
Patient Resources

VOLUME

6

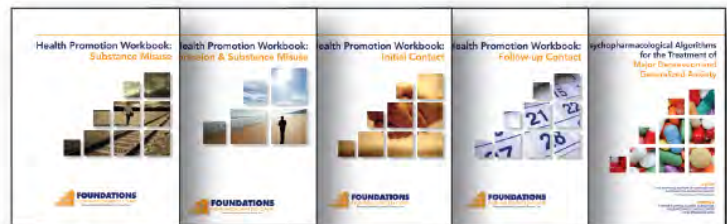
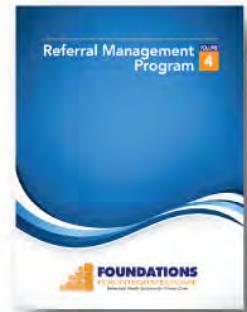


FOUNDATIONS

FOR INTEGRATED CARE

Behavioral Health Solutions for Primary Care.

Foundations for Integrated Care LEARNING MAP



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How to use this Resource Guide

The material in this appendix is meant to complement the training guides. These materials are for use with the patient and would be intended to either be completed by the patient, or given to the patient as a resource. The materials in this appendix are to be considered a starting point for your program. You will undoubtedly develop your own library of resource material, as well as, modify the resources in this appendix. All of the material in this manual it is intended for you to copy and use with your clinical program. However, please do not use this resource material for commercial use.

This volume is broken into three sections:

1. **Patient Assessments:**
Assessments that the patient may complete, or you may administer, as well as an accompanying sheet to assist with scoring and interpretation.
2. **Patient Workbooks and Worksheets:**
Clinician guided tools but once completed serve as a resource for the patient.
3. **Patient Information Sheets:**
Patient education materials that you find useful to share with your patients.

Tips for Use

we recommended that this volume be used primarily by referring to the table of contents for applicable resources. Is not meant to be read cover to cover. Find the resource in the table of contents, then flip to the page number. Within each section, the documents are organized alphabetically.

SECTION 1

Patient Assessments



Audit-C

These questions ask about your use of alcohol.	
Q1: How often did you have a drink containing alcohol in the past year?	
Never	0
Monthly or less often	1
2 to 4 times a month	2
2 to 3 times a week	3
4 or more times a week	4
Q2: How many drinks did you have on a typical day in the past year?	
None, I do not drink	0
1 or 2	0
3 or 4	1
5 or 6	2
7 to 9	3
10 or more	4
Q3: How often did you have 6 or more drinks on one occasion in the past year?	
Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4
TOTAL POINTS:	

The Alcohol Use Disorders Identification Test is a publication of the "World Health Organization, c 1990. The AUDIC-C is the subset of items on the AUDIT dealing with consumption of alcohol.

AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use). In men, a score of 4 or more is considered positive. In women, a score of 3 or more is considered positive the higher generally, you score, the more likely it is that you're drinking is affecting your health and safety. If you have a positive score, we encourage you to call your primary care provider.

Brief Addiction Monitor (BAM)

The following questions ask about several areas of your life such as your health, alcohol and drug use, thinking about the last 30 days.

1. In the past 30 days, would you say your physical health has been?

- Excellent
- Very Good
- Good
- Fair
- Poor

2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

4. In the past 30 days, how many days did you drink ANY alcohol? (This question may be filled using information from the prior drinking questions).

- 0 (Skip to #6)
- 1-3
- 4-8
- 9-15
- 16-30

5. In the past 30 days, how many days did you have at least 5 drinks (4 if patient is female or over 65)? (This question may be filled using information from the prior drinking questions).

- 0
- 1-3
- 4-8
- 9-15
- 16-30

Brief Addiction Monitor (BAM) continued

6. In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?

Instruction: If 0, skip to #8

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7. In the past 30 days, how many days did you use any of the following drugs:

7A. Marijuana (cannabis, pot, weed)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7B. Sedatives/Tranquilizers (e.g., benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7C. Cocaine/Crack?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7D. Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7E. Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, Oxycotin, oxcy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

Brief Addiction Monitor (BAM) continued

7F. Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7G. Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

9. How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky people, places or things)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

Brief Addiction Monitor (BAM) continued

12. Does your religion or spirituality help support your recovery?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?

- No
- Yes

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

16. In the past 30 days, how many days were you in contact or spend time with any family members or friends who are supportive of your recovery?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

17. How satisfied are you with your progress toward achieving your recovery goals?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Readiness Ruler - Alcohol

Using the ruler shown below, indicate how ready you are to make a change (quit or cut down) in your alcohol use.

- If you **are not** ready to make a change, you would circle the 1.
- If you **are already trying** hard to make a change, you would circle the 10.
- If you **are unsure** whether you want to make a change, you would circle 3, 4, or 5.

Readiness Ruler – ALCOHOL									
Not Ready to Change		Unsure			Ready to Change			Trying to Change	
1	2	3	4	5	6	7	8	9	10

Adapted from: Heather, N., Smailes, D., & Cassidy, P. (2008). Development of a Readiness Ruler for use with alcohol brief interventions. Drug and Alcohol Dependence, 98 (3), 235-40. Source: MMTM (2004). Modified SAFTEE

Readiness Ruler – Medication

Using the ruler shown below, indicate how ready you are to take your medication consistently according to the instructions on your prescription.

- If you **are not** ready to make a change, you would circle the 1.
- If you **are already trying** hard to make a change, you would circle the 10.
- If you **are unsure** whether you want to make a change, you would circle 3, 4, or 5

Readiness Ruler – MEDICATION									
Not Ready to Change		Unsure			Ready to Change			Trying to Change	
1	2	3	4	5	6	7	8	9	10

Adapted from: Heather, N., Smailes, D., & Cassidy, P. (2008). Development of a Readiness Ruler for use with alcohol brief interventions. Drug and Alcohol Dependence, 98 (3), 235-40. Source: MMTM (2004). Modified SAFTEE

Short Inventory of Problems

ASSESSMENT TOOLS Short Inventory of Problems		
<p>Instructions: Here are a number of events that people sometimes experience when drinking. Read each one carefully and circle whether this has happened to you during the past 3 months. If an item does not apply, circle "No."</p>		
I have been unhappy because of my drinking.	No	Yes
Because of my drinking, I have not eaten properly.	No	Yes
I have failed to do what is expected of me because of my drinking.	No	Yes
I have felt guilty or ashamed because of my drinking.	No	Yes
I have taken foolish risks when I have been drinking.	No	Yes
When drinking, I have done impulsive things that I regretted later.	No	Yes
My physical health has been harmed by my drinking.	No	Yes
I have had money problems because of my drinking.	No	Yes
My physical appearance has been harmed by my drinking.	No	Yes
My family has been hurt by my drinking.	No	Yes
A friendship or close relationship has been harmed by my drinking.	No	Yes
My drinking has gotten in the way of my growth as a person.	No	Yes
My drinking has damaged my social life, popularity, or reputation.	No	Yes
I have spent too much or lost a lot of money because of my drinking.	No	Yes
I have had an accident while drinking or intoxicated.	No	Yes

Source: Source: Miller, W.R., Tonigan, J.S. & Longabaugh, R. (1995). *The Drinker Inventory of Consequences (DrInC): An instrument for assessing adverse consequences of alcohol abuse, Test Manual.* (DHHS Publication No. NIH 95-3911). Rockville, MD: NIAAA.

GAD-7 (Anxiety Symptoms)

Over the last 2 weeks, how often have you been bothered by the following problems?

1) Feeling nervous, anxious or on edge

- Not at all
- Several days
- More than half the days
- Nearly every day

2) Not being able to stop or control worrying

- Not at all
- Several days
- More than half the days
- Nearly every day

3) Worrying too much about different things

- Not at all
- Several days
- More than half the days
- Nearly every day

4) Trouble relaxing

- Not at all
- Several days
- More than half the days
- Nearly every day

5) Being so restless that it is hard to sit still

- Not at all
- Several days
- More than half the days
- Nearly every day

6) Becoming easily annoyed or irritable

- Not at all
- Several days
- More than half the days
- Nearly every day

7) Feeling afraid as if something awful might happen

- Not at all
- Several days
- More than half the days
- Nearly every day

8) How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Patient Health Questionnaire (PHQ)

The following questions ask about how you have been feeling over the last **two weeks**. Please mark the single best answer.

1) How often in the last two weeks have you had little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

2) How often in the last two weeks did you feel down, depressed or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

3) How often in the last two weeks did you have trouble falling or staying asleep or find yourself sleeping too much?

- Not at all
- Several days
- More than half the days
- Nearly every day

4) How often in the last two weeks have you felt tired or had little energy?

- Not at all
- Several days
- More than half the days
- Nearly every day

5) How often in the last two weeks did you have a poor appetite or found yourself over-eating?

- Not at all
- Several days
- More than half the days
- Nearly every day

6) How often in the last two weeks did you feel bad about yourself, felt that you were a failure, or felt that you let yourself or your family down?

- Not at all
- Several days
- More than half the days
- Nearly every day

7) How often in the last two weeks did you have trouble concentrating on things, such as reading the newspaper or watching television?

- Not at all
- Several days
- More than half the days
- Nearly every day

8) In the last two weeks have you found yourself moving or speaking slowly, or have you been fidgety or restless such that other people have noticed?

- Not at all
- Several days
- More than half the days
- Nearly every day

9) In the last two weeks, did you have any thoughts that you would be better off dead, or did you think about hurting yourself in some way?

- Not at all
- Several days
- More than half the days
- Nearly every day

10) How difficult have these problems made it for you to do your work, take care of things at home, or get along with others?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

11) How long have you been feeling this way?

PTSD Checklist (PCL)

In the past month how much have you been bothered by the following symptoms?

1) Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

2) Repeated, disturbing dreams of a stressful experience from the past?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

3) Suddenly acting or feeling as if a stressful experience were happening again--as if you were reliving it?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

4) Feeling very upset when something reminded you of a stressful experience from the past?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

5) Physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

6) Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

7) Avoiding activities or situations because they remind you of a stressful experience from the past?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely 10)

8) Trouble remembering important parts of a stressful experience from the past?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

9) Loss of interest in things that you used to enjoy?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

10) Feeling distant or cut off from other people?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

PTSD Checklist (PCL) continued

11) Feeling emotionally numb or being unable to have loving feelings for those close to you?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

12) Feeling as if your future will somehow be cut short?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

13) Trouble falling or staying asleep?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

14) Feeling irritable or having angry outbursts?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

15) Difficulty concentrating?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

16) Being "super alert" or watchful on guard?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

17) Feeling jumpy or easily startled?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Demographics

Please tell us more about yourself. Mark the single best answer for the questions below.

What is your current marital status?

- Married/Partnered
- Separated
- Divorced
- Never Married
- Widowed

Which of the following best describes you?

- White
- Black/African American
- Asian/Pacific Islander
- Native American/Alaskan
- Other/Mixed

Are you Hispanic?

- Yes
- No

Are you doing any kind of work that you are paid for?

- Yes – Full Time
- Yes – Part Time
- No

How would you describe your financial situation?

- I can't make ends meet
- I have just enough to get along
- I am comfortable

Do you currently smoke?

- Yes and I am considering quitting
- Yes but I am not considering quitting at this time
- No

In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Head Injury Screen

1) Have you ever experienced a significant head injury?

- Yes (continue with the rest of the questions)
- No (go to next questionnaire)

2) Did you lose consciousness with any of these injuries?

- Yes
- No

3) Have you had any of the following problems in the past week?

Check all that apply:

- Memory problems or lapses
- Irritability
- Headaches
- None of the above

Pain Screen

1) Thinking about the last 3 months, have you been experiencing pain that interferes with your normal daily activities on more than half the days of each month?

- Yes (continue with question 2)
- No (proceed to the next questionnaire)

2) On a scale of 0 to 10, with 0 being no pain and 10 being pain as bad as you can imagine please rate your pain by indicating the number that best describes your pain in the last 24 hours.

CIRCLE A NUMBER									
No Pain.....As bad as you can imagine									
1	2	3	4	5	6	7	8	9	10

3) On a scale from 0 to 10, with 10 representing complete interference, how much has your pain interfered with your normal daily activities (including work outside and inside the house)?

CIRCLE A NUMBER									
No Interference..... Complete interference									
1	2	3	4	5	6	7	8	9	10

4) Are you interested in learning new ways to manage your pain?

- Yes
- No

Semi-Structured Interview for Side Effects

These questions ask you about any possible side effects from your medication during the last week.

In the last 7 days, how bothered were you by headaches? (Select one)

- No or doubtful headache
- Slight headache
- Moderate headache but did not interfere with daily life
- Pronounced headache and interfered with daily life

How bothered were you by nausea or vomiting? (Select one)

- No or doubtful nausea
- Slight nausea
- Disturbing nausea, but not vomiting
- Nausea with vomiting

How bothered were you by diarrhea? (Select one)

- No or doubtful diarrhea
- Clearly present but did not disturb work or other performance
- Disturbing with need for several daily inconvenient stools
- Marked, results in frequent interruptions of work

How bothered were you by constipation? (Select one)

- No constipation
- Clearly present but did not disturb work or other performance
- Disturbing, results in interruptions of work

How bothered were you by sexual dysfunction? (Select one)

- No sexual dysfunction
- Mild severity, does not cause any disability
- Disability moderate severity and mildly disabling
- Severe and/or causes significant disability

Any other side effects? If yes, please describe and rate any side effects not already mentioned.

1) _____

- Very mild, does not cause any disability
- Mild severity, does not cause any disability
- Moderate severity and mildly disabling
- Severe and/or causes significant disability

Scoring Guide

AUDIT-C

AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use). In men, a score of 4 or more is considered positive. In women and older adults, a score of 3 or more is considered positive. A positive score suggests the need for further evaluation. Generally, the higher the AUDIT-C score, the more likely it is that the patient's drinking is affecting his/her health and safety. (Dawson, 2005 #5813)

GAD-7

Higher scores indicate greater severity of symptoms.

Response scoring is as follows:

Not all	=	0
Several days	=	1
More than half the days	=	2
Nearly every day	=	3

Conventions for interpreting total GAD-7 score:

0–4 equals minimal symptoms	5–9 equals mild symptoms
10–14 equals moderate symptoms	15–21 equals severe symptoms

Paykel Assessment

Outline in your site-specific suicide/high-risk protocol how follow-up is handled for positive responses to the Paykel items. If nonclinical staff administer these questions, if nonclinical staff administer these questions it is recommended that a clinician speak with anyone endorsing question numbers 3, 4, or 5.

PHQ-9

Patient Item Response scoring is as follows:

Not all	=	0
Several days	=	1
More than half the days	=	2
Nearly every day	=	3

Conventions for interpreting total PHQ score As indication of depression severity:

1–4	Minimal depression
5–9	Mild depression
10–14	Moderate depression
15–19	Moderately severe depression
>19	Severe depression

Scoring Guide continued

PTSD Checklist – PCL

Patient Item Response scoring is as follows:

Not all	=	1
A little bit	=	2
Moderate	=	3
Quite a bit	=	4
Extremely	=	5

PCL scores range from 17 to 85.

Conventions for scoring the PCL:

1. Add up all items for a total severity score; scores >50 are considered severe.

OR

2. Use the following DSM criteria for a diagnosis:

(Treat response categories 3–5 (moderately or above) as symptomatic)

- Symptomatic response to at least one “B” item (questions 1–5),
- Symptomatic response to at least 3 “C” items (questions 6-12), and
- Symptomatic response to at least 2 “D” items (questions 13–17)

Brief Addiction Monitor (BAM) Scoring Guide

1. In the past 30 days, would you say your physical health has been?

- | | | |
|--------------------------|-----------|---|
| <input type="checkbox"/> | Excellent | 0 |
| <input type="checkbox"/> | Very good | 1 |
| <input type="checkbox"/> | Good | 2 |
| <input type="checkbox"/> | Fair | 3 |
| <input type="checkbox"/> | Poor | 4 |

2. In the past 30 days, how many nights did you have trouble falling asleep, or staying asleep?

- | | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | 0 | 0 |
| <input type="checkbox"/> | 1–3 | 1 |
| <input type="checkbox"/> | 4–8 | 2 |
| <input type="checkbox"/> | 9–15 | 3 |
| <input type="checkbox"/> | 16–30 | 4 |

3. In the past 30 days, how many days have you felt depressed, anxious and angry, or very upset throughout most of the day?

- | | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | 0 | 0 |
| <input type="checkbox"/> | 1–3 | 1 |
| <input type="checkbox"/> | 4–8 | 2 |
| <input type="checkbox"/> | 9–15 | 3 |
| <input type="checkbox"/> | 16–30 | 4 |

4. In the past 30 days, how many days did you drink ANY alcohol?

- | | | |
|--------------------------|----------------|---|
| <input type="checkbox"/> | 0 (skip to #6) | 0 |
| <input type="checkbox"/> | 1–3 | 1 |
| <input type="checkbox"/> | 4–8 | 2 |
| <input type="checkbox"/> | 9–15 | 3 |
| <input type="checkbox"/> | 16–30 | 4 |

5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 ounces) or 12-ounce can/bottle of beer, or 5-ounce glass of wine.]

- | | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | 0 | 0 |
| <input type="checkbox"/> | 1–3 | 1 |
| <input type="checkbox"/> | 4–8 | 2 |
| <input type="checkbox"/> | 9–15 | 3 |
| <input type="checkbox"/> | 16–30 | 4 |

Brief Addiction Monitor (BAM) Scoring Guide *continued*

6. In the past 30 days, how many days did you use any illegal/street drugs, or abuse any prescription medications?

- | | |
|---|---|
| <input type="checkbox"/> 0 (skip to #8) | 0 |
| <input type="checkbox"/> 1–3 | 1 |
| <input type="checkbox"/> 4–8 | 2 |
| <input type="checkbox"/> 9–15 | 3 |
| <input type="checkbox"/> 16–30 | 4 |

7. In the past 30 days, how many days did you use any of the following drugs?:

7A: Marijuana (cannabis, pot, weed)?

- 0
- 1–3
- 4–8
- 9–15
- 16–30

7B: Sedatives/tranquilizers (e.g., “benzos”, Valium, Xanax, Ativan, Ambien, “barbs” Phenobarbital, downers, etc.)?

- 0
- 1–3
- 4–8
- 9–15
- 16–30

7C: Cocaine/Crack?

- 0
- 1–3
- 4–8
- 9–15
- 16–30

7D: Other stimulants (amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, “speed”, “crystal meth”, “ice”, etc.)?

- 0
- 1–3
- 4–8
- 9–15
- 16–30

Brief Addiction Monitor (BAM) Scoring Guide continued

7E: Opiates (e.g., heroin, morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine, (Tylenol 2, 3, 4), Percocet, Vicodin, Fentanyl, etc.)?

- 0
- 1–3
- 4–8
- 9–15
- 16–30

7F: Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?

- 0
- 1–3
- 4–8
- 9–15
- 16–30

7G: Other drugs (steroids, nonprescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?

- 0
- 1–3
- 4–8
- 9–15
- 16–30

8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?

- Not at all 0
- Slightly 1
- Moderately 2
- Considerably 3
- Extremely 4

Brief Addiction Monitor (BAM) Scoring Guide *continued*

9. **How confident are you in your ability to be completely abstinent (clean)? From alcohol and drugs in the next 30 days**

- Not at all 0
- Slightly 1
- Moderately 2
- Considerably 3
- Extremely 4

10. **In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?**

- 0 0
- 1–3 1
- 4–8 2
- 9–15 3
- 16–30 4

11. **In the past 30 days, how many days were you in any situations or with any people that might put you at, an increased risk for alcohol or drugs (i.e., “people around risky, places or things”)?**

- 0 0
- 1–3 1
- 4–8 2
- 9–15 3
- 16–30 4

12. **Does your religion or spirituality help support your recovery?**

- Not at all 0
- Slightly 1
- Moderately 2
- Considerably 3
- Extremely 4

13. **In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?**

- 0 0
- 1–3 1
- 4–8 2
- 9–15 3
- 16–30 4

Brief Addiction Monitor (BAM) Scoring Guide *continued*

14. **Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?**

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | 4 |
| <input type="checkbox"/> No | 0 |

15. **In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Not at all | 0 |
| <input type="checkbox"/> Slightly | 1 |
| <input type="checkbox"/> Moderately | 2 |
| <input type="checkbox"/> Considerably | 3 |
| <input type="checkbox"/> Extremely | 4 |

16. **In the past 30 days, how many days were you in contact or spend time with any family members or friends who are supportive of your recovery?**

- | | |
|--------------------------------|---|
| <input type="checkbox"/> 0 | 0 |
| <input type="checkbox"/> 1–3 | 1 |
| <input type="checkbox"/> 4–8 | 2 |
| <input type="checkbox"/> 9–15 | 3 |
| <input type="checkbox"/> 16–30 | 4 |

17. **How satisfied are you with your progress toward achieving your recovery goals?**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Not at all | 0 |
| <input type="checkbox"/> Slightly | 1 |
| <input type="checkbox"/> Moderately | 2 |
| <input type="checkbox"/> Considerably | 3 |
| <input type="checkbox"/> Extremely | 4 |

Preliminary subscale scoring information

USE = Sum of items 4, 5, and 6. Scores range from 0-12 with higher scores meaning more use.

RISK = Sum of items 1, 2, 3, 8, 11, 15. Scores range from 0-24 with higher scores meaning more risk.

PROTECTION = Sum of items 9, 10, 12, 13, 14, and 16. Scores range from 0-24 with higher scores meaning more Protection.

The number adjacent to each BAM response is the point value (score) for each response.

*Item 7 (7A-7G) are not scored as part of the subscales but provide elaboration for item 6.

*Item 17 can be used as an overall assessment of treatment progress but is not scored on any of the specific subscales.

SECTION **2**

Patient Workbooks and Worksheets



Action My Plan

1 I will: _____

Frequency: _____ times a _____ Completion date: _____

How confident am I that I will do this plan?

<< NOT Confident -----VERY Confident >>									
1	2	3	4	5	6	7	8	9	10

2 I will: _____

Frequency: _____ times a _____ Completion date: _____

How confident am I that I will do this plan?

<< NOT Confident -----VERY Confident >>									
1	2	3	4	5	6	7	8	9	10

Contact Information:

Clinician's name: _____ Clinician's phone: _____

24-Hour Suicide Prevention Hotline: 1-800-273-8255

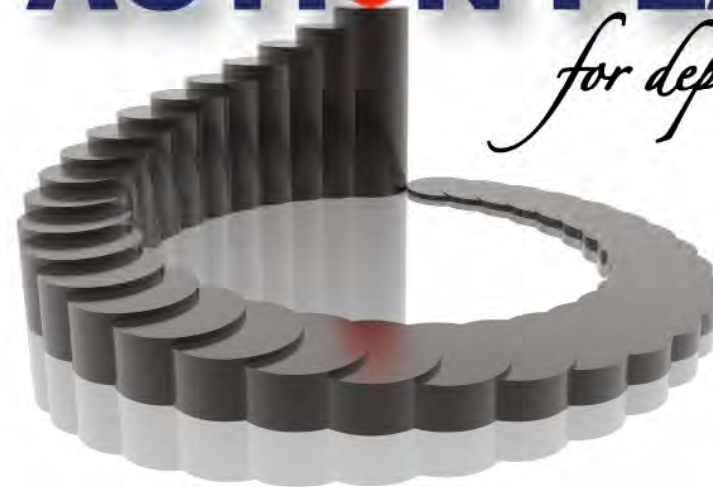
My appointment is:

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____



ACTION PLAN

for depression



What we know decreases depression

Regular physical activity:

Regular physical activity acts as a safety net increasing endorphin and dopamine chemicals in your brain, which help you feel happier. Most of us have relatively sedentary lives and this increases the likelihood that we will feel depressed. This is especially true after surgery or when your normal activities have decreased significantly in a short amount of time.

Social connections

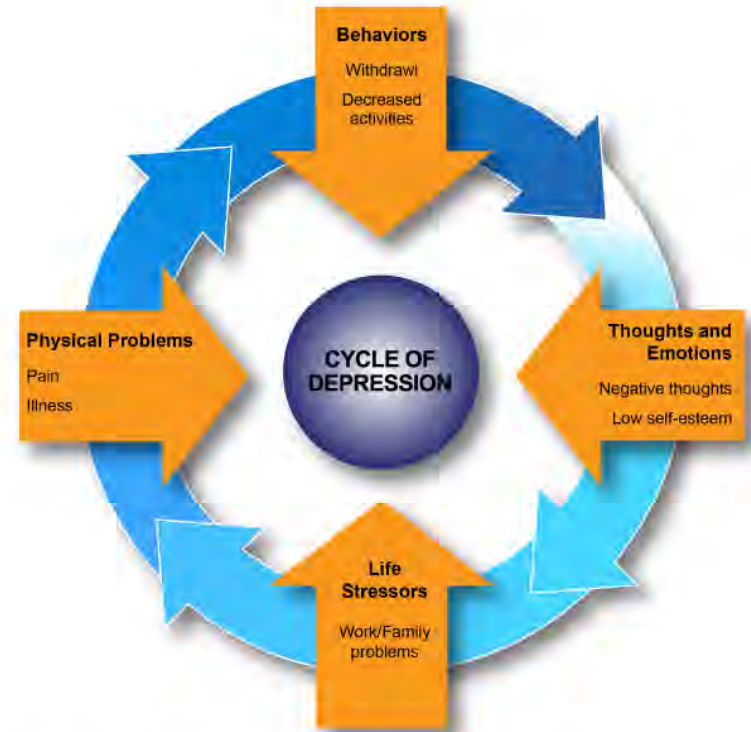
We are social beings and when we isolate from other people, we become depressed. Increase your connection to friends and family. If you have difficulty identifying people you enjoy spending time with, explore social groups focused on activities you enjoy (example: church groups, photography club, book clubs, etc.).

Pleasant activities/hobbies

choosing activities which make you feel good and doing things you enjoy can help you feel less depressed. Spend time with your pet, spend time working on projects, or visiting a relaxing place are examples of this proven method.

Thinking about your ABCs...

- A: Activating event
- B: Beliefs/thoughts
- C: Consequences (emotions)
- D: What are you going to DO about it?



Facts about antidepressant medication

1. Always take the medication as prescribed, every day
2. Never stop taking the medication all at once discuss your thoughts with your provider. They will advise the best way to discontinue taking your medication
3. Most side effects are temporary during the 1st couple of weeks, until your body gets used to the medication. However, if side effects are uncomfortable, let your provider know.
4. People begin to feel the effects of antidepressants at different times. It typically takes 4 to 6 weeks of taking the medication every day, to get the full positive effects.
5. General guidelines suggest that a person take an antidepressant medication for at least 6 months before discontinuing that medication.

Action My Plan

1 I will: _____

Frequency: _____ times a _____ Completion date: _____

How confident am I that I will do this plan?

<< NOT Confident -----VERY Confident >>									
1	2	3	4	5	6	7	8	9	10

2 I will: _____

Frequency: _____ times a _____ Completion date: _____

How confident am I that I will do this plan?

<< NOT Confident -----VERY Confident >>									
1	2	3	4	5	6	7	8	9	10

Contact Information:

Clinician's name: _____ Clinician's phone: _____

24-Hour Suicide Prevention Hotline: 1-800-273-8255

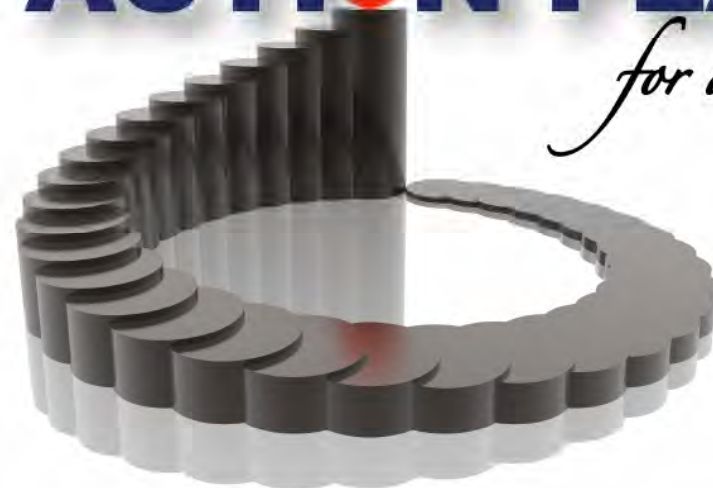
My appointment is:

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____



ACTION PLAN

for anxiety



Anxiety is a natural response to some situations—it is our body's way of preparing to act quickly. You are not alone, it is estimated that one in 9 people feel overly anxious for long periods of time. There are things you can do to decrease your anxiety.

Relaxation

Relaxation can take place in seconds and does not require a quiet environment. When stressed, call a 30 second, 3 minute or 10 minute timeout. Deep breathing, visualization, a peaceful place, or doing something you enjoy.

Get healthy. Be active.

Being active is good for your mind and body. The brain releases chemicals that make you feel good. Simple changes in your day can increase your activity level and decrease your anxiety.



Social connections

Play and spend time with others. Recharge your battery with pleasurable activities and by spending time with family and friends. Discover what activities or hobbies relax you.

Medications?

If your provider has prescribed medication for your anxiety, take it as prescribed, not when you notice symptoms. If you forget a dose, do not double dose, just take it at the next scheduled time. Do not discontinue medication suddenly. First, talk with your provider.

Check your anxiety regularly to keep it at manageable levels. Circle the number (0 through 10) that best describes how much anxiety you have been experiencing in the past week, including today.

The following describes how I feel when I am at:

1 = _____

5 = _____

10 = _____

Anxiety Thermometer



Relaxation strategies

When you are feeling anxious what relaxes you?

Remember, relaxation can occur within seconds by simply telling yourself to “stop” and “breathe” can be a quick and effective way to reduce stress.!

Let's practice!

1. First, read your current level of anxiety

<< NOT Confident -----VERY Confident >>									
1	2	3	4	5	6	7	8	9	10

2. Practice telling yourself to “stop” and “breathe.”
3. Notice if this strategy helped her anxiety level

Action My Plan

1 I will: _____

Frequency: _____ times a _____ Completion date: _____

How confident am I that I will do this plan?

<< NOT Confident -----VERY Confident >>									
1	2	3	4	5	6	7	8	9	10

2 I will: _____

Frequency: _____ times a _____ Completion date: _____

How confident am I that I will do this plan?

<< NOT Confident -----VERY Confident >>									
1	2	3	4	5	6	7	8	9	10

Contact Information:

Clinician's name: _____ Clinician's phone: _____

24-Hour Suicide Prevention Hotline: 1-800-273-8255

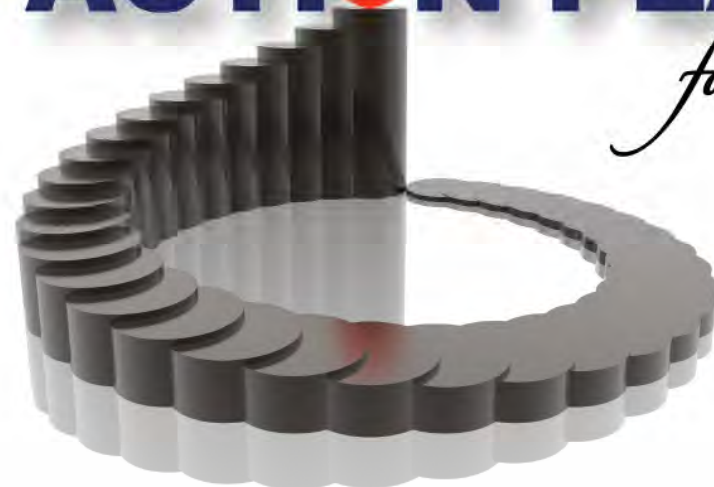
My appointment is:

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____



ACTION PLAN

for sleep



Sleep affects every aspect of our daily lives—our health, mood, energy, marriages, jobs, and more. You are not alone and there are things you can do if you are having problems sleeping.

Relaxation

Relaxation can be used throughout the day to help manage stress and/or before bed, as a way to wind down and prepare your body for sleep. The idea is not to try to relax. You have to let it happen.

Options: deep breathing, full body stretch, counting, or imagining pictures of a pleasant restful scene in your mind.

Your health

Engaging in physical activity that increases your heart rate will make you feel good and sleep well. Exercising 5 to 6 hours before going to bed is best.

Diet: limit fat intake and use of alcohol, caffeine, and cigarettes. Also, plan to eat a healthy diet including fresh vegetables, whole grains, and fiber foods whenever possible.

Prescription sleep medication

If your doctor prescribes you sleep medication:

- It is important to take your medication as prescribed. If you have a uncomfortable side effects, contact your provider.
- If you are taking other medications in addition to sleeping pills, the dosage of any other drug may need to be adjusted. Always inform your doctor of these additional medications.

Tracking your sleep patterns

Recording how you sleep each night will help determine what causes you to sleep poorly and which treatments and changes will help you sleep better.

Rules for Better Sleep

1. *Sleep only as much as you need to feel refreshed during the following day. Restricting your time in bed helps to consolidate and deepen your sleep. Excessively long times in bed lead to fragmented and shallow sleep.*
2. *Get up at the same time each day, seven days a week. A regular wake time in the morning leads to regular times of sleep onset, and helps to set your "biological" clock.*
3. *A steady daily amount of exercise helps to deepen sleep. Exercise should not be taken too close to bedtime; plan to finish by 7:00 p.m.*
4. *Insulate your bedroom against sounds that disturb your sleep. Carpeting, insulated curtains, and closing the door may help.*
5. *Excessively warm rooms may disturb sleep; keep the room temperature moderate.*
6. *Hunger may disturb sleep. A light snack at bedtime may help sleep, but avoid greasy or "heavy" foods.*
7. *Avoid excessive liquids in the evening, in order to minimize the need for nighttime trips to the bathroom.*
8. *Avoid caffeinated beverages, especially in the evening.*
9. *Avoid alcohol, especially in the evening. Although alcohol helps tense people fall asleep more easily, the ensuing sleep is fragmented.*
10. *The use of tobacco disturbs sleep.*
11. *Don't take your problems to bed. If necessary, plan some time earlier in the evening for working on your problems or planning the next day's activities.*
12. *Train yourself to use the bedroom only for sleeping and sexual activity. This will help condition your brain to see bed as the place for sleeping. Do NOT read, watch TV, or eat in bed.*
13. *People who feel angry and frustrated because they cannot sleep should NOT try harder and harder to fall asleep. This only makes the problem worse. Instead, turn on the light, leave the bedroom, and do something different like reading a boring book. Don't engage in stimulating activity. Return to bed only when you are sleepy. Get up at your regular time the next day, no matter how little you slept.*
14. *If you find yourself waking up and looking at the clock, put the clock under the bed or turn it so that you can't see it.*
15. *Avoid naps. Staying awake during the day helps you to fall asleep at night.*

Action My Plan

1 I will: _____

Frequency: _____ times a _____ Completion date: _____

How confident am I that I will do this plan?

<< NOT Confident -----VERY Confident >>										
1	2	3	4	5	6	7	8	9	10	

2 I will: _____

Frequency: _____ times a _____ Completion date: _____

How confident am I that I will do this plan?

<< NOT Confident -----VERY Confident >>										
1	2	3	4	5	6	7	8	9	10	

Contact Information:

Clinician's name: _____ Clinician's phone: _____

24-Hour Suicide Prevention Hotline: 1-800-273-8255

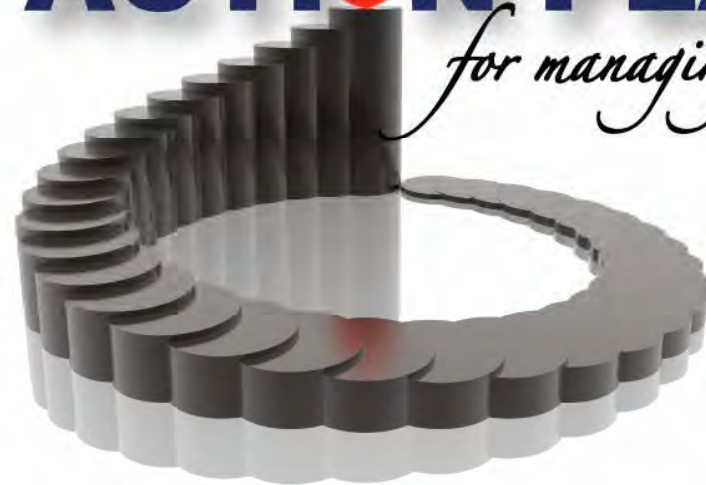
My appointment is:

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____



ACTION PLAN

for managing pain



General information about pain

- Acute pain comes from an identifiable source and generally lasts for a relatively short period of time—less than 3 months.
- Chronic pain often happens when the pain mechanism itself malfunctions or when associated medical conditions become chronic—more than 3 months. It is commonly associated with psychological, social, and biological consequences and can be intermittent.
- 80% of people with chronic pain develop depression

Pacing

- Uptime — amount of time you engage in activity with only 2 points or less increase in baseline pain.
- Downtime — amount of time it takes to come back to base line after switching to a new activity.

Relaxation

- Deep breathing—stop, breathe, relax.
- Progressive Muscle Relaxation.

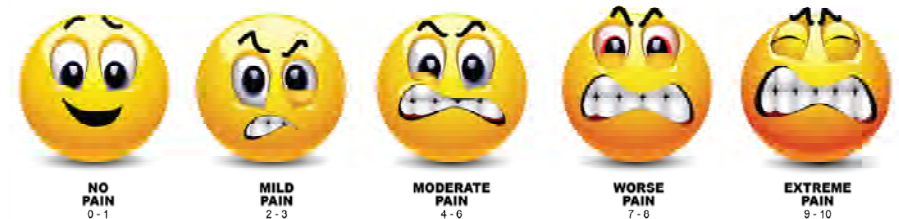


Suggestions for good sleep

- Do not lie down until you are very, very sleepy.
- If you do not go to sleep right away, get back up. Use your bed for sleep. Do not lie in your bed and “toss and turn.”
- Do something quiet, such as listening to peaceful music or reading a book just before bed.
- Do not watch television in bed before trying to go to sleep.
- Stick to a routine when you go to bed.

The pain scale allows us to track your pain. This could be throughout the day, over time, or during activities.

THE PAIN SCALE



Information about pain medication

- Take the medication as prescribed, often with meals, do not take more than prescribed, or double up if you miss a dose.
- Report side effects as soon as they occur.
- Do not consume alcohol while taking pain medication.
- Take the medication for pain, not to sleep. Reduce stress or try to relax.

Change *My* Plan

My main behavior change goal right now is:

The most important reasons why I want to make this change are:

I plan to do these things in order to accomplish my goals:

Specific Action:

When:

Other people could help me with changes in these ways:

Person:

Possible Ways to Help:

These are some possible obstacles to change, and how I could handle them:

Possible Obstacles to Change:

How to Respond:

I know that my plan is working when I see these results:

Decision Making Worksheet

Behavior to Consider: _____	Pros (Upsides) _____	Cons (Downsides)
Not Changing my... _____		
Making Changes in... _____		

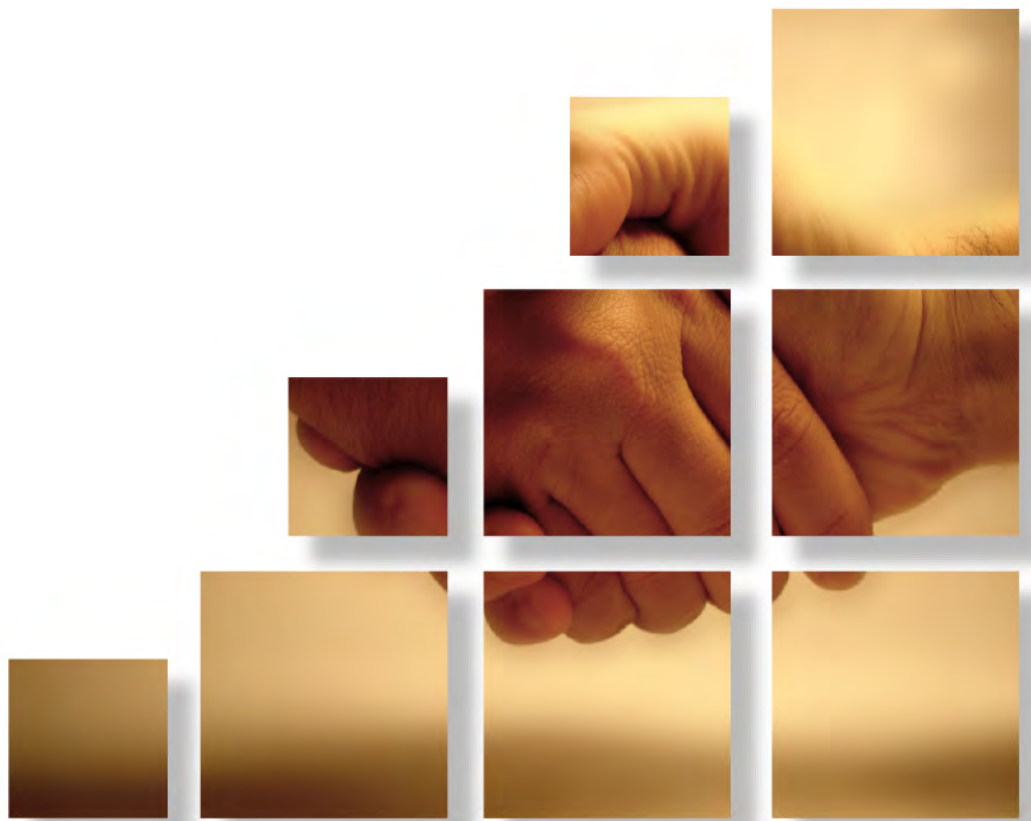
My Goals This Week

Each week, it is highly encouraged that you set one to two SMART Goals for the week. Work with your Behavioral Health Provider, particularly early on, to identify goals and possible barriers to reaching those goals. A sample goal is provided below.

Reminder: **SMART** Goals are **S**pecific, **M**easurable, **A**ttainable, **R**ealistic/**R**easonable, and have a **T**imeframe

Date	Goal	Barrier(s)
11/13	I will walk at the public park for ten minutes three times this week.	Weather!

Health Promotion Workbook: Initial Contact



Clinician Contact:

Name: _____ Phone: _____

Today's Date ____ / ____ / ____

PART 1: IDENTIFYING FUTURE GOALS

We will start by talking about some of your future goals. By that we mean, how would you like your life to improve and be different in the future? It is often important to think about future goals when thinking about making changes in health habits.

What are some of your goals for the next three months to a year regarding your **physical and emotional health**?

What are some of your goals for the next three months to one year regarding **activities and hobbies**?

What are some of your goals for the next three months to a year regarding your **relationships and social life**?

What are some of your goals in the next three months to a year regarding your **financial situation** or other parts of your life?

Other goals:

PART 2: SUMMARY OF HEALTH HABITS

Let's review some of information about your health, behavior, or health habits.

EXERCISE	
Days per week you participated in vigorous activity	<input type="checkbox"/> none <input type="checkbox"/> seldom <input type="checkbox"/> 1-2 days per week <input type="checkbox"/> 3-5 days per week <input type="checkbox"/> 6-7 days per week
Minutes of exercise per day	<input type="checkbox"/> not applicable <input type="checkbox"/> less than 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> more than 30 minutes
NUTRITION	
Weight change in last six months	<input type="checkbox"/> No change in weight <input type="checkbox"/> Gained more than 10 pounds <input type="checkbox"/> Lost more than 10 pounds <input type="checkbox"/> Don't know
TOBACCO USE	
Tobacco used in last six months	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which ones? <input type="checkbox"/> cigarettes <input type="checkbox"/> chewing tobacco <input type="checkbox"/> pipe
Average cigarettes smoked per day in the last six months	<input type="checkbox"/> Not applicable <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30+

PART 2: SUMMARY OF HEALTH HABITS *continued*

ALCOHOL CONSUMPTION	
Drinking days per week	<input type="checkbox"/> 1-2 days per week <input type="checkbox"/> 3-4 days per week <input type="checkbox"/> 5-6 days per week <input type="checkbox"/> 7 days per week
Drinks per day	<input type="checkbox"/> 1-2 drinks <input type="checkbox"/> 3-4 drinks <input type="checkbox"/> 5-6 drinks <input type="checkbox"/> 7 or more
Binge drinking within last month: <ul style="list-style-type: none"> • Men below age 65: 5 or more drinks/day • Men 65 and older: 4 or more drinks/day • Women: 4 or more drinks/day 	<input type="checkbox"/> None <input type="checkbox"/> 1-2 binges <input type="checkbox"/> 3-5 binges <input type="checkbox"/> 6-7 binges <input type="checkbox"/> 8 or more
On days that you do not drink do you: <ul style="list-style-type: none"> • Feel anxious? • Have difficulty sleeping? • Feel your heart racing? • Have heart palpitations? • Have the shakes or hand tremors? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 3: Standard Drinks

Each drink pictured below contains roughly the same amount about all. You can think of each one has a standard drink.



PART 4: Types of Drinkers in the U.S. Population

It is helpful to think about the amount of alcohol consumed by other adults in the United States and by you or. There are different types of drinkers among the adult population, and these types can be explained by different patterns of alcohol consumption.

Effects of Substance Misuse		
Types/Patterns	National Average	Consequences
Abstainers and light drinkers Drink no alcohol or less than three drinks per month.	55%	Alcohol use does not affect health or result in negative consequences.
Moderate drinkers Drink three or fewer times per week. Drink one to two standard drinks per occasion.	30%	Alcohol use does not affect health or result in negative consequences. At times moderate drinkers consume NO alcohol, such as before driving, while operating machinery, etc.
At-risk drinkers Drink over 2 standard drinks per day below age 65, or over 1 standard drink per day over age 65.	10%	At risk for negative health and social consequences.
Alcohol Abuse/Dependence Heavy drinking has led to a physical need for alcohol and to other problems.	5%	At risk for severe negative health and social consequences.

PART 5: CONSEQUENCES OF AT-RISK OR PROBLEM DRINKING

Drinking alcohol can affect your physical health, emotional and social well being, and relationships.

The following are some of the **positive effects** that people sometimes describe as a result of drinking alcohol. Let's place a check mark by the ones that you feel apply to you.

- | | | |
|--|---|---|
| <input type="checkbox"/> Temporary high | <input type="checkbox"/> Relaxation | <input type="checkbox"/> Avoid uncomfortable feelings |
| <input type="checkbox"/> Forget problems | <input type="checkbox"/> Sense of confidence | <input type="checkbox"/> Ease in speaking one's mind |
| <input type="checkbox"/> Enjoy the taste | <input type="checkbox"/> Temporary lower stress | |
| <input type="checkbox"/> Social ease | | |

The following are some of the **negative consequences** that may result from drinking. Let's place a check mark by any of these problems that are affecting you regardless of whether you believe they are related to your drinking.

- | | | |
|--|---|--|
| <input type="checkbox"/> Difficulty coping with stressful situations | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Accidents/falls |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Memory problems or confusion | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Loss of independence | <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Increased risk of assault |
| <input type="checkbox"/> Problems in community activities | <input type="checkbox"/> Reduced effectiveness of medications | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Increased side effects from medication | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Sexual performance problems | | <input type="checkbox"/> Liver problems |

PART 6: REASONS TO QUIT OR CUT DOWN ON YOUR DRINKING

The purpose of this step is to think about the best reason for you to quit or cut down on your drinking. The reasons will be different for different people.

The following list identifies some of the reasons for which people decide to cut down or quit drinking. Put an X in the box by the reasons that YOU want to quit or cut down on your drinking. Perhaps you can think of other reasons that are not on this list.

- To consume fewer empty calories (alcoholic drinks contain many calories).
- To sleep better.
- To maintain independence.
- To feel better
- To save money.
- To be happier.
- To reduce the possibility that I will be injured in a car crash.
- To have better family relationships.
- To participate more in community activities.
- To have better friendships.
- Other: _____

Write down the three most important reasons you choose to cut down or quit drinking.

1. _____
2. _____
3. _____

Think about the consequences of continuing to drink heavily. Now think about how your life might improve if you decide to change your drinking habits by cutting down or quitting. What improvements do you anticipate?

Physical health: _____

Mental health: _____

Family: _____

Other relationships: _____

Activities: _____

PART 7: DRINKING AGREEMENT

The purpose of this step is to decide on a drinking limit for yourself for a particular period of time. Negotiate with your health care provider so you can both agree on a reasonable goal. A reasonable goal for some people is abstinence—**not drinking any alcohol**.

As you develop this agreement, answer the following questions:

How many standard drinks? _____

How frequently? _____

For what period of time? _____

Drinking Agreement:

Today's date: _____

PART 8: HANDLING RISKY SITUATIONS

Your desire to drink may change according to your mood, the people you are with, and the availability of alcohol. Think about your last periods of drinking.

Here are examples of risky situations. The following list may help you remember situations that can result in at-risk drinking.

- Social get-togethers
- Boredom
- Tension
- Feeling lonely
- Feelings of failure
- Frustration
- Use of tobacco
- Sleeplessness
- Family
- Friends
- Criticism
- Dinner parties
- Children and grandchildren
- TV or magazine ads
- Anger
- Watching television
- Other people drinking
- Certain places
- After regular daily activities
- Weekends
- Arguments

What are situations that make you want to drink at a risky level. Please write them down.

1. _____

2. _____

Ways to cope with risky situations

It is important to figure out how you can make sure you will not go over drinking limits when you are tempted. Here are examples:

- Telephone a friend
- Call on a neighbor
- Read a book
- Go for a walk
- Watch a movie
- Participate in an activity you like

Some of these ideas may not work for you, but other methods of dealing with risky situations may work. Identify ways you could cope with the specific risky situations you listed above.

1. For the first risky situation or feeling, write down different ways of coping.

2. For the second risky situation or feeling, write down different ways of coping.

Think about other situations and ways you could cope without using alcohol.

PART 9: CONTACT SUMMARY

We've covered a great deal of information today. Changing your behavior, especially drinking patterns, can be a difficult challenge. The following pointers may help you stick with your new behavior and maintain the drinking limit agreement, especially during the first few weeks when it is most difficult. Remember that you are changing a habit, and that it can be hard work. It becomes easier with time.

- Remember your drinking limit goal: _____
- Read this workbook frequently.
- Every time you are tempted to drink above limits and are able to resist, congratulate yourself because you are breaking an old habit.
- Whenever you feel very uncomfortable, tell yourself that the feeling will pass.
- At the end of each week, think about how many days you have been abstinent (consumed no alcohol) or have been a light or moderate drinker.
- Some people have days during which they drink too much. If that happens to you, DON'T GIVE UP. Just start again the next day.
- You should always feel welcome to call your primary care provider for assistance or in case of an emergency.

Thanks for participating in your healthcare! **Please keep your drinking diary cards handy so you can review them when we speak next week.**





Drinking diary cards

One way to keep track of how much you drink is the use of drinking diary cards. One card is used for each week. Every day record the number of drinks you had. At the end of the week add up the total number of drinks you had during the week.

DRINKING DIARY CARD				
Starting Date: _____ (Keep track of what you drink for the next 7 days)				
Day	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
WEEK'S TOTAL:				

DRINKING DIARY CARD				
Starting Date: _____ (Keep track of what you drink for the next 7 days)				
Day	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
WEEK'S TOTAL:				

DRINKING DIARY CARD				
Starting Date: _____ (Keep track of what you drink for the next 7 days)				
Day	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
WEEK'S TOTAL:				

Health Promotion Workbook: Follow-up Contact



Clinician Contact:

Name: _____ Phone: _____

Today's Date ____/____/____

PART 1: PURPOSE OF TODAY'S CONTACT

During our initial talk we discussed how alcohol use can affect your overall health and well-being. At the conclusion of that talk you signed a drinking agreement and agreed that we could talk again to further discuss you alcohol use.

Today, we will review how much you have been drinking since our last visit and work to renew or revise your drinking goal.



PART 2: REVIEW OF ALCOHOL USE

Let's start by reviewing your drinking diary cards from your last visit. If you do not have them or were unable to complete them let's take a minute to get an idea of what you drank over the past week.

Now let's review your drinking over the last week.

DRINKING DIARY CARD				
Fill in day and/or date	Beer	Wine	Liquor	Daily Total
Day 1: _____				
Day 2: _____				
Day 3: _____				
Day 4: _____				
Day 5: _____				
Day 6: _____				
Day 7: _____				
WEEK'S TOTAL:				

PART 3: REVIEW OF CHANGES IN ALCOHOL USE

According to your drinking diary your alcohol use:

- Decreased
- Stayed the same
- Increased

Did you meet your goal that you had set at our last discussion?

- Yes
- No

Now let's talk about the days that you tried to cut down or not drink, even if you were unable to cut down or stop. Tell me about the times you tried or succeeded in cutting down or stopping your drinking. Write the times that you attempted or quite drinking.

1. _____
2. _____
3. _____

Did you find it difficult to try to cut down on your drinking?

- Yes
- No

If so, what was difficult?

1. _____
2. _____
3. _____

If you cut down, were there positive aspects to reducing your drinking?

- Yes
- No

If so, what were the positive things?

1. _____
2. _____
3. _____

PART 4: CONSEQUENCES OF AT-RISK OR PROBLEM DRINKING

As we discussed during our last talk, drinking alcohol can affect your physical health, emotional and social well-being, and relationships.

Let's review some of the **positive effects** that people sometimes describe as a result of drinking alcohol. Let's place a check mark by the ones that you feel still apply to you.

- | | | |
|--|---|---|
| <input type="checkbox"/> Temporary high | <input type="checkbox"/> Relaxation | <input type="checkbox"/> Avoid uncomfortable feelings |
| <input type="checkbox"/> Forget problems | <input type="checkbox"/> Sense of confidence | <input type="checkbox"/> Ease in speaking one's mind |
| <input type="checkbox"/> Enjoy the taste | <input type="checkbox"/> Temporary lower stress | |
| <input type="checkbox"/> Social ease | | |

If you changed your drinking, have you noticed a change for the better or worse in any of these areas? If you reduced your drinking have you missed any of these effects?

The following are some of the **negative consequences** that may result from drinking. Let's place a check mark by any of these problems that are continuing to affect you regardless of whether you believe they are related to your drinking.

- | | | |
|--|---|--|
| <input type="checkbox"/> Difficulty coping with stressful situations | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Accidents/falls |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Memory problems or confusion | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Loss of independence | <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Increased risk of assault |
| <input type="checkbox"/> Problems in community activities | <input type="checkbox"/> Reduced effectiveness of medications | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Increased side effects from medication | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Sexual performance problems | | <input type="checkbox"/> Liver problems |

Have any of these areas gotten better or worse since our last visit? Did changing your drinking affect any of these areas?

PART 5: REASONS TO QUIT OR CUT DOWN ON YOUR DRINKING

Let's review the reasons you identified for reducing or quitting your drinking. First let's mark the areas that were the most important reasons that YOU wanted to quit or cut down on your drinking from the first time we spoke. Have any of these changed? Which ones would you mark at this time?

Reasons to quit or cut down your drinking	Previous Selections	Current Reasons
Consume fewer empty calories	<input type="checkbox"/>	<input type="checkbox"/>
Sleep better	<input type="checkbox"/>	<input type="checkbox"/>
Maintain independence	<input type="checkbox"/>	<input type="checkbox"/>
Feel better	<input type="checkbox"/>	<input type="checkbox"/>
Save money	<input type="checkbox"/>	<input type="checkbox"/>
Be happier	<input type="checkbox"/>	<input type="checkbox"/>
Reduce the possibility that I will be injured in a car crash	<input type="checkbox"/>	<input type="checkbox"/>
Better family relationships	<input type="checkbox"/>	<input type="checkbox"/>
Participate more in community activities	<input type="checkbox"/>	<input type="checkbox"/>
Better friendships	<input type="checkbox"/>	<input type="checkbox"/>
Improve my health	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

PART 6: DRINKING AGREEMENT

The purpose of this step is to decide on a drinking limit for yourself for a particular period of time. Negotiate with your health care provider so you can both agree on a reasonable goal. A reasonable goal for some people is abstinence—**not drinking any alcohol**.

As you develop this agreement, answer the following questions:

How many standard drinks? _____

How frequently? _____

For what period of time? _____

Drinking Agreement:

Today's date: _____

PART 7: WAYS TO COPE WITH RISKY SITUATIONS

It is important to figure out how you can make sure you will not go over drinking limits when you are tempted. Here are examples:

- | | | |
|---|---|--|
| <input type="checkbox"/> Telephone a friend | <input type="checkbox"/> Call on a neighbor | <input type="checkbox"/> Read a book |
| <input type="checkbox"/> Go for a walk | <input type="checkbox"/> Watch a movie | <input type="checkbox"/> Participate in an activity you like |

Some of these ideas may not work for you, but other methods of dealing with risky situations may work. Identify ways you could cope with the specific risky situations.

What ways did you try already? Did they work, or not? Why?

1. _____

2. _____

3. _____

What are some of the things you want to try or continue doing in order to help reduce your drinking further or maintain the goal that you achieved?

- A. _____

- B. _____

- C. _____

Think about other situations and ways you could cope without using alcohol.

PART 8: CONTACT SUMMARY

We've covered a great deal of information today. Changing your behavior, especially drinking patterns, can be a difficult challenge. The following pointers may help you stick with your new behavior and maintain the drinking limit agreement, especially during the first few weeks when it is most difficult. Remember that you are changing a habit, and that it can be hard work. It becomes easier with time.

- Remember your drinking limit goal: _____
- Read this workbook and your first workbook frequently.
- Every time you are tempted to drink above limits and are able to resist, congratulate yourself because you are breaking an old habit.
- Whenever you feel very uncomfortable, tell yourself that the feeling will pass.
- At the end of each week, think about how many days you have been abstinent (consumed no alcohol) or have been a light or moderate drinker.
- Some people have days during which they drink too much. If that happens to you, **DON'T GIVE UP.** Just start again the next day.

You should always feel welcome to call your primary care provider for assistance or in case of an emergency.

Thank you for participating in your healthcare!

Please keep your drinking diary cards handy so you can review them the next time we speak.





Drinking diary cards

One way to keep track of how much you drink is the use of drinking diary cards. One card is used for each week. Every day record the number of drinks you had. At the end of the week add up the total number of drinks you had during the week.

DRINKING DIARY CARD				
Starting Date: _____ (Keep track of what you drink for the next 7 days)				
Day	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
WEEK'S TOTAL:				

DRINKING DIARY CARD				
Starting Date: _____ (Keep track of what you drink for the next 7 days)				
Day	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
WEEK'S TOTAL:				

DRINKING DIARY CARD				
Starting Date: _____ (Keep track of what you drink for the next 7 days)				
Day	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
WEEK'S TOTAL:				

Health Promotion Workbook: Emotional Distress



Clinician Contact:

Name: _____ Phone: _____

Today's Date ____/____/____

This workbook session is intended to assist you with attending your upcoming treatment appointment.

PART 1: SEEKING TREATMENT

What are some of your reasons for not attending your last treatment session?

What are your feelings on attending the next treatment session?



PART 2: IDENTIFYING FUTURE GOALS

Now we will talk about some of your future goals. How would you like your life to improve and be different in the future? What are some areas of your life that are most important to you and that you would like to improve?



What are some of your goals for the next three months to a year regarding your physical and emotional health?

What are some of your goals for the next three months to one year regarding **activities and hobbies**?

What are some of your goals for the next three months to a year regarding your **relationships and social life**?

What are some of your goals in the next three months to a year regarding your **financial situation**?

Other goals?

PART 3: EFFECTS OF DEPRESSION

Now let's talk about some of your own experiences with distress. Emotional distress can affect your physical health, emotional/social well being, and relationships.

Can you indicate some negative effects that you personally have experienced through your distress?



- | | | |
|--|---|--|
| <input type="checkbox"/> Difficulty coping with stressful situations | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Accidents/falls |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Memory problems or confusion | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Loss of independence | <input type="checkbox"/> Bad eating habits | <input type="checkbox"/> Work problems |
| <input type="checkbox"/> Problems in community activities | <input type="checkbox"/> Low motivation | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Health Problems | <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Sexual performance problems | <input type="checkbox"/> Social Problems | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Not taking care of self | <input type="checkbox"/> Other: |
| | | _____ |
| | | _____ |

What are the top three negative effects of emotional distress?

1. _____
2. _____
3. _____

PART 4: BENEFITS OF REDUCING AND CONTROLLING DEPRESSION

Now let's talk about some of your own thoughts about the benefits reducing and/or being free of your distress. Controlling your distress can positively affect your physical health, emotional and social well-being, and relationships.



What are some positive effects that you think could happen as a result of controlling your distress?

- | | | |
|---|--|---|
| <input type="checkbox"/> Happiness | <input type="checkbox"/> Relaxation | <input type="checkbox"/> More Comfortable |
| <input type="checkbox"/> Easy to deal with Problems | <input type="checkbox"/> Increased confidence | <input type="checkbox"/> Take better care of self |
| <input type="checkbox"/> Increase Productivity | <input type="checkbox"/> Lowered stress | <input type="checkbox"/> Physically feel better |
| <input type="checkbox"/> Enjoy life more | <input type="checkbox"/> Ease in speaking one's mind | <input type="checkbox"/> Mentally feel better |
| <input type="checkbox"/> Social ease | <input type="checkbox"/> Better Problem Solving | <input type="checkbox"/> Sleep Better |
| <input type="checkbox"/> Safer | <input type="checkbox"/> Exercise and Eat better | <input type="checkbox"/> Avoid Legal Problems |
| <input type="checkbox"/> Feel in Control | <input type="checkbox"/> Enhanced Sexual Performance | <input type="checkbox"/> Easy to deal with People |
| <input type="checkbox"/> Better Memory of Events | <input type="checkbox"/> More Energy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Able to work or get job | | _____ |

What are the top three positive effects of controlling your distress?

1. _____
2. _____
3. _____



PART 5: REASONS FOR GETTING TREATMENT

Considering your current mental health, it is very important to take advantage of your upcoming treatment session.

So, now let's talk about some of your own reasons to attend treatment for distress. Can you indicate some reasons that you personally have for attending treatment?



- | | | |
|---|--|--|
| <input type="checkbox"/> Religious Reasons | <input type="checkbox"/> Remain Independent | <input type="checkbox"/> Wanting to Be Happier |
| <input type="checkbox"/> Job Performance Enhanced | <input type="checkbox"/> Remain Healthy/Mobile | <input type="checkbox"/> Want to learn how to positively change health |
| <input type="checkbox"/> Avoid Legal Issues | <input type="checkbox"/> Family Support | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Gain Social Confidence | <input type="checkbox"/> Promoting a Healthy Lifestyle | _____ |
| <input type="checkbox"/> Gain Self Confidence | <input type="checkbox"/> Respect | _____ |
| | | _____ |

What are the top three reasons to attend treatment?

1. _____
2. _____
3. _____

PART 5: REASONS FOR GETTING TREATMENT *continued*

Can you indicate some reasons that might make it difficult for you to attend treatment?

- | | | |
|---|---|--|
| <input type="checkbox"/> Don't need treatment | <input type="checkbox"/> Don't know how to change behaviors | <input type="checkbox"/> Waiting time in clinic is too long |
| <input type="checkbox"/> No need to change behaviors | <input type="checkbox"/> Lack of trust for the treatment facility | <input type="checkbox"/> Appointment is at an inconvenient time |
| <input type="checkbox"/> Not ready to change behaviors | <input type="checkbox"/> Past treatment was unsuccessful | <input type="checkbox"/> Have more important physical problems to deal with |
| <input type="checkbox"/> Don't believe you can change your depression | <input type="checkbox"/> Appointment too far away | <input type="checkbox"/> Have more important emotional problems to deal with |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Can't afford treatment | <input type="checkbox"/> Don't have appropriate health insurance |
| <input type="checkbox"/> I don't have anyone to support my decision for treatment. | <input type="checkbox"/> I have care giving responsibilities | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> I don't want my family/friends or anyone else to think I have a problem. | <input type="checkbox"/> I don't have anyone to understand my problems. | _____ |
| | <input type="checkbox"/> I am the only person with an income in the house so work is more important | _____ |

What are the top three reasons it might be difficult to attend treatment?

1. _____
2. _____
3. _____

Let's at least focus on these three and try to Problem Solve to overcome these difficulties. Record the possible solutions below:

1. _____
2. _____
3. _____

PART 6: TREATMENT AGREEMENT

The purpose of this step is to ensure that you attend your next treatment session.

How confident are you that you will attend the treatment session, from 0 to 10 with 0 being not confident at all and 10 being very confident?

< < NOT Confident -----VERY Confident > >										
0	1	2	3	4	5	6	7	8	9	10

Why are you at that number and not a zero?

When fulfilling this agreement, keep in mind:

- The negative effects of emotional distress.
- The benefits of controlling your emotional distress.
- And the reasons for attending treatment that you talked about.

Drinking Agreement:

Today's Date: _____

I plan to attend my next treatment session, scheduled for:

Date: _____

Time: _____

Location: _____

PART 7: CONTACT SUMMARY

We've covered a great deal of information today. Read this workbook whenever it might be helpful, and you can also bring it to your next appointment to share with your provider. Remember that you are trying to control your depression, and that it can be hard work without some help. It becomes easier with time and some professional/caring advice.

- Remember the negative effects of depression that you mentioned.
- Remember the benefits of controlling your depression that you mentioned.
- Remember the reasons for attending treatment that you mentioned.
- Some people have hard days where they may give up hope for improvement. If that happens to you, **DON'T GIVE UP**. Just start again the next day and remember that there is professional assistance available to you.
- You should always feel welcome to call your primary care provider for assistance or in case of an emergency.

Thank you for participating in your own healthcare!



Health Promotion Workbook: Emotional Distress & Substance Abuse



Clinician Contact:

Name: _____ Phone: _____

Today's Date ____/____/____

This workbook session is intended to assist you with attending your upcoming treatment appointment for substance misuse.

PART 1: SEEKING TREATMENT

What are some of your reasons for not attending your last treatment session?

What are your feelings on attending the next treatment session?



PART 2: IDENTIFYING FUTURE GOALS

Now we will talk about some of your future goals. How would you like your life to improve and be different in the future? What are some areas of your life that are most important to you and that you would like to improve?



What are some of your goals for the next three months to a year regarding your **physical and emotional health**?

What are some of your goals for the next three months to one year regarding **activities and hobbies**?

What are some of your goals for the next three months to a year regarding your **relationships and social life**?

What are some of your goals in the next three months to a year regarding your **financial situation**?

Other goals?

PART 3: SUMMARY OF HEALTH HABITS AND CONSEQUENCES

Let's review some of information about your health, behavior, or health habits. You have recently indicated that you currently drink _____ drinks per week and had _____ binges in the last 3 months. You have recently indicated that you currently use the following drugs: _____, _____.

PART 4: CONSEQUENCES OF SUBSTANCE MISUSE

Considering your substance use pattern it may be helpful to understand some of the negative effects of substance misuse.

Effects of Alcohol Misuse		
Types/Patterns	National Average	Consequences
Abstainers and light drinkers Drink no alcohol or less than three drinks per month.	55%	Alcohol use does not affect health or result in negative consequences.
Moderate drinkers Drink three or fewer times per week. Drink one to two standard drinks per occasion.	30%	Alcohol use does not affect health or result in negative consequences. At times moderate drinkers consume NO alcohol, such as before driving, while operating machinery, etc.
At-risk drinkers Drink over 2 standard drinks per day below age 65, or over 1 standard drink per day over age 65.	10%	At risk for negative health and social consequences.
Alcohol Abuse/Dependence Heavy drinking has led to a physical need for alcohol and to other problems.	5%	At risk for severe negative health and social consequences.

Main Negative Outcome of Substance Misuse:

- Higher Risk of Developing
 - Diseases
 - Cognitive Impairment/Memory Loss
- Impairs Medical/Medication Treatment
- While Driving, can cause Fatal Car Accidents for the driver, passengers, individuals in other vehicles, and pedestrians
- Emotional Imbalance
- Legal Problems

PART 5: EFFECTS OF DISTRESS/SUBSTANCE MISUSE

Now let's talk about some of your own experiences with depression and substance misuse. Depression and substance misuse can affect your physical health, emotional/social well being, and relationships.

Can you indicate some **negative effects** that you personally have experienced through your **distress**?

- | | | |
|--|---|--|
| <input type="checkbox"/> Difficulty coping with stressful situations | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Accidents/falls |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Memory problems or confusion | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Loss of independence | <input type="checkbox"/> Bad eating habits | <input type="checkbox"/> Work problems |
| <input type="checkbox"/> Problems in community activities | <input type="checkbox"/> Low motivation | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Health Problems | <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Sexual performance problems | <input type="checkbox"/> Social Problems | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Not taking care of self | <input type="checkbox"/> Other: _____ |
| | | _____ |

What are the top three negative effects of depression?

1. _____
2. _____
3. _____

PART 5: EFFECTS OF DISTRESS/SUBSTANCE MISUSE continued

Now, can you indicate some **negative effects** that you personally have experienced through your **substance misuse**?

- | | | |
|--|---|--|
| <input type="checkbox"/> Difficulty coping with stressful situations | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Accidents/falls |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Memory problems or confusion | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Loss of independence | <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Increased risk of assault |
| <input type="checkbox"/> Problems in community activities | <input type="checkbox"/> Reduced effectiveness of medications | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Not taking care of self | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Sexual performance problems | <input type="checkbox"/> Liver problems | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Work problems | _____ |
| | | _____ |

What are the top three negative effects of substance abuse?

1. _____
2. _____
3. _____



PART 6: BENEFITS OF REDUCING AND CONTROLLING DISTRESS AND SUBSTANCE MISUSE

Now let's talk about some of your own thoughts of the benefits reducing and/or being free of your distress and/or substance misuse.

Controlling your distress and substance misuse can positively affect your physical health, emotional and social well-being, and relationships.



- | | | |
|---|--|---|
| <input type="checkbox"/> Happiness | <input type="checkbox"/> Relaxation | <input type="checkbox"/> More comfortable |
| <input type="checkbox"/> Easy to deal with problems | <input type="checkbox"/> Increased confidence | <input type="checkbox"/> Take better care of self |
| <input type="checkbox"/> Increase productivity | <input type="checkbox"/> Lowered stress | <input type="checkbox"/> Physically feel better |
| <input type="checkbox"/> Enjoy life more | <input type="checkbox"/> Ease in speaking one's mind | <input type="checkbox"/> Mentally feel better |
| <input type="checkbox"/> Social ease | <input type="checkbox"/> Better problem solving | <input type="checkbox"/> Sleep better |
| <input type="checkbox"/> Safer | <input type="checkbox"/> Exercise and eat better | <input type="checkbox"/> Avoid legal problems |
| <input type="checkbox"/> Feel in control | <input type="checkbox"/> Enhanced sexual performance | <input type="checkbox"/> Easy to deal with people |
| <input type="checkbox"/> Better memory of events | <input type="checkbox"/> More energy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Able to work or get a job | | _____ |
| | | _____ |
| | | _____ |

What are some positive effects that you think could happen as a result of controlling your distress and substance use?

1. _____
2. _____
3. _____



PART 7: REASONS FOR GETTING TREATMENT

Considering your current substance use and distress, it is extremely important to take advantage of your upcoming treatment session.

So, now let's talk about some of your own reasons to attend treatment.

Can you indicate some reasons that you personally have for attending treatment?



- | | | |
|---|--|--|
| <input type="checkbox"/> Religious Reasons | <input type="checkbox"/> Remain Independent | <input type="checkbox"/> Wanting to change substance use behaviors. |
| <input type="checkbox"/> Job Performance Enhanced | <input type="checkbox"/> Remain Healthy/Mobile | <input type="checkbox"/> Want to learn how to positively change health |
| <input type="checkbox"/> Avoid Legal Issues | <input type="checkbox"/> Family Support | <input type="checkbox"/> Want to be happier |
| <input type="checkbox"/> Gain Social Confidence | <input type="checkbox"/> Promoting a Healthy Lifestyle | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Gain Self Confidence | <input type="checkbox"/> Respect | _____ |
| | | _____ |
| | | _____ |

What are the top three reasons to attend treatment?

1. _____
2. _____
3. _____

PART 7: REASONS FOR GETTING TREATMENT *continued*

Can you indicate some reasons that might make it difficult for you to attend treatment?

- | | | |
|---|---|--|
| <input type="checkbox"/> Don't need treatment | <input type="checkbox"/> Don't know how to change behaviors | <input type="checkbox"/> Waiting time in clinic is too long |
| <input type="checkbox"/> No need to change behaviors | <input type="checkbox"/> Lack of trust for the treatment facility | <input type="checkbox"/> Appointment is at an inconvenient time |
| <input type="checkbox"/> Not ready to change behaviors | <input type="checkbox"/> Past treatment was unsuccessful | <input type="checkbox"/> Have more important physical problems to deal with |
| <input type="checkbox"/> Don't believe you can change your depression/substance use | <input type="checkbox"/> Appointment too far away | <input type="checkbox"/> Have more important emotional problems to deal with |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Can't afford treatment | |
| <input type="checkbox"/> I don't have anyone to support my decision for treatment. | <input type="checkbox"/> I have care giving responsibilities | <input type="checkbox"/> Don't have appropriate health insurance |
| <input type="checkbox"/> I don't want my family/friends or anyone else to think I have a problem. | <input type="checkbox"/> I don't have anyone to understand my problems. | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> I am the only person with an income in the house so work is more important | _____ |
| | | _____ |
| | | _____ |

What are the top three reasons it might be difficult to attend treatment?

1. _____
2. _____
3. _____

Let's at least focus on these three and try to Problem Solve to overcome these difficulties. Record the possible solutions below:

1. _____
2. _____
3. _____

PART 8: TREATMENT AGREEMENT

The purpose of this step is to ensure that you attend your next treatment session.

How confident are you that you will attend the treatment session, from 0 to 10 with 0 being not confident at all and 10 being very confident?

< < NOT Confident -----VERY Confident > >										
0	1	2	3	4	5	6	7	8	9	10

Why are you at that number and not a zero?

When fulfilling this agreement, keep in mind:

- The negative effects of emotional distress
- The benefits of controlling your emotional distress
- And the reasons for attending treatment that you talked about

Drinking Agreement:

Today's Date: _____

I plan to attend my next treatment session, scheduled for:

Date: _____

Time: _____

Location: _____

PART 9: CONTACT SUMMARY

We've covered a great deal of information today. Read this workbook whenever it might be helpful, and you can also bring it to your next appointment to share with your provider. Remember that you are trying to control your distress/substance abuse, and that it can be hard work without some help. It becomes easier with time and some professional/caring advice.

- Remember the negative effects of distress/substance misuse that you mentioned.
- Remember the benefits of controlling your distress/substance misuse that you mentioned.
- Remember the reasons for attending treatment that you mentioned.
- Some people have hard days where they may give up hope for improvement. If that happens to you, **DON'T GIVE UP**. Just start again the next day and remember that there is professional assistance available to you.
- You should always feel welcome to call your primary care provider for assistance or in case of an emergency.

Thank you for participating in your own health care!

FYI: STANDARD DRINKS INFORMATION

The drinks shown below, in normal measure, contain roughly the same amount of pure alcohol. You can think of each one as a **standard drink**.



Health Promotion Workbook: Substance Misuse



Clinician Contact:

Name: _____ Phone: _____

Today's Date ____/____/____

This workbook session is intended to assist you with attending your upcoming treatment appointment.

PART 1: SEEKING TREATMENT

What are some of your reasons for not attending your last treatment session?

What are your feelings on attending the next treatment session?



PART 2: IDENTIFYING FUTURE GOALS

Now we will talk about some of your future goals. How would you like your life to improve and be different in the future? What are some areas of your life that are most important to you and that you would like to improve?



What are some of your goals for the next three months to a year regarding your **physical and emotional health**?

What are some of your goals for the next three months to one year regarding **activities and hobbies**?

What are some of your goals for the next three months to a year regarding your **relationships and social life**?

What are some of your goals in the next three months to a year regarding your **financial situation**?

Other goals?

PART 3: SUMMARY OF HEALTH HABITS

Let's review some of information about your health, behavior, or health habits. You have recently indicated that you currently drink _____ drinks per week and had _____ binges in the last 3 months. You have recently indicated that you currently use the following drugs: _____, _____.

PART 4: CONSEQUENCES OF SUBSTANCE MISUSE

Considering your substance use pattern it may be helpful to understand some of the negative effects of substance misuse.

Effects of Alcohol Misuse		
Types/Patterns	National Average	Consequences
Abstainers and light drinkers Drink no alcohol or less than three drinks per month.	55%	Alcohol use does not affect health or result in negative consequences.
Moderate drinkers Drink three or fewer times per week. Drink one to two standard drinks per occasion.	30%	Alcohol use does not affect health or result in negative consequences. At times moderate drinkers consume NO alcohol, such as before driving, while operating machinery, etc.
At-risk drinkers Drink over 2 standard drinks per day below age 65, or over 1 standard drink per day over age 65.	10%	At risk for negative health and social consequences.
Alcohol Abuse/Dependence Heavy drinking has led to a physical need for alcohol and to other problems.	5%	At risk for severe negative health and social consequences.

Main Negative Outcome of Substance Misuse:

- Higher Risk of Developing
 - Diseases
 - Cognitive Impairment/Memory Loss
- Impairs Medical/Medication Treatment
- While Driving, can cause Fatal Car Accidents for the driver, passengers, individuals in other vehicles, and pedestrians
- Emotional Imbalance
- Legal Problems

PART 5: CONSEQUENCES OF SUBSTANCE MISUSE

Now let's talk about some of your own effects of substance misuse.

Substance Misuse can affect your physical health, emotional and social well-being, and relationships.

Can you indicate some **positive effects** that you personally have experienced through substance abuse?

- | | | |
|---|--|---|
| <input type="checkbox"/> Happiness | <input type="checkbox"/> Relaxation | <input type="checkbox"/> Avoid uncomfortable feelings |
| <input type="checkbox"/> Easy to deal with Problems | <input type="checkbox"/> Sense of confidence | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Enjoy life more | <input type="checkbox"/> Lowered stress | _____ |
| <input type="checkbox"/> Social ease | <input type="checkbox"/> Ease in speaking one's mind | _____ |
| | | _____ |

What are the top three positive effects of substance use?

1. _____
2. _____
3. _____

PART 5: CONSEQUENCES OF SUBSTANCE MISUSE continued

Now, can you indicate some **negative effects** that you personally have experienced through your substance use?

- | | | |
|--|---|--|
| <input type="checkbox"/> Difficulty coping with stressful situations | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Accidents/falls |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Memory problems or confusion | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Loss of independence | <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Increased risk of assault |
| <input type="checkbox"/> Problems in community activities | <input type="checkbox"/> Reduced effectiveness of medications | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Not taking care of self | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Sexual performance problems | <input type="checkbox"/> Liver problems | _____ |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Work problems | _____ |

What are the top three negative effects of substance use?

- 4. _____
- 5. _____
- 6. _____



PART 6: BENEFITS OF REFRAINING FROM SUBSTANCE USE

Refraining from substance use can also positively affect your physical health, emotional and social well-being, and relationships.

Now let's talk about some of your own speculations of the benefits of refraining from substance misuse.

Can you indicate some positive effects that you personally have experienced or think could happen as a result of abstaining from substance use?



- | | | |
|---|--|---|
| <input type="checkbox"/> Happiness | <input type="checkbox"/> Relaxation | <input type="checkbox"/> More comfortable |
| <input type="checkbox"/> Easy to deal with problems | <input type="checkbox"/> Increased confidence | <input type="checkbox"/> Take better care of self |
| <input type="checkbox"/> Increase productivity | <input type="checkbox"/> Lowered stress | <input type="checkbox"/> Physically feel better |
| <input type="checkbox"/> Enjoy life more | <input type="checkbox"/> Ease in speaking one's mind | <input type="checkbox"/> Mentally feel better |
| <input type="checkbox"/> Social ease | <input type="checkbox"/> Better problem solving | <input type="checkbox"/> Sleep better |
| <input type="checkbox"/> Safer | <input type="checkbox"/> Exercise and eat better | <input type="checkbox"/> Avoid legal problems |
| <input type="checkbox"/> Feel in control | <input type="checkbox"/> Enhanced sexual performance | <input type="checkbox"/> Easy to deal with people |
| <input type="checkbox"/> Better memory of events | <input type="checkbox"/> More energy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Able to work or get a job | | _____ |
| | | _____ |
| | | _____ |

What are the top three positive effects of refraining from substances?

1. _____
2. _____
3. _____



PART 7: REASONS FOR GETTING TREATMENT

Considering your current substance use, it is extremely important to take advantage of your upcoming treatment session.

So, now let's talk about some of your own reasons to attend treatment for substance use.

Can you indicate some reasons that you personally have for attending treatment?



- | | | |
|---|--|--|
| <input type="checkbox"/> Religious Reasons | <input type="checkbox"/> Remain Independent | <input type="checkbox"/> Wanting to change substance use behaviors. |
| <input type="checkbox"/> Job Performance Enhanced | <input type="checkbox"/> Remain Healthy/Mobile | <input type="checkbox"/> Want to learn how to positively change health |
| <input type="checkbox"/> Avoid Legal Issues | <input type="checkbox"/> Family Support | <input type="checkbox"/> Want to be happier |
| <input type="checkbox"/> Gain Social Confidence | <input type="checkbox"/> Promoting a Healthy Lifestyle | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Gain Self Confidence | <input type="checkbox"/> Respect | |

What are the top three reasons to attend treatment?

4. _____
5. _____
6. _____

PART 7: REASONS FOR GETTING TREATMENT *continued*

Can you indicate some reasons that might make it difficult for you to attend treatment?

- | | | |
|---|---|--|
| <input type="checkbox"/> Don't need treatment | <input type="checkbox"/> Don't know how to change behaviors | <input type="checkbox"/> Waiting time in clinic is too long |
| <input type="checkbox"/> No need to change behaviors | <input type="checkbox"/> Lack of trust for the treatment facility | <input type="checkbox"/> Appointment is at an inconvenient time |
| <input type="checkbox"/> Not ready to change behaviors | <input type="checkbox"/> Past treatment was unsuccessful | <input type="checkbox"/> Have more important physical problems to deal with |
| <input type="checkbox"/> Don't believe you can change your depression/substance use | <input type="checkbox"/> Appointment too far away | <input type="checkbox"/> Have more important emotional problems to deal with |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Can't afford treatment | |
| <input type="checkbox"/> I don't have anyone to support my decision for treatment. | <input type="checkbox"/> I have care giving responsibilities | <input type="checkbox"/> Don't have appropriate health insurance |
| <input type="checkbox"/> I don't want my family/friends or anyone else to think I have a problem. | <input type="checkbox"/> I don't have anyone to understand my problems. | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> I am the only person with an income in the house so work is more important | _____ |
| | | _____ |
| | | _____ |

What are the top three reasons it might be difficult to attend treatment?

1. _____
2. _____
3. _____

Let's at least focus on these three and try to Problem Solve to overcome these difficulties. Record the possible solutions below:

1. _____
2. _____
3. _____

PART 8: TREATMENT AGREEMENT

The purpose of this step is to ensure that you attend your next treatment session.

How confident are you that you will attend the treatment session, from 0 to 10 with 0 being not confident at all and 10 being very confident?

<< NOT Confident -----VERY Confident >>										
0	1	2	3	4	5	6	7	8	9	10

Why are you at that number and not a zero?

When fulfilling this agreement, keep in mind:

- The negative effects of emotional distress.
- The benefits of controlling your emotional distress.
- And the reasons for attending treatment that you talked about.

Drinking Agreement:

Today's Date: _____

I plan to attend my next treatment session, scheduled for:

Date: _____

Time: _____

Location: _____

PART 9: CONTACT SUMMARY

We've covered a great deal of information today. Read this workbook whenever it might be helpful, and you can also bring it to your next appointment to share with your provider. Remember that you are trying to control your substance misuse, and that it can be hard work without some help. It becomes easier with time and some professional/caring advice.

- Remember the negative effects of substance misuse that you mentioned.
- Remember the benefits of controlling your substance misuse that you mentioned.
- Remember the reasons for attending treatment that you mentioned.
- Some people have hard days where they may give up hope for improvement. If that happens to you, **DON'T GIVE UP**. Just start again the next day and remember that there is professional assistance available to you.
- You should always feel welcome to call your primary care provider for assistance or in case of an emergency.

Thank you for participating in your own healthcare!

FYI: STANDARD DRINKS INFORMATION

The drinks shown below, in normal measure, contain roughly the same amount of pure alcohol. You can think of each one as a **standard drink**.



Pleasurable Event Scheduling: BHP Tips

Pleasurable event scheduling can be an effective tool in relieving depressive symptoms. Anhedonia and apathy are a common core feature of many depressive syndromes, and the deliberate planning and scheduling of pleasant events is a relatively low-risk, low-intensity, easily incorporated intervention that may have significant impact. Motivational techniques should be used to encourage follow-through on pleasurable event planning including education stressing the potential effectiveness of re-acquainting oneself with pleasure, even if done initially in an unenthusiastic, structured manner.



Patients are asked to identify previous activities that they used to enjoy when feeling well. Once identified, the patient is encouraged to select one activity to schedule and complete before the next contact.

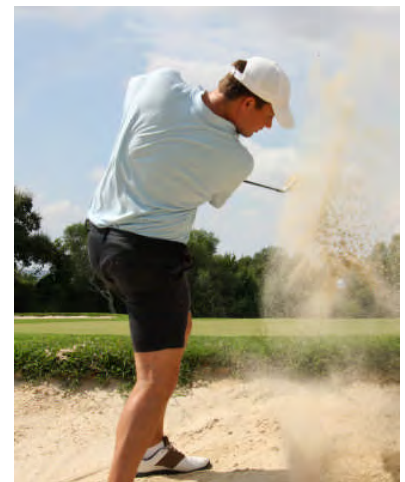
Your Behavioral Health Provider should encourage the patient to speculate about any potential barriers

or obstacles that can be anticipated that may interfere with the engagement in the proposed activity, with problem-solving “upfront” in order to maximize the likelihood that the pleasurable event occurs. The proposed activity should be accomplished within the time frame of the next contact. At the next contact, the Behavioral Health Provider reviews whether the activity was completed, and if so, how it went. Additional pleasurable activities should be undertaken before the next contact.



If the activity did not occur, problem-solving and motivational techniques should be employed to foster re-scheduling the activity. If problem-solving and further discussion indicates that the previously chosen activity is not a good candidate for targeting at this point considering the patient’s circumstances, a new pleasurable event should be selected and scheduled.

Pleasurable events worksheet follows this BHP Tips guide.



Pleasant Activities List

It doesn't really matter what you do, just do something! Waiting until you "feel like it" doesn't work, because the inactivity only makes you feel worse, and therefore feel less like doing it.

- | | |
|---|---|
| <ul style="list-style-type: none"> • Rearrange a room • Dance • Help groups you respect • Go to a park • Learn to play a musical instrument • Go to a play, concert, ballet... • Plan trips or vacations • Buy something frivolous like a toy • Do artwork or crafts • Read sacred works (Bible, Torah...) • Wear clothes you like • Read a book or magazine • Hear a lecture or a sermon • Listen to a relaxation tape • Go boating • Do the dishes • Work on your car • Play a board game • Complete a difficult task • Solve a puzzle or crossword • Take a long bath or shower • Write a story, poem, music... • Sing or play an instrument • Work at your job • Go to a church or temple function • Go to a meeting • Learn to say 30 words in another language • Bake a cake • Solve a personal problem • Hygiene (floss teeth, fix hair...) • Visit someone who is ill • Do outdoor work • Sit in the sun • Go to a fair or zoo • Plan an event • Play with animals • Listen to music • Give someone a gift • Take pictures • Talk about sports • Watch or participate in sports • Help or protect someone • Go to a comedy club • Eat a good meal | <ul style="list-style-type: none"> • Give blood • Enjoy a sauna • Paint a picture • Be with friends or relatives • Talk on the phone • Daydream • Go to a movie • Kiss • Cook a meal • Do odd jobs around home • Go to a restaurant • Reminisce, talk about old times • Get up early in the morning • Volunteer at the local animal shelter • Write in a diary • Pray • Meditate • Read the newspaper • Go for a walk or run • Walk barefoot • 10 minutes of deep breathing • Sew or do needlework • Go to a barber or beautician • Be with someone you love • Rent a movie • Start a new project • Go to the library • Plant seeds for a windowsill pot • Watch people • Sit in front of a fire in the fireplace • Sell or trade something • Volunteer at a homeless shelter • Buy some flowers • Write a letter • Surf the internet • Care for houseplants • Plant or tend a garden • Work on or start a collection • Spend time with children • Stay up late • Go to a garage sale or auction • Meet someone new • Go swimming at the local gym • Read cartoons or comic books |
|---|---|

PROBLEM-SOLVING WORKSHEET

Name: _____ Date: _____ Visit #: _____

Review of progress during previous week:

Rate how Satisfied you feel with your effort (0 = Not at all; 10 = Extremely): _____ Mood (0-10): _____

Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)				
Problem/Goal/Solutions:	What makes this a good choice?	Cons		
		A Little	Medium	A Lot
		Effort []	[]	[]
		Time []	[]	[]
		Money []	[]	[]
		Emotional Impact []	[]	[]
		Involving Others []	[]	[]
		A Little	Medium	A Lot
		Effort []	[]	[]
		Time []	[]	[]
		Money []	[]	[]
		Emotional Impact []	[]	[]
		Involving Others []	[]	[]
		A Little	Medium	A Lot
		Effort []	[]	[]
		Time []	[]	[]
		Money []	[]	[]
		Emotional Impact []	[]	[]
		Involving Others []	[]	[]
		A Little	Medium	A Lot
		Effort []	[]	[]
		Time []	[]	[]
		Money []	[]	[]
		Emotional Impact []	[]	[]
		Involving Others []	[]	[]

Pros and Cons of Drinking	
PROS Good Things About My Drinking	CONS The Not So Good Things About My Drinking
<p>Examples:</p> <p><i>It relaxes me.</i></p> <p><i>It helps me avoid thinking about my problems.</i></p> <p><i>It's a way to relieve boredom.</i></p>	<p>Examples:</p> <p><i>I'll feel bad the next day.</i></p> <p><i>I don't take good care of my children when I'm drunk.</i></p> <p><i>I could hurt someone if I drive when I've been drinking.</i></p> <p><i>I have physical problems because of my drinking.</i></p>

Source: Velasquez, M. M., Maurer, G.G., Crouch, C., & DiClemente, C.C. (2001). *Group treatment for substance abuse: A stages-of-change therapy manual*. New York: Guilford Press.

How important are each of the pros and cons? Can you consider “tipping the balance” so the pros no longer outweigh the cons?

SAFTEY PLAN

STEP 1: Warning Signs

1. _____
2. _____
3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Step 4: People whom I can ask for help:

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

SAFTEY PLAN *continued*

Step 5: Professionals or agencies I can contact during a crisis:

Clinician Name _____ **Phone** _____

Clinician Pager or Emergency Contact # _____

Clinician Name _____ **Phone** _____

Clinician Pager or Emergency Contact # _____

Local Urgent Care Services _____ **Phone** _____

Local Urgent Care Services Address _____

Local Urgent Care Services _____ **Phone** _____

Local Urgent Care Services Address _____

Crisis Hotline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____
3. _____

SAFTEY PLAN: Brief Instructions

STEP 1: Recognizing Warning Signs

- Ask, *“How will you know when the safety plan should be used?”*
- Ask, *“What do you experience when you start to think about suicide or feel extremely distressed?”*
- List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patients' own words.

Step 2: Internal coping strategies

- Ask *“What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”*
- Ask *“How likely do you think you would be able to do this step during a time of crisis?”*
- If doubt about using coping strategies is expressed, ask *“What might stand in the way of you thinking of these activities or doing them if you think of them?”*
- Use a collaborative, problem solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified.

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Ask *“Who or what social settings help you take your mind off your problems at least for a little while? “Who helps you feel better when you socialize with them?”*
- Ask patients to list several people and social settings, in case the first option is unavailable.
- Ask for safe places they can go to do be around people, e.g. coffee shop.
- Remember, in this step, suicidal thoughts and feelings are not revealed.

Step 4: Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis

- Instruct patients to use Step 4 if Step 3 does not resolve the crisis or lower risk.
- Ask *“Among your family or friends, who do you think you could contact for help during a crisis?”* or *“Who is supportive of you and who do you feel that you can talk with when you're under stress?”*
- Ask patients to list several people, in case they cannot reach the first person on the list. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis.

- Ask “How likely would you be willing to contact these individuals?” If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 5: Contacting Professionals and Agencies

- Instruct patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Ask “*Who are the mental health professionals that we should identify to be on your safety plan?*” and “*Are there other health care providers?*”
- List names, numbers and/or locations of clinicians, local urgent care services, **Crisis Hotline (1-800-273-TALK (8255))**.
- If doubt is expressed about contacting individuals, identify potential obstacles and problem-solve ways to overcome them.

Step 6: Reducing the Potential for Use of Lethal Means

- The clinician should ask patients which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means.
- For methods with low lethality, clinicians may ask veterans to remove or restrict their access to these methods themselves.
- Restricting the veterans’ access to a highly lethal method should be done by a designated, responsible person—usually a family member, close friend, or the police.

**See Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008) for a full description of the instructions.*

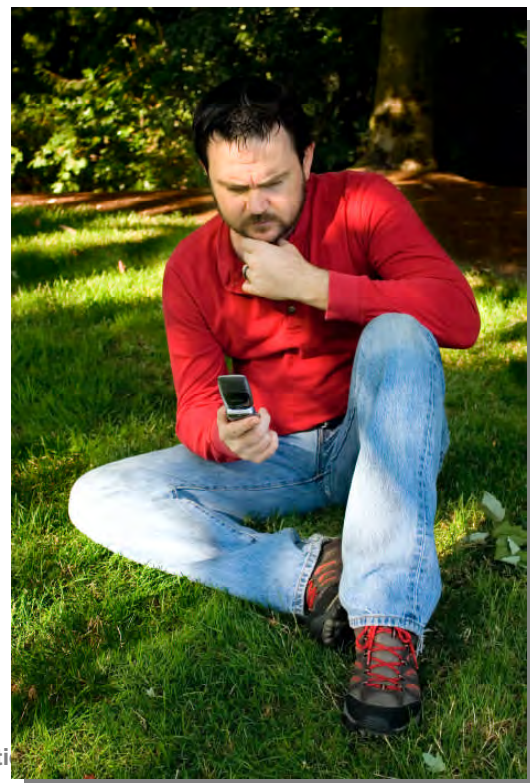
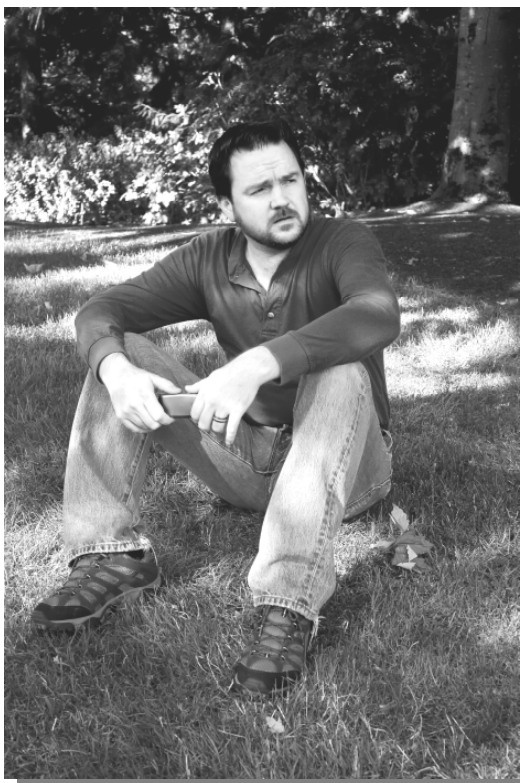


FIGURE 6: Patient

SECTION **3**

Patient Information Sheets

Alcohol Related Materials



Acamprosate Information Sheet

(Adapted from Mason, B.J., and Goodman, A.M. *Brief Intervention and Medication Compliance Procedures—Therapist's Manual*, 1997. <http://www.alcohol-free.com>.)

1. What is Acamprosate, and how does it work?

Acamprosate is a medication for treatment of alcohol dependence. It is thought to reduce the urge for alcohol by working directly on certain neurotransmitters in the brain (chemicals that transmit information between nerve cells) whose balance has been disturbed because of regular, heavy drinking.

2. Is Acamprosate addictive?

No. Acamprosate is not habit forming or a drug of abuse. It does not cause users to become physically or psychologically dependent.

3. What are the side effects of Acamprosate?

Like virtually all medications, Acamprosate can cause side effects, but these are usually minor and go away as patients continue to take the medication. In controlled clinical trials, the only types of symptoms that were consistently more common in patients taking Acamprosate than in patients taking placebo (a sugar pill) were stomach symptoms. These were usually mild, tended to occur when patients first started taking the medication, and consisted primarily of loose bowel movements or mild diarrhea. Some patients also had changes in their sex drive—sometimes this was increased and sometimes decreased, but there was no definite pattern. As with many drugs, sometimes people on Acamprosate develop skin rashes or itching. In earlier studies, subjects on Acamprosate and those on placebo both experienced equal amounts of this type of symptom. You should tell your medical clinician of any side effects.

4. What will happen if I drink alcohol while taking Acamprosate?

Acamprosate does not change the way the body metabolizes (breaks down) alcohol, so Acamprosate will not make you feel sick if you drink (i.e., it does not work like Antabuse). And there is no evidence of an added effect of alcohol if you drink while taking Acamprosate.

5. Is it possible to take other medications with Acamprosate?

Because Acamprosate is eliminated exclusively by the kidneys, drugs that may be toxic to the kidneys, such as aminoglycoside antibiotics (gentamycin and amikacin), should be avoided. Inform your medical clinician of whatever medication you are currently taking so that possible interactions can be evaluated.

6. What will happen if I become pregnant while taking Acamprosate?

If you have the biological potential to have a child, you should be using an effective method of birth control while taking Acamprosate. However, if you miss a menstrual period, report this to your clinician at once and take a pregnancy test. If you become pregnant, you will discontinue the medication. Your clinician should continue to ask about your health throughout your pregnancy and also about the health of your baby after delivery. Even though Acamprosate should not be used during pregnancy, animal studies have not shown any ill effects on either the course of pregnancy or on the offspring, nor is there any evidence from animal studies that Acamprosate causes birth defects.

Acamprosate Information Sheet continued

7. Should I take Acamprosate with a meal?

Acamprosate can be taken with food, but food does decrease the amount of medication that the body absorbs. Gastrointestinal symptoms may decrease by taking the medication with food.

8. Is it all right to crush the pills?

Acamprosate pills should not be crushed because they have an enteric coating. Destroying this coating can lead to a worsening of gastrointestinal side effects.

9. What happens if I stop taking Acamprosate suddenly?

Acamprosate does not cause physiological withdrawal symptoms when it is stopped.

10. What happens if I miss a dose?

If you miss a dose of Acamprosate, do not double-up with the next scheduled dose; there should be a minimum of 2 hours between doses. If this is not feasible, do not take the skipped dose. Instead, wait until your next scheduled dose, and take only that dose.

11. If I take Acamprosate, does it mean that I don't need other treatment for alcohol dependence?

No. Research has shown that Acamprosate was most effective when it was combined with treatment from professionals and/or mutual-support groups.

12. What is the relationship of Acamprosate to AA and other mutual-support groups?

There is no contradiction between participating in support groups and taking Acamprosate. It is most likely to be effective for you if your goal is to stop drinking altogether. If other mutual-support group members caution against taking any medications, you should refer them to the pamphlet "The AA Member—Medications and Other Drugs," which explicitly states that AA members should not "play doctor" and advise others on medication provided by legitimate, informed medical practitioners or treatment programs.

Source: MMTM (2004). Appendix A (Form A-5), p. A 10-11

■ Changing your Drinking Habits

What is Low-Risk Drinking?

Low-risk drinking means limiting alcohol use to amounts that usually won't cause harm to yourself or others. Following these simple rules can reduce the risk to yourself and others:

- On any DAY, never drink more than 4 standard drinks (men) or 3 standard drinks (women).
- In a typical WEEK, never drink more than 14 standard drinks (men) or 7 standard drinks (women).
- DO NOT use any alcohol when you:
 - Drive or operate machinery.
 - Are pregnant or breast feeding.
 - Are taking medications that react with alcohol.
 - Have medical conditions made worse by alcohol.
 - Cannot stop or control your drinking.

What is a Standard Drink?

Low-Risk drinking limits are determined based upon "standard drinks."



Good Reasons for Drinking Less

- I will live longer--probably between five and ten years.
- I will sleep better.
- I will be happier.
- I will save a lot of money.
- I will be less likely to feel depressed.
- I will be less likely to die of heart disease, cancer, liver disease, a car accident, or suicide.
- FOR MEN: My sexual performance will probably improve.
- FOR WOMEN: There will be less chance that I will have an unplanned pregnancy.
- FOR WOMEN: There will be less chance that I will damage my unborn child.

■ Cirrhosis of the Liver

The liver, the largest organ in the body, is essential in keeping the body functioning properly. It removes or neutralizes poisons from the blood, produces immune agents to control infection, and removes germs and bacteria from the blood. It makes proteins that regulate blood clotting and produces bile to help absorb fats and fat-soluble vitamins. You cannot live without a functioning liver.

In cirrhosis of the liver, scar tissue replaces normal, healthy tissue, blocking the flow of blood through the organ and preventing it from working as it should. Cirrhosis is the twelfth leading cause of death by disease, killing about 26,000 people each year. Also, the cost of cirrhosis in terms of human suffering, hospital costs, and lost productivity is high.

Causes

Cirrhosis has many causes. In the United States, chronic alcoholism and hepatitis C are the most common ones.

Alcoholic liver disease

To many people, cirrhosis of the liver is synonymous with chronic alcoholism, but in fact, alcoholism is only one of the causes. Alcoholic cirrhosis usually develops after more than a decade of heavy drinking. The amount of alcohol that can injure the liver varies greatly from person to person. In women, as few as two to three drinks per day have been linked with cirrhosis and in men, as few as three to four drinks per day. Alcohol seems to injure the liver by blocking the normal metabolism of protein, fats, and carbohydrates.

Chronic hepatitis C

The hepatitis C virus ranks with alcohol as a major cause of chronic liver disease and cirrhosis in the United States. Infection with this virus causes inflammation of and low grade damage to the liver that over several decades can lead to cirrhosis.

Chronic hepatitis B and D

The hepatitis B virus is probably the most common cause of cirrhosis worldwide, but it is less common in the United States and the Western world. Hepatitis B, like hepatitis C, causes liver inflammation and injury that over several decades can lead to cirrhosis. Hepatitis D is another virus that infects the liver, but only in people who already have hepatitis B.

Autoimmune hepatitis

This disease appears to be caused by the immune system attacking the liver and causing inflammation, damage, and eventually scarring and cirrhosis.



Cirrhosis of the Liver continued

Inherited diseases

Alpha-1 antitrypsin deficiency, hemochromatosis, Wilson disease, galactosemia, and glycogen storage diseases are among the inherited diseases that interfere with the way the liver produces, processes, and stores enzymes, proteins, metals, and other substances the body needs to function properly.

Nonalcoholic steatohepatitis (NASH)

In NASH, fat builds up in the liver and eventually causes scar tissue. This type of hepatitis appears to be associated with diabetes, protein malnutrition, obesity, coronary artery disease, and treatment with corticosteroid medications.

Blocked bile ducts

When the ducts that carry bile out of the liver are blocked, bile backs up and damages liver tissue. In babies, blocked bile ducts are most commonly caused by biliary atresia, a disease in which the bile ducts are absent or injured. In adults, the most common cause is primary biliary cirrhosis, a disease in which the ducts become inflamed, blocked, and scarred. Secondary biliary cirrhosis can happen after gallbladder surgery if the ducts are inadvertently tied off or injured.

Drugs, toxins, and infections. Severe reactions to prescription drugs, prolonged exposure to environmental toxins, the parasitic infection schistosomiasis, and repeated bouts of heart failure with liver congestion can all lead to cirrhosis.

Symptoms

Many people with cirrhosis have no symptoms in the early stages of the disease. However, as scar tissue replaces healthy cells, liver function starts to fail and a person may experience one or more of the following symptoms:

- Exhaustion
- Fatigue
- Loss of appetite
- Nausea
- Weakness
- Weight loss
- Abdominal pain
- Spider-like blood vessels (spider angiomas) that develop on the skin. As the disease progresses, complications may develop. In some people, these may be the first signs of the disease.

Complications of Cirrhosis

Loss of liver function affects the body in many ways. Following are the common problems, or complications, caused by cirrhosis.

Edema and ascites

When the liver loses its ability to make the protein albumin, water accumulates in the legs (edema) and abdomen (ascites).

Bruising and bleeding

When the liver slows or stops production of the proteins needed for blood clotting, a person will bruise or bleed easily. The palms of the hands may be reddish and blotchy with palmar erythema.

Cirrhosis of the Liver continued

Jaundice

Jaundice is a yellowing of the skin and eyes that occurs when the diseased liver does not absorb enough bilirubin.

Itching

Bile products deposited in the skin may cause intense itching.

Gallstones

If cirrhosis prevents bile from reaching the gallbladder, gallstones may develop.

Toxins in the blood or brain

A damaged liver cannot remove toxins from the blood, causing them to accumulate in the blood and eventually the brain. There, toxins can dull mental functioning and cause personality changes, coma, and even death. Signs of the buildup of toxins in the brain include neglect of personal appearance, unresponsiveness, forgetfulness, trouble concentrating, or changes in sleep habits.

Sensitivity to medication

Cirrhosis slows the liver's ability to filter medications from the blood. Because the liver does not remove drugs from the blood at the usual rate, they act longer than expected and build up in the body. This causes a person to be more sensitive to medications and their side effects.

Portal hypertension

Normally, blood from the intestines and spleen is carried to the liver through the portal vein. But cirrhosis slows the normal flow of blood through the portal vein, which increases the pressure inside it. This condition is called portal hypertension.

Varices

When blood flow through the portal vein slows, blood from the intestines and spleen backs up into blood vessels in the stomach and esophagus. These blood vessels may become enlarged because they are not meant to carry this much blood. The enlarged blood vessels, called varices, have thin walls and carry high pressure, and thus are more likely to burst. If they do burst, the result is a serious bleeding problem in the upper stomach or esophagus that requires immediate medical attention.

Insulin resistance and type-2 diabetes

Cirrhosis causes resistance to insulin. This hormone, produced by the pancreas, enables blood glucose to be used as energy by the cells of the body. If you have insulin resistance, your muscle, fat, and liver cells do not use insulin properly. The pancreas tries to keep up with the demand for insulin by producing more. Eventually, the pancreas cannot keep up with the body's need for insulin, and type 2 diabetes develops as excess glucose builds up in the bloodstream.

Liver cancer

Hepatocellular carcinoma, a type of liver cancer commonly caused by cirrhosis starts in the liver tissue itself. It has a high mortality rate.

Problems in other organs

Cirrhosis can cause immune system dysfunction, leading to infection. Fluid in the abdomen (ascites) may become infected with bacteria normally present in the intestines. Cirrhosis can also lead to impotence, kidney dysfunction and failure, and osteoporosis.

Cirrhosis of the Liver continued

Diagnosis

The doctor may diagnose cirrhosis on the basis of symptoms, laboratory tests, the medical history, and a physical examination. For example, during a physical examination, the doctor may notice that the liver feels harder or larger than usual and order blood tests that can show whether liver disease is present.

If looking at the liver is necessary to check for signs of disease, the doctor might order a computerized axial tomography (CAT) scan, ultrasound, magnetic resonance imaging (MRI), or a scan of the liver using a radioisotope (a harmless radioactive substance that highlights the liver). Or the doctor might look at the liver using a laparoscope, an instrument that is inserted through the abdomen and relays pictures back to a computer screen.

A liver biopsy will confirm the diagnosis. For a biopsy, the doctor uses a needle to take a tiny sample of liver tissue, and then examines it under the microscope for scarring or other signs of disease.

Treatment

Liver damage from cirrhosis cannot be reversed, but treatment can stop or delay further progression and reduce complications. Treatment depends on the cause of cirrhosis and any complications a person is experiencing. For example, cirrhosis caused by alcohol abuse is treated by abstaining from alcohol. Treatment for hepatitis-related cirrhosis involves medications used to treat the different types of hepatitis, such as interferon for viral hepatitis and corticosteroids for autoimmune hepatitis. Cirrhosis caused by Wilson disease, in which copper builds up in organs, is treated with medications to remove the copper. These are just a few examples—treatment for cirrhosis resulting from other diseases depends on the underlying cause. In all cases, regardless of the cause, following a healthy diet and avoiding alcohol are essential because the body needs all the nutrients it can get, and alcohol will only lead to more liver damage. Light physical activity can help stop or delay cirrhosis as well.

Treatment will also include remedies for complications. For example, for ascites and edema, the doctor may recommend a low-sodium diet or the use of diuretics, which are drugs that remove fluid from the body. Antibiotics will be prescribed for infections, and various medications can help with itching. Protein causes toxins to form in the digestive tract, so eating less protein will help decrease the buildup of toxins in the blood and brain. The doctor may also prescribe laxatives to help absorb the toxins and remove them from the intestines.

For portal hypertension, the doctor may prescribe a blood pressure medication such as a beta-blocker. If varices bleed, the doctor may either inject them with a clotting agent or perform a so-called rubber-band ligation, which uses a special device to compress the varices and stop the bleeding.

When complications cannot be controlled or when the liver becomes so damaged from scarring that it completely stops functioning, a liver transplant is necessary. In liver transplantation surgery, a diseased liver is removed and replaced with a healthy one from an organ donor. About 80 to 90 percent of patients survive liver transplantation. Survival rates have improved over the past several years because of drugs such as cyclosporine and tacrolimus, which suppress the immune system and keep it from attacking and damaging the new liver.

Cirrhosis of the Liver continued

References and Further Information

American Liver Foundation (ALF)
75 Maiden Lane, Suite 603
New York, NY 10038–4810
Phone: 1–800–GO–LIVER (465–4837), 1–888–4HEP–USA (443–7872), or 212–668–1000
Fax: 212–483–8179
Email:info@liverfoundation.org
Internet:www.liverfoundation.org

Hepatitis Foundation International
504Blick Drive
Silver Spring, MD 20904–2901
Phone: 1–800–891–0707 or 301–622–4200
Fax: 301–622–4702
Email:hfi@comcast.net
Internet:www.hepfi.org

United Network for Organ Sharing
P.O. Box 2484
Richmond, VA 23218
Phone: 1–888–894–6361 or 804–782–4800
Internet:www.unos.org

National Digestive Diseases Information Clearinghouse
2 Information Way
Bethesda, MD 20892–3570
Phone: 1–800–891–5389
Fax: 703–738–4929
Email:nddic@info.niddk.nih.gov
Internet:www.digestive.niddk.nih.gov

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December 2003

These Information Sheets are designed to provide a brief overview of various medical conditions. Referring to the Information Sheets may help you communicate more effectively with other members of the Primary Care Team. The Information Sheets are by no means an exhaustive description of the disorders. If you need additional information, please engage in a more detailed search. Don't forget to consult with other members of the Primary Care Team. They are an invaluable source of information!

Common Questions About Addiction Medications

Question	Answer
How do the medications work?	<ol style="list-style-type: none"> 1. Take away or reduce the desire to drink 2. Help maintain abstinence 3. Reduce the urge to keep drinking if a slip occurs
Are they addictive?	No
Are there any possible side effects?	Nausea, loose bowel movements, headache, dizziness, fatigue, insomnia, anxiety, depression, sleepiness, increased or decreased sex drive, skin rashes, and itching
What could happen if I drink while taking the medications?	<p>Decreased feeling of intoxication</p> <p>Decreased desire to drink more</p> <p>No effect.</p>
What other medications should I avoid while taking the medications?	Opioid (narcotic) pain relievers and drugs that are toxic to the kidney (e.g., gentamycin, amikacin).
What happens if I get pregnant while taking the medications?	Tell your medical clinician at once. You will no longer be able to take the medications. Your medical clinician, however, will continue to ask for information on your health throughout your pregnancy and also on the health of your baby after delivery.
Should I take my pills with a meal?	Medication can be taken with food.
What happens if I stop taking the medications suddenly?	Nothing
Are these medications the only treatment I need for alcohol dependence?	No. Counseling and/or participation in mutual-support groups are highly recommended.
If I miss a dose, should I take two doses at once?	No. You should not take a double dose of medication. Take the next scheduled dose.

How Alcohol Affects the Body

Brain

- Impaired development of cells
- Impaired memory
- Impaired decision making, poor judgment
- Impaired motor coordination
- Slowed reflexes
- Unsteady gait (ataxia)
- Brainstem: affects basic life functions (heart rate, body temperature, appetite, consciousness)

Heart

- Increased heart size (cardiomyopathy)
- Increased blood pressure

Stomach / GI System

- Gastritis
- Ulcers
- Cancer
- Vitamin deficiency
- Vomiting, diarrhea
- Malnutrition
- Weight gain

Reproductive System

- Abnormal menstrual cycle (heavy flow, irregular, discomfort before and painful periods)
- Risk to fetus (mental and physical defects)
- Impaired sexual performance

Eyes

- Vision changes

Mouth, trachea, esophagus

- Cancer

Pancreas

- Pancreatitis
- Increased risk of diabetes

Liver

- Cirrhosis
- Hepatitis
- Cancer

Lungs

- Frequent colds
- Increased risk of pneumonia
- Increased risk of respiratory distress syndrome

Arms & Legs

- Tremors (hands)
- Numbness, tingling sensation
 - Pain due to nerve damage



Rockville, MD: National Institute of Alcohol Abuse and Alcoholism (NIAAA). Velasquez, M. M., Maurer, G.G., Crouch, C., & DiClemente, C.C. (2001). *Group treatment for substance abuse: A stages-of-change therapy manual*. New York: Guilford Press.

Mutual Support Groups

Mutual support groups, such as AA (Alcoholics Anonymous) and SMART Recovery® (Self Management And Recovery Training) are ways that many people with alcohol dependence find a way to have an alcohol-free lifestyle.

Attending a mutual support group is an excellent way of meeting people who don't drink. There are also people there who have been through what you have experienced or will go through. They may be able to help you with the hardest parts in ways you can't imagine at this time.

Who makes up the group really matters. Not all groups are alike. It is likely that you will need to try out several groups before finding one that is right for you.

Some members of mutual support groups believe that it isn't possible to get over an addiction by taking a pill. Individuals in some groups may discourage any use of medications to stop drinking. It is important to remember that the medications you are taking as part of your treatment are tools you will use in your efforts not to drink.

The official position of AA is that members should take medications prescribed in good faith, described in their pamphlet, "The AA Member – Medications and Other Drugs."
Source: MMTM (2004), pp. 14-15

How to Find Mutual Support Group Meetings:

Alcoholics Anonymous

<http://www.aa.org>

Narcotics Anonymous

<http://www.na.org>

SMART Recovery

<http://www.smartrecovery.org>

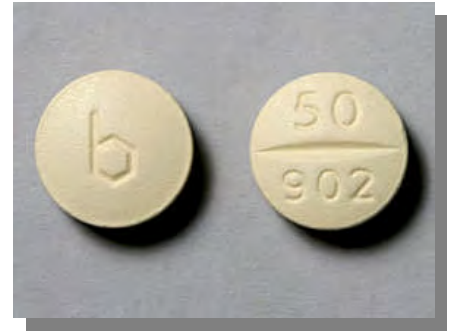
Guide to Mutual Aid Resources

<http://www.facesandvoicesofrecovery.org>

Naltrexone Information Sheet

1) What is Naltrexone, and how does it work?

Naltrexone is a medication that blocks the effects of drugs known as opiates, or narcotics (a class that includes morphine, heroin, or codeine). It competes with these drugs for opioid receptors in the brain. Originally used to treat dependence on opiate drugs, it now has also been approved by the U.S. Food and Drug Administration (FDA) as treatment for alcohol dependence. If you are dependent on opiate drugs, such as heroin or morphine, you must stop your drug use at least 7 days prior to starting Naltrexone. Some people should not take Naltrexone, such as those suffering from chronic pain who rely on opioid painkillers or people with liver failure or acute hepatitis. Although the precise mechanism of action for Naltrexone's effect is unknown, reports from successfully treated patients suggest the following three kinds of effects:



- Naltrexone can reduce your urge or desire to drink.
- Naltrexone helps you remain abstinent.
- Naltrexone can interfere with your desire to continue drinking more if you slip and have a drink.

In most clinical trials evaluating the effectiveness of Naltrexone, subjects who received Naltrexone were significantly more successful in remaining abstinent and in avoiding relapse than were those receiving an inactive placebo pill.

2) Is it possible to become addicted to Naltrexone?

No. Naltrexone is not habit forming or a drug of abuse. It does not cause users to become physically or psychologically dependent.

3) What are the side effects of Naltrexone?

In a large open-label safety study on Naltrexone, conducted by Dupont Pharma in 570 individuals with alcoholism, the most common side effects affected only a small minority of people; they included the following:

- Nausea (10 percent of participants)
- Headache (7 percent of participants)
- Depression (5 to 7 percent of participants)
- Dizziness (4 percent of participants)
- Fatigue (4 percent of participants)
- Insomnia (3 percent of participants)
- Anxiety (2 percent of participants)
- Sleepiness (2 percent of participants)

These side effects were usually mild and of short duration. The side effects, predominantly nausea, have been severe enough to cause less than 5 percent of people starting it to stop the medication. Patients usually report that they are largely unaware of being on Naltrexone. Naltrexone usually has no psychological effects, and users do not feel either "high" or "down." Naltrexone can have toxic effects on the liver. You will receive blood tests of liver function prior to the onset of treatment and regularly during treatment to determine if you should take it at all, if you should stop taking it, or if you experience the relatively rare side effect of liver toxicity. You should report any side effects to your medical clinician.

Naltrexone Information Sheet *continued*

4) What will happen if I drink alcohol while taking Naltrexone?

Naltrexone does not reduce the effects of alcohol that impair coordination and judgment. Naltrexone may reduce your feeling of intoxication and the desire to drink more, but it will not cause a severe physical response to drinking.

5) Is it all right to take other medications with Naltrexone?

You should carry a card explaining that you may be on Naltrexone, which instructs medical staff on pain management. Naltrexone does not reduce the effectiveness of local and general anesthesia used with surgery. However, it does block pain relief from opiate medications. Many pain medications that are not opiates are available. If you are having elective surgery, you should stop taking Naltrexone at least 72 hours beforehand. The major active effect of Naltrexone is on opiate (narcotic) drugs, which is one class of drugs used primarily to treat pain but is also found in some prescription cough preparations. Naltrexone will block the effect of normal doses of this type of drug. There are many non-narcotic pain relievers you can use while on Naltrexone. Otherwise, Naltrexone is likely to have little impact on other medications you may commonly use such as antibiotics, non-opioid painkillers (e.g., aspirin, acetaminophen/ Tylenol®, ibuprofen/Motrin®/Advil®), and allergy medications. You should inform your medical clinician of the medication you are currently taking so that possible interactions can be evaluated. Because the liver breaks down Naltrexone, other medications that can affect liver function may affect the dose of Naltrexone.

6) What will happen if I become pregnant while taking Naltrexone?

If you have the biological potential to have a child, you should be using an effective method of birth control while taking Naltrexone. However, if you miss a menstrual period, report this to your medical clinician at once and take a pregnancy test. If you become pregnant, you will discontinue the medication. Your medical clinician should continue to ask about your health throughout your pregnancy and also about the health of your baby after delivery.

7) Should I take Naltrexone with a meal?

There is no information that taking Naltrexone with or without meals makes any difference in effect.

8) What happens if I stop taking Naltrexone suddenly?

Naltrexone does not cause physical dependence, and you can stop taking it at any time without experiencing withdrawal symptoms.

9) If I take Naltrexone, does it mean that I don't need other alcohol dependence?

No. Research studies have shown that Naltrexone was most effective when it was combined with treatment from professionals and/or mutual-support groups.

10) What is the relationship of Naltrexone to AA and other mutual-support groups?

There is no contradiction between participating in support groups and taking Naltrexone. In fact, one multisite study showed that Naltrexone-taking subjects who attended mutual-support groups, such as AA, had better outcomes. It is most likely to be effective for you if your goal is to stop drinking altogether. If other mutual-support group members caution against taking any medications, you should refer them to the pamphlet "The AA Member—Medications and Other Drugs," which explicitly states that AA members should not "play doctor" and advise others on medication provided by legitimate, informed medical practitioners or treatment programs.

(Adapted from Rounsaville, B.J.; O'Malley, S., and O'Connor, P. "Guidelines for the Use of Naltrexone in the Treatment of Alcoholism." New Haven, CT: APT Foundation, 1995. Reproduced with the permission of DuPont Pharma.) Source: MMTM (2004). Appendix A (Form A-4), p..

Naltrexone Provider Letter



Patient's name: _____

Name of medical provider: _____

Date treatment began: ____ / ____ / ____

24-hour emergency phone: (____) _____--_____

I am currently taking Naltrexone hydrochloride, an opioid antagonist. In an emergency situation, a suggested plan of management is regional analgesia, conscious sedation with a benzodiazepine, use of non-opioid analgesics, or general anesthesia.

In a situation requiring opioid analgesia, the amount of opioid required may be greater than usual, and the resulting respiratory depression may be deeper and more prolonged. A rapidly acting opioid analgesic that minimizes the duration of respiratory depression is preferred. The amount of analgesic administered should be titrated to my needs. Nonreceptor-mediated actions may occur (e.g., facial swelling, itching, generalized erythema, or bronchoconstriction), presumably caused by histamine release.

Irrespective of the drug chosen to reverse Naltrexone hydrochloride blockade, appropriately trained personnel in a setting equipped and staffed for cardiopulmonary resuscitation should monitor me closely.

Source: Pettinati, H.M., Weiss, R.D., Miller, W.R., Donovan, D., Ernst, D.B., & Rounsaville, B.J. (2004). COMBINE Monograph Series, Volume 2. Medical Management Treatment Manual: A clinical research guide for medically trained clinicians providing pharmacotherapy as part of the treatment for alcohol dependence. (DHHS Publication No. NIH 04-5289. Bethesda, MD: NIAAA.

SECTION **3**

Patient Information Sheets

Depression and Anxiety Related Material



Antidepressants

- **What are antidepressants?**

Antidepressants are medications designed to help the symptoms of clinical depression and other mood disorders.

- **How do antidepressants work?**

Antidepressants work by adjusting the levels of several types of chemicals in your brain called neurotransmitters. Possible side effects are the result of the same process.

- **Are antidepressants addictive?**

Antidepressants are not addictive.

- **Why may antidepressants be good for me?**

Scientific research has shown that people who take antidepressants in combination with behavioral changes experience less symptoms of depression and anxiety sooner than people who do not take antidepressants.

- **Who can prescribe me antidepressants?**

Your primary care provider may prescribe antidepressant medication for you.

- **Why has my primary care provider tried me on one antidepressant when I heard from a friend that they started taking another?**

Different antidepressants will affect different people in different ways. This is based upon gender, weight, metabolism, and other family genetic factors. Your doctor may have to try several medications before they find one that works well for you.

- **When can I expect my antidepressants to work?**

It may take 10-21 days before you notice any reduction in symptoms, this will depend on the specific medication prescribed.

- **What kind of symptoms will be improved if I start taking antidepressants?**

Most people notice improvement in the following areas:

- | | |
|--------------|--|
| A) Sleep | E) Restlessness, agitation or feeling physically slowed down |
| B) Appetite | F) Feeling worse in the morning |
| C) Fatigue | G) Poor concentration |
| D) Sex drive | |

- **What kind of symptoms may not be improved if I start taking antidepressants?**

Many other symptoms like depressed mood & low self-esteem may respond only partially to medication. The medication you'll be taking is not a "happy pill"; it is unlikely to totally erase feelings of sadness or emptiness.

Antidepressants continued

- **How long will it take before I begin to feel better?**

Length of treatment can vary widely from person to person. Typically, it may take 4-6 weeks for the major depressive symptoms to significantly decrease. It is important not to discontinue treatment at this point, since symptoms can return up to 80% of the time. In general, medication treatment goes at least 6 months beyond the point of symptom improvement. Then medication reduction under your provider's management can be started. If symptoms return during medication reduction, the dosage should be increased and continued for another 4-6 weeks before another trial on lower doses. Occasionally, a person may need to be on long-term medication management.

- **How will I know that my medication is working?**

The best signs that your medication is working include:

- A) Improved Sleep
- B) Less Daytime Fatigue
- C) Improved Emotional Control (fewer crying spells, better frustration tolerance)

- **Will I experience any side effects?**

There is the possibility of side effects and some people may experience 1 or 2 of the following. However, these side effects can most often be managed by dosage adjustment or by switching to another medication and, if present, usually go away in 7-10 days.

- **Dry Mouth**-drink plenty of water, chew sugarless gum, use sugarless candy
- **Constipation**-eat more fiber rich foods, take a stool softener
- **Drowsiness**-take frequent walks, take medication earlier in the evening, or if taking medication during the day ask your primary care manager if you can take it at night
- **Wakefulness**-Take medications early in the day
- **Blurred Vision**-remind yourself that this is a temporary difficulty, talk with provider if it continues
- **Headache**-usually temporary and can be managed by analgesics (aspirin, acetaminophen) if needed
- **Feeling Speeded Up**-tell yourself this will go away in 3-5 days, if not, call your provider
- **Sexual Problems**-talk with your provider a change in medications may help
- **Nausea or Appetite Loss**-take medication with food

- **Can I drink alcohol while taking antidepressants?**

Do not drink alcohol if you are taking antidepressant medication. Alcohol can block the effects of the medication. If you desire to drink occasionally or socially (never more than 1 drink per day) discuss this with your provider.

The Center for Integrated Healthcare gratefully acknowledges the contributions of the US Air Force in the preparation of all or part of this informational brochure.

Antidepressants, Tricyclic

Some commonly used brand names are

Anafranil (clomipramine), Asendin (amoxapine), Aventyl or Pamelor (nortriptyline), Elavil or Endep (amitriptyline), Norfranil or Tipramine or Tofranil (imipramine), Norpramin (desipramine), Sinequan (doxepin), Surmontil (trimipramine), Vivactil (Protriptyline)

Before Using This Medicine

When deciding to use a medicine you must weigh the risks and benefits of taking the medication. This is a decision you and your medical provider will make. For tricyclic antidepressants, the following should be considered:

Allergies

Tell your medical provider if you have ever had an unusual or allergic reaction to any tricyclic antidepressant or to carbamazepine, maprotiline, or trazodone. Also tell your health care professional if you are allergic to any other substances, such as foods, preservatives, or dyes.

Pregnancy

Studies have not been done in pregnant women. However, there have been reports of newborns suffering from muscle spasms and heart, breathing, and urinary problems when their mothers had taken tricyclic antidepressants immediately before delivery. Also, studies in animals have shown that some tricyclic antidepressants may cause unwanted effects in the fetus.

Older adults

Drowsiness, dizziness, confusion, vision problems, dryness of mouth, constipation, and problems in urinating are more likely to occur in elderly patients, who are usually more sensitive to the effects of tricyclic antidepressants than younger adults.

Other Medical Problems

The presence of other medical problems may affect the use of tricyclic antidepressants. Make sure you tell your medical provider if you have any other medical problems, especially:

- Alcohol abuse (or history of): Drinking alcohol may cause increased CNS depressant effects.
- Asthma
- Bipolar disorder (manic-depressive illness)
- Blood disorders
- Convulsions (seizures)
- Difficult urination
- Enlarged prostate
- Glaucoma or increased eye pressure
- Heart disease
- High blood pressure (hypertension)
- Schizophrenia
- Kidney disease
- Liver disease: Higher blood levels of tricyclic antidepressants may result, increasing the chance of side effects.
- Overactive thyroid
- Stomach or intestinal problems: Tricyclic antidepressants may cause an increased chance of serious side effects.

Antidepressants, Tricyclic continued

Proper Use

To lessen stomach upset, take this medicine with food, even for a daily bedtime dose, unless your medical provider has told you to take it on an empty stomach.

Take this medicine only as directed by your medical provider. Do not take more of it, do not take it more often, and do not take it for a longer time than your medical provider has ordered.

Sometimes this medicine must be taken for several weeks before you begin to feel better. Your medical provider should check your progress at regular visits.

Missed Dose

If you miss a dose of this medicine and your dosing schedule is:

- One dose a day at bedtime: Do not take the missed dose in the morning since it may cause side effects during waking hours. Instead, check with your medical provider.
- More than one dose a day: Take the missed dose as soon as possible. However, if it is almost time for your next dose, skip the missed dose, and go back to your regular dosing schedule. Do not double doses.

If you have any questions about this, check with your medical provider.

Precautions

It is very important that your medical provider check your progress at regular visits to allow dosage adjustments and to help reduce side effects.

This medicine will add to the effects of alcohol and other CNS depressants (medicines that make you drowsy or less alert). Some examples of CNS depressants are antihistamines or medicine for hay fever, other allergies, or colds; sedatives, tranquilizers, or sleeping medicine; prescription pain medicine or narcotics; barbiturates; medicine for seizures; muscle relaxants; and anesthetics, including some dental anesthetics. Check with your medical provider or dentist before taking any of the above while you are taking the tricyclic antidepressant medicine.

This medicine may cause some people to become drowsy. If this occurs, do not drive, use machines, or do anything else that could be dangerous if you are not alert.

Dizziness, lightheadedness, or fainting may occur, especially when you get up from a lying or sitting position. Getting up slowly may help. If this problem continues or gets worse, check with your medical provider.

This medicine may cause dryness of the mouth. For temporary relief, use sugarless gum or candy, melt bits of ice in your mouth, or use a saliva substitute. However, if your mouth continues to feel dry for more than 2 weeks, check with your medical provider or dentist. Continuing dryness of the mouth may increase the chance of dental disease, including tooth decay, gum disease, and fungal infections.

Antidepressants, Tricyclic *continued*

Tricyclic antidepressants may cause your skin to be more sensitive to sunlight than it is normally. Exposure to sunlight, even for brief periods of time, may cause a skin rash, itching, redness or other discoloration of the skin, or severe sunburn. When you begin taking this medicine:

- Stay out of direct sunlight, especially between the hours of 10:00 a.m. and 3:00 p.m., if possible. Wear protective clothing, including a hat. Also, wear sunglasses.
- Apply a sun block product that has a skin protection factor (SPF) of at least 15. Some patients may require a product with a higher SPF number, especially if they have a fair complexion. If you have any questions about this, check with your health care professional.
- Apply a sunblock lip balm or lipstick that has an SPF of at least 15 to protect your lips.
- Do not use a sunlamp or tanning bed or booth.
- If you have a severe reaction from the sun, check with your medical provider.
- Before you have any medical tests, tell the medical provider in charge that you are taking this medicine. The results of the metyrapone test may be affected by this medicine.
- Before having any kind of surgery, dental treatment, or emergency treatment, tell the medical provider or dentist in charge that you are using this medicine. Taking tricyclic antidepressants together with medicines used during surgery, dental or emergency treatments may increase the risk of side effects.

For diabetic patients

This medicine may affect blood sugar levels. If you notice a change in the results of your blood or urine sugar tests or if you have any questions, check with your medical provider.

Do not stop taking this medicine without first checking with your medical provider. Your medical provider may want you to gradually reduce the amount you are using before stopping completely. This may help prevent a possible worsening of your condition and reduce the possibility of discontinuation symptoms such as headache, nausea, and/or an overall feeling of discomfort.

The effects of this medicine may last for 3 to 7 days after you have stopped taking it. Therefore, all the precautions stated here must be observed during this time.

Side Effects

Along with the intended effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention.

Stop taking this medicine and check with your medical provider as soon as possible if any of the following side effects occur:

Less common

- Blurred vision; confusion or delirium; constipation (especially in the elderly); decreased sexual ability (more common with amoxapine and clomipramine); difficulty in speaking or swallowing; eye pain; fainting; fast or irregular heartbeat (pounding, racing, skipping); hallucinations; loss of balance control; mask-like face; nervousness or restlessness; problems in urinating; shakiness or trembling; shuffling walk; slowed movements; stiffness of arms and legs

Antidepressants, Tricyclic *continued*

Rare

- Anxiety; breast enlargement in both males and females; hair loss; inappropriate secretion of milk in females; increased sensitivity to sunlight; irritability; muscle twitching; red or brownish spots on skin; ringing, buzzing, or other unexplained sounds in the ears; seizures (more common with clomipramine); skin rash and itching; sore throat and fever; swelling of face and tongue; swelling of testicles (more common with amoxapine); trouble with teeth or gums (more common with clomipramine); weakness; yellow eyes or skin

Symptoms of acute overdose:

Confusion; convulsions (seizures); disturbed concentration; drowsiness (severe); enlarged pupils; fast, slow, or irregular heartbeat; fever; hallucinations (seeing, hearing, or feeling things that are not there); restlessness and agitation; shortness of breath or troubled breathing; unusual tiredness or weakness (severe); vomiting

Other side effects may occur that usually do not need medical attention. These side effects may go away during treatment as your body adjusts to the medicine. However, check with your medical provider if any of the following side effects continue or are bothersome:

More common

- Dizziness; drowsiness; dryness of mouth; headache; increased appetite (may include craving for sweets); nausea; tiredness or weakness (mild); unpleasant taste; weight gain

Less common

- Diarrhea; heartburn; increased sweating; trouble in sleeping (more common with protriptyline, especially when taken late in the day); vomiting
- Certain side effects of this medicine may occur after you have stopped taking it. Check with your medical provider if you notice any of the following effects:
- Headache; irritability; nausea, vomiting, or diarrhea; restlessness; trouble in sleeping, with vivid dreams; unusual excitement
- Other side effects not listed above also may occur in some patients. If you notice any other effects, check with your medical provider.

Benzodiazepines

Some commonly used brand names are

Ativan (lorazepam), Dalmane (flurazepam), Diastat or Valium (diazepam), Doral (quazepam), Halcion (triazolam), Klonopin (clonazepam), Librium (chlordiazepoxide), Paxipam (halazepam), ProSom (estazolam), Restoril (temazepam), Serax (oxazepam), Tranxene-SD (clorazepate), Xanax (alprazolam)

Description

Benzodiazepines (ben-zoe-dye-AZ-e-peens) belong to the group of medicines called central nervous system (CNS) depressants (medicines that slow down the nervous system).

Some benzodiazepines are used to relieve anxiety. However, benzodiazepines should not be used to relieve nervousness or tension caused by the stress of everyday life.

Some benzodiazepines are used to treat insomnia (trouble in sleeping). However, if used regularly (for example, every day) for insomnia, they usually are not effective for more than a few weeks.

Many of the benzodiazepines are also used in the treatment of other conditions. Diazepam is used to help relax muscles or relieve muscle spasms. Diazepam injection is used before some medical procedures to relieve anxiety and to reduce memory of the procedure. Chlordiazepoxide, clorazepate, diazepam, and oxazepam are used to treat the symptoms of alcohol withdrawal. Alprazolam and clonazepam are used in the treatment of panic disorder. Clonazepam, clorazepate, diazepam, and lorazepam are used in the treatment of certain convulsive (seizure) disorders, such as epilepsy. The benzodiazepines may also be used for other conditions as determined by your medical provider.

Benzodiazepines may be habit-forming (causing mental or physical dependence), especially when taken for a long time or in high doses.

Before Using This Medicine: When deciding to use a medicine you must weigh the risks and benefits of taking the medication. This is a decision you and your medical provider will make. For benzodiazepines, the following should be considered:

Allergies: Tell your medical provider if you have ever had any unusual or allergic reactions to benzodiazepines. Also tell your health care professional if you are allergic to any other substances, such as foods, preservatives, or dyes. Certain benzodiazepine products may contain lactose, parabens, or soybean oil.

Pregnancy: Chlordiazepoxide and diazepam have been reported to increase the chance of birth defects when used during the first 3 months of pregnancy. Although similar problems have not been reported with the other benzodiazepines, the chance always exists since all of the benzodiazepines are related.

Studies in animals have shown that clonazepam, lorazepam, and temazepam cause birth defects or other problems, including death of the animal fetus.

A high level of benzodiazepine use during pregnancy may cause the baby to become dependent on the medicine. This may lead to withdrawal side effects after birth. Also, use of benzodiazepines during pregnancy, especially during the last weeks, may cause body temperature problems, breathing problems, difficulty in feeding, drowsiness, or muscle weakness in the newborn infant.

Benzodiazepines continued

Older adults: Most of the side effects of these medicines are more likely to occur in the elderly, who are usually more sensitive to the effects of benzodiazepines. Taking benzodiazepines for trouble in sleeping may cause more daytime drowsiness in elderly patients than in younger adults. In addition, falls and related injuries are more likely to occur in elderly patients taking benzodiazepines.

Other Medical Problems

The presence of other medical problems may affect the use of benzodiazepines. Make sure you tell your medical provider if you have any other medical problems, especially:

- Alcohol abuse (or history of)
- Drug abuse or dependence (or history of): Dependence on benzodiazepines may be more likely to develop.
- Brain disease: CNS depression and other side effects of benzodiazepines may be more likely to occur.
- Difficulty in swallowing (in children)
- Emphysema, asthma, bronchitis, or other chronic lung disease
- Glaucoma
- Hyperactivity
- Mental illness (severe)
- Myasthenia gravis
- Porphyria
- Sleep apnea (temporary stopping of breathing during sleep): Benzodiazepines may make these conditions worse.
- Epilepsy or history of seizures: Although some benzodiazepines are used in treating epilepsy, starting or suddenly stopping treatment with these medicines may increase the risk of seizures.
- Kidney or liver disease: Higher blood levels of benzodiazepines may result, increasing the chance that side effects will occur.

Proper Use

Take this medicine only as directed by your medical provider. Do not take more of it, do not take it more often, and do not take it for a longer time than your medical provider ordered. If too much is taken, it may become habit-forming (causing mental or physical dependence). If you think this medicine is not working properly after you have taken it for a few weeks, do not increase the dose. Instead, check with your medical provider.

For patients taking this medicine on a regular schedule for epilepsy or other seizure disorder

In order for this medicine to control your seizures, it must be taken every day in regularly spaced doses as ordered by your medical provider. This is necessary to keep a constant amount of the medicine in the blood. To help keep the amount constant, do not miss any doses.

For patients taking this medicine for insomnia

Do not take this medicine when your schedule does not permit you to get a full night's sleep (7 to 8 hours). If you must wake up before this, you may continue to feel drowsy and may experience confusion or memory problems, because the effects of the medicine have not had time to wear off.

Dosing

The dose of benzodiazepines will be different for each patient. Follow your or the directions on the label. The following information includes only the average doses of benzodiazepines. If your dose is different, do not change it unless your medical provider tells you to do so.

Benzodiazepines continued

Missed Dose

If you are taking this medicine regularly (for example, every day as for epilepsy) and you miss a dose, take it right away if you remember within an hour or so of the missed dose. However, if you do not remember until later, skip the missed dose and go back to your regular dosing schedule. Do not double doses.

Precautions

If you will be taking a benzodiazepine regularly for a long time:

Your medical provider should check your progress at regular visits to make sure that this medicine does not cause unwanted effects. If you are taking a benzodiazepine for convulsions (seizures), this is also important during the first few months of treatment. Check with your medical provider at regular visits to see if you need to continue taking this medicine.

If you are taking a benzodiazepine for epilepsy or another seizure disorder:

- Your medical provider may want you to carry a medical identification card or bracelet stating that you are taking this medicine.
- If you are taking a benzodiazepine for insomnia (trouble in sleeping):
 - If you think you need this medicine for more than 7 to 10 days, be sure to discuss it with your medical provider. Insomnia that lasts longer than this may be a sign of another medical problem.
 - You may have difficulty sleeping (rebound insomnia) for the first few nights after you stop taking this medicine.

Benzodiazepines may be habit-forming (causing mental or physical dependence), especially when taken for a long time or in high doses. Some signs of dependence on benzodiazepines are:

- A strong desire or need to continue taking the medicine.
- A need to increase the dose to receive the effects of the medicine.
- Withdrawal effects (for example, irritability, nervousness, trouble in sleeping, abdominal or stomach cramps, trembling or shaking) occurring after the medicine is stopped.
- If you think you may have become mentally or physically dependent on this medicine, check with your medical provider. Do not stop taking it suddenly.

If you have been taking this medicine in large doses or for a long time, do not stop taking it without first checking with your medical provider. Your medical provider may want you to reduce gradually the amount you are taking before stopping completely. Stopping this medicine suddenly may cause withdrawal side effects, including seizures. Stopping this medicine suddenly is most likely to cause seizures if you have been taking it for epilepsy or another seizure disorder.

This medicine will add to the effects of alcohol and other central nervous system (CNS) depressants (medicines that slow down the nervous system, possibly causing drowsiness). Some examples of CNS depressants are antihistamines or medicine for hay fever, other allergies, or colds; sedatives, tranquilizers, or sleeping medicine; prescription pain medicine or narcotics; barbiturates; medicine for seizures; muscle relaxants; or anesthetics, including some dental anesthetics.

Benzodiazepines continued

This effect may last for a few days after you stop taking this medicine. Check with your medical provider before taking any of the above while you are taking benzodiazepines.

If you think you or someone else may have taken an overdose of this medicine, get emergency help at once. Taking an overdose of a benzodiazepine or taking alcohol or other CNS depressants with the benzodiazepine may lead to unconsciousness and possibly death. Some signs of an overdose are continuing slurred speech or confusion, severe drowsiness, severe weakness, and staggering.

If you develop any unusual and strange thoughts or behavior while you are taking this medicine, be sure to discuss it with your medical provider. Some changes that have occurred in people taking this medicine are like those seen in people who drink alcohol and then act in a manner that is not normal. Other changes may be more unusual and extreme, such as confusion, agitation, and hallucinations (seeing, hearing, or feeling things that are not there).

This medicine may cause some people, especially older persons, to become drowsy, dizzy, lightheaded, clumsy or unsteady, or less alert than they are normally. Even if taken at bedtime, it may cause some people to feel drowsy or less alert on arising. Make sure you know how you react to this medicine before you drive, use machines, or do anything else that could be dangerous if you are dizzy or are not alert.

Side Effects

Along with the intended effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention.

Check with your medical provider as soon as possible if any of the following side effects occur:

Less common

- Anxiety; confusion (may be more common in the elderly); fast, pounding, or irregular heartbeat; lack of memory of events taking place after benzodiazepine is taken (may be more common with triazolam); mental depression

Rare

- Abnormal thinking, including disorientation, delusions (holding false beliefs that cannot be changed by facts), or loss of sense of reality; agitation; behavior changes, including aggressive behavior, bizarre behavior, decreased inhibition, or outbursts of anger; convulsions (seizures); hallucinations (seeing, hearing, or feeling things that are not there); hypotension (low blood pressure); muscle weakness; skin rash or itching; sore throat, fever, and chills; trouble in sleeping; ulcers or sores in mouth or throat (continuing); uncontrolled movements of body, including the eyes; unusual bleeding or bruising; unusual excitement, nervousness, or irritability; unusual tiredness or weakness (severe); yellow eyes or skin

Symptoms of overdose

- Confusion (continuing); convulsions (seizures); drowsiness (severe) or coma; shakiness; slow heartbeat; slow reflexes; slurred speech (continuing); staggering; troubled breathing; weakness (severe)

Benzodiazepines continued

- Other side effects may occur that usually do not need medical attention. These side effects may go away during treatment as your body adjusts to the medicine. However, check with your medical provider if any of the following side effects continue or are bothersome:
- More common
 - Clumsiness or unsteadiness; dizziness or lightheadedness; drowsiness; slurred speech
- Less common or rare
 - Abdominal or stomach cramps or pain; blurred vision or other changes in vision; changes in sexual desire or ability; constipation; diarrhea; dryness of mouth or increased thirst; false sense of well-being; headache; increased bronchial secretions or watering of mouth; muscle spasm; nausea or vomiting; problems with urination; trembling or shaking; unusual tiredness or weakness

After you stop using this medicine, your body may need time to adjust. During this time, check with your medical provider if you notice any of the following side effects:

- More common
 - Irritability; nervousness; trouble sleeping
- Less common
 - Abdominal or stomach cramps; confusion; fast or pounding heartbeat; increased sense of hearing; increased sensitivity to touch and pain; increased sweating; loss of sense of reality; mental depression; muscle cramps; nausea or vomiting; sensitivity of eyes to light; tingling, burning, or prickly sensations; trembling or shaking
- Rare
 - Confusion as to time, place, or person; convulsions (seizures); feelings of suspicion or distrust; hallucinations (seeing, hearing, or feeling things that are not there)

Other side effects not listed above may also occur in some patients. If you notice any other effects, check with your medical provider.

Recommendations for Common Side Effects to SSRIs

Dry Mouth

Drink more fluids, especially water, chew gum (preferably sugarless gum), suck on hard candies (preferably sugarless candies), and brush your teeth every morning and evening.

Nausea

Take your medication with food.

Benzodiazepines continued

Diarrhea

Avoid products with caffeine like coffee, strong tea, or chocolate, and high fiber foods like bran cereals, prunes, and prune juice. Avoid milk and puddings, and drink Gatorade, weak tea with sugar, or soda pop. As the diarrhea improves, slowly add foods that are part of your regular diet to see how they affect you. If these steps aren't helpful, or your diarrhea worsens, call the Behavioral Health Provider or your medical provider. If you *are* prescribed medication for diabetes, call your medical provider for diet guidance.

Sweating

Wear lighter clothing and drink more cold fluids. Avoid hot beverages, especially those with caffeine.

Tremors

Take your time with tasks like buttoning your clothes and pouring liquids. It's best to drink fluids that are lukewarm, not hot, and pour only 1/2 cup of coffee, or fill a soup bowl 1/2 full to avoid spilling. Let the Behavioral Health Provider or your medical provider know you are having this problem.

Sleepiness or Difficulty Sleeping

Talk with the Behavioral Health Provider or your medical provider. They may change the time of day you take your medicine. Do not drive or operate heavy equipment if you feel drowsy or sedated.

Sexual Changes

Talk with the Behavioral Health Provider or your medical provider if they are worrisome.

Bereavement, Grief & Mourning

Bereavement is the state of having lost a significant other to death.

Grief is the personal response to the loss.

Mourning is the public expression of that loss.

Grief Tips

The following are many ideas to help people who are mourning a loved one's death. Different kinds of losses dictate different responses, so not all of these ideas will suit everyone. Likewise, no two people grieve alike—what works for one may not work for another. Treat this list for what it is; a gathering of assorted suggestions that various people have tried with success. Perhaps what helped them will help you. The emphasis here is on specific, practical ideas.

Talk regularly with a friend

Talking with another about what you think and feel is one of the best things you can do for yourself. It helps relieve some of the pressure you may feel, it can give you a sense of perspective, and it keeps you in touch with others. Look for someone who's a good listener and who has a caring soul. Then speak what's on your mind and in your heart. If this feels one-sided let that be okay for this period of your life. Chances are the other person will find meaning in what they're doing, and time will come when you'll have the chance to be a good listener for someone else. You'll be a better listener then, if you're a good talker now.

Walk

Go for walks outside every day if you can. Don't overdo it, but walk briskly enough that it feels invigorating. Sometimes try walking slowly enough so you can look carefully at what you see. Observe what nature has to offer you, what it can teach you. Enjoy as much as you are able to of the sights and sounds that come your way. If you like, walk with another person.

Carry or wear a linking object

Carry something in your pocket or purse that reminds you of the one who died—a keepsake they gave you perhaps, or small object they once carried or used or a memento you select for just this purpose. You might wear a piece of their jewelry in the same way. Whenever you want, reach for gaze upon this object and remember what it signifies.

Visit the grave

Not all people prefer to do this. But if it feels right to you, then do so. Don't let others convince you this is a morbid thing to do. Spend whatever time feels right there. Stand or sit in the quietness and do what comes naturally: be silent or talk, breathe deeply or cry, recollect or pray. You may wish to add your distinctive touch to the gravesite—straighten it a bit, or add little signs of your love.

Create a memory book

Compile photographs, which document your loved one's life. Arrange them into some sort of order so they tell a story. Add other elements if you want: diplomas, newspaper clippings, awards, accomplishments, and reminders of significant events. Put all this in a special binder and keep it for other people to look at if they wish. Go through it on your own if you desire. Reminisce as you do so.

Bereavement, Grief & Mourning continued

Recall your dreams

Your dreams often have important things to say about your feelings and about your relationship with the one who died. Your dreams may be scary or sad, especially early on. They may seem weird or crazy to you. You may find that your loved one appears in your dreams. Accept your dreams for what they are and see what you can learn from them. No one knows that better than you.

Tell people what helps you and what doesn't

People around you may not understand what you need. So tell them. If hearing your loved one's name spoken aloud by others feels good, say so. If you need more time alone, or assistance with chores you're unable to complete, or an occasional hug, be honest. People can't read your mind, so you'll have to speak it.

Write things down

Most people who are grieving become more forgetful than usual. So help yourself remember what you want by keeping track of it on paper or with whatever system works best for you. This may include writing down things you want to preserve about the person who has died.

Ask for a copy of the memorial service

If the funeral liturgy or memorial service holds special meaning for you because of what was spoken or read, ask for the words. Whoever participated in that ritual will feel gratified that what they prepared was appreciated. Turn to these words whenever you want. Some people find that these thoughts provide even more help weeks and months after the service.

Remember the serenity prayer

This prayer is attributed to theologian Reinhold Niebuhr, but it's actually an ancient German prayer. It has brought comfort and support to many that have suffered various kinds of afflictions. "God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference."

Create a memory area at home

In a space that feels appropriate, arrange a small table that honors the person: a framed photograph or two, perhaps a prized possession or award or something they created or something they loved. This might be placed on a small table, a mantel or a desk. Some people like to use a grouping of candles, representing not just the person who died but others who have died as well. In that case a variety of candles can be arranged each representing a unique life.

Drink water

Grieving people can easily become dehydrated. Crying can naturally lead to that. And with your normal routines turned upside down, you may simply not drink as much or as regularly as you did before this death. Make this a way you care for yourself.

Use your hands

Sometimes there's value in doing repetitive things with your hands, something you don't have to think about very much because it becomes second nature. Knitting and crocheting are like that. So are carving, woodworking, polishing, solving jigsaw puzzles, painting, braiding, shoveling, washing, and countless other activities.

Bereavement, Grief & Mourning continued

Give yourself respites from your grief

Just because you're grieving doesn't mean you must always be feeling sad or forlorn. There's value in sometimes consciously deciding that you'll think about something else for a while, or that you'll do something you've always enjoyed doing. Sometimes this happens naturally and it's only later you realize that your grief has taken a back seat. Let it, this is not an indication you love that person any less or that you're forgetting them. It's a sign that you're human and you need relief from the unrelenting pressure. It can also be a healthy sign you're healing.

Create or commission a memory quilt

Sew or invite others to sew with you, or hire someone to sew for you. However you get it completed, put together a wall hanging or a bedroom quilt that remembers the important life events of the one who died. Take your time doing this. Make it what it is, a labor of love.

See a grief counselor

If you're concerned about how you're feeling and how well you're adapting make an appointment with a counselor who specializes in grief. Often you'll learn what you need both about grief and about yourself as a griever in only a few sessions. Ask questions of the counselor before you sign on. What specific training does he or she have? What accreditation? A person who is a family therapist or a psychologist doesn't necessarily understand the unique issues of someone in grief.

Begin your day with your loved one

If your grief is young, you'll probably wake up thinking of that person anyway. So why not decide that you'll include her or him from the start? Focus this time in a positive way. Bring to your mind fulfilling memories. Recall lessons that this person taught you, gifts he or she gave you. Think about how you can spend your day in ways that would be keeping in with your loved one's best self and with your best self. Then carry that best self with you through your day.

Invite some one to be your telephone buddy

If your grief and sadness hit you especially hard at times and you have no one nearby to turn to, ask someone you trust to be your telephone buddy. Ask their permission for you to call them whenever you feel you're at loose ends, day or night. Then put their number beside your phone and call them if you need them. Don't abuse the privilege, of course. And covenant that some day it will be payback time—someday you'll make yourself available to help someone else in the same way you've been helped. That will help you accept the care you're receiving.

Avoid certain people if you must

No one likes to be unfriendly or cold. But if there are people in your life who make it very difficult for you to do your grieving then do what you can to stay out of their way. Some people may lecture you or belittle you.

Donate their possessions meaningfully

Whether you give your loved one's personal possessions to someone you know or to a stranger, find ways to pass these things along so that others might benefit from them. Family members or friends might like to receive keepsakes. They or others might deserve tools, utensils, books or sporting equipment. Philanthropic organizations can put clothes to good use. Some wish to do this quickly following the death, while others wish to wait awhile.

Bereavement, Grief & Mourning continued

Donate in the other's name

Honor the other's memory and spirit by giving a gift or gifts to a cause the other would appreciate. A favorite charity? A local fundraiser? A building project? Extend that person's influence even further.

Take a yoga class

People of almost any age can do yoga. More than conditioning your body, it helps you relax and focus your mind. It can be woven into a practice of mediation. It's a gentle art for that time in your life when you deserve gentleness all around you.

Connect on the Internet

If you're computer savvy, search the Internet. You'll find many resources for people in grief, as well as the opportunity to chat with fellow grievers. You can link up with others without leaving your home. You'll also find more to expand your horizons as a person who is beginning to grow.

Speak to a clergyperson

If you're searching for answers to the larger questions about life and death, religion and spirituality, consider talking with a representative of your faith, or even another's faith. Consider becoming a spiritual friend with another and making your time of grieving a time of personal exploring.

Read of how others have responded to a loved one's death

You may feel that your own grief is all you can handle. But if you'd like to look at the ways others have done it, try:

- ***Beyond Grief: A Guide for Recovering from the Death of a Loved One*** by Carol Staudacher
- ***Grief's Courageous Journey*** by Sandi Caplan and Gordon Lang
- ***The Grief Recovery Handbook*** by James & Friedman
- ***A Grief Observed*** by C.S. Lewis
- ***Widow*** by Lynn Cane
- ***When Good-Bye Is Forever*** by John Bramlette
- ***Men and Grief*** by Carol Staudacher or
- ***Lament for a Son*** by Nichlas Wolterstorff's

There are many others. Check with a librarian.

Learn about your loved one from others

Listen to the stories others have to tell about the one, who died, stories you're familiar with and those you've never heard before. Spend time with their friends, schoolmates or colleagues. Invite them into your home. Solicit the writings of others. Preserve whatever you find out. Celebrate your time together.

Bereavement, Grief & Mourning continued

Take a day off

When the mood is just right, take a one-day vacation. Do whatever you want, or don't do whatever you want. Travel somewhere or stay inside by yourself. Be very active or don't do anything at all. Just make it your day, whatever that means for you.

Invite someone to give you feedback

Select someone you trust, preferably someone familiar with the working of grief, to give you his or her reaction when you ask for it. If you want to check out how clearly you're thinking, how accurately you're remembering, how effectively you're coping, go to that person. Pose your questions, and then listen to their responses. What you choose to do with that information will be up to you.

Vent your anger rather than hold it in

You may feel awkward being angry when you're grieving, but anger is a common reaction. The expression holds true: anger is best out floating rather than in bloating. Even if you feel a bit ashamed as you do it, find ways to get it out of your system. Yell, even if it's in an empty house. Cry. Resist the temptation to be proper. Go for a brisk walk. Do a long, hard workout. Vacuum up a storm. Do some yard work. Physical activity helps release anger.

Give thanks every day

Whatever has happened to you, you still have things to be thankful for. Perhaps it's your memories, your remaining family, your support, your work; your own health—all sorts of things. Draw your attention to those parts of life that are worth appreciating, and then appreciate them.

Monitor signs of dependency

While it's normal to become more dependent upon others for a while immediately after a death, it will not be helpful to continue in that role long-term. Watch for signs that you're prolonging your need for assistance. Congratulate yourself when you do things for yourself.



Challenging Anxiety

Anxiety affects approximately 19 MILLION adults in the United States alone. 1 out of every 6 people will experience uncomfortable anxiety at some time during their lives (that is nearly 45 million people)! The body's natural response to danger is to prepare for "fight" or "flight". When the sympathetic nervous system activates to emergency situations, you may experience feelings and body sensations such as:

- Increased heart rate
- Quick, shallow breaths
- Increased adrenaline
- Impending doom
- Increased muscle tension
- Increased perspiration
- Light headedness
- Chest pains

These physical responses usually occur as components of anxiety. It is important to recognize that these reactions are your body's normal response to a perceived danger. However, with anxiety, your body is responding to situations in which you are not physically threatened. None of these physical reactions can harm you—they are designed to keep you safe.

Anxiety begins in the cognitive (thinking) part of the brain. Physical symptoms ALWAYS begin as thoughts or perceptions based on your personal beliefs. You may experience the following kinds of thoughts:

- Uncontrollable worry
- Fear, apprehension
- Feelings of impending doom
- Negative thoughts you cannot stop
- Negative thoughts about yourself, the future, or past events

The thinking part of the brain can activate the physical "danger" response even when there is no immediate threat of danger. The physical and cognitive aspects of anxiety feed into each other to continue the negative cycle of worry and physical discomfort. Fortunately, there are several ways to alleviate the physical and cognitive discomfort of anxiety. Some typical behavioral exercises you can use to reduce physical symptoms of anxiety include:

- Relaxation breathing
- Challenging negative or distorted thinking
- Engage in enjoyable/distracting activity
- Physical exercise

It will take practice to feel comfortable using these techniques, and to notice a decrease in your symptoms of anxiety. Remember, the anxiety took some time to build up and it will take time and practice for you to feel relief. Soon, the relaxation techniques and changes in thinking will become natural and the anxiety symptoms will be a thing of the past!

Diaphragmatic Breathing Exercise

1. Sit in a comfortable position, legs shoulder width apart, eyes closed, jaw relaxed, arms loose.
2. Place one hand on your chest, one hand on your stomach.
3. Try to breathe so that only your stomach rises and falls.

Challenging Anxiety *continued*

Inhale: Concentrate on keeping your chest relatively still. Imagine you are trying to hold up a pair of pants that are slightly too big.

Exhale: Allow your stomach to fall as if you are melting into your chair. Repeat the word “calm” to provide focus as you are practicing the exercise.

Do not force the breath. Let your body tell you when to take the next breath.

4. Take several deep breaths moving only your stomach in and out with the breath.
5. Practice 3-5 minutes daily until the breathing feels comfortable.

Note: It is normal for this type of breathing to feel a bit awkward at first. With practice it will become more natural for you.

Challenging Negative Thoughts

Negative thought cycles perpetuate the physical symptoms of anxiety. In addition to practicing diaphragmatic breathing it is important to challenge your negative thought patterns to decrease the experience of anxiety.

Examine your thoughts for key words:

- must, should, have to (unrealistic standards for yourself and others)
- never, always, every (“black and white” thinking)
 - This kind of thinking does not allow room for alteration, compromise, or change. Using these words casts blame, and they are judgmental.
- awful, horrible, disaster (catastrophic thinking)
 - This kind of thinking encourages the sense of despair and doom.
- jerk, slob, creep, stupid (negative labels)

Changing your choice of words makes a big difference in the way a situation or person is perceived. The way we react to a situation is the determinant of our moods, not the situation itself. Our thoughts influence our moods, so by altering our thoughts we are able to alter our mood.

Here are some simple ways to challenge your thoughts:

1. Question the negative/worrisome thoughts you are having. ***Is the thought valid?***
 - a) provide evidence *for* and *against* the truth of the thought
 - b) Challenge the likelihood that an event will occur.
2. Challenge the need to “fix” all problems, do all chores, or take care of things *immediately*. Ask yourself, “What is the worst thing that will happen if does not happen?”

Challenging Anxiety *continued*

3. Change the negative thought into a positive self-statement.

For example: Instead of, “I am never on time, I am such a loser”, say “Ok, so I am not always on time, but I am not always late either. Sometimes I am running behind schedule, but that does not mean I am a loser”.

4. Thought stopping:

- a) The first step is noticing when you are engaging in negative self-talk.
- b) Stop, ask yourself if the thought is helping you or hurting you.
- c) If the thought is hurting you, engage in a distracting activity. This may be a good time to exercise, call a friend, read a book, or practice diaphragmatic breathing.

Use the Anxiety Monitoring Form to track your symptoms of anxiety and the relaxation techniques that you use. You may be surprised to see how much control YOU have over your anxiety!

Recommended Reading

- “Feeling Good: The New Mood Therapy Revised and Updated” by David D. Burns, M.D. 1999, New York, NY: Avon Books.
- “Why Zebras Don’t Get Ulcers, 2nd Edition: An Updated Guide To Stress, Stress Related Diseases, and Coping” (“Scientific American” Library) (Paperback) by Robert M. Sapolsky 2004.
- “The Anxiety & Phobia Workbook, Fourth Edition” (Paperback) by Edmund J. Bourne. 2005, Oakland, CA: New Harbinger Publications, Inc.
- “Coping with Anxiety: 10 Simple Ways to Relieve Anxiety, Fear & Worry” (Paperback) by Edmund J. Bourne. 2003, Oakland, CA: New Harbinger Publications, Inc.
- “Mind Over Mood: Change How You Feel by Changing the Way You Think” (Paperback) by Dennis Greenberger and Christine Padesky. 1995, Guilford Publications, Inc.

The Center for Integrated Healthcare gratefully acknowledges the contributions of the US Air Force in the preparation of all or part of this informational brochure.

■ Considering Medication Treatment for Depression

Quick Facts about Antidepressant Medications

- Antidepressant medications work by helping to correct an imbalance of chemicals in the brain.
- Antidepressant medications are not addictive or habit forming; they are not uppers, and they are not tranquilizers.

Treating Depression with Antidepressant Medications

- Your clinician will consider several factors in selecting an appropriate antidepressant medication for you from the many that are available. Most people respond well to medication. Some antidepressant medications are started at low doses to allow your body time to adapt; your clinician will then gradually increase the dose until you begin to feel better. After about 3-6 weeks of taking antidepressant medications, most people with depression begin to feel more like their usual self. It may take time for you and your clinician to find the medication that works best for you with the least number of side effects.
- It is very **important that you continue to take the medication exactly as the clinician prescribed** even if you feel better. For the first 6-8 weeks after you begin treatment, your clinician will want to see you often (possibly every week) to check how much and how often you take the medication, to watch for and address any side effects you may experience, and to see how the medication is working on your depression. If your depression is significantly improved after 12 weeks, you will continue taking the medication for an additional 4-9 months to prevent your depression from returning. People who have had 2 or more previous episodes of depression may need to continue taking their medication for longer periods.

What Can You Do to Help Your Clinician Treat Your Depression With Medication?

- Keep all of your appointments.
- Speak to your clinician about questions or concerns you have about the medication.
- Take the Medication exactly as your clinician prescribes.
- Tell your clinician immediately about any side effects you have to the medication.
- Tell your clinician how the medication is working (e.g., whether you are feeling better or worse).

Adapted from Rost K Depression Tool Kit for Primary Care NIMH grant A1HS4444

■ **Considering Psychological Counseling Treatment for Depression**

Quick Facts about Psychological Counseling

- In psychological counseling, patients with depression work with a qualified mental health care specialist (mental health specialist) who listens to them, talks, and helps them correct overly negative thinking and improve their relationships with others.
- Psychological counseling for depression is not talking about your childhood.

Treating Depression with Psychological Counseling

- Psychological counseling has been shown to be just as effective as antidepressant medication in treating many people with depression. Psychological counseling can be done individually (only you and a mental health specialist), in a group (a mental health specialist, you, and other people with similar problems), or it can be family or marriage therapy where a mental health specialist, you and your spouse or family members participate. More than half of the people with mild to moderate depression respond well to psychological counseling. While the length of time that persons are involved in counseling differs, people with depression can typically expect to attend a weekly hour-long counseling session for 8-20 weeks. If your depression is not noticeably improved after six to twelve weeks of counseling, this usually means that you need to try a different treatment for your depression. Psychological counseling by itself is not recommended as the only treatment for persons whose depression is more severe. Medication is needed for this type of depression, and it can be taken in combination with psychological counseling.

What Can You Do to Help Your Clinician Most Effectively Treat Your Depression With Psychological Counseling?

- Keep all of your appointments with the mental health specialist.
- Be honest and open, and ask questions.
- Work cooperatively with the mental health specialist (e.g., complete tasks assigned to you as part of the therapy).
- Keep appointments with your primary care clinician and tell him/her how the therapy is working
- (e.g., whether your depression is getting better or worse).

Adapted from Rost K Depression Tool kit for Primary Care NIMHgrant MH54444

■ Monitor and Prevent Future Depression

For some people, depression comes and goes over time. While it's normal to feel the ups and downs of life, it is important to keep the downs from turning into depression. Since it is much easier to get out of a mild depression than a severe one, it is helpful to pay attention to individual symptoms before depression becomes more serious. Create a plan to help if you find yourself becoming depressed again.

Use the Depression Rating Form (PHQ-9)

Check on your depression every month by filling out the Depression Rating Form. Pick a day each month that you can easily remember. You could choose the 1 day of the month or the day you get your paycheck or social security check.

If your Depression Rating score is higher than it used to be, start practicing your coping skills. If you are seriously depressed (for example, if your score is 14 or more, or you're not doing your usual activities, or you're thinking about killing yourself) **CALL YOUR DOCTOR OR BEHAVIORAL HEALTH PROVIDER RIGHT AWAY.**

Use the Symptom List

You may have some symptoms that are more common or bother you more. By checking these symptoms each month, you will notice if you're becoming depressed and need to use your coping skills. Use the Symptom List to identify your most common or troublesome symptoms. Write down what each symptom is like when it is severe, moderate, or mild. Then write down the skills you have used to make yourself feel better in the past. Every month, after you fill out the Depression Rating Form, look at the Symptom List to see if you're having trouble. Then decide what to do.

Plan for Stressful Events

Stress can affect both your physical and mental health. If you plan for stressful events ahead of time by making a "coping plan" they may affect you less. A coping plan includes the stressful event, the ways the stressful event may affect your life and normal activities, and any skills and techniques that may help you cope.

What stresses might happen in the next 6 months? Check any possibilities below.

- | | |
|--|--|
| <input type="checkbox"/> Changes in health (your own or a loved one's) | <input type="checkbox"/> Marriage, divorce, separation, or Relationship difficulties |
| <input type="checkbox"/> New job or responsibilities at work or home | <input type="checkbox"/> Death of a loved one |
| <input type="checkbox"/> Fired or lay-off from a job | <input type="checkbox"/> Birth of a child |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Child leaving or returning home |
| <input type="checkbox"/> Financial difficulties or debts | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Grieving the loss of a loved one | <input type="checkbox"/> Loss of property from fire, theft, etc. |
| <input type="checkbox"/> Trauma or anniversary of trauma | <input type="checkbox"/> Alcohol, drug or sobriety issues |
| <input type="checkbox"/> Reunion, with friends or family | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Depression Rating Score (PHQ-9) from today _____ |

Overview of SSRIs, TCAs and Benzodiazepines

Selective Serotonin Reuptake Inhibitors

Commonly used brand names

Celexa (citalopram), Lexapro (escitalopram), Luvox (fluvoxamine), Paxil (paroxetine), Zoloft (sertraline), Prozac (fluoxetine)

Before Using This Medicine

When deciding to use a medicine you must weigh the risks and benefits of taking the medication. This is a decision you and your medical provider will make. For SSRIs, the following should be considered:

Allergies

Tell your medical provider if you have ever had any unusual or allergic reaction to SSRIs. Also tell your health care professional if you are allergic to any other substances, such as foods, preservatives, or dyes.

Pregnancy

One study of babies whose mothers had taken SSRIs while they were pregnant found some problems in the babies, such as premature birth, jitteriness, and trouble in breathing or nursing. However, four other studies did not find any problems in babies or young children whose mothers had taken SSRIs while they were pregnant. Tell your medical provider if you are pregnant or if you may become pregnant while you are taking this medicine.

Older adults

Many medicines have not been tested in older people. Therefore, it may not be known whether they work exactly the same way they do in younger adults or if they cause different side effects or problems in older people. In studies done to date that included elderly people, SSRIs did not cause different side effects or problems in older people than they did in younger adults.

Other Medical Problems

The presence of other medical problems may affect the use of SSRIs. Make sure you tell your medical provider if you have any other medical problems, especially:

- Brain disease, mental retardation, seizures or a history of seizures - The chance of having seizures may be increased.
- Diabetes - The amount of insulin or oral anti-diabetic medicine that you need to take may change.
- Kidney disease or Liver disease - Higher blood levels of SSRIs may occur, increasing the chance of side effects.
- Parkinson's disease - May become worse.
- Weight loss - SSRIs may cause weight loss. This weight loss is usually small, but if a large weight loss occurs, it may be harmful in some patients.

Proper Use

Take this medicine only as directed by your medical provider, in order to improve your condition as much as possible. Do not take more of it, do not take it more often, and do not take it for a longer time than your medical provider ordered.

Overview of SSRIs, TCAs and Benzodiazepines *continued*

If this medicine upsets your stomach, it may be taken with food.

If you are taking SSRIs for depression, it may take 4 weeks or longer before you begin to feel better. Also, you may need to keep taking this medicine for 6 months or longer to stop the depression from returning. If you are taking SSRIs for obsessive-compulsive disorder, it may take 5 weeks or longer before you begin to get better. Your medical provider should check your progress at regular visits during this time.

Dosing

The dose of SSRIs will be different for different patients and for different problems. Follow your medical provider's orders or the directions on the label.

Missed dose

If you miss a dose of this medicine, it is not necessary to make up the missed dose. Skip the missed dose and continue with your next scheduled dose. Do not double doses.

Precautions

It is important that your medical provider check your progress at regular visits, to allow dosage adjustments and help reduce any side effects.

- Avoid drinking alcohol while you are taking SSRIs.
- If you develop a skin rash or hives, stop taking SSRIs and check with your medical provider as soon as possible.
- **For diabetic patients**
This medicine may affect blood sugar levels. If you notice a change in the results of your blood or urine sugar tests or if you have any questions, check with your medical provider.

Side Effects

Along with the intended effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention.

Check with your medical provider as soon as possible if any of the following side effects occur:

More common

- Decreased sexual drive or ability; inability to sit still; restlessness; skin rash, hives, or itching

Less common

- Chills or fever; joint or muscle pain

Overview of SSRIs, TCAs and Benzodiazepines *continued*

Rare

- Breast enlargement or pain; convulsions (seizures); fast or irregular heartbeat; purple or red spots on skin; symptoms of hypoglycemia (low blood sugar), including anxiety or nervousness, chills, cold sweats, confusion, cool pale skin, difficulty in concentration, drowsiness, excessive hunger, fast heartbeat, headache, shakiness or unsteady walk, or unusual tiredness or weakness; symptoms of hyponatremia (low blood sodium), including confusion, convulsions (seizures), drowsiness, dryness of mouth, increased thirst, lack of energy; symptoms of serotonin syndrome, including diarrhea, fever, increased sweating, mood or behavior changes, overactive reflexes, racing heartbeat, restlessness, shivering or shaking; talking, feeling,
- and acting with excitement and activity you cannot control; trouble in breathing; unusual or incomplete body or facial movements; unusual secretion of milk, in females

Other side effects may occur that usually do not need medical attention. These side effects may go away during treatment as your body adjusts to the medicine. However, check with your medical provider if any of the following side effects continue or are bothersome:

More common

- Anxiety or nervousness; decreased appetite; diarrhea; drowsiness; headache; increased sweating; nausea; tiredness or weakness; trembling or shaking; trouble in sleeping.

Less common or rare

- Abnormal dreams; change in sense of taste; changes in vision; chest pain; constipation; dizziness or lightheadedness; dryness of mouth; feeling of warmth or heat; flushing or redness of skin, especially on face and neck; frequent urination; hair loss; increased appetite; increased sensitivity of skin to sunlight; menstrual pain; stomach cramps, gas, or pain; vomiting; weight loss; yawning.

After you stop taking SSRIs, your body may need time to adjust. The length of time this takes depends on the amount of medicine you were using and how long you used it. During this period of time, check with your medical provider if you notice any of the following side effects:

- Anxiety; dizziness; feeling that your body or surroundings are turning; general feeling of discomfort or illness; headache; nausea; sweating; unusual tiredness or weakness

SECTION **3**

Patient Information Sheets

Crosscutting Material



Are all appointments individual?

The Behavioral Health Provider also has group classes. Periodically, most sites offer classes on topics such as Wellness and Stress Management. You can get information on these groups from staff in the primary care clinic. Telephone and video appointments are also available.



How do I schedule a Behavioral Health appointment in Primary Care?



Discuss your concerns with your PCP. Your PCP can contact a Behavioral Health Provider. The Behavioral Health Provider may meet with you on the same day as your appointment with the PCP. If that is not possible then you can make an appointment at another time.

BEHAVIORAL HEALTH

in Primary Care



What is Behavioral Health?

Behavioral Health Providers help with habits, behaviors, stress, or emotional concerns that get in the way of daily life and/or overall health.

The Behavioral Health Provider works with you and your Primary Care Provider (PCP) on the physical, behavioral, and emotional parts of your concerns and helps you come up with a plan that works best for you.

What can we help with?



- ◆ Depression
- ◆ Anxiety or Worries
- ◆ Post-traumatic stress (PTSD)
- ◆ Substance use
- ◆ Family/Relationship problems
- ◆ Stress
- ◆ Grief
- ◆ Anger

The Behavioral Health Provider can also help you create a plan for quitting smoking, weight loss, exercising, or other changes. Also, we can help you decrease symptoms associated with medical problems such as:



- ◆ Pain
- ◆ Sleep
- ◆ Headaches
- ◆ Obesity
- ◆ Diabetes
- ◆ High Blood Pressure
- ◆ Asthma
- ◆ Irritable Bowel Syndrome

Who can receive these services?

Veterans getting primary care at any of the VA sites in VISN 2 can use these services.

What should I expect when I see a Behavioral Health Provider?

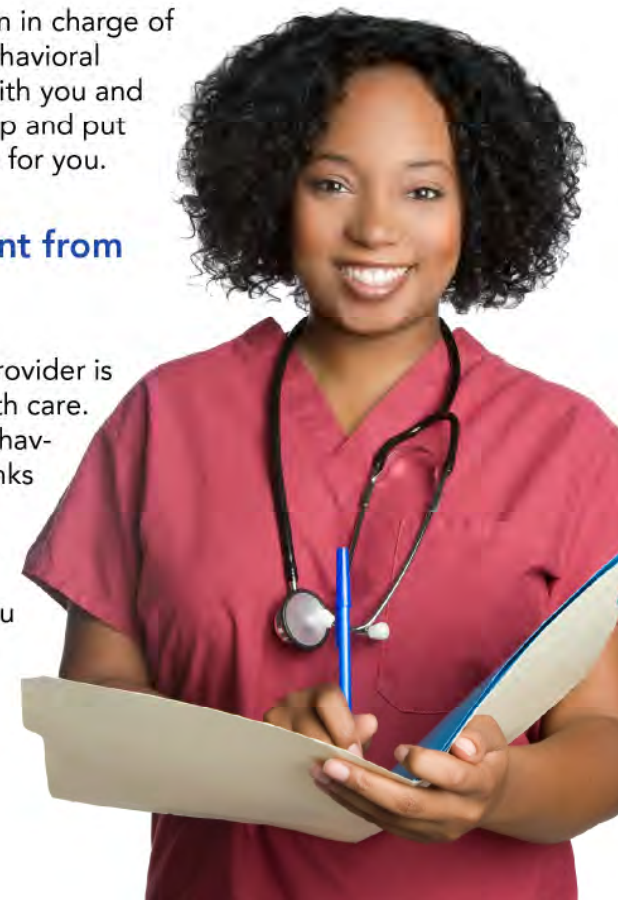
In general, individual appointments will be 30 minutes.

You will be asked questions about physical symptoms, emotional concerns, behaviors, and how these might be related to one another. The Behavioral Health Provider will complete a solution-focused evaluation and treatment plan.

You and your PCP remain in charge of your health care. The Behavioral Health Provider works with you and your PCP to help develop and put into action the best plan for you.

How is this different from Mental Health?

The Behavioral Health Provider is part of your overall health care. If you request, or the Behavioral Health Provider thinks you would benefit from specialty mental health, the Behavioral Health Provider will talk with you about specialty mental health services.



■ Managing Your Side Effects

Most people do not experience side effects from the medication you are taking. Occasionally, some people experience symptoms related to giving up drinking that can be confused with side effects from the medication. These symptoms usually are not serious, and they usually subside within a few days. Do not stop your medication until you have called your medical clinician. If you are concerned about any symptoms you are having, call your medical clinician.

Medication:

Name _____

Dosage _____

Schedule _____

Medical Provider Contact Name	Phone Number
During clinic hours:	() --
After clinic hours:	() --

Nausea:

- Take your medication with food.
- Take Pepto-Bismol according to package instructions or as prescribed by your medical clinician.
-

Vomiting:

- Call your medical clinician.
-

Diarrhea:

- Take Pepto-Bismol according to package instructions or as prescribed by your medical clinician.
- If diarrhea persists, drink plenty of nonalcoholic fluids and call your medical clinician.
-

Significant or persistent abdominal pain:

- Call your medical clinician.
-

Headache:

- Use nonprescription headache medications according to package instructions. It is important to avoid alcohol when taking headache medications.
- If headache persists, call your medical clinician.
-

Dizziness, Nervousness, Anxiety, Insomnia:

- If dizziness, nervousness, anxiety, or insomnia is significant or persistent, call your medical clinician.

Do not start herbal over-the-counter or prescribed medications without first discussing their use with your medical clinician. Use with your medical clinician.

Source: MMTM (2004), Appendix A (Form C-5), p. C-10.

Managing Your Side Effects continued

Stress release

1. Tense all the muscles in both your legs and then release them
2. Clench both your hands into tight fists and tighten all the muscles in your arms. Then release them.
3. Breathe deeply into your chest, filling your lungs completely with air. Hold your breath there for a moment and then breathe out slowly releasing as much air as is comfortably possible.
4. Push your tongue very firmly against the roof of your mouth for a few moments and slowly allow it to rest.
5. As your tongue relaxes, close your eyes and enjoy the sense of release.

Smile and be Happy

Introduction: How do you feel right now? How do you think your face looks now?

You probably look the way you feel. Even if your spirits are low you can uplift them through the simple act of smiling. Smiling triggers happy feelings in the brain, so why not give this simple exercise a try.

1. As you read these words and without smiling just yet, tighten ever so slightly the sides of your eyes and notice the tingling sensations.
2. Next, let these sensations spread down to your cheeks as if in the very beginnings of smile.
3. Now lift the sides of your mouth just a little into a half smile and hold it like this for a few moments.
4. And let yourself smile. Do you notice something curious about the way you feel? Keep smiling, and enjoy the feeling.
5. Try and maintain this smile when you're with other people and you'll notice an improvement in the way you act. You'll also be more attractive and nicer to be around. Besides, smiling encourages others to be happy too. Others might respond by smiling back and then you'll know that your spirits are truly uplifted.

Go Do It

1. Take a moment to think about all the various tasks that you find so difficult to start or finish.
2. Now, is there one task that stands out as being important and achievable?
3. Imagine how you'll feel when this task is accomplished... the sense of Achievement, Purpose, Clarity and Self Worth.

Managing Your Side Effects continued

4. While you imagine how you'll feel, say the following words to yourself..... I WILL DO THIS
5. Make a commitment to yourself right now to accomplish just this one task.
6. You're going to feel great about yourself. Go do it.

Living Today—Exercise

- Spend a few moments remembering your life about 10 years ago.
- Now imagine yourself in the future, 10 years from today and 10 years older, looking back at the way you are now.
- From this point in the future, what do you imagine you will appreciate about your life today?
- When you are ready, return your thoughts to the present.

Delight in the Ordinary—Exercise

1. Look near you for a small object you can hold in your hand.
2. Do not be over selective, just pick anything that easily comes to hand.
3. Do not try and see any significance in your choice, just accept it for what it is - an object !
4. Once you have your object in your hands, spend a minute observing it closely from all sides and try to memorize every detail.
5. Now close your eyes and recall how it looks.
6. Open your eyes and look at the object again.
7. Does it seem more beautiful than before?

Life Affirmation—Exercise

Say out loud any of the following affirmations that seem to resonate with your life at this time.

- I accept life's challenges
- I learn from every set-back and success
- I engage with the opportunities of today
- I live with passion and purpose
- I value the times of my past
- I treasure the unique story of my life
- I cherish the lives of others
- I give and receive friendship generously
- My life is precious and significant
- I defend what I know to be right

Managing Your Side Effects continued

- I stand firm and without fear
- I see beauty in the universe
- I experience pleasure every day
- I permit myself to happiness
- I am glad to be alive

Notes: In everyday thinking, there is often a background chatter of negative thoughts which undermines our self-esteem. Positive affirmations are a simple way of balancing this.

Mental Chatter—Exercise

Pay attention to your thoughts, but imagine that they are voices inside your head.

- Are they calm or impatient?
- Are they supportive or disapproving?
- Are they loving or angry?
- Do they encourage or criticize you?
- How do they make you feel?
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Notes: You are not your thoughts, but the observer of them. By simply observing your thoughts in this way, you can calm their mental chatter.

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In the privacy of your thoughts...

1. Think of something in the future that you worry a lot about.
2. Think of something in the past that you regret.
3. Think of something in the future you wish to happen.
4. Think of a time in your past, you wish you could return to.
5. Now try to focus on the present moment, as it is in your life right now.

Notice how thoughts about your future and past distract you from appreciating the present moment.

Quick Recharge—exercise

3. When you have finished reading this exercise, close your eyes for a few seconds and become aware of the forms of light that you see in your mind.
4. As you do this, your eyes rest and you enjoy a relaxing break from the visual demands of everyday life.

When you open your eyes, imagine that you are seeing the world in front of you for the very first time.

Medication Alert Cards

Fill out ONE card for EACH prescription medication you are currently taking. Cut out the completed cards and carry in your wallet.

IMPORTANT MEDICATION INFORMATION

Rx
ALERT

I am currently taking (name medication): _____

My name: _____

Emergency contact: _____

Emergency contact phone number: _____

My doctor's name: _____

My doctor's phone number: _____

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