

WELCOME KIT & SURVIVAL GUIDE

2nd
EDITION



Philosophy of Eastern Oregon Recovery Center

Mission – To provide safe and effective treatment for substance use disorders.

Vision – To empower individuals and their families to achieve stability, independence, and purpose through a continuum of care.

Eastern Oregon Recovery Center (EORC) is a nonprofit, social service agency established to promote and carry on charitable services. EORC provides a full continuum of care of addiction services and supports to individuals and their families.

Our philosophy on stabilization and recovery is that a variety of social, psychological, genetic and other factors make some people more vulnerable than others to developing addiction. Recovery and healing may be a life long journey but can begin when an individual has a system of care available in a safe holistic environment. We believe that each individual has unique challenges and a unique story.

Our clients have the right to expect effective, well administered care that will empower them to achieve their personal goals. We value the strength of each person who chooses to undergo the challenging effort of recovery, and our staff work to honor the unique voice, experiences, and perspective that each client brings to our program.

Our philosophy of providing care is based upon our recognition that the key elements of recovery include achieving abstinence, recovering physically, learning about the disease of addiction, and developing the living skills necessary to achieve lasting sobriety.

Our staff are committed to upholding the ethical standards of alcoholism and drug abuse counselors as set out by the Addiction Counselor Certification Board of Oregon (ACCBO). Our staff are trained to recognize the importance of individual differences and begin the relationship by gaining knowledge about personality, cultures, lifestyles, and other factors influencing client behavior, and applying this knowledge to aid and support recovery. Our staff commit to maintaining their personal sobriety, and maintain the ACCBO standard of two years in active recovery before beginning employment.

Core Values -

Community ~ we demonstrate a commitment to community wellness and to serving and supporting our community. We treat individuals with courtesy and value their contributions.

Collaboration ~ we believe in and support the principles of recovery through engagement and promote the active participation in one's recovery.

Communication ~ we demonstrate effective, responsive and timely communication to help build and promote a healthy inclusive community.

Continuous Improvement ~ we seek learning and development for our staff, our management and the people that we serve. We make quality and sound clinical practice an on-going focus.

CLIENT RIGHTS

OAR 309-018-0115

EORC Clients have the right to:

In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:

Choose from our available services & supports that are consistent with the Individual Service Plan, are culturally competent & are provided in the most integrated setting available within our community & under conditions that are least restrictive to the individual's liberty, that are least intrusive to the individual & that provide for the greatest degree of independence.

Be treated with dignity & respect.

Participate in the development of the Individual Service Plan, receive services consistent with that plan & participate in periodic review & reassessment of service & support needs, assist in the development of the plan & to receive a copy of the written Service Plan.

Have all services explained, including expected outcomes & possible risks.

The right to confidentiality & right to consent to disclosure of record according to ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 & 45 CFR Part 205.50.

Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law.

Review their Individual Service Record in accordance with ORS 179.505. Refuse participation in experimentation.

Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence.

Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health & safety.

Be free from abuse or neglect & to report any incident of abuse or neglect without being subject to retaliation.

Have religious freedom.

Be free from seclusion & restraint.

Be informed at the start of services & periodically thereafter, of the rights guaranteed by this rule.

Be informed of the policies & procedures, service agreements & fees applicable to the services provided & to have a representative, assist with understanding any information presented.

Have family member involvement in service planning & delivery.

Make a declaration for mental health treatment, when legally an adult.

If informed consent is not a possibility due to the inability of the individuals to understand his or her rights, this fact must be recorded in the individuals file.

The Program must develop, implement and inform individuals of a policy and procedure regarding grievances which provide for:

Receipt of written grievances from individuals or person acting on their behalf;

Investigation of the facts supporting or disproving the written grievance;

The taking of necessary action on substantiated grievances within 72 hours; and documentation in the individual's record of their receipt, investigation, and any action taken regarding the written grievance.

CLIENT RIGHTS

OAR 309-018-0115

File grievances, including appealing decision resulting from the grievance.

Exercise all rights described in this rule without any form of reprisal or punishment.

A safe, secure & sanitary living environment.

A humane service environment that affords reasonable protection from harm, reasonable privacy & daily access to fresh air & the outdoors.

Keep & use personal clothing & belongings & to have an adequate amount of private, secure storage space. Reasonable restriction of the time & place of use, of certain classes of property may be implemented if necessary to prevent the individual or others from harm, provided that notice of this restriction is given to individuals & their families, if applicable, upon entry to the program, documented & reviewed periodically.

Express sexual orientation, gender identity & gender presentation.

Have access to & participate in social, religious & community activities.

Have access to & receive available & applicable educational services in the most integrated setting in the community.

Participate regularly in indoor & outdoor recreation.

Not to be required to perform labor.

Have access to adequate food & shelter & a reasonable accommodation if, due to a disability, the housing & services are not sufficiently accessible.

Communicate privately with public or private rights protection programs or rights advocates, clergy & legal or medical professionals.

Private & uncensored communications by mail, telephone & visitation, subject to the following restrictions:

This right may be restricted only if the provider documents in the individual's record that there is a court order to the contrary, or that in the absence of this restriction significant physical or clinical harm will result to the individual or others.

The nature of the harm must be specified in reasonable detail, & any restriction of the right to communicate must be no broader than necessary to prevent this harm; & the individual & his or her guardian, if applicable, must be given specific written notice of each restriction of the individual's right to private & uncensored communication. The provider must ensure that correspondence can be conveniently received & mailed, that telephones are reasonably accessible & allow for confidential communication, & that space is available for visits. Reasonable times for the use of telephones & visits may be established in writing by the provider.

EORC's Structure of Progress

- **Rest & Renewal: (7 Days)** We want you to find your equilibrium for the first 7 days, so come to as many groups as you are able to. Get plenty of rest and food. Meet with your counselor and develop a treatment plan. At this time, we also want you to get your TB test. We ask that you not use the phone or have visitors for the first 7 days of treatment (The exceptions are for attorneys, probation officers, and clergy).
- **Action: (day 8 through approximately day 38)** We want you to get connected with community partners and providers (PCP, dentist, denturist, mental health, and any other providers you and your counselor decide will be helpful for you). You are expected to participate, fully, in all groups and all activities. Also you can begin to sign up for the phone, during scheduled hours. You will need an accountability partner/buddy for phone use, for 30 days (The exceptions are attorneys, probation officers, and clergy).
Assignments that will need to be completed in the Action Phase are:
 - Addiction art project to present for group
 - Write a fantasy story in the 3rd person, about how you think you became an addict; then, how recovery began to happen, and next what your life will be like. Present to group for feedback. Example: Once upon a time, there was a little man who thought he'd become an astronaut. He used to spend his time imagining how he would get to far away planets. He would wear a fishbowl on his head and pretend that he was walking on the moon. His father used to drink a lot, and there was always yelling in the house. The little boy...
 - You will need to be your house's Lead 1 or Lead 2 during this time and successfully make sure the other members of the household are doing their chores and participating in all required tasks.
 - You will be expected to participate in kitchen service beginning in this level and must complete one week of dedicated kitchen service (cooking) between the Action Level and Commitment Level.
 - You must demonstrate that you are able to both give and receive healthy, constructive feedback. This needs to be shown repeatedly during the Action phase of treatment progress.
 - Being Accountable. You must show that you are committed to not keeping unhealthy secrets for any group members or yourself. That if you make a poor choice, you own it, and move on.
 - It's imperative that you complete all assignments that your counselor gives you.

These things and 30 days in the Action Phase, and your counselor will move you to the Commitment Phase of treatment.

3. Commitment: (day 39 through day 69—approximately 30 days)

- Show consistency with peer accountability and self-accountability
- You can use the phone without an accountability partner. There is a continued expectation that you will attend all groups and activities.
- Demonstrate that you have a clear understanding of healthy boundaries and keep those boundaries in treatment with your peers, with old relationships, and with family.
- Begin to build outside support through 12-step meetings, sponsorship, celebrate recovery, church, or healthy outside supports from the community. Spend some time outside the treatment center for up to 2 hours with your sponsor, who must sign in and out for pre-planned step work. Invite your sponsors and church supports here to the center.
- Identify triggers and warning signs & be able to present relapse prevention plan to group.
- Cook for one week if you haven't done so yet in the previous level.
- You will get 1, 2-hour, pass during the commitment phase of treatment
- Demonstrate leadership skills by welcoming new clients and showing them the ropes, treating guests, clients, and staff with respect. Leadership is solution-focused, rather than problem and desire focused. Leadership is trustworthy.
- Therapeutic letter to family—present to group
- What have you gained from treatment and how will you use it? How will you use it? Present to group.

4. Serious Action Phase: (Day 70 through approximately day 100)

- Facilitate a process group

- Complete your recovery art project and present it to group
- Having earned trust from both clients and staff, it's time to go out in the community. Do your community service. Take 2 passes up to 2 hours each, with or without an escort.
- You will be able to carry \$5.00 each week with you, for the 7th tradition or for candy. You can save the money, keep it in your personal possessions, or carry it with you at all times. Please be careful not to enable other clients not in level 4 (encouraging behaviors that are against the rules). If you do, you will go back to the previous level
- This is the time to attend WorkSource, resume writing, working on housing, and to tighten up aftercare planning.
- Checklist:

Do you have a sponsor?

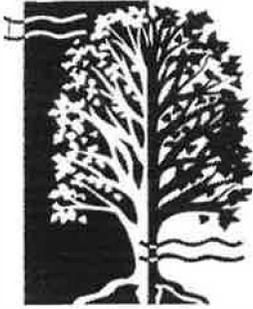
Are you active in a recovery program?

Do you have a serious understanding of the disease of addiction?

Are you currently helping others?

What are your plans to be of service when you leave treatment?

Remember, it's up to you! You make the decision whether you will move from one level to the next, based on your choices and behaviors. Also, we have a no tolerance policy with drinking and drug use in treatment. You will be discharged. The same holds true for violence, so let this be your opportunity to change all of it. You can do this thing called recovery.



Eastern Oregon Recovery Center

Substance Abuse Services

1960 ~ Present

The Do-s and Don'ts List

Do ask questions

Do be kind

Do attend treatment programming (Get all you can out of it)

Do give recovery your very best shot

Do listen to staff direction and dig deeper than you think you can

Do express your feelings

Do give people room and space to grow

Do your assigned chores

Do clean up after yourself

Do be impeccable with your word

Do find new ways to approach life

Don't be late to group

Don't miss group (without a pre-approved absence)

Don't participate in sex or secretive sexual behaviors

Don't gossip or carry tales

Don't make assumptions

Don't take things personally

Don't be dishonest

Don't bring food to group or up to your room

Don't use disrespectful language

Don't steal

Don't participate in disrespectful behaviors

Don't deface EORC property

Don't bring tobacco or drug paraphernalia onto EORC property

Don't bully or be mean to others

*We recommend that you not keep valuable property out in your room; additionally, we suggest that you not loan clothing, shoes, or personal items.

*There is a no-tolerance policy regarding violence and fighting: You will be discharged immediately.

*There is a no-tolerance policy regarding using alcohol or drugs while at EORC: You will be discharged immediately.

Consequence List

- 1. If you are late to group, without a note or previous approval, you will write a letter about why it's ok to be disrespectful to your fellow group members, and then read that letter in process group for feedback from your peers.**
- 2. If you miss group without pre-approval, you will lose your pass for that week (or if you don't have a pass scheduled, you will lose the privilege of attending the next big event).**
- 3. If you are found having sex or secretive sexual behaviors while in treatment, you will be staffed before the clinical team, where we will determine if you are able to stay in treatment and what will change if you do.**
- 4. If you are found gossiping, you will be on a silent day for the next 24 hours. The only exceptions are medication passes and/ or talk with your child/children.**
- 5. If you are making assumptions about others, you will be reminded of the 3rd agreement and redirected. Practice asking questions rather than making assumptions.**
- 6. If you find yourself taking things personally, we will encourage you to read the 2nd agreement in the book: The Four Agreements. It's good practice for life.**
- 7. If you are found being dishonest about anything (You have a 24-hour grace period to come forward without consequences) After that you'll draw from the consequence can.**

8. If you are heard using disrespectful language, to either staff or other clients, you will receive 1 warning, and then you will write a letter to your peers about why its fine to disrespect others and why they don't deserve your respect. Then you'll read that letter in process group and receive feedback.
9. If you are found stealing (anything), you will be staffed by the clinical team. We will determine whether you will be able to stay in treatment here at EORC.
10. If you demonstrate disrespectful behaviors, your entire house will lose TV privileges for 3 days.
11. If you are found defacing EORC property, you will be asked to fix the problem (to include, sanding, refinishing, painting and cleaning) and to deep clean the kitchen.
12. If you bring tobacco or drug paraphernalia on to EORC property, you will be staffed by the clinical team to determine whether or not you are serious about treatment.
13. If you are reported to be bullying, intimidating, or excluding others, you will watch a film about the suicides of young people killing themselves over the trauma of bullying. If it's exclusion (in the women's house), there will be a 6-hour film marathon of Mean Girls (3 times).
14. If you continually ignore staff direction (any staff), you will be staffed by the clinical team to determine why you don't want change in your life (and recovery).
15. If you are found with food in your rooms or bring candy or gum to groups, you will lose the snacks in your house (for the whole house), for the rest of the week.
16. If you are found to have coffee in your rooms, you will lose your coffee for the rest of the week (for the whole house).

Again...

***We recommend that you not keep valuable property out in your room; additionally, we suggest that you not loan clothing, shoes, or personal items.**

***There is a no-tolerance policy regarding violence and fighting: You will be discharged immediately.**

***There is a no-tolerance policy regarding drinking or using while at EORC: You will be discharged immediately.**

Getting Started

We call your first week: Your Rest and Renewal week. We want you to find your equilibrium for the 7 days, so come to as many groups as you are able to. Get plenty of rest and food. Meet with your counselor and develop a treatment plan. We ask that you not use the phone or have visitors for the first 7 days. (The exceptions are for attorneys and clergy—You are able to have privacy)

Beginning on the 8th day of treatment, you are expected to participate fully, in all groups and all activities. Also, you can begin to sign up for the phone, during scheduled hours. You will need an accountability partner/buddy for phone use, for 30 days. (The exceptions are for attorneys and clergy—You are able to have privacy)

Beginning on the 39th day of treatment, you can use the phone without an accountability partner. There is a continued expectation that you will attend all groups and activities. This will also be a time to work with your counselor on times out of the treatment center with your family and sponsor. This stage is for 30 days. (The exceptions are for attorneys and clergy—you are able to have privacy)

Beginning on the 70th day of treatment, it is time to begin looking into housing, discharge planning, Resume writing, job skills, and finding employment. It may be the time to go to the Department of Vocational Rehabilitation for retraining. You will be expected to attend all process groups and your schedule will be determined by you and your counselor.

These guidelines are based upon your progress and safety.
Always remember, you get exactly what you put into treatment!



Eastern Oregon Recovery Center

Substance Abuse Services

Vocabulary of commonly used terms

Addiction—a complex condition, a brain disease that is manifested by compulsive substance use despite harmful consequences. People with addiction (severe substance use disorder) have an intense focus on using a certain substance or substances, such as alcohol or drugs, to the point that it takes over their lives. They keep using alcohol or drugs even when they know it causes problems. Yet a number of effective treatments are available and people can recover from addiction to lead normal, productive, and meaningful lives.

Process Addictions—The compulsion to continually engage in an activity or behavior, despite serious negative impacts on the addicts' ability to remain physically and mentally healthy or functioning normally in their lives and in the community. In spite of increasing negative consequences, these addicts are unable to stop engaging in these behaviors, for any length of time, without intervention or treatment.

Sex and Love Addiction

Shopping Addiction

Food Addiction

Eating Disordered Behaviors

Gambling Addiction

Gaming Addiction

Debting Addiction

Co-Dependency and Unhealthy Relationship Addiction

Anger/Rage Addiction

Recovery—The process of becoming healthy after being ill. Being in recovery means a person is making progress, even though there is no cure. Relapse can occur, as it does with cancer; however, active involvement in a 12-step recovery program can assist someone trying to overcome an addiction (either process or drug).

The 5 Stages of Recovery—

1. **Precontemplation**—is the stage in which the desire to change addictive patterns does not yet exist. Most people suffering from addiction in this stage completely deny their problems.
2. **Contemplation**—drug addicts and alcoholics are somewhat aware that they have a problem. Addicts realize that there may be a necessity to address their dilemmas, but they have not made a commitment to action (or treatment).
3. **Preparation**—is the stage that utilizes this initial recognition of the problem and then encourages the needed behavioral changes necessary for individuals to begin

getting well. Addicts who are in this stage, intend to take action in the near future, but have not been able to summon this ability during the past year.

4. Action—is one in which individuals adjust their behaviors, experiences, and environments in order to begin a new life without drugs. Action requires the most noticeable behavioral changes and requires tremendous commitment, time, and energy.
5. Maintenance—is the stage whereby addicts and alcoholics take daily actions to prevent relapse and strengthen the growth attained during the action stage. Addicts in recovery typically remain in the maintenance stage for many years, while building new lives.

12-Step Groups:

Alcoholics Anonymous (AA)—A 12-step fellowship for those who have struggled with alcoholism, they encourage meeting attendance, getting a sponsor, taking the steps, and remaining to help others who struggle with alcoholism.

Narcotics Anonymous (NA)—A 12-step fellowship for those who have struggled with drug addiction and other addictions. They consider the focus to be on the disease of addiction and consider alcohol a drug. They encourage meeting attendance, service, getting a sponsor, taking the steps, and remaining to help others who struggle with addiction.

Crystal Meth Anonymous (CMA)—A 12-step fellowship for those who have struggled with addiction to methamphetamines. The goal of CMA is to help crystal meth addicts lead a life free of active addiction. “In our active addiction, our lives revolved around drugs: looking for drugs, being high, coming down from using, and “white-knuckling” it to stay clean for short periods. Everything took a backseat to drugs. Clean and sober, living a program of recovery, this is no longer the case.” CMA encourages meeting attendance, finding a sponsor, taking the steps, and helping other addicts seeking recovery from addiction.

Cocaine Anonymous (CA)—A 12-step fellowship that advocates recovery through meeting attendance, finding a sponsor, taking the steps, and continued meeting attendance to help other addicts, struggling with cocaine addiction. “We are all here for the same reason—our inability to stop using cocaine and all other mind-altering substances. We wish to assure you that there is a solution, and that recovery is possible.

Heroin Anonymous (HA)—is a non-profit fellowship of men and women who have found a solution to heroin addiction. This is a program of complete abstinence from all drugs. “We are recovered heroin addicts who meet regularly to help each other stay sober/ The only requirement for membership is a desire to stop suffering from heroin addiction. There are no dues or fees for H.A. membership. Heroin Anonymous is concerned solely with the personal recovery and continued sobriety of heroin addicts who turn to our fellowship for help.”

Al-Anon—is a mutual support program for people whose lives have been affected by someone else’s drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics can bring positive changes to their individual situations, whether or not the alcoholic admits the existence of a drinking problem or seeks help. Al-Anon encourages meeting attendance, sponsorship, taking the steps, and continued work with friends and family

members who have either grown up with alcoholism, addiction, have family members with alcohol problems, are married to someone with a drinking problem, or have close friends or co-workers affected by the disease.

Debtors' Anonymous (DA)—A 12-Step program for those who have trouble staying out of debt, overspending, underearning, or not planning for regular expenses (such as rent or taxes)

The 12 Signs of Compulsive debting are:

1. Being unclear or vague about your financial situation. Not knowing account balances, month interest rates, fees, fines, or contractual obligations.
2. Frequently "borrowing" items such as books, pens, or small amounts of money from friends or others, and failing to return them.
3. Poor saving habits. Not planning for taxes, retirement, or other not-recurring but predictable items, and then feeling surprised when they come due; a "live for today" or "Don't worry about tomorrow" attitude.
4. Compulsive shopping. Being unable to pass up a "good deal;" making impulsive purchases; leaving price tags on clothes so they can be returned; not using items you've purchased.
5. Difficulty meeting basic financial or personal obligations, and/or an inordinate sense of accomplishment when such obligations are met.
6. A different feeling when buying things on credit than when paying cash, a feeling of "being in the club," being accepted, or being grown up.
7. Living in chaos and drama around money. Using one credit card to pay another, bouncing checks, always having a financial crisis to contend with.
8. A tendency to live on the edge. Living paycheck to paycheck; taking risks with health and care insurance coverage; writing checks, hoping money will appear to cover them.
9. Unwarranted inhibition and embarrassment in what should be a normal discussion about money.
10. Overworking or underearning. Working extra hours to earn money to pay creditors; using time inefficiently; taking jobs below your skill and education level.
11. An unwillingness to care for and value yourself. Living in self-imposed deprivation; denying your basic needs in order to pay your creditors.
12. A feeling of hope that someone will take care of you if necessary, so that you won't really get into serious financial trouble, that there will always be someone that you can turn to.

Gamblers' Anonymous (GA)—A 12-step meeting devoted to stopping the compulsion to gambling. They recommend meeting attendance, sponsorship, taking the steps, pressure relief groups, and staying until the miracle happens, then passing on what you have been given to other sufferers of gambling addiction. "There is no such thing as a safe bet for a compulsive gambler."

Oregon Problem Gambling Helpline: 1-877-695-4648

GA International Office: 1-626-960-3500

Telephone meetings, In-person meetings, and Online meetings

Gam-Anon—Gam-Anon is a 12-step fellowship of men and women who have been affected by the gambling problem of another. "We understand, as perhaps few can. We are familiar with

worry and sleepless nights and promises made only to be broken. We may have become fearful and uncertain as to how to cope with the deterioration in our lives and our relationships, the financial problems, and the debts caused by the gambling.” Gam-Anon encourages meeting attendance, sponsorship, pressure-relief groups, step work, and ongoing support.

Sex and Love Addicts Anonymous (SLAA)—is a program for anyone who suffers from an addictive compulsion to engage in or avoid sex, love, or emotional attachment. “We use the 12-steps and the 12-traditions to recover from these compulsions. The following behaviors have been experienced by members:

- Having few healthy boundaries, we become sexually involved with and/or emotionally attached to people without knowing them.
- Fearing abandonment and loneliness, we stay in and return to painful, destructive relationships.
- We confuse love with neediness, physical and sexual attraction, pity and/or the need to rescue or be rescued.
- We sexualize stress, guilt, loneliness, anger, shame, fear, and envy.
- To avoid feeling vulnerable, we may retreat from all intimate involvement.

You may be experiencing one or all of these characteristics, but only you can decide for sure if SLAA is right for you.

Sexaholics Anonymous (SA)—Has sex with self or with someone other than your spouse become destructive? Are you hooked and cannot stop? Do you long to be happy, joyous and free? “We can help.” SA is a twelve-step fellowship, that encourages meeting attendance, abstinence, sponsorship, and the taking of the 12-steps.

Sex Addicts Anonymous (SAA)—A fellowship of men and women who share their experience, strength and hope with each other, so they may overcome their sexual addiction and help others recover from sexual addiction or dependency. Predominantly for the LGBTQ community. Meeting attendance is encouraged, as well as taking the steps, and sponsorship, and service.

Overeaters Anonymous (OA)—No matter what your problem with food—compulsive overeating, undereating, food addiction, anorexia, bulimia, binge eating, or over-exercising, “we have a solution.” Through the 12-steps and 12 traditions, meeting attendance, a food plan, sponsorship, you can get well and stay well.

Co-dependents Anonymous (CODA)—We found in each of our lives that codependence is a deeply rooted compulsive behavior born out of our dysfunctional family systems. We attempted to use others—our mates, friends, and even our children, as our sole source of identity, value, and well-being (and as a way of trying to restore within us the emotional losses from our childhoods). Our histories may include powerful addictions, which at times we have used to cope with our codependence. Through meetings: in-person, online, telephone, community, and 12-step work, CODA helps people heal early childhood wounds and develop healthy, respectful relationships.

Adult Children of Alcoholics/Dysfunctional Families (ACOA)—is a Twelve Step, Twelve Tradition program of men and women who grew up in dysfunctional homes. “We meet to share our experience of growing up in an environment where abuse, neglect, and trauma infected us. This affects us today and influences how we deal with all aspects of our lives.”

14 Traits of an Adult Child:

1. We became isolated and afraid of people and authority figures.
2. We became approval seekers and lost our identity in the process (When we got approval, we didn't believe it.)
3. We are frightened by angry people and any personal criticism.
4. We either become alcoholics, marry them or both, or find another compulsive personality such as a workaholic to fulfill our sick abandonment needs.
5. We live life from the viewpoint of victims, and we are attracted to by that weakness in our love and friendship relationships.
6. We have an overdeveloped sense of responsibility, and it is easier for us to be concerned with others, rather than ourselves; this enables us not to look too closely at our own faults, etc.
7. We get guilt feelings when we stand up for ourselves instead of giving in to others.
8. We became addicted to excitement.
9. We confuse love and pity and tend to “love” people we can “pity” and “rescue.”
10. We have “stuffed our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts so much (denial).
11. We judge ourselves harshly and have a very low sense of self-esteem.
12. We are dependent personalities who are terrified of abandonment and will do anything to hold on to a relationship in order not to experience painful abandonment feelings, which we received from living with sick people who were never there emotionally for us.
13. Alcoholism* is a family disease, and we became para-alcoholics, and took on the characteristics of that disease, even though we did not pick up the drink Para-alcoholics* are reactors, rather than actors.

Celebrate Recovery (CR)—Celebrate Recovery is a Christ-centered 12-step recovery program for anyone struggling with hurt, pain, or addiction of any kind. “Celebrate Recovery is a safe place to find community and freedom from the issues that are controlling our lives.” Celebrate Recovery is now in over 30,000 churches and is available at EOAF on Thursday evenings. They encourage meeting attendance, sponsorship, taking the steps and continued involvement.

Overcomers Anonymous—Is a 12-step, Christ-Centered fellowship that is often led by Pastors in recovery, often through the Baptist Church or Bible Church. Through step work and study of the scriptures, they encourage meeting attendance, sponsorship, taking the steps and continued participation and sponsorship of newer members.

Sponsor—A Sponsor is a senior member of AA, NA, & all of the As who has been in recovery for usually at least a year (EOAF would prefer that they have more than 2 years, and that they not be EOAF employees). Sponsors help you navigate membership, answer questions, work on the 12-steps with you, and offer accountability. A sponsor is a confidant who understands where you have been. You can confide in your sponsor what you may not be comfortable sharing in meetings. Or, sponsors can further discuss things you have brought up in meetings, but that you

feel need more unpacking or more time than the meetings allowed. According to various studies, sponsorship leads to better treatment outcomes, and those in 12-step programs, with a sponsor, have better attendance and more involvement in the group.

Relapse—According to the National Institute of Health, a person who is trying to stop using drugs can make mistakes, feel bad, and start using again. This return to drug use is called a relapse. Many people have several relapses before seeking treatment. They try a “do-it-yourself” approach, and find themselves going back to drug or alcohol use almost automatically. This relapse process often finds the addicted person in worse shape than they were in a year before, a month before, or even a week before. This is because addiction appears to be progressive in nature. It gets worse, not better. If you are an addict, your last use was as good as it gets. It will never be any better. Addiction is similar to cancer, in that it can be fatal. It responds to treatment. People can recover, the cancer can be in remission, and sometimes the cancer recurs. When that happens, another round of treatment is recommended, for a longer period of time with perhaps a transitional living option after residential.

Process Groups—Process groups are designed to be facilitated by a counselor or counselors and are primarily driven by client involvement. They opportunities to get much of your treatment explored by peers and staff. In process group, members discover that they are deeply feeling persons. They identify the defenses that have prevented this discovery in themselves and others. Process group allows clients to gain understanding and insight into how each member communicates and relates to others. They give opportunities for new ways of communicating and problem-solving with others. In process groups, clients are able to practice giving and receiving feedback.

Feedback—Takes courage, risk, and vulnerability to tell a fellow group member what you see, what you assume, and how that assumption feels inside of you. The formula we use is included in this handbook. Practice noticing body language, presence in group, behaviors outside of group and in treatment. Catch people doing extraordinary things, and tell them about it. When you notice things that are concerning to you, use feedback as the instrument to communicate what is happening that worries you or causes anger and irritation. (See handout)

Feelings—Often when entering treatment, a client will notice that they feel numb, angry, or sad. Part of moving through treatment is learning to expand your feeling library and begin to identify new feelings as they surface. We provide a list of common feeling words to help in this process. (See handout)

The Four Agreements are used as a model for true growth, vulnerability and progress... You were given this book when you entered treatment, and you're encouraged to read it and ask questions. You will find these agreements posted in the large group room.

The first agreement: **Be Impeccable with Your Word**—That means to tell the truth, even when it's hard. Don't gossip, it's a noxious habit without any redeemable outcomes. Stop speaking in cruel and mean ways to people. Make it your new practice to use your words to lift people up and not to tear them down.

The second agreement: Don't Take Things Personally—Practice this because nothing is personal. People do what they do because of who they are and what they've been through. It has nothing to do with you. Learn this, and you will be ahead of the game (in treatment and out).

The third agreement: Don't make assumptions. The reason not to make them is because most of the time, what you assume is not true. Also, you don't know what goes on in the hearts and minds of others. And they don't know what's in your heart and mind. So practice asking people when you have a question. Check it out. See if your assumption is partially true. If someone denies what you have been assuming, believe them and let it go.

The fourth agreement: Always do your best. Do your best because you'll feel better about yourself. Try your hardest. Give this your best shot. Just do your best with everything that is put before you, and you will do well.

The Journey
By Mary Oliver

One day you finally knew
What you had to do, and began—
Though the voices around you
Kept shouting
Their bad advice—
Though the whole house began to tremble—
And you felt the old tug
At your ankles...
“Mend my life!”
Each voice cried—
But you didn’t stop—
You knew what you had to do,
though the wind pried
with its stiff fingers...
at the very foundations,
though their melancholy
was terrible—
It was already late enough, and a wild night,
And the road full of fallen branches and stones—
But little by little,
As you left their voices behind,
The stars began to burn, through the sheets of clouds,
And there was a new voice, which you slowly recognized
As your own—
That kept you company,
As you strode deeper and deeper into the world,

Determined to do

The only thing you could do—

Determined to save the only life you could save—

Mary Oliver grew up in alcoholism and incest.

She gained her healing through writing poetry about nature.

This poem describes her awakening—

Process Group Topics and Assignments

- Therapeutic Letter to the family you grew up in
 - A story about how you think you became an addict, and then how recovery began to happen, then what your life will be like.
 - Two art projects, one depicting your addiction and one, showing the process of your recovery
 - What have you gained from treatment and how will you use it? (To be shared with the group)
 - Your discharge and aftercare plans (To be shared with the group)
1. Identify and discuss triggers for substance use. What kinds of coping strategies can you use to overcome your triggers? Can you identify any patterns?
 2. Discuss gratitude. What is gratitude? What are you grateful for and why?
 3. Discuss the impact of language. How do certain words influence our thoughts and actions? Why are some words considered “bad” and others “good?” Are there any words that you strongly associate with substance use? How can you use your word choices to harm or support others? How can you use your word choices to harm or support yourself?
 4. Make a list of activities to do instead of using drugs. What can you do when you’re faced with cravings? What can you do to prevent cravings in the first place?
 5. Write in stream of consciousness form for a period of time. Write down whatever comes to mind, even if it’s “I can’t think of anything to write;” just put pencil to paper and see what emerges. Everyone has the opportunity to share his or her writing when the time is up.
 6. Make a list of the best moments in your life. Make a list of the worst moments of your life. What made them good or bad? Can you identify any patterns or similarities between the events?
 7. What words would you use to describe yourself? What words would others use to describe you? What words would you use to describe an ideal person? How and why do these descriptions differ?
 8. Play charades; practice expressing yourself without speaking. Discuss the importance of body language.

9. Participate in a role-playing mock interview. Play the role of someone who has been affected by your substance use (ex. a mother, a daughter, a friend, etc.) Others in the group will ask questions and you should answer in character. Discuss the importance of empathy and “walking a mile in someone else’s shoes.”
10. Discuss the importance of nutrition. What are your nutrition goals? **W**hat are you currently doing to achieve these goals? What can you do in the future? What should you stop doing? Would you say you have a healthy relationship with food? Why or why not?



11. Discuss the importance of physical fitness. What are your fitness goals? What are you currently doing to achieve these goals? What can you do in the future? What should you stop doing? Would you say you currently have a healthy fitness regimen? Why or why not?
12. Discuss the importance of sleep. What are your sleep goals? What are you currently doing to achieve these goals? What can you do in the future? What should you stop doing? Would you say you currently have a healthy sleep regimen? Why or why not?
13. Discuss the importance of self-care. What are your self-care goals? What are you currently doing to achieve these goals? What can you do in the future? What should you stop doing? Would you say you currently have a healthy self-care regimen? Why or why not?
14. Make a list of your bad habits. What makes them bad? What can you do instead when you are tempted to engage in the habit? Discuss ways to replace the bad habits with healthier ones.
15. Practice anger management skills. What makes you angry? What can you do to prevent getting angry? What can you do to keep your anger under control?
16. Discuss forgiveness. Is there anyone in your life that you would like to forgive? What would you say to them in that scenario? What would you like them to know? How would you like them to respond?
17. Learn about and discuss the effects of opioids.
18. Take turns playing an instrument that can be passed around the group, such as the Tibetan singing bowl.
19. Create a group story word by word. Everyone should sit in a circle and contribute one word to the story during their turn. For example, the first person might say "birds," and the second might say "flew," and the third might say "by," and the fourth might say "my," and the fifth might say "window," etc.
20. Share a song with the group that has real meaning for you and explain why. Listen to the meaningful songs that others bring to the group and appreciate that everyone derives inspiration from different sources.
21. Practice meditation: close your eyes, breathe deeply, and try to clear your mind.

22. Tense up all of your muscles then progressively relax them. Discuss the impact of stress and the importance of letting it go.
23. Take turns sharing a personal, emotional story. The others in the group should try to identify the emotions you felt. Discuss the difficulty of identifying emotions, both personally and externally.
24. Create a group scene through imagination. Pick a location and ask each individual to describe a different element of the scene to make it more visible to everyone. For example, if the scene takes place in a park then one person might say they can smell cut grass, and another might say they can see children playing on a swing set, and another might say they can taste mint chocolate chip ice cream, etc.
25. Discuss where you think you are in your recovery journey. Talk about what you've accomplished and what you would like to accomplish in the future. Ask everyone else what he or she thinks you've accomplished and what they would like to see you accomplish in the future.
26. Learn about and discuss the neuroscience of addiction.
27. Work through the famous trolley thought experiment as a group: in short, would you pull a lever that would save the lives of five people on a runaway train if it meant that you would be responsible for diverting the train onto another track on which it would run over one person? This prompts discussion of morals and ethics while encouraging people to think critically and voice their opinions in a constructive manner.
28. Everyone should anonymously write a fear on a piece of paper and put it into a bowl. The bowl should then be passed around the group and each individual should draw a piece of paper and talk about the fear they selected. How do you think the person who wrote on that piece of paper developed their fear? Do you share the same fear? Can you think of any ways to conquer that fear or turn it into something constructive? Do this exercise with other emotions and scenarios as well to further practice empathy.
29. The group leader should write different labels on nametags and stick one on the back of each individual. Labels can include things like addict, criminal, arrogant, depressed, liar, rich, poor, sick, stupid, etc. Then everyone should walk around the room treating each other according to their label. Each person has to figure out what their label says by the way that people are treating them. This is a great way to examine stereotypes and treatment of others.

Feedback Formula

We use "I" Statements

(examples)

When I see you....

When I hear you...

When I watch you...

I make up that _____

And about that I feel _____

Do you have a need that you want to express? _____

"Right now I feel..."

Joyful	Tenderness	Helpless	Defeated	Rageful
Cheerful	Sympathy	Powerless	Bored	Outraged
Content	Adoration	Dreading	Rejected	Hostile
Proud	Fondness	Distrusting	Disillusioned	Bitter
Satisfied	Receptive	Suspicious	Inferiour	Hateful
Excited	Interested	Cautious	Confused	Scornful
Amused	Delighted	Disturbed	Grief-stricken	Spiteful
Elated	Shocked	Overwhelmed	Helpless	Vengeful
Enthusiastic	Exhilarated	Uncomfortable	Isolated	Disliked
Optimistic	Dismayed	Guilty	Numb	Resentful
Elated	Amazed	Hurt	Regretful	Trusting
Delighted	Confused	Lonely	Ambivalent	Alienated
Calm	Stunned	Melancholy	Exhausted	Bitter
Relaxed	Interested	Depressed	Insecure	Insulted
Relieved	Intrigued	Hopeless	Disgusted	Indifferent
Hopeful	Absorbed	Sad	Pity	
Pleased	Curious	Guilty	Revulsion	
Confident	Anticipating	Hurt	Contempt	
Brave	Eager	Lonely	Weary	
Comfortable	Hesitant	Regretful	Bored	
Safe	Fearful	Depressed	Preoccupied	
Happy	Anxious	Hopeless	Angry	
Love	Worried	Sorrow	Jealous	
Lust	Scared	Uncertain	Envious	
Aroused	Insecure	Anguished	Annoyed	
Tender	Rejected	Disappointed	Humiliated	
Compassionate	Horrified	Self Conscious	Irritated	
Caring	Alarmed	Shamed	Aggravated	
Infatuated	Shocked	Embarassed	Restless	
Concern	Panicked	Humiliated	Grumpy	
Trust	Afraid	Disgraced	Awkward	
Liking	Nervous	Uncomfortable	Exasperated	
Attraction	Disoriented	Neglected	Frustrated	



Eastern Oregon Recovery Center

Substance Abuse Services

Individual Grievance Form

After reviewing EORC Individual's Rights, please indicate which Individual Right(s) you believe was violated and why:

Describe what happened (If needed, attach additional information to this form):

When and where did it happen? _____

Who was involved and how were they involved? _____

Name(s) of witness(es): _____

Discuss the details of any attempts made to resolve the grievance with the person(s) involved:

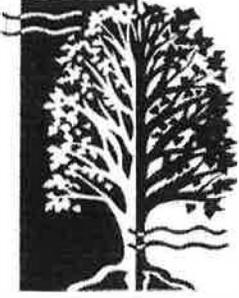
What are your expected outcomes from this grievance? _____

Grievance Signature: _____

Printed Name: _____

Date: _____

**** Please ensure that completed form is provided to the Administrative Director & Clinical Supervisor ****



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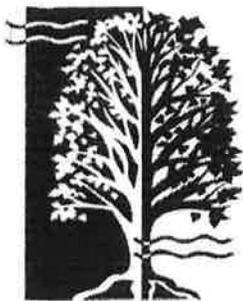
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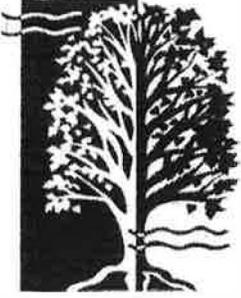
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