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## DISCLAIMER

Therapy manuals, workbooks, and training materials are for educational purposes only and do not constitute medical advice. They are provided to health care professionals as a free service. They were developed by faculty at Yale University School of Medicine, Department of Psychiatry, in NIDA-funded behavioral therapies development projects. Provision of these manuals, workbooks, and training materials does not imply endorsement by Yale University, nor does Yale University offer any certification for those who have studied or adopted this treatment approach. Individuals interested in participating in this program should do so only in consultation with their health care provider and as a supplement to conventional psychological and medical treatment. This program is not suitable for individuals with psychotic or dissociative disorders or other serious psychiatric illnesses. The skills training approach used in this program is not conducive to an in-depth exploration of past and present psychological issues, and so is not a good match for individuals exclusively seeking psychodynamic psychotherapy. Medical advice should never be disregarded or delayed because of something read in an HHRP manual or workbook, viewed on the 3-S website ([www.3-S.us](http://www.3-S.us)), or learned through participation in the HHRP program. Individuals should always contact their physician or other qualified health care provider with any health-related questions they may have.

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<sup>+</sup> is to help you make certain decisions about your life, especially decisions that can affect your health. Some people who are struggling with addiction and are infected with HIV 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<sup>+</sup> 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<sup>+</sup> workbook is for individuals who have entered an addiction treatment facility and have been accepted for membership in HHRP<sup>+</sup>. HHRP<sup>+</sup> 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<sup>+</sup>

**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. \_\_\_\_\_



*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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