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## DISCLAIMER

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Yale University, its governors, officers and employees, shall not be liable for any diagnostic or treatment decision made in reliance on any information provided in HHRP manuals, workbooks, training materials, or on the 3-S website.

## PREFACE

The goal of HHRP is to help you make certain decisions about your life, especially decisions that can affect your health. Some people who are struggling with addiction feel powerless; they think there is nothing they can do to stay healthy, and so continue to use drugs. In fact, there are many things you can do to lead a healthy, fulfilling life. Each chapter in this workbook provides a detailed description of the material that will be presented in each HHRP therapy group, as well as relevant hand-outs and practice exercises. Material is provided in detail to help you to remember the material and to use it in your daily life.

The HHRP workbook is for individuals who have entered an addiction treatment facility and have been accepted for membership in HHRP. HHRP membership requires a commitment to reducing harm, promoting health, and improving the quality of life. If you are ready to make this commitment, sign the membership contract on the following page and begin your journey.

# Welcome to HHRP

# HHRP MEMBERSHIP CONTRACT

1. I understand that this phase of my treatment program will last \_\_\_\_ weeks, and I agree to participate for that length of time. Although I am free to withdraw from the program at any time, I agree to discuss this decision with my counselor prior to taking this action.
2. I agree to attend all group and individual sessions (if they are offered in my facility), to be on time, and to bring my Client Workbook with me to each session. I will also call if I am going to be late.
3. I agree not to disclose the identity of any other HHRP member, nor will I disclose the details of any personal information revealed by other HHRP members during groups.
4. I understand that this treatment is intended for people who are committed to being abstinent from all illicit drugs, and who want learn how to make healthy lifestyle choices. I understand that I must work hard on my recovery in order for this program to be helpful to me.
5. I understand that I will be expected to openly discuss with my counselor any other behavior that may risk my health or the health of others, including unsafe sexual behavior and sharing of drug paraphernalia (“works”).
6. I understand that HHRP recommends a team approach to my treatment. If possible, I will involve my “significant other,” friend, or family member in my recovery—someone who is willing to help me with my recovery plan outside of this treatment program, and I agree to permit my counselor to communicate with this person and with my other health care providers for the purpose of coordinating my treatment.

\*\*\*\*\*

I have reviewed the above statements with my counselor and I request to be enrolled as a member of the Holistic Health Recovery Program (HHRP).

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor signature \_\_\_\_\_ Date \_\_\_\_\_

***Congratulations, you have been accepted for membership in HHRP.***

Your group sessions begin at \_\_\_\_\_ (time) and end at \_\_\_\_\_ (time) on \_\_\_\_\_ (day) and meet at \_\_\_\_\_ (location). Your next individual session with your counselor is at \_\_\_\_\_ (time) on \_\_\_\_\_ (date)

Counselor’s name \_\_\_\_\_ (print) Telephone No. \_\_\_\_\_

# HHRP

*This Workbook belongs to*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

## *Emergency Phone Numbers*

Emergency: \_\_\_\_\_

Doctor: \_\_\_\_\_

Next-of-kin: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Counselor: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Other: \_\_\_\_\_

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# Weekly Schedule

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## Acknowledgements and References

*This manual-guided Holistic Health Recovery Program (HHRP) was made possible by grants to:*

Yale University School of Medicine from the National Institute on Drug Abuse, National Institutes of Health (DA-00277, DA10851, and P50-DA09241). The individuals listed below participated in the development and/or evaluation of HHRP:

**Principal Investigators:** S. Kelly Avants, Ph.D. and Arthur Margolin, Ph.D.;

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Program staff: Doug Gruber, Lenore Hammers, Jennifer Johns, Margery Mills, Brian Sibilio, Stacey Thomas, Joanna Vincent, Amy Weiss, June Marie Weiss.

We also thank Dominick DePhillippis, Ph.D., Elizabeth Boback, Sarah Carney, Connie Nickou, Psy.D., and Kim Sass, Ph.D. for their contributions to an earlier version of this treatment manual, and Mark Saba and Wendolyn Hill of Med Media Services at the Yale University School of Medicine.

Finally, we gratefully acknowledged the invaluable contributions and support of the staff and clients of the APT Foundation, Inc., New Haven, CT.

This treatment manual encompasses diverse approaches to substance abuse treatment and incorporates cognitive remediation strategies more commonly used with individuals with mild head injury. The techniques and treatment approaches used in this manual were adapted from a number of sources including those listed below:

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