, as well as the date and season if you know them. If you can only guess, that’s okay too! Just note as much information as you can. It may be helpful to refer back to exercise 5.1, “Losses Checklist.” It’s up to you how many losses you include on your time line, but it will be best to include at least the five main losses you noted in exercise 5.2, “Identifying Your Losses.”

On the right side of the page, make a list called “Events in My Addiction.” List the important experiences in your addiction. Start with your first exposure at the top. Write down the age that each event occurred and the date, if you know it. Just as you did for your losses, do your best. It’s important to take a deep breath, trust the process, and move forward with the exercise. For this activity, it will be helpful to look back at exercise 6.5, “Time Line of Addictive Behavior.” Most of all, you are looking for times when you saw your addiction intensify or when a relapse happened. (If you prefer, visit <http://newharbinger.com/48107> to download this worksheet.)

Losses	Events in My Addiction

EXERCISE 7.4 Specific Triggers Worksheet

What are some specific triggers that might propel you toward your addictive behavior? They can be sights, smells, sensations, sounds, or events. Being aware of your specific triggers will give you even more strength in the battle against the loss-addiction cycle that has been keeping you stuck. Use this worksheet to list any specific triggers you can think of. (If you prefer, you can download the worksheet at www.newharbinger.com/48107.)

Specific trigger: _____

Loss it relates to: _____

Specific trigger: _____

Loss it relates to: _____

Specific trigger: _____

Loss it relates to: _____

Specific trigger: _____

Loss it relates to: _____

Specific trigger: _____

Loss it relates to: _____

Specific trigger: _____

Loss it relates to: _____

EXERCISE 8.2 What Your Stages Look Like

As you get to know yourself in recovery, it will be powerful to know how you tend to experience the stages of grief. In the space below, write down all the ways you have felt, acted, or thought when grieving a loss. You might choose one loss to explore, or look at many losses to uncover patterns. (If you want to explore several losses, make photocopies of the worksheet first, or visit <http://www.newharbinger.com/48107> to download the worksheet.) See Cecilia's worksheet below as an example.

Cecilia's Example

Denial: When I lost my cat, I put up posters for months, even though my neighbor said she had seen her going down into the canyon where we have coyotes. When my boyfriend broke up with me, I kept calling him and asking him to hang out.

Anger: Sometimes when I missed my cat, I would be irritable and rude to strangers. I cursed at a friend on the phone who said I should get over my boyfriend. I sent him angry texts, especially if I was drinking.

Bargaining: When I was a kid, I tried to convince my parents not to move to a new town; I promised to stop getting into trouble and get good grades. With my ex-boyfriend, I thought if I lost weight and acted sexier, he would change his mind.

Depression: After we moved to a new town, I skipped school a lot and stayed in my room sleeping; I wouldn't eat. After I lost my cat, I slept a lot of the day and drank even more than before.

Acceptance: After a couple months, I buried some of my cat's favorite toys and wrote a poem for her. I got a new cat that I love so much! I erased my ex-boyfriend's number, and I can see now that he wasn't good for me anyway. We partied so much together; it would have felt impossible to recover while I was with him.

Your Responses

Denial: _____

Anger: _____

Bargaining: _____

Depression: _____

Acceptance: _____

EXERCISE 9.5 Identifying Your Healthy and Unhealthy Relationships

Now that you understand the qualities of relationships better, do this worksheet. Think of three important relationships in your life. For each relationship, think about the categories you read about in the list above, and decide whether each relationship is healthy, unhealthy, or unsafe based on that information. Some relationships may have qualities from more than one category, so it's up to you to decide which category describes this relationship the best. If it's very hard to decide and you feel that the relationship is right on the borderline, you may list a relationship as "healthy/unhealthy."

It would be wise to copy this worksheet before using it (or download it at <http://newharbinger.com/48107>) so you can redo the exercise with other relationships in the future.

Relationship 1 (name of person): _____

Category (healthy, unhealthy, unsafe): _____

Reasoning (list some information from the qualities list): _____

Relationship 2 (name of person): _____

Category (healthy, unhealthy, unsafe): _____

Reasoning (list some information from the qualities list): _____

Relationship 3 (name of person): _____

Category (healthy, unhealthy, unsafe): _____

Reasoning (list some information from the qualities list): _____

EXERCISE 9.6 Letter of Invitation

This writing exercise is a good place to begin with the important people in your life. You are inviting the people who matter to you to understand your recovery better and to give you a chance to right the wrongs you have done.

Use the following form as an outline. It would be best to copy this letter of invitation (or download it at <http://newharbinger.com/48107>) so that you have several copies to use in the future. You can use this letter for different people along your recovery journey.

Dear _____,

I am writing this letter to you today to talk about my addiction. I hope we will talk more in the future; this is just a beginning. I want to share with you some of my thoughts, feelings, and hopes. I also want to own up to the pain my addictive behaviors may have caused you.

Here are the top five ways I think my addictive behaviors have affected or hurt you:

Am I right? Are there other ways you want to tell me about? I want to listen. I want to know what this has been like for you. I also want to know whether there are any ways I can make things up to you. Here are five things I am already doing to change my life:

I am open to hearing more suggestions if you have them. Even if I can't accomplish the things that you suggest, I want to know how you feel.

I am going to continue working on getting better. I know I am responsible for my own recovery. I promise to take that responsibility seriously. Because you are an important part of my life, I would like to invite you to be a part of the process. If you are willing, here are three ways you could support my recovery:

My hope is that we will have a strong, happy, balanced relationship in the future. The kind of person I want to be in our relationship is:

This letter is only a beginning. I wanted to open the door for us to talk honestly and openly about my addiction. I hope you will join me in this process. I am willing to work hard to heal this relationship because you are important to me!

Sincerely,

EXERCISE 9.8 Healing Conversation Action Plan

Now use this Healing Conversation Action Plan to make a solid plan for your conversation. It would be wise to copy this worksheet, download it at www.newharbinger.com/48107, or use your journal to do this exercise with many important people in your life.

Name of friend or family member: _____

Place to have the conversation: _____

Conversation starter to use: _____

Supportive feedback to use: _____

Boundary-setting phrases to use: _____

Phrases to exit the situation if necessary: _____

Phrases to end the conversation in a healthy way: _____

EXERCISE 9.10 Keep Track of Your Thoughts

Use the next form to keep track of your thoughts and build in more positive self-talk. It would be wise to copy this worksheet (or download it at <http://www.newharbinger.com/48107>) so that you can use it again and again, but you can also work through this process step by step in your journal. You will rate the intensity of your feelings about the situation on a scale of 1 (least intense) to 10 (most intense).

Example

Situation: Going to a Halloween party, first party since I stopped drinking.

Thoughts (self-talk): This costume looks so stupid. Everyone is going to think I look ridiculous. No one will talk to me. It won't be any fun. What if I hate it?

Feelings: Anxious, nervous, afraid, uncomfortable in my skin, insecure, restless

Intensity of the feelings (1–10): 9

Self-encouraging thoughts to balance out negative self-talk: They invited me for a reason, so they must want me to come. Everyone looks kind of silly in Halloween costumes, and besides, it's not a beauty contest. If it really isn't fun, I can leave early. Steve is going. He knows I stopped drinking and has been really supportive. It won't kill me just to check it out; I might have fun!

Intensity of the feelings now (1–10): 4 (still nervous, but I feel a lot better)

Your Responses

Situation: _____

Thoughts (self-talk): _____

Feelings: _____

Intensity of the feelings (1–10): _____

Self-encouraging thoughts to balance out negative self-talk: _____

Intensity of the feelings now (1–10): _____

EXERCISE 11.1 Checklist of Ten Common Signs of Depression

Here is a list of ten common signs of depression. (Visit <http://www.newharbinger.com/48107> to download this checklist.) Place a check mark next to any of the signs that you have had in the *past two weeks*.

- ☐ I have problems with *sleep* (either sleeping too much or too little).
- ☐ I have changes in my *appetite or weight*.
- ☐ I feel *irritable or angry* on most days.
- ☐ I'm no longer interested in *activities* that I used to like
- ☐ I feel *hopeless and helpless*.
- ☐ I notice a loss of *energy*.
- ☐ I have problems *concentrating*, remembering things, or making decisions.
- ☐ I have problems *taking care of myself* (things like eating, showering, working, school, or family responsibilities are difficult for me right now).
- ☐ I have strong *self-critical feelings*, like guilt or shame.
- ☐ I think about *suicide* or have made suicide attempts.

Scoring

Keep in mind that if you checked the last item, *I think about suicide or have made suicide attempts*, we recommend you seek immediate help from a licensed mental health professional or psychiatric hospital. We have also included these crisis line numbers (800-273-8255 or 800-950-NAMI) in the Dual Recovery Self-Awareness Plan below.

If you checked:

1–3 signs: This is a great start: you have identified your personal warning signs. This useful information means now is the time to take care of your mental health along with your recovery. What can you do to foster your well-being now?

4–6 signs: This is cause for alarm. Depression has a way of sneaking up on you. Having these signs helps you recognize that you'll need to take this seriously before it gets worse. Are there activities you can do to help alleviate some of these symptoms? Is there a supportive professional whom you trust that you can talk to? Information is power, so use this information to take care of yourself and your recovery today.

7–10 signs: We applaud you for being honest and aware of how you are doing. Being aware that you are having a problem with depressive thoughts and feelings is an important step in protecting your recovery. This is a time you will need extra help to cope with your depressive symptoms. Reach out to a trusted mental health professional or let your counselor know that things are feeling a bit worse. Remember, there is always hope. The feelings you are having now are *not permanent* and you can get through this with support and self-compassion.

Remember, just like with recovery from addiction, you can begin your mindful recovery from depression too. Yes, you can begin to feel better and continue your recovery journey.

EXERCISE 11.2 Checklist of Ten Common Signs of Anxiety

Here is a list of signs of anxiety. (Visit <http://www.newharbinger.com/48107> to download this checklist.) Place a check mark next to any of the signs that you have had in the *past two weeks*.

- ☐ I worry all the time.
- ☐ I feel *agitated and restless*.
- ☐ I feel *exhausted* all the time.
- ☐ I'm having difficulty *concentrating*.
- ☐ I've had a *racing heart* or *shortness of breath* recently.
- ☐ I have *bodily tension* (like headaches or other aches and pains).
- ☐ I have trouble with my *sleep* (either falling or staying asleep).
- ☐ I have been experiencing *panic* or *unreasonable fear*.
- ☐ I avoid *social situations*.
- ☐ When troubling thoughts intrude into my mind, I don't feel any peace until I *engage in a specific behavior* (like checking things, touching things).

Scoring

If you checked:

1–3 signs: If you have a few of these common signs and the feelings are in relation to events in your life, continue to increase your coping skills and health behaviors. Remember, being in recovery brings its fair share of anxious thoughts. You can cope with them!

4–6 signs: It's clear anxiety is getting in the way of managing your day-to-day activities. Sometimes it might feel like anxious feelings are taking over. This is a good time to reach out to a mental health professional and let him or her know that your anxious feelings are increasing. See if you can figure out whether the feelings are associated with specific events in your life. Events like changing jobs or losing your job, family distress, a health issue, racial oppression, or world events can naturally cause anxiety to rise. Use a journal to jot down when, where, and what type of feelings you are having. This will be very helpful as you look for patterns in your life. Reach out to family and friends to help you cope!

7–10 signs: Your day-to-day life is significantly impacted by anxious feelings. There is good news here. First, you have successfully identified that there is a problem that is causing you difficulty. Second, anxiety is something that can be managed with a combination of mental health support, mindfulness skills to calm down, and behavioral changes. There's no time like the present to put yourself first and take care of your mental health as you continue in recovery. You'll feel better if you get help from a trusted professional counselor.

EXERCISE 11.3 Checklist of Ten Common Signs of Post-Traumatic Stress Disorder

Here is a list of ten signs of post-traumatic distress. (Visit <http://www.newharbinger.com/48107> to download this checklist.)

Place a check mark next to any of the signs that you have had in the *past two weeks*.

- ☐ I *reexperience* the trauma (I have flashbacks, bad dreams, and/or disturbing thoughts).
- ☐ I *avoid* places or things that remind me of the traumatic event.
- ☐ I have *negative thoughts* about myself regarding the traumatic event.
- ☐ I have had *trouble remembering* the traumatic event.
- ☐ I feel *numb, guilty, worried, and depressed* about the traumatic event.
- ☐ Sometimes I feel that the world is “*not real*.”
- ☐ I am *hypervigilant*; I scan my environment for threats.
- ☐ I have *trouble sleeping*.
- ☐ Sometimes I have *outbursts of anger*.
- ☐ I tend to *withdraw* from others.

Scoring

If you checked:

1–3 signs: Checking off one to three signs of trauma indicates you may have experienced a traumatic event that is causing some concern. Continue practicing mindfulness and other health behaviors that help calm and center you. Reach out for support and connect with friends.

4–6 signs: By checking four to six of these common signs of trauma, you are acknowledging that there are days when you are not feeling well. Something in your environment may be upsetting you. In recovery, you have a chance to address what is bothering you now. Talk to a mental health professional about what you are noticing about triggers in your environment.

7–10 signs: The traumatic event or events in your life are having a serious impact on your mental and physical health. You are not alone, and you don't have to keep feeling this way. Now is the time to get professional mental health support. If you are already in mental health treatment, let the counselor know what you are experiencing. Eye movement desensitization and reprocessing (EMDR) is a powerful therapy that helps people heal from PTSD. You can search for a therapist trained in EMDR on psychologytoday.com or goodtherapy.org. Give yourself some space to address the traumatic events and develop soothing and coping behaviors to manage any triggers that may come up in your environment. There is a way back to feeling well again.

EXERCISE 11.4 Checklist of Ten Common Signs of Bipolar Disorder

Here is a list of ten common signs of bipolar disorder. (Visit <http://www.newharbinger.com/48107> to download this checklist.) Place a check mark next to any of the signs that you have had in the *past two weeks*. The first six are *manic signs*; the last four are *depressive signs*.

- ☐ I feel *unusually upbeat, outgoing, or irritable* (I'm not usually like this).
- ☐ I have *racing thoughts* and I've been *speaking too quickly*.
- ☐ I have *unlimited energy* and I am easily distracted.
- ☐ I'm engaging in self-destructive and *impulsive behaviors*.
- ☐ I have *less need for sleep* (and I don't feel exhausted).
- ☐ I have an *exaggerated sense of self-worth*.
- ☐ I feel *sad, empty, and helpless*.
- ☐ My *energy is low*, and I feel constantly drained.
- ☐ I'm not sure I am *thinking clearly*, and I can't remember things.
- ☐ I *think of suicide*; I have made suicide attempts.

Scoring

Keep in mind that if you checked the last item, *I think of suicide; I have made suicide attempts*, we recommend you seek immediate help from a licensed mental health professional or psychiatric hospital. We have also included these crisis line numbers (1-800-273-8255 or 800-950-NAMI) in the Dual Recovery Self Awareness Plan below.

If you checked:

1–3 signs: It's a good time to figure out what type of support would match where you are right now. Activate the coping skills that have worked for you in the past and continue to use the mindfulness skills for balance.

4–6 signs: Quite a few people in recovery notice they experience lots of ups and downs. Now that you have acknowledged what is happening for you, use the information to help yourself return to a calm place. A mental health provider may recommend getting an assessment with a psychiatrist. Along with this, health behaviors like better nutrition, exercise, and better sleep may also help get things back on track.

7–10 signs: Thank you for being honest about what you are going through right now. Being aware is the most important piece of your wellness puzzle. Recovery has its share of ups and downs, but what you may be experiencing goes beyond recovery from drugs and alcohol. You deserve to feel better. Take this time to reach out to a trusted mental health professional. Stay committed to your mental health and you will surely reap the benefits.

EXERCISE 11.5 Checklist of Ten Common Signs of Psychosis

Here is a list of ten common signs of psychosis. (Visit <http://www.newharbinger.com/48107> to download this checklist.) Place a check mark next to any of the signs that you have had in the *past six months*.

- ☐ I had an unexpected *drop in grades or work performance*.
- ☐ I have *difficulty thinking clearly* and/or trouble concentrating.
- ☐ I feel *suspicious, paranoid*, and/or uncomfortable around other people.
- ☐ I *withdraw* from other people; I spend a lot of time alone.
- ☐ Sometimes I have *strange ideas*, weird feelings, or I just don't have any feelings at all.
- ☐ I *hear or see things* that other people don't hear or see.
- ☐ My *personal hygiene* and self-care have decreased recently (like showering, changing clothes, shaving, or doing laundry).
- ☐ I have *problems distinguishing what's real* from what's fantasy.
- ☐ I have noticed my *speech is confused* and I have trouble communicating with others.
- ☐ I am *not motivated*; I'm not functioning well at all.

Scoring

If you checked:

1–3 signs: Chances are you, and even family and friends, may be noticing your behaviors are unusual. Without professional help, psychosis can get worse. And these behaviors can lead back to using drugs and alcohol. See if you can break this cycle and get on a healthier path.

4–6 signs: We are glad you are taking an honest look at how you are doing. Your thoughts and behavior may be significantly impaired, and you will need to get professional mental health support as soon as possible. Continue your recovery journey from drugs and alcohol and add in mental health care. There is a way to start feeling better again and you are worth the effort.

7–10 signs: If you checked seven or more, you, your family, and your friends most likely are very worried about you. We applaud your honest assessment of how you are functioning. The good news is that, with professional mental health help, you can begin to get better. Just as with the other mental health challenges, using substances will seriously impact your brain and behavior. Talking to a psychiatrist about what is going on with both addiction recovery and mental health, and discussing possible medications, is the next healthy step. Many people in dual diagnosis recovery may need ongoing support, group therapy, and aftercare programs to maintain well-being for the long term. It's always better to have a strong support system in recovery.

EXERCISE: 11.6 Dual Recovery Self-Awareness Plan

This “Dual Recovery Self-Awareness Plan” is an easy go-to that you can refer to when you begin to notice signs that your mental health needs more attention. (Visit <http://www.newharbinger.com/48107> to download the “Dual Recovery Self-Awareness Plan.”)

Fill out your personalized “Dual Recovery Self-Awareness Plan,” keep it close, and add it to your phone for easy access.

SAMPLE SELF-AWARENESS PLAN

Self-Awareness Sign: Friend said I was talking too fast, I’m starting to take on lots of projects (high energy)

Warning sign of: Bipolar mania

People I can call: Jenny (she gets it!), my sister

Skills/activities that help bring me back into balance: Meditation for at least five minutes daily; observe feelings and thoughts without attaching; try to keep my daily routine, including meetings

Emergency Numbers I Can Contact
My Therapist: #
My Family Member/Friend: #
Suicide Prevention Hotline: 800-273-8255 or 911
NAMI Helpline: 800-950-NAMI or text NAMI to 741741

MY SELF-AWARENESS PLAN

Self-Awareness Sign: _____

Warning sign of: _____

People I can call: _____

Skills/activities that bring me back into balance: _____

Emergency Numbers I Can Contact
My Therapist: #
My Family Member/Friend: #
Suicide Prevention Hotline: 800-273-8255 or 911
NAMI Helpline: 800-950-NAMI or text NAMI to 741741

EXERCISE 12.2 Work as a Gift

Here are the eight ways to make work seem less like work. In the middle column, check which methods you are willing to try to improve your workday. In the right-hand column, note the date you plan to start using that method. Once you set your date, you are on your way to trying new tools at your workplace (or at home). (Visit <http://newharbinger.com/48107> to download the checklist.) Remember, these tools support your recovery and help you build long-term work health. Don't forget to use your journal to jot down improvements you notice at work.

Eight ways to make work seem less like work	I'm willing to try this	Date I will start this
I will pace myself.		
I will suspend judgment.		
I will eat foods that are good for my brain.		
I will change my negative beliefs.		
I will be imperfect.		
I will follow my intuition.		
I will erase distractions.		
I will return to mindful practice.		

EXERCISE 12.3 Pleasant Activities List

To bring a little fun back into your life, read the list below and put a check mark in the middle column of any activities that you enjoy or have enjoyed in the past. Once you have gone through the list, go back and fill in the third column with the date you plan to start the activity. The list is not in any particular order. There may be things that you like to do that are not listed here. Space is provided for you to write in five other pleasurable activities that may be helpful in your recovery. (If you prefer, visit <http://www.newharbinger.com/48107> to download the “Pleasant Activities List.”)

Pleasant activity	I enjoy this activity	Date I will start this activity
<i>Go for a drive.</i>		
<i>Ride a bike.</i>		
<i>Rearrange a room.</i>		
<i>Clean my office.</i>		
<i>Go to a park.</i>		
<i>Learn or play a musical instrument.</i>		
<i>Volunteer at a local organization.</i>		
<i>Help a neighbor.</i>		
<i>Do artwork.</i>		
<i>Go to the local gardens.</i>		
<i>Take time to meditate or sit quietly.</i>		
<i>Plan a vacation or a staycation.</i>		
<i>Read an inspirational story.</i>		
<i>Sit next to a fire in my fireplace.</i>		
<i>Take a bath.</i>		

Pleasant activity	I enjoy this activity	Date I will start this activity
<i>Read a book or magazine.</i>		
<i>Listen to relaxing music.</i>		
<i>Cook for a friend.</i>		
<i>Work on my car.</i>		
<i>Finish an assignment.</i>		
<i>Listen to a podcast.</i>		
<i>Go to or listen to a religious service or spiritual gathering.</i>		
<i>Start to learn a new language.</i>		
<i>Bake cookies.</i>		
<i>Go to a meeting or join an online meeting.</i>		
<i>Do yard work or repot my plants.</i>		
<i>Play with my pet.</i>		
<i>Soak up the sunshine.</i>		
<i>Visit a museum.</i>		
<i>Give someone a gift.</i>		
<i>Watch sports.</i>		
<i>Join a book club.</i>		
<i>Get a massage.</i>		
<i>Go to the local zoo.</i>		
<i>Go out to take photographs.</i>		

Pleasant activity	I enjoy this activity	Date I will start this activity
<i>Talk to a friend or family member on the phone.</i>		
<i>Renew my financial goals.</i>		
<i>Do odd jobs around my home.</i>		
<i>Go to a new restaurant.</i>		
<i>Get up early in the morning.</i>		
<i>Write in my journal.</i>		
<i>Go for a swim.</i>		
<i>Go for a walk around the neighborhood.</i>		
<i>Play catch with a kid.</i>		
<i>Walk barefoot.</i>		
<i>Start a new project.</i>		
<i>Sit outside and people-watch.</i>		
<i>Cook a new recipe.</i>		
<i>Sell my items that I no longer need, or take them to charity.</i>		
<i>Go outside at night to look at the stars.</i>		