

Client's Treatment Companion

*Matrix Intensive Outpatient
Treatment for People With
Stimulant Use Disorders*

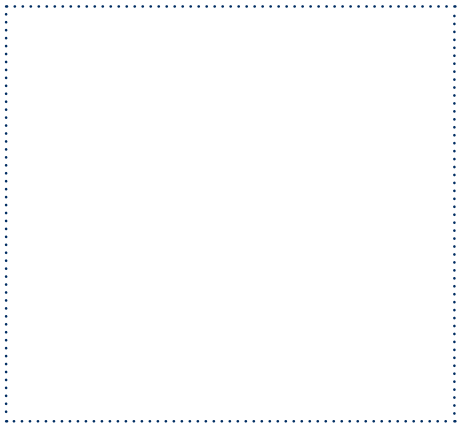




This book is your private place to record ideas and reminders that will strengthen your recovery and help you stay abstinent. Some pages have inspirational sayings. Others suggest things to write about or include in this book (like the place to paste in a picture on page 2). You do not need to follow these suggestions. You should make this book personal by including those things that are most meaningful to you.

Contents

A picture that is important to you.	2
Contact information	4
Triggers and thought-stopping techniques	6
Five reasons for staying abstinent.	8
Stay smart	10
Mooring lines	12
Goals for recovery	14
Five ways to relax	16
Strengthen relationships	18
Five new activities	20
Changes for now; changes for later	22
Relapse justifications	24
Reward yourself.	26
Stronger recovery	28
Five ways life has improved	30
Live a happy, healthy life	32



Why is the picture you chose important to you?

How will it help you in your recovery?



Whom will you call when you feel your recovery may be in danger?

List the phone numbers of family members, friends, 12-Step programs, your counselor, your sponsor—anyone you can call for help.

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

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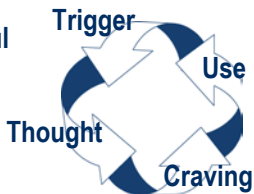
Name: _____

Phone: _____

Name: _____

Phone: _____

What are your most powerful triggers for substance use?



People to avoid: _____

Places to avoid: _____

Emotional triggers:

What thought-stopping techniques work for you?



List your top five reasons for remaining abstinent.

4

5

What are some of the ways you can be smart
and stay committed to recovery?





What are the “mooring lines” for
your recovery?

**What are your goals for your recovery?
For your life?**





List the top five ways you relax and reduce stress.



1

2

3







4

5



Which relationships do you need to repair or improve?



What can you do today to strengthen your relationships? _____

What can you do in the next weeks? _____





List five new activities that have made your recovery stronger.


1

2

3

What changes in your life can you make right now?

**What changes can you make in the next
3 months?**



Which relapse justifications are you most susceptible to?

What changes in your life can you make right now?

I have been clean and sober _____ day(s).

My reward: _____

I have been clean and sober _____ day(s).

My reward: _____



I have been clean and sober _____
day(s). My reward: _____

I have been clean and sober _____ day(s).

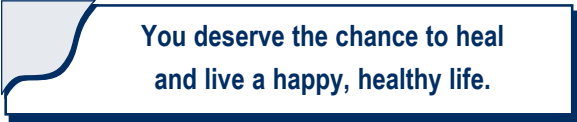
My reward: _____

**Write about one way your
recovery got stronger today.**





List the top five ways your life has improved since you stopped using substances.



**You deserve the chance to heal
and live a happy, healthy life.**



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