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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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?

___________________
___________________
___________________
___________________
___________________
___________________
___________________
___________________
___________________
___________________
___________________
___________________
___________________
___________________
___________________
___________________

14
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. 

4. 

5. 
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: ________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

27
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.