Trillium Gift of Life Network

Relapse Prevention Manual

for those with Alcohol-associated Liver Disease (ALD)

(revised 2025)

Acknowledgments

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Land Acknowledgment

Ontario Health (Trillium Gift of Life Network) operates to ensure equitable access to transplantation through the development of standardized referral and listing criteria for tissues and organs. In 2017, representatives from the Ontario liver transplant programs worked together to review liver transplant eligibility requirements for those with alcohol-associated liver disease (ALD). Found through this review was evidence that certain transplant requirements could be amended to allow better equity to liver transplant for those with ALD. A pilot program was initiated following this review that offered ALD patients access to counselling for their alcohol use. Participation in counselling contributed to a reduction in the return to alcohol use post-transplant (Carrique et al., 2021). The change in requirement and programming for those with ALD is how this manual came to be.

Understood is that disparities in access to liver transplant exist in relation to more than just ALD. It is known that race, gender and socioeconomic status contribute to these disparities across North America (Lai, Pomfret, & Verna, 2022; Nephew & Serper, 2021; Rosenblatt et al., 2021). In Canada, it is recognized that Inuit, Métis and First Nations peoples suffer disparate access to diagnosis and treatment for end-stage organ failure and transplant regardless of the underlying cause of their liver disease due to a multitude of factors, some related to the intergenerational impacts of colonialism (Tait, 2022).The Canadian Liver Foundation states that “inequity in terms of transplantation and the Indigenous community is concerning and the reasons must be determined and ameliorated” (Yoshida, Hussaini, & Chahal, 2022).

Ontario is acknowledged as the traditional unceded territory of 13 First Nations peoples. These Nations are the Algonquin, Mississauga, Ojibway, Cree, Odawa, Pottowatomi, Delaware, and the Haudenosaunee (Mohawk, Onondaga, Onoyota’a:ka, Cayuga, Tuscarora, and Seneca) (Spotton, n.d.). Recognized is that Indigenous people have a longstanding relationship to this land, that 46 treaties and agreements cover the territory that is now called Ontario, that it is the responsibility of all people to develop an awareness of the harms that have been, and continue to be, inflicted on Indigneous people and that it is important to understand one’s contribution to that harm in order to advance reconciliation.

Ontario Health is committed to equitable transplantation for all people and will continue to strive to improve requirements for transplantation to reflect this.

“Do the best you can until you know better. Then when you know better, do better.”

- Maya Angelou

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About this Manual

What is Relapse Prevention?

Relapse Prevention (RP) refers to a specific treatment intervention used with the intention of minimizing one's risk of returning to alcohol use. You and your counsellor will work together to:

- Build an awareness of emotional states, thoughts, physical reactions and behaviours
- Increase recognition of high-risk situations, as well as the potential negative consequences of encountering them
- Recognize and interrupt automatic behaviour, allowing more opportunity for choice rather than reaction
- Expand a repertoire of coping skills to utilize when "triggered"
- Learn a new way of relating to discomfort, becoming more open, accepting and curious when faced with adversity
- Reinforce confidence in an ability to abstain from alcohol use even when faced with challenging situations

(Bowen et al., 2021)

Where does the idea of Relapse Prevention come from?

Dr. G. Alan Marlatt developed an understanding of relapse prevention in the 1980s. Up until the time of his death in 2011, he was the Director of the Addictive Behaviours Research Centre and a Professor of Psychology at the University of Washington. Dr. Marlatt worked for 30 years in substance use treatment (Bowen et al., 2021). Over time, his work evolved to include mindfulness practices. Mindfulness is "the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us" (Mindful, 2022). The work of Jon Kabat-Zinn and colleagues at the Centre for Mindfulness in Medicine, Health Care and Society at the University of Massachusetts Medical School and the work of Dr. Marlatt has been incorporated into what is now known as Mindfulness-Based Relapse Prevention (MBRP) (Bowen et al., 2021). Throughout this manual, you will be asked to participate in exercises designed to strengthen mindfulness. It may feel uncomfortable at times - especially to start - if you are not familiar with it. If this is the case, we encourage you to just give it a try! If you are already familiar with and comfortable with mindfulness practice, enjoy!

How does this manual work?

Information in this Relapse Prevention manual is separated into ten sessions. The first four sessions are considered the core of this manual. Following session 4 you and your counsellor will decide if it would be beneficial for you to complete sessions beyond the mandatory ones, if it would be wise to seek more specialized counselling elsewhere or if you can be considered "treatment complete" because you've met the minimum treatment expectations from the Liver Transplant Team. Each session will take approximately one hour to review.

The exercises that are contained in each session may be completed during the session or may be assigned to you to complete between sessions. At the end of each session, you will be asked to share one thing that stood out for you and add that to the "thought that stuck" box on the last page of the session. You will also be asked about one thing that you will do or try because of what you learned in the session. Finally, you will be asked to determine your "to-do's" before the next session.

At the back of the manual is your Relapse Prevention Plan (pp. 116-118). You will add to your Relapse Prevention Plan after each session. There is a section of the Relapse Prevention Plan that corresponds to each of the sessions in the manual. After you complete a session, add relevant information to the appropriate section in the Relapse Prevention Plan. In doing this, your Relapse Prevention Plan will be complete once you've completed review of the manual.

The sessions that are included in this manual are consistent with what Daley & Marlatt (2006) consider the most common reasons for returning to alcohol use – challenging emotional states (including, anxiety, depression, anger, guilt, shame, grief and boredom) and social pressures to use alcohol.

When do I start review of this manual?

Review of this manual can begin as soon as it has been recommended by the liver transplant team, and is appropriate given your physical and cognitive status. Some pre-transplant patients may be too physically unwell to participate fully, but may be provided introductory information about Relapse Prevention as a treatment intervention as they await transplant. Those pre-transplant patients who are physically well enough to participate will be asked to complete review of the manual while they are on the transplant waiting list. Other patients will be asked to complete review of the manual before being listed. Completing review of the Relapse Prevention Manual will often remain a recommendation for patients that are well enough to avoid transplant altogether.

Is this manual all that I will need?

In a lot of ways, this manual is only an introduction to behaviour change more generally, and as it relates to alcohol use. There is a plethora of resources on the topics reviewed in this manual. You are encouraged to seek out those resources both during review of this manual and to follow it. Additional or further professional help may also be recommended.

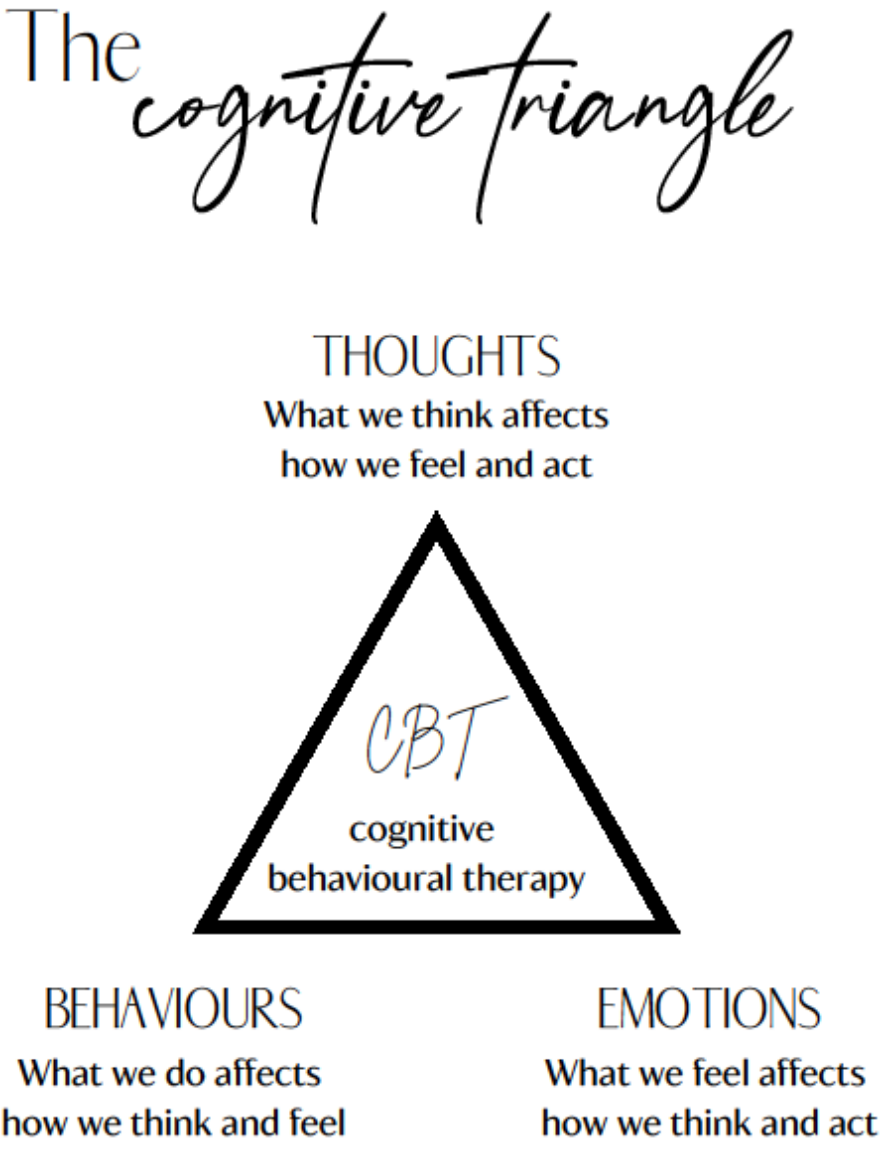
Is there a fee associated with reviewing this manual?

There is no fee associated with reviewing the Relapse Prevention Manual. Counselling services are funded through the Trillium Gift of Life Network (TGLN) (Ontario Health).

What kind of counselling is offered to me through this manual?

The counselling offered through this manual is rooted in Cognitive Behavioural Therapy (CBT). CBT is a structured, time-limited, problem-focused and goal-oriented form of

psychotherapy (Canadian Association of Mental Health, 2022). In CBT, you learn to identify, question and change the thoughts, attitudes, beliefs and assumptions related to your problematic emotional and behavioural reactions to certain kinds of situations (Rector, 2010).



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Self-Monitoring Record

The Self-Monitoring Record (adapted from Jaffe et al., 1988) is an exercise based on CBT principles that can assist you in breaking down your thoughts, feelings, and behaviours so as to understand how they may be tied to your triggers to use alcohol. This activity can be used throughout your journey with this manual and beyond. It can be reviewed in formal settings with a counsellor or used as an informal check-in with yourself, a trusted family member or friend. (A larger copy can be found as Appendix A.)

Self-Monitoring Record

Trigger	Emotion	Body Sensation	Thought	Behaviour	Coping Strategy	Consequence (positive and/or negative)

Use of Language

In January 2020, the Public Health Agency of Canada released guidelines regarding the use of language related to substance use. Understood is that ongoing use of certain language can contribute to stigma and discrimination. Stigma is known to lead to "poorer quality of care, negative health outcomes and significant social and health inequities" (Public Health Agency of Canada, 2020). Person-first language is used to put a person before their diagnosis, describing a condition a person "has" rather than asserting what a person "is". This is the preferred form of language when referring to someone with an alcohol use disorder, and their related behaviour, according to the Public Health Agency of Canada. Below are a few examples taken from their publication. The complete guide can be found by following this link: https://www.canada.ca/en/public-health/services/publications/healthy-living/communicating-about-substance-use-compassionate-safe-non-stigmatizing-ways-2019.html.

Say This …	Avoid This …
People with an AUD or People who use substances	Alcoholics
People with lived experience of an AUD	Former alcoholics
Using/used alcohol, intoxicated, inebriated, binge drinking, heavy episodic drinking	Jargon, such as: blasted, ripped, loaded, hammered et.
Alcohol	Booze
Recurrence of substance/alcohol use	Relapse, lapse, slip, on/off the wagon, used again, setback
Opted not to/choosing not to [receive care/particular service] Not ready at this time to consider recovery options Experiencing barriers to accessing services	Non-compliant, unmotivated, resistant
Positive or negative drug/urine test	Clean or dirty/failed drug/urine test

Session 1:

The Liver, Alcohol-associated Liver Disease (ALD) & Alcohol Use Disorder (AUD)

"Whenever the brain and the heart fight it's always the liver that suffers." – anonymous

Session 1: The Liver, Alcohol-associated Liver Disease (ALD) & Alcohol Use Disorder (AUD)

The Role of the Liver

The liver has many important functions in the body including the production of cholesterol and special blood proteins that help carry fats through the body, the regulation of blood levels of amino acids which form the building blocks of proteins, the production of certain proteins for blood plasma, the conversion of excess glucose into glycogen for storage, the processing of hemoglobin for use of its iron content, the conversion of poisonous ammonia to urea (to be excreted in the urine), the regulation of blood clotting, the creation of immune factors which help to remove bacteria from the bloodstream, the production of bile which helps to carry away waste and break down fats in the small intestine, the clearance of bilirubin as a breakdown product of red blood cells and clearing the blood of drugs and other poisonous substances (John Hopkins Medicine, 2022). The liver acts like a filter processing everything we eat, drink, and breathe.

Alcohol-associated Liver Disease (ALD)

Alcohol is a toxin that directly impacts our central nervous system functions. When your liver is overworked from consuming too much alcohol and therefore processing more than it can handle, the stress on the liver can result in fatty buildup and scarring. The damage may go unnoticed until it results in alcohol-associated liver disease (ALD). The progression of liver disease is as follows: hepatitis, fatty liver, fibrosis and cirrhosis. Cirrhosis refers to the accumulation of scar tissue on the liver and symptoms include accumulation of fluid in the abdomen (ascites), high blood pressure in the liver (portal hypertension), bleeding from veins in the esophagus (varicies), and confusion and behaviour changes (encephalopathy) (Kumar, Abbas, & Aster, 2017).

Alcohol Use Disorder (AUD)

Some people with ALD may have been diagnosed with an Alcohol Use Disorder (AUD). AUDs are diagnosed by medical professionals according to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V) and are sub-classified as mild, moderate or severe. Below are questions that you can ask yourself to gauge whether or not you have/had an alcohol use disorder, and how severe it is/was. Attempt to answer the questions without judgment or blame, but simply as a means to develop greater awareness of yourself and your behaviours as they relate to alcohol use.

Do you/did you …

1. Continue to use alcohol even when it caused relationship problems?	Yes / Maybe / No
2. Want to cut down on alcohol, but have difficulties doing so?	Yes / Maybe / No
3. Have cravings or urges for alcohol?	Yes / Maybe / No
4. Consume more alcohol or for longer periods of time than intend(ed)?	Yes / Maybe / No
5. Spend a lot of time getting alcohol, consuming alcohol or recovering from alcohol?	Yes / Maybe / No
6. Not managing your responsibilities at home, work or school because of alcohol use?	Yes / Maybe / No
7. Give up important social, work or leisure activities because of alcohol use?	Yes / Maybe / No
8. Use alcohol again and again even when it put you in danger?	Yes / Maybe / No
9. Continue to consume alcohol even though your physical or emotional health is worse from it?	Yes / Maybe / No
10. Need to consume more alcohol to get the desired effects from it?	Yes / Maybe / No
11. Have withdrawal symptoms (nervousness, irritation, headaches, depression, sweating, heart racing or tension) when you don't consume alcohol for a while, and then these go away when you return to it?	Yes / Maybe / No

Your AUD disorder may be *mild* if you said "yes" or "maybe" to just two or three of the questions; *moderate* if four or five; and *severe* if six or more.

(Najavits, 2019)

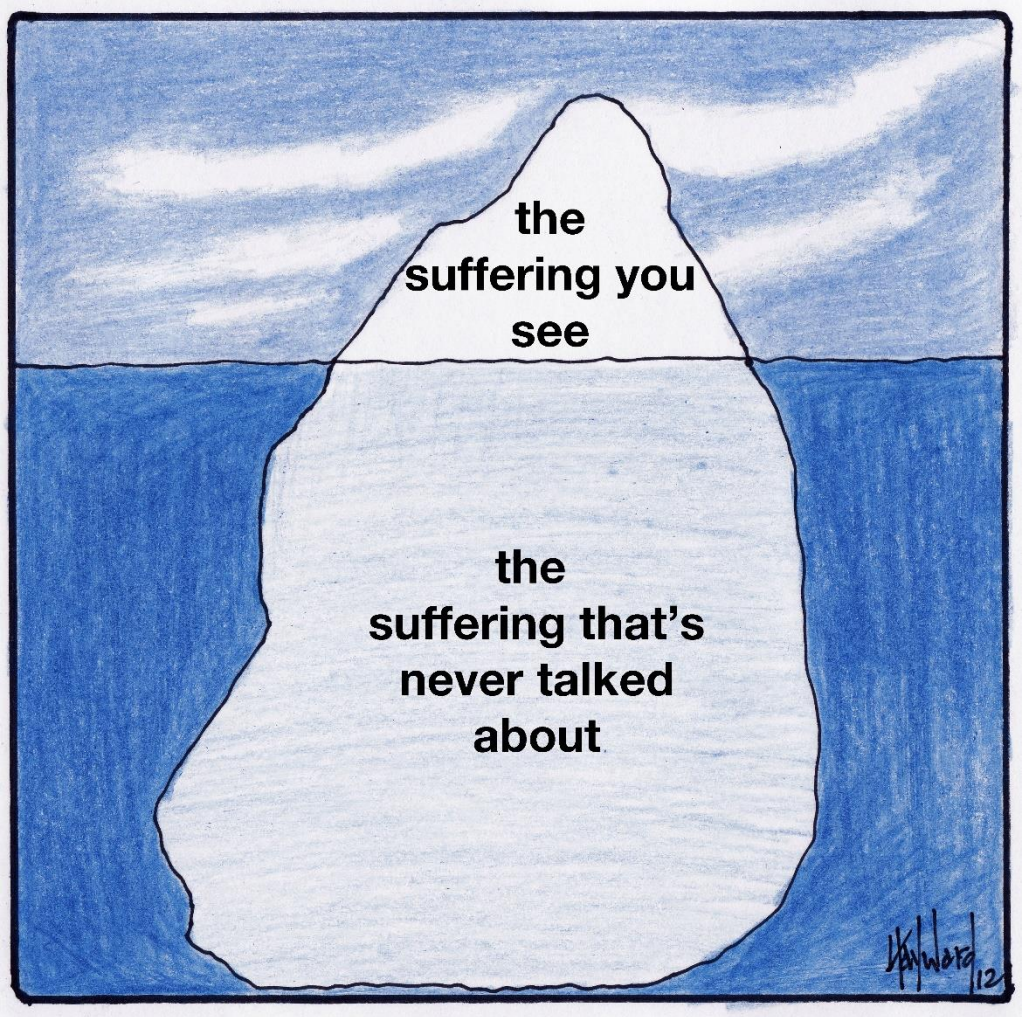
Current Theoretical Understanding of AUD

The biopsychosocial theory is the prevailing theory in the field of substance use and addiction that helps to understand the reason for substance misuse. A biopsychosocial view of alcohol use provides a holistic, personalized approach to understanding alcohol use by looking at how an individual interacts with their environment. This approach views the biological components (genetics, inheritance, and temperament), the psychological components (individual) and the social components (family, community, work, peers, etc.) of the individual in an ongoing, interactive manner. This view helps to provide context as to how an individual becomes involved in substance use, how they stay involved, why the behaviour intensifies, how the behaviour is stopped, and why it may restart again. In this way, the biopsychosocial model of addition explains all five dimensions related to substance use and is therefore considered an acceptable theory (Csiernik, 2016).

AUD & Experiences of Trauma

Traumatic events from our childhood, such as abuse or neglect will impact us into adulthood if left unaddressed. Individuals that have had difficult childhoods may turn to alcohol use to cope with these experiences. Events in our adult life can also lead individuals to alcohol as a way to cope with distressing events, such as divorce, the death of a loved one, or job loss (META:PHI, 2019).

The Iceberg Analogy of Addiction is often used to illustrate that various forms of trauma that contribute to AUD. What other people see in terms of problematic behaviours related to AUD is often just the tip of the iceberg. However, represented by the larger part of the iceberg are the various traumatic experiences one has had throughout their lifetime that may have contributed to their use of alcohol. Because these are "under the surface," they generally remain hidden. Are there any traumatic experiences that might make up the larger part of your iceberg?



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Alcohol's Effects on the Brain

Alcohol is considered a psychoactive substance. Psychoactive refers to anything that affects the brain and therefore how the brain functions. Examples of other psychoactive substances are caffeine, nicotine, cocaine, opiates and cannabis. Because of their effect on the brain, psychoactive substances cause changes in awareness, thoughts, feelings and/or behaviour. There are various classifications of psychoactive substances. Alcohol is classified as a "depressant" (Csiernik, 2016).

Alcohol achieves its effects as a depressant in two ways – one is to increase the neurotransmitter Gamma-aminobutyric Acid (GABA), and the other is to suppress the neurotransmitter glutamate (Sachdeva, Choudhary, & Chandra, 2015). Neurotransmitters are chemical messengers that allow communication from one cell in the brain to another. The neurotransmitter GABA promotes communication that counteracts feelings of anxiety in relation to awareness of danger or a threat. GABA is the body's natural calming agent (Csiernik, 2016). The neurotransmitter glutamate promotes communication that facilitates learning and memory. Glutamate excites the cells of the brain to ensure the chemical message continues unimpeded (Csiernik, 2016). GABA and glutamate are meant to exist in a state of balance in the brain; however, because alcohol increases GABA and suppresses glutamate, the natural balance is disrupted with alcohol use (Csiernik, 2016).

When alcohol is used chronically, the body responds to the imbalance of GABA and glutamate by finding ways to increase glutamate (it increases glutamate production and upregulates NMDA receptor sites for the binding of glutamate). When alcohol is suddenly stopped it is this increased glutamate that contributes to the experience of sweating, rapid heartbeat, tremors, seizures and delirium (fever, restlessness, illusions and incoherent thought and speech) (Sachdeva, Choudhary, & Chandra, 2015).

Alcohol also increases the neurotransmitter dopamine. Dopamine is involved in the experience of satisfaction, motivation and pleasure. Several systems in the brain respond to dopamine, but it is the mesolimbic system in the brain that dopamine appears to have a particular influence over. The mesolimbic pathway (otherwise known as the reward pathway) uses dopamine as a chemical messenger to connect several different parts of the brain (Csiernik, 2016). Hallucinations and autonomic hyperarousal (flashbacks, panic attacks and sleep disorders) are the result of increased dopamine caused by alcohol use when alcohol consumption is abruptly stopped (Sachdeva, Choudhary, & Chandra, 2015).

The part of the brain that uses dopamine and that is most important in understanding addiction is called the striatum. The striatum has two main parts –the *nucleus accumbens* and the *dorsal striatum*. The nucleus accumbens is largely responsible for impulsive behaviour and the dorsal striatum controls habits (Korb, 2015).

The nucleus accumbens chooses what to do based on what's the most immediately pleasurable. It learns what is pleasurable and how to anticipate getting it. The anticipation of pleasure motivates behaviour in the direction of what is pleasurable, releasing a little bit of dopamine with each step to propel the action forward. The nucleus accumbens then reinforces the repetition of what is pleasurable and lends itself to the creation of habits (Korb, 2015).

The dorsal striatum is not "rational" and as such, does not distinguish between good and bad habits. Dopamine is released in the dorsal striatum, but it doesn't contribute to a sense of pleasure, it just compels action. Once habits are in the dorsal striatum, they no longer need to be reinforced by pleasure. The dorsal striatum engages in actions simply because they have been done so many times before. This is the reason bad habits, such as alcohol consumption, are so hard to change even when they are no longer providing a sense of pleasure (Korb, 2015).

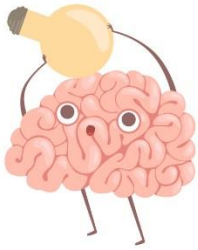
To make behaviour change to a bad habit, such as alcohol use, the striatum requires another part of the brain to intervene – the *prefrontal cortex*. The prefrontal cortex is the conscious "thinking" part of the brain, while many other parts of the mesolimbic system or reward pathway are unconscious. The prefrontal cortex is responsible for planning, decision making and controlling impulses. It is what affords us the "willful" capacity to consciously and deliberately overcome a bad habit (Korb, 2015).

The prefrontal cortex uses the neurotransmitter serotonin for impulse control. Serotonin improves willpower, motivation and mood. Sunlight, exercise, massage, gratitude and many other things can help increase serotonin and can help with impulse inhibition (Korb, 2015). Inhibiting impulses is can be taxing both physiologically and emotionally, however. Relying less on the prefrontal cortex to inhibit impulses by programming new habits into the dorsal striatum is a more effective way of sustaining behaviour change in the long-term (Korb, 2015).

New habits are created by repeating them over and over again until they are encoded in the dorsal striatum. Coping strategies are useful in the development of new habits. This manual is designed to assist you in learning new coping strategies to better equip you in creating new habits! Know that it often takes time, patience and a lot of practice to program new habits into the dorsal striatum (Korb, 2015).

Now you know about some of the parts of the brain that are important for behaviour change related to alcohol use – the prefrontal cortex, the nucleus acumbens and the dorsal striatum. The handout on the next page mentions these, as well as a few other parts of the brain. Those parts you will be introduced to a little later in the manual!

PARTS OF THE BRAIN



PRE-FRONTAL CORTEX

Helps us make good choices. Responsible for rational thinking, problem solving, reasoning, decisions, and planning.

NUCLEUS ACCUMBENS

Largely responsible for impulsive behaviour. Encourages action based on what's the most immediately pleasurable.

DORSAL STRIATUM

Compels action based on habits. Does not distinguish good habits from bad habits.

AMYGDALA

Responsible for detecting threat or danger. Activates fear-related behaviours.

HYPOTHALAMUS

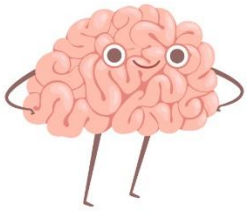
Maintains homeostasis by regulating temperature, sleep, appetite, thirst and sex drive. Controls the body's stress response.

HIPPOCAMPUS

Formulates, organizes and stores memories and connects them to sensations. Important for learning.

ANTERIOR CINGULATE

Decides what to pay attention to, monitors performance and detects errors. Involved in awareness and expression of emotion.



INSULA

Processes sensory information and integrates this with emotion. Responsible for bodily awareness and the experience pain.

How Behaviour Changes

In addition to learning new coping strategies, there are many different ways that people change their behaviours related to alcohol use, or any other problematic behaviour. Described below are seven different methods (adapted from Najavits, 2019). Circle those methods that most apply to you. The idea is to use as many methods as you can to make and sustain any desired behaviour changes.

Quantum Change – A sudden, dramatic and permanent change where behaviour is forever split into the categories of 'before' and 'after' in a matter of moments. An experience of a major consequence of alcohol use such as getting into a car accident while impaired, losing a job or becoming incarcerated can result in quantum change. It is often referred to as "hitting rock bottom."

Coercion – Mandatory treatment as directed by the criminal justice system, a physician or a family member may be the method by which people change. It is said that those who are mandated to receive treatment do just as well as those who attend voluntarily. Some say that mandated treatment was the best thing that could have happened to them.

Consequences – Life provides many consequences to behaviour – some fair, and some unfair. Those that sustain behaviour change using consequences at least in part, readily observe the impact of their behaviour and attempt to avoid negative consequences, gaining reward instead, as much as possible.

Relationship-Based Change – Behaviour change is motivated in the presence of a caring relationship. This can be a relationship where you are being cared for – family, friends, counsellor, self-help group or spiritual community – or where one is in a position to care for others – becoming a parent, a sponsor or a peer support person.

Physically-Based Change – An improved mind-body connection through medication (anti-craving or psychiatric medications), body therapies (eg. exercise, yoga, message and qigong, etc.) or other strong physical experiences can provoke behaviour change. For some people, the physical realm is more appealing than verbal approaches.

Creativity – Engaging in various forms of creativity can allow access to parts of oneself that are otherwise inaccessible and can assist in the healing of emotional pain. Creativity can occur through traditional arts such as painting, writing and theater, as well as through intellectual work or spiritual pursuits. It offers a sense of play by engaging in different perspectives and ways of expression.

Grieving – Many people who have struggled with alcohol use have experienced various losses – the loss of relationships, work or career opportunities, finances, time and physical health. Some may have experienced grief from the death of someone they cared about. Allowing oneself to grieve these losses can contribute to beahviour change.

AUD Treatment Options

Treatment comes in many forms, and each individual will need to find the path that is right for them. Below are some options to explore. There is no one right treatment path for everyone. You and your healthcare team should discuss which treatment or combination of treatments would be helpful for you.

Anti-alcohol (craving) medications, like naltrexone, acamprosate, baclofen, topiramate, gabapentin and ondansetron, are an effective way for people to stop or reduce their drinking. These medications work directly on the reward centre of the brain to reduce the pleasurable effects of alcohol, cravings, and the withdrawal symptoms that accompany your first few days and weeks of sobriety (like anxiety and insomnia). Medication usually makes other types of treatment, like counselling, much more effective by removing the distraction of cravings (Goh & Morgan, 2017).

Community withdrawal management services support individuals in getting through the acute phase of withdrawal (approximately the first 6-96 hours) safely. Services may be offered as part of residential treatment, via telephone if the individual prefers to be in the comfort of their own home or as a stand-alone service. Medications may or may not be available as part of the withdrawal management service.

Community treatment involves regular one-to-two-hour individual or group counselling sessions where an individual learns strategies to assist in making behaviour changes related to substance use and to help resolve underlying issues surrounding substance use.

Community day or evening treatment offers a structured schedule of counselling activities that take place over the day or in the evenings. Individuals reside at home during the course of treatment, traveling from home to treatment and then back again each day. Community day or evening treatment programs are generally offered each day during the week for a 1-2 week period of time.

Residential treatment consists of a scheduled program of counselling and other activities. Individuals reside on-site and have access to 24-hour support. Residential treatment programs differ in the length of programming that they offer (generally anywhere from 18 – 365 days).

Peer Support Groups, such as Community Addictions Peer Support Association (CAPSA), Self-Management and Recovery Training (SMART) Recovery Alcoholics Anonymous or Celebrate Recovery are run daily in several cities worldwide. Anyone can attend meetings, there are no waitlists, assessments or entry requirements. Many individuals report that the program provides structure in their day, and connects them to peers with similar experiences.

Please write below one “thought that stuck” from today’s session, one thing that you will do or try because of what you learned in session and your “to dos” before the next session. Then complete the “session 1” portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
“Thought that Stuck”	
One thing that I will do or try	
“To dos” before next session	

Session 2:

Identification of Triggers & Introduction to Coping Strategies

"Avoiding your triggers isn't healing. Healing happens when you're triggered and you're able to move through the pain, the pattern and the story and walk your way to a different ending." – Vienna Pharaon

Session 2: Identification of Triggers & Introduction to Coping Strategies

Alcohol use is generally triggered by internal or external factors. Challenging emotional states and their related feelings, thoughts, memories and physical sensations are examples of internal triggers. External triggers for alcohol use include people, places, situations, events and objects. The sight, sound, smell and otherwise experience of objects can also trigger alcohol use even when one has no desire to use alcohol (Daley & Marlatt, 2006).

Consider the famous example of classical conditioning with Pavlov's dogs. Ivan Pavlov noticed that his dogs would salivate when given food. He then experimented to see if they would salivate when experiencing something unrelated to food. Pavlov began ringing a bell at the same time that he fed his dogs food. Eventually, Pavlov rang the bell without presenting the food and noticed that his dogs would still salivate. They did this because they had associated the bell with eating (McLeod, 2021). Similar to this, you may have associated different things with alcohol consumption.

On the next page is a list of internal and external triggers. Take a moment to check all those that you think may be associated with your use of alcohol.

Internal and External Triggers Worksheet

<table>
<tr><th>Internal Triggers</th><th colspan="3">External Triggers</th></tr>
<tr><td rowspan="4">☐ Anxious
☐ Stressed
☐ Worried
☐ Nervous
☐ Inauthentic
☐ Overwhelmed
☐ Afraid
☐ Avoiding
☐ Paranoid
☐ Sad
☐ Depressed
☐ Angry
☐ Frustrated
☐ Irritated
☐ Rebelious
☐ Misunderstood
☐ Embarrassed
☐ Humiliated
☐ Criticized
☐ Pressured
☐ Inadequate
☐ Insecure
☐ Deprived
☐ Neglected
☐ Envious
☐ Jealous
☐ Resentful
☐ Revengeful
☐ Guilty
☐ Shameful
☐ Punishment
☐ Grieving
☐ Bored
☐ Lonely
☐ Disconnected
☐ Detached
☐ Happy
☐ Confident
☐ Excited
☐ Passionate
☐ Aroused
☐ Hungry
☐ Tired</td><td>People</td><td>Places</td><td>Events/Situations</td></tr>
<tr><td>☐ Partner
☐ Family member
☐ Friend
☐ Coworker
☐ Supervisor/ Manager</td><td>☐ Home (alone)
☐ Home (with friends)
☐ Friend’s home
☐ School
☐ Work
☐ Park
☐ Neighbourhood
☐ Beach
☐ Movies
☐ Bars/Clubs
☐ Concert</td><td>☐ Parties
☐ Personal celebrations
☐ Religious gathering
☐ Sporting event
☐ Vacations/Holidays
☐ School (before, during and/or after)
☐ Work (before, during and/or after)
☐ After work get-togethers
☐ Business meetings
☐ Payday
☐ Weekends
☐ Dinner (before, during and/or after)
☐ Date (before, during and/ or after)
☐ Sexual encounter (before, during and/or after)</td></tr>
<tr><td colspan="3">Objects</td></tr>
<tr><td colspan="3">☐ Drinking glass/shot glass
☐ Mixers
☐ Empty bottles
☐ Home bar
☐ Bar fridge
☐ Telephone
☐ Car</td></tr>
</table>

Next, it's important to be able to categorize the triggers you identified as avoidable or unavoidable. Please place the triggers you indicated above into the appropriate boxes below.

Avoidable Trigger	Unavoidable Trigger

For those triggers that are avoidable, is there anything that you need to do to avoid them?

Avoidable Trigger	Strategies Used to Avoid Trigger

For those triggers that are unavoidable, please provide an explanation as to why and how these are triggers for you.

Unavoidable Trigger	Explanation

Strategies for Coping with Triggers

Just as behaviours are learned, they can become unlearned. Over time, Pavlov's dogs learned that they would no longer be presented with food at the sound of a bell and so they stopped salivating. Your triggers for alcohol will become uncoupled with alcohol the longer that trigger is no longer followed by alcohol. The use of coping strategies is often helpful in disassociating a trigger from alcohol use. Below is a list of basic coping strategies that can be applied to many internal and external triggers (adapted from Daley & Marlatt, 2006). They are categorized as environmental, substitute, cognitive, behavioural and interpersonal. Check those you have successfully used in the past, or that you would be willing to use in the future. It is helpful to become comfortable with using strategies from each of the categories below to successfully avoid alcohol use. Most of these strategies are explained in greater detail elsewhere in the manual. They are listed here to get you started!

Environmental Coping Strategies

- Remove alcohol, mixers, empty bottles, favourite drinking glasses and any other object that may cue a craving for alcohol
- Recognize any other object that may elicit cravings (eg. home bar, bar fridge, music player, television, telephone, clock, front porch, back deck, lawn mower, etc.)

Substitute Coping Strategies

- Have an alcohol-free beverage available at home and when attending an event that is often associated with alcohol use
- Treat yourself to a snack or another tangible reward

Cognitive Coping Strategies

- Attempt to bring awareness to the thoughts, feelings and body sensations you are experiencing
- Identify your triggers
- Recognize that emotional states and situations are temporary
- Use a grounding technique to bring you back to the present
- Assess your level of stress
- Differentiate what you are and are not in control of
- Notice negative thinking
- Challenge automatic thoughts
- Focus on positive images related to abstinence from alcohol or negative images related to returning to alcohol use
- Contemplate helpful quotes/self-affirmations
- Think through the behaviour to “play the tape forward”
- Imagine some form of a barrier between you and alcohol such as a “STOP” sign or a brick wall
- Use your imagination to put yourself in a situation where you may be offered a drink and practice saying “No” or rehearse the reason why you are not drinking “I’m driving” or “It makes me sick”

Behavioural Coping Strategies

- Create a schedule of activities
- Establish routine
- Distract yourself with a task or activity
- Enjoy something physical
- Engage in a creative project
- Practice relaxation techniques
- Set specific and realistic goals for yourself
- Read recovery or other literature that you find validating and inspiring

Interpersonal Coping Strategies

- Identify people in your life who are supportive, neutral and undermining to your abstinence from alcohol
- Be intentional about nurturing relationships that are supportive and neutral and create boundaries with those who are undermining
- Engage with peer support as those with experience in avoiding alcohol use can be helpful
- Assess for and avoid high-risk people, places, events and situations
- Be able to identify direct and indirect social pressures to use alcohol
- Create an emergency plan and understand that you can leave situations if the risk of using alcohol is too high or if you are becoming too uncomfortable

COPING SKILLS ALPHABET

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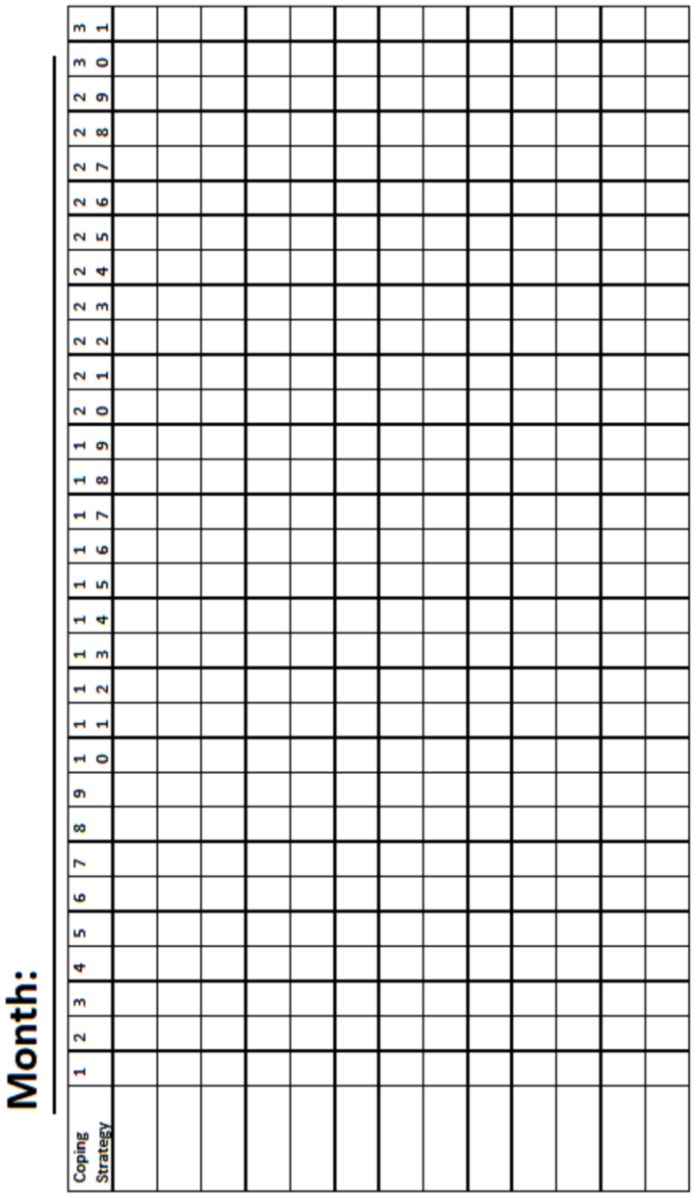
Importance of Routine

Establishing a routine and practicing that routine is paramount in the creation of new habits. Remember that the unconscious part of the brain that propels you towards action based on your habits - the dorsal striatum - does not distinguish between good and bad habits. Below is an example of a helpful tool to use in establishing new habits. List the strategies you'd like to use in the left-hand column and then indicate with a check mark each day throughout a given month that you were successful in using that new strategy. Continue to refer back to this chart as you learn new coping strategies throughout the manual. (A larger copy can be found as Appendix B.)



Through the remainder of the Relapse Prevention Manual, you will learn more specific coping strategies related to the most common internal triggers – anxiety, depression, anger, guilt, shame, grief and boredom - as well as the most common external trigger, social pressure to use alcohol. If your most common trigger is not listed among these, it may be grouped in with one or more of them and you can learn more about coping strategies for that trigger as you review that session. Your counsellor may also veer away from the manual to assist you in coping with your specific trigger(s) before moving on with sessions from this Relapse Prevention manual or you could be referred for more specialized counselling if this manual is deemed insufficient to meet your specific needs.

Use of Self-Affirmation

It is important to pause to reflect on self-affirmation before moving on to the remainder of the Relapse Prevention Manual. Self-affirmation is known to influence both intention and action toward behaviour change (Korb, 2015). When an individual recognizes their positive qualities, their motivation to change increases making habits easier to change! Below is a list of questions related to self-affirmation that have been used in studies on behaviour change according to Korb (2015). Can you answer 'yes' to any of the questions below? Check those that may relate to you, and add any others that apply.

- ☐ Have you ever forgiven another person when they have hurt you?
- ☐ Have you ever been considerate of another person's feelings?
- ☐ Have you ever given money or items to someone less fortunate than you?
- ☐ Have you ever tried to cheer someone up who had a bad day?
- ☐ Have you ever encouraged a friend to pursue a goal?
- ☐ Other _____
- ☐ Other _____

Please share a story that relates to the self-affirmation questions above in the space provided below.

_____

_____

_____

Triggers & Transplant

The transplant process can be triggering in itself. Before transplant, one often experiences uncertainty about their place in the transplant assessment process, results of tests and procedures that have been completed, whether or not they will meet the requirements for waitlisting, and once listed, the length of time they will be on the list until a compatible donor becomes available (Pérez-San-Gregorio et al., 2017). Uncertainty often continues post-transplant in relation to the challenges one may endure post-surgery, the success of the new organ and the body's response to infections and illnesses while immunosuppressed (Lynch, 2019). List below the triggers related to the transplant process that you've experienced so far, as well as the coping strategies you've used so far to help manage your transplant-related triggers.

Transplant-related Triggers	Coping Strategies

In the resource section (pp. 125-129) of this manual are various support groups related to liver disease and liver transplant. Consider engaging with one or more of these as a means of coping with the uncertainties you may be facing with your transplant process.

Please write below one "thought that stuck" from today's session, one thing that you will do or try because of what you learned in session and your "to dos" before the next session. Then complete the "session 2" portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
"Thought that Stuck"	
One thing that I will do or try	
"To dos" before next session	

Session 3:

Social Support & Social Pressures

"I define connection as the energy that exists between people when they feel seen, heard and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship." – Brené Brown

Session 3: Social Support & Social Pressures

Giving into social pressure is the second most common reason a person returns to alcohol use (challenging emotions being the most common) (Daley & Marlatt, 2006). This session is placed early in the Relapse Prevention Manual because of the important role your social support system has in your ability to maintain abstinence from alcohol. Evaluating your social support network, identifying direct and indirect social pressures and determining interpersonal coping strategies are fundamental to behaviour change related to alcohol use.

Evaluating Your Social Support System

Just as identifying social pressures is important, it is also important to be clear about your social support. Below you will see a chart (adapted from Addiction Services of Thames Valley, 2014) in which you may list the various people in your life under the appropriate categories – supporting, neutral and undermining.

- *Supporting people* help you in maintaining your abstinence from alcohol. They truly care, listen without judgement, never offer you alcohol, want to help you get better and believe you about your past trauma.
- *Neutral people* neither help nor harm your abstinence from alcohol. They may be unsure how to support you or may be too involved in their own lives to support you.
- *Undermining people* harm your abstinence from alcohol. They undermine you, criticize your attempts to make a change or to receive help, offer you alcohol when you've asked them not to, abuse you emotionally or physically, blame, judge or tell you to "just get over it" when it comes to your past trauma.

Supporting People	Neutral People	Undermining People

Improving Social Support

Daley and Marlatt (2006) highlight the importance of nurturing one's relationships. Relationships that are nurtured are more satisfying and more supportive. What relationships do you have that need nurturing? What can you do to nurture those relationships?

Relationship that needs nurturing	Things to do to nurture this relationship
1.	
2.	
3.	

Healthy Boundaries

Boundaries are often breached with one's use of alcohol. They are broken with alcohol itself when more alcohol is used than intended or when alcohol is used for longer than intended. Violation of boundaries can also occur against oneself (as in promising yourself you wouldn't do something, but then you do *or* that you would do something, but then deprive yourself), and can of course occur against others (setting up "tests" for other people, intruding into another person's business, trying to control others or being verbally, physically or sexually abusive) (Najavits, 2002). Those that have difficulty setting boundaries tend to violate the boundaries of others. It is important to seek support if boundary violation against oneself (ie. self-harm) or against others (ie. abuse, harassment) is significant. It is also important to seek support when your boundaries are being violated by another person.

Boundaries are unhealthy when they are too close or too distant, when one person or the other has difficulty saying "no" or when they have difficulty saying "yes", when they are too giving or not giving at all, when they trust too quickly or distrust too easily, when they are intrusive or when they don't get involved at all (Najavitz, 2002).

Healthy boundaries allow you to be flexible, connected and safe (Najavits, 2002). Setting boundaries with those people you've identified as "undermining" (from the exercise on the previous page) may be particularly helpful. See examples of healthy boundaries in the handout on the next page.

BOUNDARY SETTING STATEMENTS

I CAN HELP, BUT I CANNOT DO THIS FOR YOU

I WILL NOT ACCEPT YOUR CRITICISM AND YOUR CONDESCENDING ATTITUTE

I AM NOT RESPONSIBLE FOR YOUR EMOTIONS

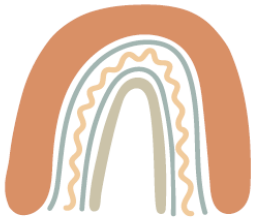
I DON'T FEEL COMFORTABLE WHEN YOU TELL ME HOW I SHOULD THINK OR FEEL

I NEED SOME TIME FOR MYSELF RIGHT NOW, BUT WE CAN DISCUSS THIS LATER

I RESPECT YOUR THOUGHTS ON THIS MATTER BUT IT IS MY DECISION

I UNDERSTAND YOU'RE UPSET BUT IT'S NOT OK FOR YOU TO SPEAK TO ME THIS WAY

NO



I NEED TO COMMUNICATE WHEN WE HAVE A MISUNDERSTANDING

Identifying Direct & Indirect Social Pressures

Direct social pressure exists when others offer you alcohol and try to influence you to consume it; whereas, indirect social pressure exists when others around you are consuming alcohol, but do not directly offer it to you or try to influence you to consume it (Daley & Marlatt, 2006). Both forms of social pressure may affect one's feelings, thoughts and behaviours and may contribute to experiences of awkwardness and discomfort. It is important to be able to identify how the two forms of social pressure present in your life, to become aware of how they influence you and to understand the degree to which you have difficulty coping with the situation.

Social Pressure Situation	Direct (D)/ Indirect (I)	Feelings, Thoughts and Behaviours Related to the Situation	Degree of Difficulty Coping (0-5, with 5 being very difficult)
I am around other people who are drinking.			
Someone who is important to me is still drinking.			
Family members/Friends disapprove of me not drinking.			
Other people feel uncomfortable because I am not drinking.			
People often offer me a drink.			
I am embarrassed to tell other people that I am not drinking.			
Someone I live with is still drinking.			
Most of my close friends drink.			
I go to parties and celebrations where there is drinking.			
I try to help someone who drinks too much.			
I am around drinking at work or school.			
Someone I love drinks too much.			
People pressure me to have a drink.			
People give me a hard time for not drinking.			

Coping Strategies for Social Pressures

Below is a list of strategies for dealing with social pressures (adapted from Daley & Marlatt, 2006). These are consistent with, and in addition to, the interpersonal coping strategies listed in session 2 (p. 28). Check those that you are using or would consider using, and add any others that apply.

- ☐ Be able to identify direct and indirect social pressures
- ☐ Assess for and avoid high-risk people, places, events and situations
- ☐ Be open about your reasons for not drinking
- ☐ Have a readily available "excuse" for not drinking
- ☐ Use positive and negative imagery that keeps you motivated to abstain from alcohol
- ☐ Have a substitute beverage available
- ☐ Be assertive in declining a drink
- ☐ Attend higher-risk events with a support person who will keep you accountable to your abstinence from alcohol
- ☐ Create an emergency plan and understand that you can leave situations if the risk of using alcohol is too high or if you are becoming too uncomfortable
- ☐ Other _____
- ☐ Other _____

Social Anxiety

Society anxiety was extensively studied by Clark and Wells (1995). They found that those that experience social anxiety fear social interactions because they often have excessively high standards for their social performance (eg. "Other people must see me as intelligent, calm and confident") while having negative beliefs about their social abilities ("I will come across as boring") and negative beliefs about the judgements of others ("People will think I'm boring"). Anticipating a social interaction creates anxiety leads to worry about how one will perform during the social interaction, and when engaged in a social interaction one's attention will by hyperfocused on creating a detailed account of their performance in the interaction. This account often reinforces one's negative beliefs about themselves and mistakenly "proves" the negative belief they have about how others see them (Clark & Wells, 1995). Before the social interaction, someone with social anxiety may decide to avoid the interaction all together or may feel the need to use "safety behaviours" during the interaction. Following the social interaction, those with social anxiety will spend considerable time processing the interaction (Clark & Wells, 1995). Alcohol use is connected to social anxiety. Below are some examples of the "safety behaviours" that are used by those with social anxiety. Check those that may relate to you, and add any others that apply.

- ☐ Needing to use a substance before engaging in a social interaction
- ☐ Being the person at the party who fills drinks and does the dishes

- Wearing sunglasses in public spaces to avoid eye contact
- Only going to social events with your gregarious friend
- Memorizing scripts or conversation starters
- Only asking questions of others; deflecting the questions they ask you
- Carrying anti-anxiety medication with you

If you see yourself using these “safety behaviours” regularly or if you find yourself avoiding social interactions because of overwhelming fear, anxiety or worry, you may be struggling with social anxiety. A Social Anxiety Disorder is an extreme form of social anxiety that may benefit from professional support.

Social Support & Transplant

The social support that a patient has throughout their transplant process is very important. Caregivers provide patients with both emotional support and practical support (assisting with attendance to medical appointments, ensuring compliance with medications, supporting dietary and alcohol-related restrictions, fulfilling additional household tasks and responsibilities, etc.) (Cohen, Katz, & Buruch, 2007). Caregivers are charged with having to balance their caregiving role with other personal and professional responsibilities. The shift in roles within a relationship to one that is patient-caregiver related can be difficult. In some cases, these new roles need to be established quite quickly, while in other cases time is afforded to adapt to these new roles (WebMD, 2021). It may be helpful to outline the tasks and responsibilities that are to be completed in a household and to decide on who is to fulfill each one. You can do this using the chart below.

Task/Responsibility	Person to Fulfill Task/Responsibility

In the resource section (pp. 125-129) of this manual are various support groups for caregivers. Consider encouraging the person who has been caregiving for you to engage with one or more of these as a means of coping with their caregiving role.

Please write below one “thought that stuck” from today’s session, one thing that you will do or try because of what you learned in session and your “to dos” before the next session. Then complete the “session 3” portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
“Thought that Stuck”	
One thing that I will do or try	
“To dos” before next session	

Session 4:

Feelings

“Feelings are just visitors. Let them come and go.” - Mooji

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Session 4: Feelings

Feelings are normal and everyone experiences them. Feelings are a combination of emotions and body sensations (Clark & Wells, 1995). (See examples of various feelings in the handout on the previous page.) Although feelings are normal, some emotions and body sensations can be significantly uncomfortable. Challenging emotional states are considered the most common reason individuals return to alcohol use (Daley & Marlatt, 2006).

Emotional Intelligence

Emotional intelligence (EI) refers to an awareness of our ability to recognize and manage emotions. If you have high emotional intelligence you can recognize your emotional state, as well as the emotional states of others. High emotional intelligence better equips you with self-awareness, motivation, empathy, social skills and the ability to self-regulatate (Goleman, 1995). In this way, it increases activity in the conscious part of the brain – the prefrontal cortex – and decreases activity in the unconscious parts of the brain. You will learn later in this manual that this is important in managing stress, anxiety, worry and depression. Take the following quiz from MindTools.com as a way to assess your emotional intelligence.

Emotional Intelligence Quiz

	Not at All	Rarely	Sometimes	Often	Very Often
1. I can recognize my emotions as I experience them.					
2. I am able to control my temper when I feel frustrated.					
3. People have told me that I'm a good listener.					
4. I know how to calm myself down when I feel anxious or upset.					
5. I enjoy organizing groups.					
6. I am able to focus on something over the long term.					
7. I am able to move on when I feel frustrated or unhappy.					
8. I know my strengths and weaknesses.					

9. I am able to negotiate conflict.					
10. I enjoy my work.					
11. I ask people for feedback on what I do well, and how I can improve.					
12. I set long-term goals, and review my progress regularly.					
13. I am able to read other people's emotions.					
14. I readily build rapport with others.					
15. I use active listening skills when people speak to me.					

Answer key: Self-Awareness (Questions 1, 8, 11); Self-Regulation (Questions 2, 4, 7); Motivation (Questions 6, 10, 12); Empathy (Questions 3, 13, 15); Social Skills (Questions 6, 9, 14)

Question from above with "not at all," "rarely" or "sometimes" answer	Characteristic of Emotional Intelligence	The behaviour change I will make in relation to this question is:

Physical Symptoms with an Emotional Cause

Challenging emotional states can often appear as physical symptoms. Although it's important to seek medical attention for physical symptoms, particularly as they arise post-transplant, it is also important to recognize that emotions may be disguising themselves as physical symptoms. Physical symptoms that are commonly connected to emotional states are: trembling, twitching, and feeling shaky, muscle tension, aches and soreness, restlessness, fatigue, difficulty falling asleep or staying asleep, trouble swallowing or having a "lump in the throat," quick to startle and difficulty concentrating. It may be difficult to identify these physical symptoms as having an emotional cause, especially when feeling unwell due to liver disease, but it is still worthwhile to consider (Greenberger & Padesky, 2016).

Body Sensations and Emotions

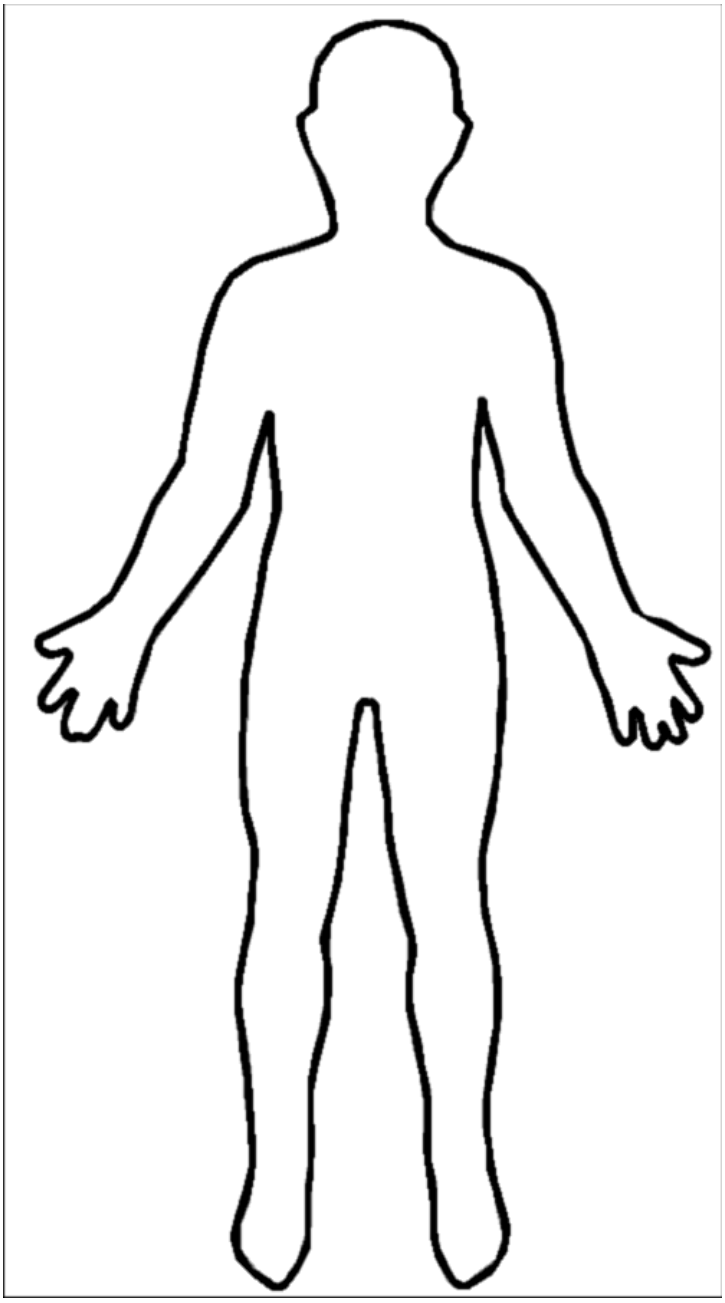
Awareness of the body and how emotions manifest within it is described as the foundation of mindfulness according to MBRP. Returning to sensations in the body is a way of stepping out of the stories in which we have become entangled and returning to the present moment. In the context of alcohol use, the practice of paying attention to one's physical experience can be especially valuable because the experience of cravings and urges often manifest physically before emotional states or thoughts are recognized. Noticing physical sensations allows a shift from habitual, reactive behaviour to mindful, skillful responses (Bowen et al., 2021). Below is an example of a body scan exercise. Give it a try! Your counsellor will adapt the exercise to your level of comfort. Perhaps the exercise ends at your feet, or maybe you feel comfortable scanning your whole body!

Body Scan Exercise

Find a quiet, comfortable space, settle into a relaxed position, and close your eyes. Take a few deep breaths (in through your nose and out through your mouth) and then gradually direct your awareness through each body region beginning with your toes and finishing with the top of your head. Notice along the way any sensations that you are experiencing (ie. cold, heat, pressure, tingling, heaviness, lightness, pain). Then, notice any emotions and/or thoughts that may be associated with those senstations. Attempt to do this exercise without any judgement or need to be a certain way. When you are finished, take a few more deep breaths. Finally, pause and take note of the different things that you became aware of throughout the exercise (exercise adapted from Smookler, 2023).

My Body Scan

Using the body outline (“Human body outline”, n.d.) below, draw a representation of what you experienced through the body scan exercise. Doing this will further your ability to become aware of the physical manifestations of emotions. Pay particular attention to the physical sensations of any of your internal triggers or any of the common challenging emotional states listed above.



Grounding

Although all emotions, as well as their physical manifestations, are a normal part of being human. At times though, they can be too much! Grounding is a means to reduce overwhelming emotions – whether they are mental or physical – by moving an inward focus toward the self to an outward focus on the external world. Grounding can be used before, during or after a difficult situation, can be used for any emotion (eg. panic, anger, sadness, stress, fear, etc.), and can be used nearly anywhere. There are three types of grounding exercises – *mental*, *physical* and *soothing* (Najavits, 2019).

Examples of mental grounding include: using your senses to notice the contents of your environment (as in the handout on the next page), describing an everyday activity in great detail (eg. a meal that you cook), playing a categories game with yourself, thinking of something funny, or reading or watching some comedy and making a safety-related statement (eg. “My name is _____. I am safe right now. I am in the present, not in the past. I am located in _____. The date is _____.”).

Examples of physical grounding include: running cool or warm water over your hands, touching various objects around you (eg. pen, keys, clothing, chair, table, walls, etc.), digging your heels into the floor, carrying a grounding object in your pocket and jumping up and down.

Examples of soothing grounding include: remembering or going to a place where you feel a sense of safety or comfort, speaking kindly to yourself as if you are a small child (eg. “You are a good person going through a hard time. You will get through this.”), picture people that you care about and/or look at pictures of them, reciting words to an inspiring song, poem or quote that you resonate with, and thinking of something that you are looking forward to in the next week (eg. time spent with a friend or an activity that you enjoy).

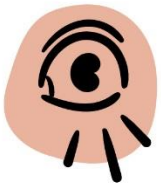
What are the grounding techniques that most appeal to you? Please indicate these in the space provided below.

My Grounding Techniques

Mental Grounding Techniques	1.
	2.
Physical Grounding Techniques	1.
	2.
Soothing Grounding Techniques	1.
	2.

5 - 4 - 3 - 2 - 1

GROUNDING TECHNIQUE



5 things you can see

4 things you can feel

3 things you can hear

2 things you can smell

1 thing you can taste

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Emotions & Alcohol

Recognized is that alcohol is often used to cover up these emotional states or to make them less painful; however, alcohol use can exaggerate emotional states, affect judgement and hinder problem-solving thereby making challenging emotional states more difficult than they would have otherwise been (Daley & Marlatt, 2006).

My Emotions, My Body & Transplant

The transplant process incites various emotions (Lynch, 2019). It also contributes to changes in bodily sensations and how one feels about their body (Di Matteo, De Figlio, & Pietrangelo, 2018). The body changes as a result of liver disease, but also because of disease complications, intended and non-intended effects of medications and changes in diet (Di Matteo, De Figlio, & Pietrangelo, 2018). Following transplant, one's experience of their body changes as they sense the loss of a body part and the "foreignness" of their newly transplanted organ, and as they become conscious of scars and other remnants of surgery (Di Matteo, De Figlio, & Pietrangelo, 2018). Di Matteo, De Figlio, & Pietrangelo (2018) explain that "transplant surgery always carries with it an emotional graft" (p. 2). The changes in one's body can contribute to an altered sense of comfort in a bathing suit, diminished interest in sex and an overall decrease in self-esteem. List below the changes you've experienced in your body and the grounding exercise that may assist you in accepting this change.

Change Experienced	Grounding Exercise

Please write below one “thought that stuck” from today’s session, one thing that you will do or try because of what you learned in session and your “to dos” before the next session. Then complete the “session 4” portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
“Thought that Stuck”	
One thing that I will do or try	
“To dos” before next session	

Treatment Planning

“A goal without a plan is just a wish.”

- Antone de Saint-Exupéry

Treatment Planning

You have spent time learning about the fundamentals of alcohol use – AUD, ALD, internal and external triggers for alcohol use, and the two most common relapse risk factors (social pressure to use and challenging emotional states). Now, it's time to consider whether or not additional support would be helpful to you. It may be helpful to carry on with the remainder of the material in this manual, or it may be more beneficial for you to seek specialized counselling elsewhere. If neither are considered necessary, you may be considered "treatment complete." Your next steps are considered your *Treatment Plan*.

Below is a chart that lists the remaining sessions of this manual that are consistent with the most common challenging emotional states that are a risk for returning to alcohol use. Please return to session 2 to identify whether or not the emotional states listed in the chart are a trigger for you (keeping in mind that various emotional states may fall under the same category as those listed below – eg. nervous, overwhelmed, afraid, avoiding and paranoid may all fall under the challenging emotional state of "anxiety"). Indicate whether or not each challenging emotional state listed below is a trigger for you by circling "yes" or "no." Then rate the degree of difficulty you experience in coping with each internal trigger/challenging emotional state on a scale from 0 (none) – 5 (severe). This will help create a plan for the remainder of the manual.

Remaining Session/Challenging Emotional State	Identified Internal Trigger? (from your list on p. 25)	Degree of Difficulty Coping (on a scale of 0-5; 5 is most difficult)	Plan to Complete Session?	Date Session Completed
Stress, Anxiety & Worry	Yes / no	/5	Yes / no	
Depression	Yes / no	/5	Yes / no	
Anger & Interpersonal Conflict	Yes / no	/5	Yes / no	
Trauma, Guilt & Shame	Yes / no	/5	Yes / no	
Grief & Loss	Yes / no	/5	Yes / no	
Boredom & Re-creation of Self	Yes / no	/5	Yes / no	

My Treatment Plan

Please check the appropriate box below:

☐ *I've answered 'yes' to a plan to complete one or more of the remaining sessions.* Doing so is now part of your Treatment Plan. Please proceed in completing these sessions with your counsellor.

☐ *I've answered 'no' to a plan to complete all remaining sessions*; *however, myself or my counsellor have suggested that I seek specialized counselling elsewhere.* Please connect with the following service provider for further support.

NAME OF PERSON/ORGANIZATION:
CONTACT INFORMATION:
REASON FOR RECOMMENTATION:

☐ *I've answered 'no' to a plan to complete all remaining sessions.* You are considered to have completed your ALD Treatment Program as per the expectations from the Liver Transplant Team.

Please turn to the Relapse Prevention Plan (pp. 116-118) and ensure all appropriate sections are completed. The Relapse Prevention Plan is yours to review as needed as a way of monitoring progress, recognizing risk in returning to alcohol use and keeping you accountable to the goal of abstinence from alcohol. (It is recommended to review it on a regular schedule - ie. once monthly.)

Session 5:

Stress, Anxiety & Worry

"My life has been full of terrible misfortunes, most of which never happened." – Michel de Montaigne

Session 5: Stress, Anxiety & Worry

Stress differs from anxiety in that stress is a response to something *external*, such as a project deadline or interpersonal conflict. It generally subsides once the situation is over (Ross, 2018). Anxiety is a person's reaction to stress, and is therefore *internal.* Anxiety can persist even after a situation has been resolved (Ross, 2018). Anxiety and worry are interrelated. Anxiety refers to *physical* symptoms such as sweaty palms, fast heartbeat and edginess. Worry refers to *mental* symptoms such as excessive concern about an event, situation or relationship (Daley & Marlatt, 2006).

The 'stress response' is part of the body's built-in survival system, helping it to handle immediate danger, and preparing it for action. Stress can also act as a motivator making us more alert, energetic, and efficient. In the modern world, however, the stress response is often activated too frequently and for too long. When stress persists, it is called chronic stress and requires attention so as to manage it (Greenberger & Padesky, 2016).

Anxiety's role is to signal danger and so exists to keep us safe (Korb, 2015). When anxiety persists though, it may escalate into an anxiety disorder (eg. generalized anxiety, panic disorder, phobia, social anxiety, obsessive-compulsive disorder and post-traumatic stress disorder). Persistent anxiety may warrant medical attention (Ross, 2018).

Worry is designed to help us plan, problem-solve and make decisions and so makes us think deeply about problems, rather than reacting to a situation with the first thought that comes to mind (Korb, 2015). Constant worry can affect our lives in negative ways, however, as it tends to preoccupy the mind and interfere with many different aspects of one's life (Winston & Seif, 2017).

Stress is regulated by the unconscious part of your brain – the limbic system, particularly the hypothalamus (which regulates stress-related hormones and influences the body's "fight or flight" response). Anxiety also arises from the unconscious limbic system, but is governed by the amygdala (the part of the brain that signals "danger" – whether it's real or perceived). Worry is a product of overactivity in the unconscious limbic system and underactivity in the conscious prefrontal cortex (Korb, 2015).

Becoming more conscious of your stressors and your reactions to stress, creating awareness of how your body manifests anxiety and learning to categorize your worries are helpful ways of moving brain activity from the unconscious parts to the conscious ones.

Assessing Your Stress

Sometimes it is difficult to gauge how much stress you are experiencing, where your stress is manifesting or what symptoms your stress is presenting with. Complete the exercise below from the CMHA (2022) to begin to learn a little bit more about your stress. Circle “yes” or “no” to the following questions. Do you:

Neglect your diet	Yes	No
Try to do everything yourself?	Yes	No
Blow up easily?	Yes	No
Seek unrealistic goals?	Yes	No
Fail to see the humour in situations others find funny?	Yes	No
Act rude?	Yes	No
Make a “big deal” of everything?	Yes	No
Look to other people to make things happen?	Yes	No
Have difficulty making decisions?	Yes	No
Complain you are disorganized?	Yes	No
Avoid people whose ideas are different than your own?	Yes	No
Keep everything inside?	Yes	No
Neglect exercise?	Yes	No
Have few supportive relationships?	Yes	No
Use sleeping pills and tranquilizers without doctor approval?	Yes	No
Get too little rest?	Yes	No
Get angry when you are kept waiting?	Yes	No
Ignore stress symptoms?	Yes	No
Put things off until later?	Yes	No
Think there is only one right way to do something?	Yes	No
Fail to build relaxation into your day?	Yes	No
Gossip?	Yes	No
Race through the day?	Yes	No
Spend a lot of time complaining about the past?	Yes	No
Fail to break from noise and crowds?	Yes	No

Total number of Yes answers: _____

On the next page is a legend indicating what your score might mean. It is important, however to think for yourself about what your score says to you. Consider how this number is different from what it might have been six months or a year ago. Is there anything from above that you didn’t know was connected to your experience of stress?

1-6 points	There are few hassles in your life. Make sure, though, that you are not trying so hard to avoid problems that you shy away from challenges.
7-13 points	You've got your life in fairly good control. Work on the choices and habits that could still be causing you some unnecessary stress in your life.
14-20 points	You're approaching the danger zone. You may well be suffering stress-related symptoms and your relationships could be strained. Think carefully about choices you've made and take relaxation breaks every day.
Above 20 points	Emergency!! You must stop now, rethink how you are living, change your attitudes, and pay careful attention to diet, exercise, and relaxation.

(Canadian Mental Health Association, 2022)

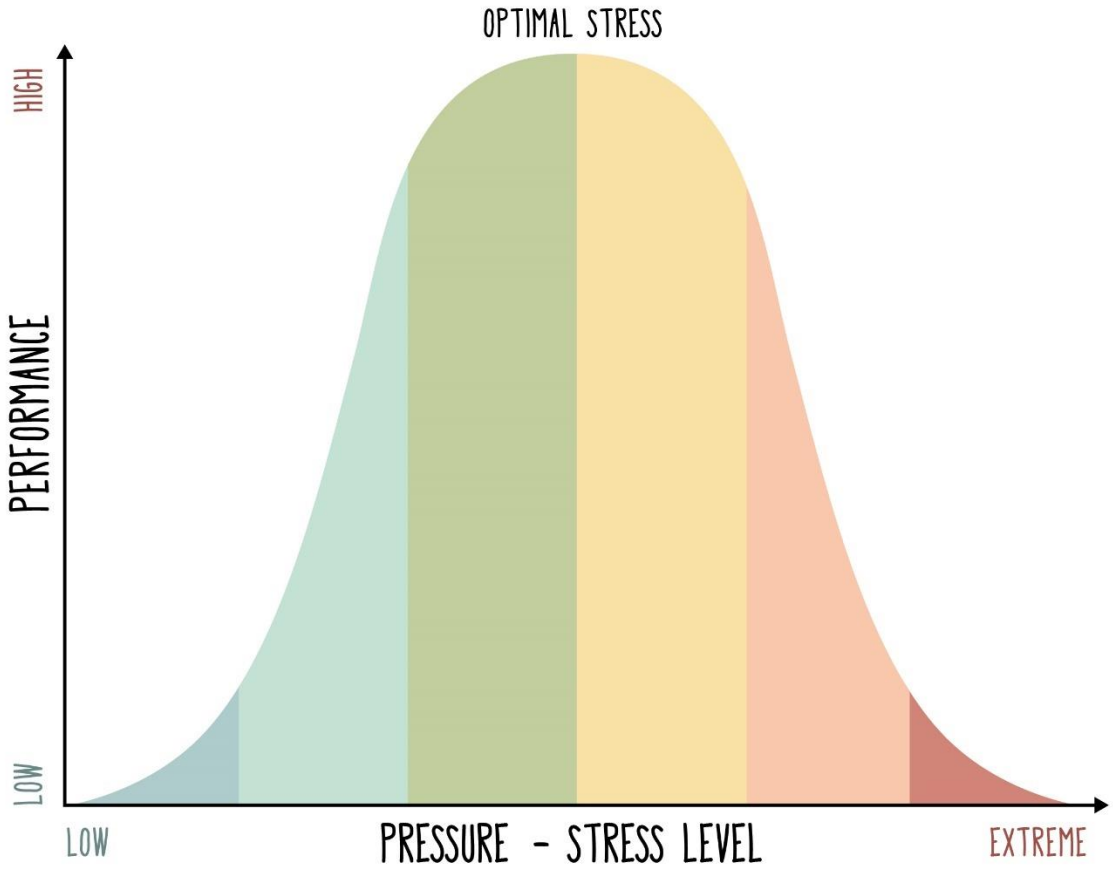
Next consider how you might change your stress score. Identify below three questions you answered "yes" to that you think might be changeable and indicate how you would change them in the chart below.

Question from above with "yes" answer	Behaviour change
1.	
2.	
3.	

Stress Performance Curve

Levels of stress and performance are interrelated. According to "The Yerkes-Dodson law," performance increases with stress, but only up to a point. A peak level of performance is said to be reached with an *intermediate* level of stress. Too little or too much stress results in poorer performance (Healthline, 2020). This information can be used as motivation to develop an awareness of stress and to seek to keep it at an intermediate level as much as possible. Of course, that intermediate level of stress will be different for each person. See an illustration of the Stress Performance Curve on the next page.

THE STRESS PERFORMANCE CURVE



UNDER-STRESSED	MODERATE	OPTIMAL STRESS	OPTIMAL STRESS	OVERLOAD	BURNOUT
BORED UNMOTIVATED INACTIVE	LAID BACK CALM RELAXED	MOTIVATED FOCUSED ENERGISED	IN THE ZONE CREATIVE ENGAGED	ANXIETY ANGER EXHAUSTION	PANIC BREAKDOWN OVERWHELMED

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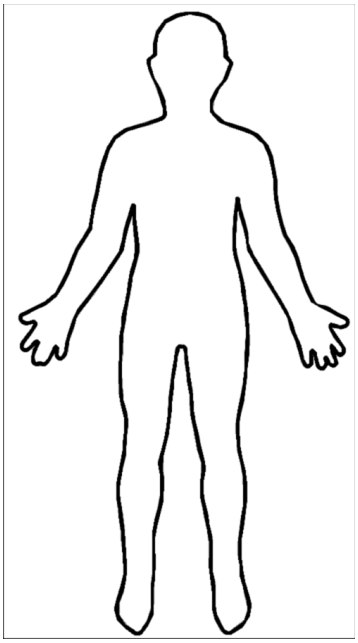
Body Scan for Anxiety

Because anxiety manifests as physical symptoms, it is helpful to become aware of how your body signals that you are feeling anxious. Indicate on the body outline below where in your body you tend to experience anxiety.



Managing Worry

To manage worry, it is important to differentiate the things we can control versus those that we can only influence, and those we must accept. It's also important to realize that we are not in control of others; however, we can control how we respond to them (Greenberger & Padesky, 2016). Take a moment to categorize your worries into the table below. This will help you to deconstruct the worry and to gain more confidence in yourself and your ability to manage it (MindTools, n.d.). The handout on the next page can help you determine those things that are in your control and those that are not.

Control	Influence	Accept

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Unwanted Intrusive Thoughts

Many people will acknowledge sudden, out of the blue, brief thoughts that occur when standing on the edge of a train platform for instance like “I could jump off and die!” or “Hey, I could push that guy onto the tracks!” Often times, no second thought is put into these initial thoughts. Unwanted intrusive thoughts are those that are accompanied by worry that one might follow the initial thought with action and cause significantly upsetting, distressing and frightening (Winston & Seif, 2017).

Intrusive thoughts fluctuate in frequency and intensity. They often arise more often and are more intense with the use of caffeine, when one is fatigued, with hormonal changes (as in with menstruation), with the use of certain medications, after using a substance (such as alcohol or cannabis) or at a particular time of the day (often worse in the morning or just as one is lying down to sleep) (Winston & Seif, 2017). Traumatic events are also a trigger.

Unwanted intrusive thoughts occur because thoughts have been repeated followed by anxiety and therefore have established a pathway to the unconscious part of the brain that signals danger – the amygdala. Every time the thought arises, a response is elicited by the amygdala. The amygdala has a propensity for signaling danger when there is no actual danger (known as a *false positive*). This is meant to be protective because not signaling danger when there actual is danger (a *false negative*) can have significant impact on oneself and others (Winston & Seif, 2017).

Winston and Martin (2017) discuss strategies on how to manage intrusive thoughts in their book: *Overcoming Unwanted Intrusive Thoughts.* It may be important for you to seek help from a professional who is knowledgeable about intrusive thoughts if this is something you have been struggling with. Please be mindful that unwanted intrusive thoughts differ from “invited thoughts,” real suicidal preoccupations, thoughts that are associated with the hopelessness and agitation of life circumstances, medical conditions or mental health issues. Professional help is especially warranted if your thoughts are of this nature.

Stress, Anxiety, Worry & Alcohol

Stress activates the unconscious part of the brain that propels you towards action based on your habits – the dorsal striatum. Remember that this part of the brain does not distinguish between good and bad habits. Therefore, when stressed you will tend to revert to whatever habits have been programmed in the dorsal striatum (Korb, 2015). If alcohol use is part of those bad habits, stress will predispose you to alcohol use.

Alcohol has an initial calming effect on anxiety because of its influence on the neurotransmitter GABA; however, the body attempts to balance this increase in GABA by increasing glutamate with prolonged alcohol use. Excessive glutamate can exacerbate anxiety (Sachdeva, Choudhary, & Chandra, 2015).

Worry is perpetuated by long-term alcohol use both because alcohol reduces activity in the conscious pre-frontal cortex (Abernathy, Chandler, & Woodward, 2010), and

because alcohol increases anxiety, and therefore activity in the unconscious amygdala. These together are a recipe for worry according to Korb (2015).

Stress, Anxiety, Worry & Transplant

The transplant process is often rife with worry – worry about disease progression, one's position on the waitlist, "dry runs" (being called in for a transplant and learning that the organ was not suitable for you), the transplant surgery itself, post-surgery complications, long hospital stays and readmissions to hospital, organ rejection and/or uncertainty of the future (Lynch, 2019; WebMD, 2021). One may also worry about the welfare of their families or their employment responsibilities while they are preoccupied with their transplant process. This worry may contribute to feelings of stress and anxiety. List below the worries that you've experienced in relation to your transplant process and differentiate the components of these worries that are in your control, and those that are not.

Transplant-related Worry	Within Your Control? (yes or no)

Please write below one "thought that stuck" from today's session, one thing that you will do or try because of what you learned in session and your "to dos" before the next session. Then complete the "session 5" portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
"Thought that Stuck"	
One thing that I will do or try	
"To dos" before next session	

Session 6:

Depression

There are two wolves and they are always fighting.

One is darkness and despair, the other is light and hope.

Which one wins?

The one you feed.

– A Cherokee Legend

Session 6: Depression

Depression was historically thought to be a result of having too little of a chemical messenger in the brain (at first it was the neurotransmitter norepinephrine, and then a few years later, the neurotransmitter serotonin) (Korb, 2015). It is now known that depression influences and is influenced by several different neurotransmitters, each having a system of communication to various places of the brain. Korb (2015) explains that a map of the activity of a single chemical messenger would appear as complex as a map of the activity of a single airline to and from the various cities it services. You can imagine the complexity of a map that includes the communication systems for several neurotransmitters!

Treatment for depression must then consider several different neurotransmitters, as well as several different parts of the brain. Korb (2015) explained that in depression:

- the unconscious emotional parts of the brain (the limbic system, including the hypothalamus, hippocampus and amygdala) is overreactive and therefore contributes to stress and anxiety
- the conscious part of the brain (the prefrontal cortex) is overrun by the overactivity of the unconscious emotional parts and therefore worries too much
- the part of the brain that is responsible for awareness of bodily sensations (the insula) signals pain and other adverse sensations
- the part of the brain that tends to focus on the negative (the anterior cingulate) is … focusing on the negative!
- Activity in the part of the unconscious brain that responds to pleasure (the nucleus accumbens) is decreased and therefore responds most to the things that offer the greatest and most immediate amount of pleasure (the things that you are generally trying to avoid!)
- the part of the unconscious brain that is responsible for habits (the dorsal striatum) is decreased and therefore reverts to old habits

Depression, Stress, Anxiety & Worry

Depression is closely related to stress, anxiety and worry (Korb, 2015). Information shared in session 5 in this manual is therefore important in working through feelings of stress, anxiety and worry, as well as depression. The focus of this session will be on developing an awareness of your body's sensations of depression, recognizing and challenging negative bias, shifting thoughts towards the positive, and recognizing depression and exercise as opposites.

Assessing for Depression

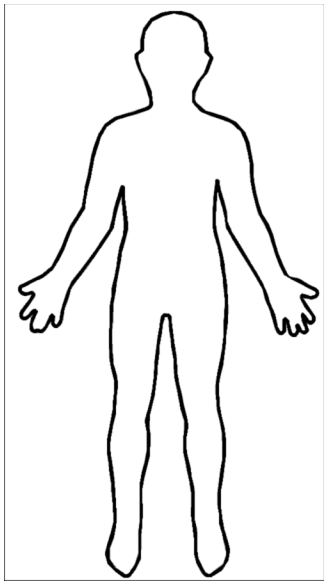
Do you have depression? Only a mental health professional can make that diagnosis, but it may be helpful for you to begin to consider it a possibility. If you have five or more of the following symptoms nearly every day for two weeks, then you may have Major Depression Disorder. If you have fewer symptoms, you may have a lower level of depression.

- Depressed mood, such as feeling sad or empty or even constantly irritable
- Decreased interest or pleasure in all – or almost all – activities
- Significant (and unintentional) weight loss, weight gain, or decrease or increase in appetite
- Insomnia or increased desire to sleep
- Either restlessness or slowed behaviour that can be observed by others
- Fatigue or loss of energy
- Feelings of worthlessness, or excessive or inappropriate guilt
- Trouble thinking, concentrating or making decisions
- Recurrent thoughts of death or suicide

(Korb, 2015)

Body Scan for Depression

Because the part of the body that signals awareness of body sensation is increased when one is experiencing depression, it is helpful to become aware of how depression has manifested as physical symptoms for you. Indicate on the body outline below where in your body you tend to experience depression.



Negative Bias

Every person's brain tends to react more strongly to negative events (Korb, 2015). Negative events are naturally experienced more personally and are felt more deeply than positive ones because of how regions in the brain respond to them. It is understood that the average person requires a 3:1 of positive to negative events to be emotionally balanced (Korb, 2015). Those with depression may require a higher ratio of positive to negative events to become more emotionally balanced. This is known as a "negative bias." Negative bias occurs because of genetics, early childhood experiences and/or learned behaviours (Korb, 2015). Those with negative bias tend to feel pain more greatly both emotionally and physically (hence the reason for completing the body scan on the previous page), notice more mistakes, feel more greatly stung by losing, distort memories of the past and assume the worst about the future (Korb, 2015). Negative bias increases when one is already feeling down because they are often more likely to notice negative things about themselves, others and the world (Korb, 2015). Therefore, it is important to notice when you are feeling down and to remind yourself that your brain may be skewing toward the negative. Once negative thoughts are recognized, you can be intentional about challenging any negative thoughts and/or negative thought patterns, and then be deliberate in choosing something positive to occupy your thoughts instead.

Challenging Negative Thoughts

Filtering your thoughts through a series of questions can be helpful in moving you past that thought. On the next page is a list of questions you can ask yourself concerning the thought to see if you can change your thought and think about the situation a little differently. Are there any negative thoughts you are currently having that could be challenged?

Negative Thought	Question to Challenge Thought	More Helpful Thought

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cognitive distortions

POLARIZED THINKING

To think in extremes, either good or bad, all or nothing, without considering a balanced perspective

CATASTROPHIZING

To predict and assume a negative outcome for a future event based on little evidence

MIND READING

To jump to conclusions and negatively interpret the thoughts, behaviors, and feelings of someone

MENTAL FILTER

To focus on a negative detail of a situation and exclude other details such as the positive parts

OVERGENERALIZATION

To assume that future experiences or situations will have the same outcome based on one or a few events

EMOTIONAL REASONING

To believe something is valid based on feelings rather than objective evidence

LABELING

To place a label on yourself or others by generalizing based on a single event or a single characteristic

DISQUALIFYING THE POSITIVE

To disregard and dismiss the positive aspects of an event or situation

SHOULD STATEMENTS

To think that your behavior, or other people's behavior and events must or should or ought to occur a certain way

PERSONALIZATION

To blame yourself for the actions of others and external events that occur without considering other factors that are out of your control

BLAMING

To blame someone for an event that occurred without considering other factors or how you might have contributed to the event

UNFAIR COMPARISONS

To compare your achievements with others or with standards that are unrealistic without considering that every person is unique

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Unhelpful Thinking Styles

Sometimes it is an unhelpful thinking style (otherwise known as cognitive distortion) that significantly contributes to depression. On the previous page, you will find a handout that lists common unhelpful thinking styles. Those unhelpful thinking styles that particularly skew thinking towards the negative are “disqualifying the positive” and “catastrophizing,” but any of the unhelpful thinking styles can contribute to negative or distorted thinking. Are there any unhelpful thinking styles that you find yourself using?

Unhelpful Thinking Style	Problems Caused by Unhelpful Thinking Style	More Helpful Thought

Shifting Thoughts toward the Positive

Choosing something positive to occupy your thoughts is an important means of decreasing negative bias. Engaging with positive memories of the past, imagining the possibility of something positive for your future and expressing gratitude are all ways to ensure a shift in thinking toward the positive. These also make certain that the conscious part of the brain - the prefrontal cortex - is engaged, and therefore decreased activity in the unconscious - the limbic system - parts of the brain (Korb, 2015).

Engaging Positive Memories

Memories for those with depression tend to be tainted because they are reconstructed piece by piece over time with the influence of frequent negative moods (Korb, 2015). Bad memories are more likely remembered than positive ones for those who are depressed. Deliberately choosing to engage with positive memories helps shift thoughts toward the positive.

Please share a positive memory in the space provided below.

Imagining Possibility

Recognizing the *possibility* of positive future events strengthens optimism circuits in the brain (Korb, 2015). The creation of a "vision board" is a great way of invoking possibility. Use pieces of inspiration collected from anywhere that resonates for you and write, draw and paste these on your vision board! Even if what is exactly envisioned does not come to fruition, some other treasure may surface. In the meantime, your openness to the possibility of your vision will decrease negative bias and therefore symptoms of depression (Korb, 2015). Use the space below to begin to imagine what's possible for you!

Expressing Gratitude

Gratitude has a particular influence on positive thought. Because it does not have to depend on life circumstances, the practice of gratitude can be employed at any time. Gratefulness is known to contribute to improved mood, sleep, social connection and therefore physical and mental health overall (Korb, 2015). See the next page for a list of gratitude-related exercises that you can do. Writing to your donor family is among these exercises. See Appendix C for helpful things to consider when doing this.

GRATITUDE
EXERCISES

GRATITUDE JOURNAL

Every evening, write a few things about your day that you are grateful for

GIVE THANKS

Notice reasons to say "thank you" throughout your day

GRATITUDE WALK

Make an effort to appreciate your surroundings as you are on a walk outside

GRATITUDE CONVERSATION

Take turns with another person listing 3 things you are grateful for

GRATITUDE LIST

Create a list of the things you appreciate about someone and give it to them

GRATITUDE LETTER

Write a letter of thanks to someone who has impacted your life, explaining the difference they have made for you

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Depression & Exercise

Your brain is connected to your body, and therefore the things that you do with your body affect your brain. Your brain does not like to be idle, rather it prefers to move! A study by Van Rensenburg et al. (2009) showed that just 10 minutes of exercise will decrease activity in the unconscious parts of the brain that govern cravings. How can you add at least a small amount of exercise to your daily schedule of activities? Remember that you can use the Activity Schedule (see Appendix B) to help keep you accountable! See below for a chart with information that illustrates how depression and exercise are essentially opposite to one another (adapted from Korb, 2015).

Depression …	Exercise …
Depresses mood, contributing to feelings of sadness, emptiness and irritability	Elevates mood by reducing anxiety and decreasing stress
Decreased interest or pleasure in all – or almost all – activities	Stimulates feelings of pleasure
Significant (and unintentional) weight loss, weight gain, or decrease or increase in appetite	Improves appetite, contributing to more enjoyable and healthier eating
Insomnia or increased desire to sleep	Allows for more restorative sleep
Either restlessness or slowed behaviour that can be observed by others; fatigue or loss of energy	Promotes energy and vitality
Feelings of worthlessness, or excessive or inappropriate guilt	Boots self-esteem
Trouble thinking, concentrating or making decisions	Augments mental sharpness, focus, planning and decision making

Depression & Alcohol

Depression increases your risk of using alcohol, and using alcohol increases your risk of developing depression for many different reasons. Because energy levels and motivation are low in depression, and because activity in the unconscious parts of the brain that are responsible for both pleasure and habits – the nucleus accumbens and the dorsal striatum - are decreased for those who are depressed, the brain is most responsive to activities that are known to stimulate pleasure and will resort to old habits for the sake of ease (Korb, 2015). If that old habit is alcohol use, alcohol use will

perpetuate depression because of how it affects the neurotransmitters in the brain, and because it often creates conflict in relationships, contributes to isolation, limits capacity to fulfill responsibilities, decreases work performance, increases financial strain and lends itself to legal issues. All of these lead to submergence in negative thoughts. Consistent with the idea of recognizing negative thought bias, and shifting thoughts towards the positive, developing an awareness of automatic thoughts about alcohol use is important. Below are a few examples of automatic thoughts (adapted from Daley & Marlatt, 2006). Write out positive counterstatments for all of those that apply to you.

Automatic Thought	Counterstatement
"I can't have fun or excitement if I don't drink."	
"I can't fit in with others if they drink and I don't."	
"How can I go out with _____ if I don't drink."	
"I'll never _____ (eg. meet my boss' expectations, repair the relationship with my partner, get out of debt). I might as well drink."	
"Life is difficult. I need to escape for a while."	
"I need something to take the edge off and help me relax."	
"What's the point in maintaining abstinence from alcohol? It really doesn't matter."	
"I'm going to test myself to see if I can have just one."	
"A few drinks won't hurt."	
"I could drink and no one would ever kow."	

Depression & Transplant

Both waiting for and recovering from transplant can be difficult for many reasons. Particularly in the post-transplant period, it may feel like it is taking a long time to return to anything that resembles normalcy. It is important to be realistic about your expectations. Otherwise, you may struggle with disappointment and subsequently depression (WebMD, 2021). List below the negative thoughts you've experienced in relation to your transplant process and indicate how you may challenge negative bias to shift your thoughts toward the positive.

Transplant-related Negative Thought	Question to Challenge Thought/ Unhelpful Thinking Style	More Helpful Thought

Please write below one "thought that stuck" from today's session, one thing that you will do or try because of what you learned in session and your "to dos" before the next session. Then complete the "session 6" portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
"Thought that Stuck"	
One thing that I will do or try	
"To dos" before next session	

Session 7:

Anger & Interpersonal Conflict

"If you are patient in one moment of anger, you will escape a hundred days of sorrow." – Chinese Proverb

Session 7: Anger & Interpersonal Conflict

Like stress, anger is connected to the body's built-in survival system. It is often linked to a perception of threat, damage, or hurt, and to a belief that important rules have been violated. It can also stem from feelings of injustice or a change in expectations. Anger becomes problematic though when it is felt too frequently or intensely, or when it is expressed inappropriately. Anger results from the combination of three factors: a trigger, how the individual understands the situation and the qualities of the individual (Greenberger & Padesky, 2016).

Common Triggers for Anger

Current circumstances, past experiences and one's childhood and upbringing can make them more or less prone to anger. Although triggers for anger may vary greatly from person to person, there are some common triggers for anger that have been recognized. Below is a list of anger triggers (adapted from the Substance Abuse and Mental Health Services Administration, 2019). Check those that may relate to you, and add any others that apply.

- ☐ Witnessing or understanding an injustice that has occurred
- ☐ Feeling threatened, attacked or trapped
- ☐ Feeling frustrated or powerless
- ☐ Feeling invalidated or like you are being treated unfairly
- ☐ Feeling like your feelings or your possessions are not being respected
- ☐ Feeling like you've been wrongly accused
- ☐ People joking about important subjects
- ☐ People who say things that are hurtful or untrue
- ☐ People asking rude questions or being nosy
- ☐ People who are inconsiderate or messy
- ☐ People who are loud in places that should be quiet
- ☐ People who do not pay back money owed to you
- ☐ Having to wait a long time (on the phone, for an appointment or in traffic)
- ☐ Having to be in a crowded place
- ☐ Getting lost or being given the wrong directions
- ☐ Being hungry, angry, lonely or tired (HALT)
- ☐ Other _____
- ☐ Other _____

Distortions of Anger

The way an individual understands a situation significantly impacts the way they will respond to the situation, and therefore their overall level of anger. There is often a tendency to label another person's behaviour when we become angry (e.g., thoughtless, careless, selfish). If we continue to use these labels, we limit our ability to view individuals otherwise and may misinterpret their behaviours and intentions. If you

find yourself labelling someone in your life often, you can begin to shed these labels by bringing awareness to your thoughts and mood (Greenberger & Padesky, 2016). In addition to labelling, other Cognitive Distortions (similar to those in Session 6 on p. 68) may be provoked when we are angry. Below is a list of a few Distortions of Anger. Check any that you think you might be engaging with at times when you are angry.

- ☐ Global Labelling – widespread, negative judgements about others, attaching negative labels and beliefs to the other, rather than focusing on their behaviour
- ☐ Blaming – a mistaken belief that often fuels blaming is that someone is behaving in a deliberate way to cause you pain or suffering
- ☐ Catastrophizing – creating a worst-case scenario out of a bad situation. Often viewed as magnifying all the negative events of a situation
- ☐ Misattributions – jumping to conclusions/"mind-reading" making assumptions about the actions of others
- ☐ Overgeneralizations – using words like "never", "always", "nobody" and "everyone" that makes a situation feel like an ongoing event
- ☐ Demanding and Commanding – using words like "should", "got to", "have to" When your values become like rules and expectations of others and situations

(Substance Abuse and Mental Health Services Administration, 2019)

Communication Styles

There are four basic communication styles: passive, aggressive, passive-aggressive and assertive (Alvernia University, 2018). These speak to the qualities an individual possesses in relation to conflict. Please check the style that best describes you.

- ☐ Those that use the *passive* style of communication may not be aware of their feelings and needs and/or struggle to voice them. They will often yield to the feelings of others which can lead to misunderstanding, a build-up of anger and/or resentment. Passive communicators, however, tend to be considered safe for others to speak to when conflict arises. Examples of phrases that those who use a passive communication style would say or may believe include: *"It really doesn't matter that much" or "I just want to keep the peace."*

- ☐ Those that use the *aggressive* style of communication voice their feelings and needs in loud and demanding ways. They will often dominate or control others by blaming, intimidating, criticizing, threatening or attacking them. Aggressive communicators, however, are often considered leaders because they command the respect of those around them. Examples of phrases that those who use an aggressive communication style would say or may believe are: *"I'm right and you're wrong," "I'll get my way no matter what"* or *"It's all your fault."*

- ☐ Those that use the *passive-aggressive* communication style are aware of their feelings and needs, but struggle to voice them. They will instead internalize their feelings and needs which can lead to powerlessness, resentment and acting out in subtle, indirect or secret ways. Passive-aggressive communicators, however,

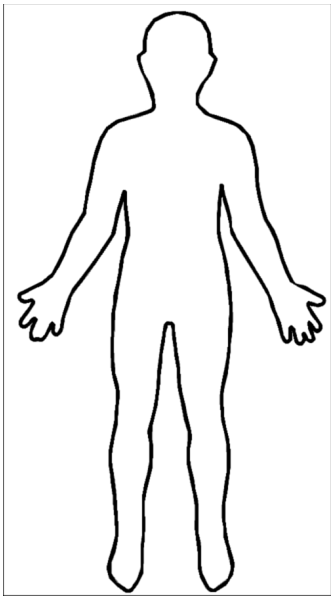
may be able to cooperate with others despite silently sabotaging the efforts of others. Examples of phrases that those who use a passive-aggressive communication style would say or may believe are: *"That's fine with me, but don't be surprised if someone else gets mad"* or *"Sure, we can do things your way" (then mutters to self that "your way" is stupid).*

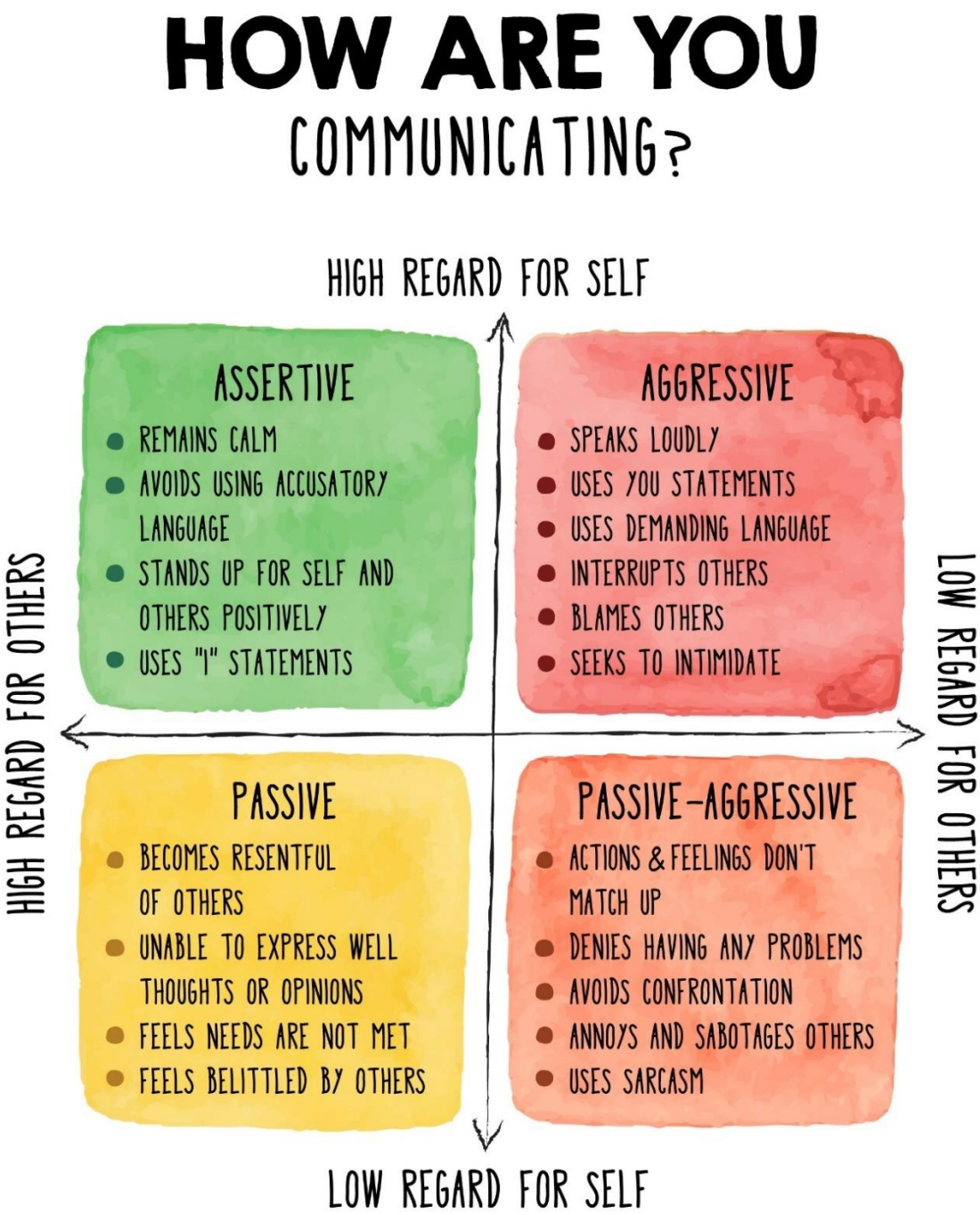
- The *assertive* communication style is considered to be the most effective form of communication. Those that use the assertive communication style can voice their feelings and needs while also considering the feelings and needs of others. Examples of phrases that those who use an assertive communication style would say are: *"We are equally entitled to express ourselves respectfully to one another," "I realize I have choices in my life, and I consider my options"* or *"I respect the rights of others."*

See the next page for an illustration of how communication styles regard others as well as oneself.

Body Scan for Anger

Because anger can manifest as physical symptoms, it is helpful to become aware of how your body signals that you are feeling angry. Indicate on the body outline below where in your body you tend to experience anger.





Anger & Interpersonal Conflict

Anger can lead to interpersonal conflict. It is important to realize that interpersonal conflict can be very obvious, but can also be subtle, covert or hidden (Daley & Marlatt, 2006). Daley and Marlatt (2006) identify some basic dos and don'ts when dealing with interpersonal conflict. These can be found below.

Dos

- Take a deep breath
- Identify the conflict
- Recognize if you are engaging with any distortions of anger
- Take a "time-out" by saying something like "I need a little time to sort out my thoughts. Let's set up another time to talk about it more."
- Ask permission to speak with someone about something that is bothering you
- Schedule a time for important conversations
- Clarify the underlying problem by asking "What is the real issue here?", "What is it about this situation that makes me so angry?" or "What specifically do I want to change"
- Recognize your role in the conflict, admitting your mistakes as is necessary
- Express your feelings and needs using "I" language (as in the handout on the next page)
- Encourage the person you are in conflict with to express their feelings and needs
- Engage in compromise
- Nurture your relationships
- Seek family counselling if the problem persists

Don'ts

- Make assumptions or engage with any other distortions of anger
- Throw, smash or slam things in front of the person you are in conflict with
- Yell, blame, intimidate, criticize, threaten or attack the person you are in conflict with
- Give the "silent treatment"
- Purposefully incite fear in the person you are in conflict with
- Mutter under your breath
- Roll your eyes
- Breath heavily or sign in response to what someone is saying
- Make vague requests
- Participate in intellectual arguments that go nowhere
- Tell another person what they think or feel or what they "should" think or feel

"I" STATEMENT

Foster **positive communication** by taking responsibility for what you are thinking and feeling

I FEEL...

My feelings about a behavior or situation

WHEN...

A blame-free description of the behavior or situation

BECAUSE...

The effect the behavior or situation has on me

I NEED...

What I need the other person to do instead

Example: I feel frustrated when I come home and the house is messy because it gives me more chores. It would be more helpful if you picked-up your own items when you can.

Used with permission from @plantkindthoughts

Processing Interpersonal Conflict

Consider the relationships that you may be having conflict within, indicate the person you are having a conflict with, provide an explanation of the problem you are having with that person, decide whether that conflict is overt or covert and then indicate the steps that you can take to improve the relationship.

Person I am experiencing conflict with	Explanation of the problem	Is the problem overt or covert?	Steps to take to improve the relationship

Anger, Interpersonal Conflict & Alcohol Use

Consuming alcohol can serve as a distraction from a range of challenging emotions, including anger (Substance Abuse and Mental Health Services Administration, 2019). People use alcohol to express angry feelings (particularly if they have a tendency toward a passive or passive-aggressive style of anger), or to soothe angry feelings (particularly if they have a tendency toward an aggressive style of anger) (Murray, 2022). Using alcohol to deal with anger in this way results in an unhelpful cycle of anger though. Guilt is often experienced for expressing anger, and anger inevitability builds up again whether it's been expressed or soothed by alcohol. This then leads to further alcohol use (Herie & Watkin-Merek, 2006). It is important to work through your anger without the use of alcohol to avoid getting caught in this cycle. It's also important to recognize how your expression of anger when under the influence of alcohol may have affected others. Daley & Marlatt (2006) encourage conversation with family members and friends about how your alcohol use affected them. When timed appropriately, this can be a powerful way to repair, rebuild and nurture important relationships in your life.

Anger, Interpersonal Conflict & Transplant

Anger is commonly felt pre-transplant because of feelings of uncertainty related to the transplant process, due to the limitations one experiences as a result of their compromised physical health and for reasons related to conflict in the patient-caregiver relationship. Personality changes and extreme mood swings, including anger, often occur post-transplant as a side-effect of the steroid medication that is used in the early days to decrease inflammation. This can have a significant impact on those around you. As time goes on post-transplant, ongoing transplant-related complications, physical limitations and patient-caregiver tension can lead to the experience of anger (WebMD, 2021). List below the frustration you've experienced in relation to your transplant process and indicate the "dos" and "don'ts" for each one.

Transplant-related Anger	"Dos" and "Don'ts"

Please write below one "thought that stuck" from today's session, one thing that you will do or try because of what you learned in session and your "to dos" before the next session. Then complete the "session 7" portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
"Thought that Stuck"	
One thing that I will do or try	
"To dos" before next session	

Session 8:

Trauma, Guilt & Shame

"Although the world is full of suffering, it is full also of the overcoming of it." – Helen Keller

Session 8: Trauma, Guilt & Shame

Trauma comes from the Greek word for *wound*. Najavits (2019) describes it as a serious, unwanted, harmful event that can lead to lasting pain. Experiences of trauma, and how these relate to alcohol use (as well as other substances), have become better recognized in the last few decades. Disturbing personal experiences, as well as experiences that affect entire communities, can contribute to one's trauma profile. Trauma may be experienced directly, it may be witnessed or it may be threatened (Najavits, 2019).

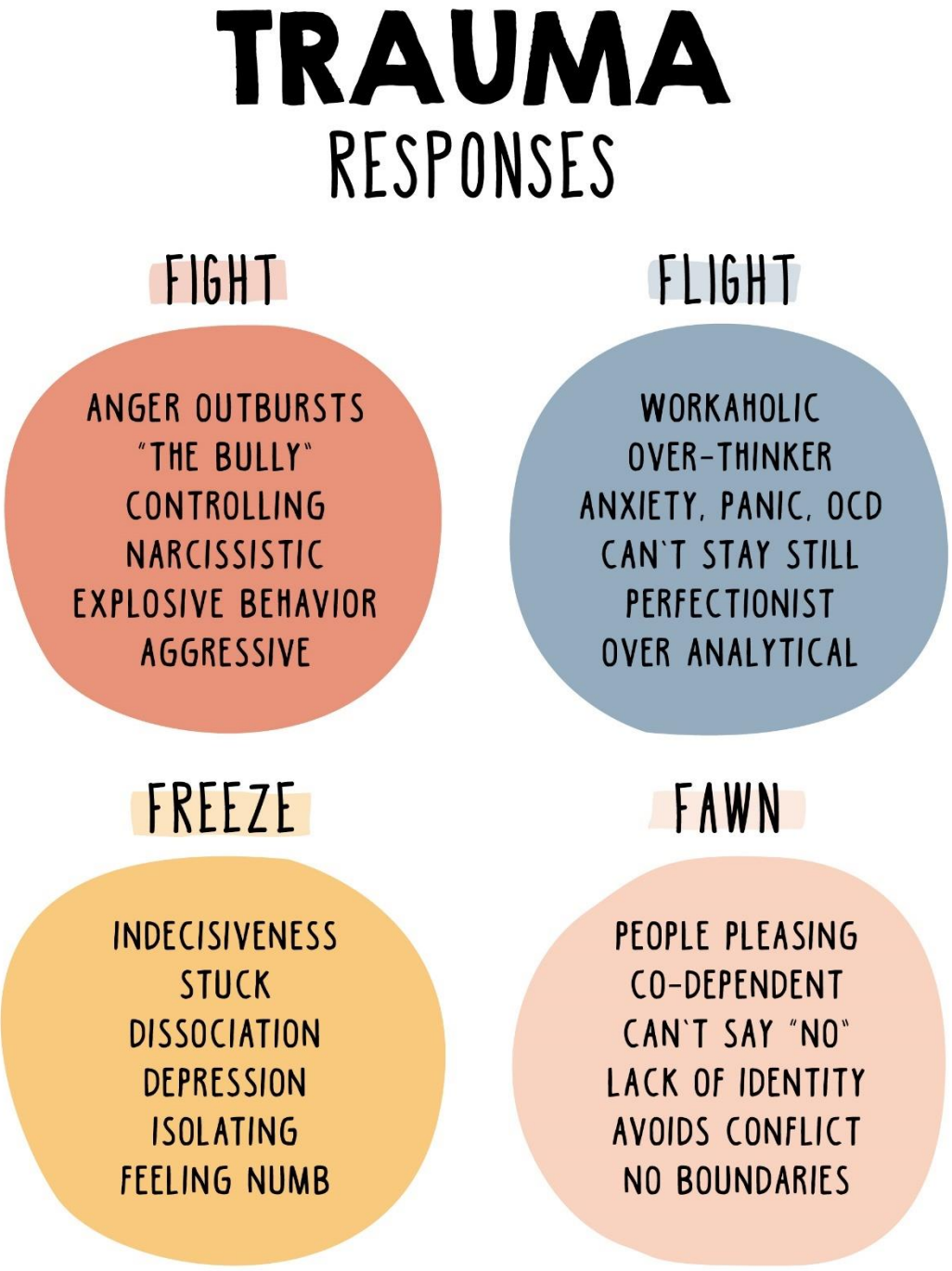
Various Forms of Trauma

Below is a list of experiences recognized as trauma. Check those that may relate to you, and add any others that apply.

- ☐ Emotional abuse - when someone yells at you, insults you, blames you, makes you feel threatened, inferior, ashamed or degraded, rejects your thoughts, ideas opinions and/or makes you doubt your feelings or thoughts by manipulating the truth
- ☐ Physical abuse – when someone intentionally causes physical injury, suffering or bodily harm, including neglect, abandonment and the use of corporal punishment
- ☐ Sexual abuse – any unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent
- ☐ Sudden death of someone close to you, or any other loss perceived to be a major loss
- ☐ Life-threatening illness or injury
- ☐ Ongoing serious stress, such as chronic pain, poverty or discrimination
- ☐ Accidents, including car accidents and industrial accidents
- ☐ Fire
- ☐ Break-in
- ☐ Hurricane, tornado or other natural disaster
- ☐ Military combat
- ☐ Terrorist incident
- ☐ Genocide
- ☐ Other _____
- ☐ Other _____

Common Responses to Trauma

Experiences of trauma can have lasting impacts on your emotions, as well as your physical sensations. Activity in the unconscious parts of the brain – the hypothalmus, the hippocampus and the amygdala - is often increased, and activity in the conscious part of the brain – the prefrontal cortex – is often decreased with trauma, or when trauma is triggered. The Trauma Reponses handout on the previous page summarizes four common reponses to trauma – fight, flight, freeze or fawn. Which trauma response best describes you?



Used with permission from @LightandSaltDesignCo (http://lightandsaltdesignco.com)

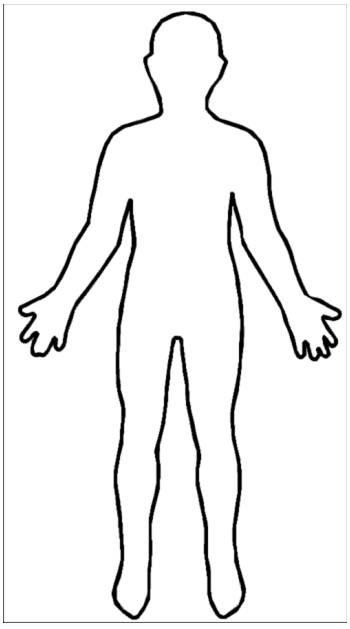
Emotional and Physical Experiences of Trauma

Below is a list taken from Najavits (2019) of feelings one may experience in response to trauma, or when trauma is triggered. Check those that may relate to you, and add and others that apply.

- ☐ Depression or sadness
- ☐ Flashbacks (unable to get images related to the trauma out of your mind)
- ☐ Difficulty trusting others
- ☐ Fear of being attacked even when there's no actual threat
- ☐ Anger
- ☐ Trouble focusing on work or tasks
- ☐ Nightmares
- ☐ Relationship problems
- ☐ Spaciness
- ☐ Physical problems unexplained by a physician, such as heart racing or nausea
- ☐ Panic or intense nervousness
- ☐ Impulses to hurt yourself or others
- ☐ Wanting to die
- ☐ Chronic pain
- ☐ Paranoia
- ☐ Hopelessness, or giving up
- ☐ Shame, guilt
- ☐ Difficulty remembering parts of the trauma
- ☐ Avoiding reminders of the trauma
- ☐ Thoughts about the trauma that you can't get out of your mind
- ☐ Dissociation
- ☐ Other _____
- ☐ Other _____

Body Scan for Trauma

Because trauma can manifest as physical symptoms, it is helpful to become aware of how your body signals that you are experiencing your trauma in a physical way. Indicate on the body outline below where in your body you tend to experience your trauma.



Common Messages Related to Trauma

Despite a growing understanding of experiences of trauma, there are still many people who do not recognize experiences of trauma, do not understand how trauma relates to alcohol use, and/or who do not recognize the significant impacts of trauma. Below is a list from Najavits (2019) of common messages related to trauma that you may have heard from others and that may have impacted your recovery from trauma. Check those that may relate to you, and add any others that apply.

- ☐ "Stop thinking about it and it will go away."
- ☐ "Appreciate that it wasn't worse."
- ☐ "Everyone has hard times."
- ☐ "God must be punishing you."
- ☐ "You have to tell your trauma story to recover."
- ☐ "You have to confront the perpetrator."
- ☐ "You have to forgive the perpetrator."
- ☐ "Find something positive in your trauma."
- ☐ "Time heals all wounds."
- ☐ "Just take medication."
- ☐ Other _____
- ☐ Other _____

Now, consider the messages that are often heard from oneself. These messages can be as impactful as those heard from others. These messages often exist to offer protection to one's mind, thereby contributing to survival; however, these messages keep experiences of trauma hidden. Adapted from Najavits (2019) is a list of those messages alongside possible reasons for these messages. Again, check those that may relate to you, and add any others that apply.

- ☐ "I'm fine." (*Wanting to make it better than it is*)
- ☐ "I can quit anytime." (*Wanting control*)
- ☐ "I liked my father. He had many good qualities." (*Wanting to believe*)
- ☐ "If I don't think about it, maybe it'll go away." (*Wanting it to disappear*)
- ☐ "It was just a part of growing up." (*Wanting to be normal*)
- ☐ "I must have done something to deserve it." (*Wanting it to make sense*)
- ☐ "Everyone else seems fine, so I pretend I am too." (*Wanting to fit in*)
- ☐ "Why bother trying?" (*Wanting to make it worse than it is*)
- ☐ "I can handle _____." (*Wanting to be stronger than you are*)
- ☐ Other _____
- ☐ Other _____

There are many things that can trigger one's trauma response in addition to unhelpful messages. See common triggers for trauma in the handout on the next page.

TRAUMA
TRIGGERS

Trauma & Alcohol Use

Noticing the feelings and memories that have been pushed away with alcohol use may be an important aspect of sustained behaviour change in relation to alcohol use. People who have experienced trauma may use alcohol to reduce symptoms related to trauma (ie. nightmares and flashbacks) and also to forget about their trauma. Below is a list of other reasons for using alcohol that may be connected with experiences of trauma (adapted from Najavits, 2019). Check those that may relate to you, and add any others that apply.

Trigger from Session 2	I used alcohol to…	Because…
☐ Anxious	☐ Feel less	I am overwhelmed by feelings
☐ Stressed	☐ Relax	I am stressed
☐ Worried	☐ Cope ☐ Gain insight	Each day feels like a struggle To help me figure things out when I feel lost
☐ Nervous	☐ To get the job done	To survive
☐ Inauthentic	☐ Fake a feeling	I want to seem normal
☐ Overwhelmed	☐ Cope ☐ Numb out ☐ Give up on life	Each day feels like a struggle It's hard to let myself feel It all just feels too hard
☐ Afraid	☐ Relax	I am afraid
☐ Avoiding	☐ Escape memories	Trauma memories may feel too painful
☐ Paranoid	☐ Be in my body	I can dissociate
☐ Sad	☐ Experience sadness	I can't cry
☐ Depressed	☐ Get energy ☐ Feel intensity	My trauma saps my strength My trauma has deadened me
☐ Angry ☐ Frustrated ☐ Irritated	☐ Express anger	My rage won't go away
☐ Rebellious	☐ Rebel ☐ Experience danger	I want to fight against people with power over me Danger is so familiar
☐ Misunderstood ☐ Embarrassed ☐ Humiliated ☐ Criticized	☐ Feel powerful	My trauma has made me feel powerless
☐ Pressured	☐ Relax	I feel pressured
☐ Inadequate	☐ Imitate someone ☐ Get away from my body	I don't feel like I'm enough I don't like my body

☐ Insecure	☐ Imitate someone ☐ Get away from my body	I don't feel like I'm enough I don't like my body
☐ Deprived	☐ Reward yourself	I have to make up for what I had to endure.
☐ Neglected	☐ Soothe	I didn't get comfort from others
☐ Envious	☐ Imitate someone	I don't feel like I'm enough
☐ Jealous	☐ Imitate someone ☐ Get revenge	I don't feel like I'm enough I want to hurt someone who hurt me
☐ Resentful	☐ Get revenge	I want to hurt someone who hurt me
☐ Revengeful	☐ Get revenge	I want to hurt someone who hurt me
☐ Guilty	☐ Tolerate pain	The pain of past or current events is intolerable
☐ Punishment	☐ Hurt or punish myself	I am used to this kind of treatment/to re-create trauma
☐ Shameful	☐ Feel less ☐ Tolerate pain	I am overwhelmed by feelings The pain of past or current events is intolerable
☐ Grieving	☐ Tolerate pain	The pain of part or current events is intolerable
☐ Bored	☐ Fill the emptiness ☐ Have fun	My trauma has created a void Pleasure doesn't come easily
☐ Lonely	☐ Feel cool or unpopular	I feel like an outsider
☐ Disconnected	☐ Connect with others ☐ To feel close to a partner	I feel isolated When real closeness is missing
☐ Detached	☐ To feel more	I feel detached, numb
☐ Happy	☐ Celebrate	I want to feel joy for a change
☐ Confident	☐ Feel good	I want to feel for at least a little while
☐ Excited	☐ Seek thrills	So excitement can make up for bad times
☐ Passionate	☐ Feel more alive ☐ Feel intensity	Trauma can make you feel that you've "died inside" My trauma has deadened me
☐ Aroused	☐ Be sexual	Sex may have become triggering, scary or dull
☐ Tired	☐ Get to sleep	Sleep problems are common after trauma
☐ Other		
☐ Other		

Trauma, Guilt & Shame

Trauma and alcohol use often leads to self-blame and self-hatred which manifests as guilt ("I made a mistake") and shame ("I am a mistake"). It seems counterintuitive, but is now understood that when one is treated poorly they tend to turn against themselves (Najavits, 2019).

Guilt can be helpful or unhelpful. Helpful guilt is caused by a feeling of psychological discomfort about something we've done that is objectively wrong (eg. feeling guilty about harming someone while driving impaired); whereas, unhelpful guilt is a feeling of psychological discomfort about something we've done against our unrealistically high standards (eg. feeling guilty about forgetting a coworker's name). Helpful guilt allows us to correct a wrong and seek forgiveness, while unhelpful guilt promotes self-punishment over behaviour change. Helpful guilt resolves as damage is repaired, unlike unhelpful guilt which remains until irrational beliefs are corrected (National Institute for the Clinical Application of Behaviour Medicine, 2017).

Shame is an intensely painful feeling of being fundamentally flawed and therefore unworthy of love and belonging (eg. feeling like worthless human being who is only taking up people's time and wasting space in the world). Shame causes us to fear rejection and therefore tempts us to disconnect from others, and to avoid what causes shame. Shame is internalized and deeply connected to our sense of self which makes resolution difficult (National Institute for the Clinical Application of Behaviour Medicine, 2017).

From a trauma perspective, it is important to note that while guilt is experienced as early as 3-6 years of age, shame is experienced as early as 15 months of age. Shame then can be more deeply wired in our brain as a result of our earliest experiences of trauma. Developmentally, guilt is seen as a more mature emotion (National Institute for the Clinical Application of Behaviour Medicine, 2017).

Taking responsibility for harms done, changing behaviours and attitudes that caused harm, seeking forgiveness and healing the relationship with the person affected are means of working through helpful guilt. To shift both unhelpful guilt and shame, one must practice self-compassion and self-forgiveness, as well as seek and nurture connection with others (National Institute for the Clinical Application of Behaviour Medicine, 2017).

Self-Compassion & Self-Forgiveness

Compassion for oneself allows movement from blame to understanding. It is not about making excuses, justifying bad choices, arrogance, self-pity or selfishness, but is instead about engaging wisdom (Najavits, 2019). Forgiving yourself means reconciling what happened and doing your best to make the future better than the past (Najavits, 2019). (Note that forgiving someone else is an option, not a requirement, that it may

take years to decide whether or not you want to forgive those who hurt you and that forgiving them doesn't mean that you have to forget what happened to you.)

Below are examples of statements from Najavits (2019) that offer self-compassion and self-forgiveness. Check those that you would consider using, and add any others that apply.

- ☐ "No one taught me differently. I didn't know."
- ☐ "I made some bad choices, but I also made good ones."
- ☐ "I was influenced by people that I won't ever let influence me again."
- ☐ "I've learned and can make other choices next time."
- ☐ "I'm imperfect just like everyone else."
- ☐ "No matter what I did in the past I can be different now."
- ☐ "I survived an awful situation; there were no good choices available."
- ☐ "I was alone and did the best I could to figure it out."
- ☐ "It's within my power to forgive myself."
- ☐ "I felt so low that I didn't have it in me to try harder."
- ☐ "I did what I thought was best at the time, even if I see it differently now."
- ☐ "There are many reasons for what happened (genetics, family history, culture, lack of support, etc.) – not just some flaw in me."
- ☐ "I wish I could have controlled what happened, but I couldn't."
- ☐ "I'm still alive and I get to try again."

On the next page is a handout that encourages compassionate self-talk. Reflect on the common messages related to trauma you resonated with earlier in this chapter, as well as those related to compassion and forgiveness above and circle those that you would consider using as part of your process of self-compassion and self-forgiveness.

Old Message Regarding Trauma	New Self-compassionate/Self-forgiving Messages Regarding Trauma

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Trauma, Guilt, Shame & Transplant

Post-traumatic Stress Disorder (PTSD) for transplant patients is twice that of the general population (Brunck, 2018) and is associated with a decreased quality of life (Jin et al., 2012). PTSD symptoms are generally grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions (Mayo Clinic, 2018). If you think that you might be sufferering from transplant-related PTSD it is important for you to seek support from a professional.

Guilt is a common experience after a transplant. Often shared are feelings of guilt about how one benefited from the death of their donor. Guilt can be particularly strong for people who became very ill while waiting and prayed or hoped for an organ to become available (WebMD, 2021). Writing to your donor family can help process feelings of guilt (See Appendix C for helpful things to consider when doing this.) List below the guilt you've experienced in relation to your transplant process and indicate for each whether the guilt is healthy or unhealthy.

Transplant-related Guilt	Healthy or Unhealthy?

Shame may be experienced throughout the transplant process especially as it relates to alcohol use. It may have been indicated to you that your need for transplant is your fault, or that others are more deserving of a transplant than you are. It is important to remember that these messages are a result of persistent stigma related to alcohol use and that they are both inappropriate and unprofessional. It is well known that structural stigma and social stigma lead to self-stigma (Livingston, 2011). That is the existing rules, policies and procedures that exist and the thoughts others uphold influence how one thinks about themselves. Shame shifts with self-compassion, self-forgiveness and connection to others. List below the messages of shame that you've experienced in relation to your transplant process and indicate new self-compassionate and self-forgiving messages for each one.

Transplant-related Messages that Contributed to Shame	New Self-compassionate/Self-forgiving Messages Regarding Shame

Please write below one “thought that stuck” from today’s session, one thing that you will do or try because of what you learned in session and your “to dos” before the next session. Then complete the “session 8” portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
“Thought that Stuck”	
One thing that I will do or try	
“To dos” before next session	

Session 9:

Grief & Loss

"No one ever told me that grief felt like fear." – C.S. Lewis

Session 9: Grief & Loss

Grief is the normal and natural reaction to loss of any kind that may involve a range of naturally occurring human emotions. James and Friedman (2009) define grief specifically as "the conflicting feelings caused by the end of or change in a familiar pattern of behaviour" (p. 3). There are seven types of grief (Williams, 2020).

Various Forms of Grief

Non-death loss – relates to the myriad of losses a person experiences throughout their lifetime that are significant to their physical, psychological, spiritual and interpersonal selves whether these losses are minor and manageable or devastating and life-altering.

Secondary Loss – the ripple of subsequent losses secondary to a devastating loss, including finances, friends, community, worldview, faith, sense of self etc.

Ambiguous Loss – occurs when something or someone profoundly changes, but is still living, separating hope that normalcy will return from a looming sense that what they once knew is no longer.

Cumulative Loss – is experienced when a new loss occurs before being able to grieve the first loss, or when multiple losses occur in quick succession.

Nonfinite Loss – refers to the loss of childhood hopes and dreams for one's life because of the happening of conditions beyond one's control. It is considered nonfinite because a person carries them for a long time as they wrestle with trying to fulfill their hopes and dreams while continually falling short of them.

Anticipatory Grief – happens when circumstances lead a person to think that death is a real possibility before the loss actually occurs.

Disenfranchised Grief – when a person is denied the right to grieve by family, friends. Community members or society as a whole because the loss is not accepted as valid.

65 Examples of Disenfranchised Grief

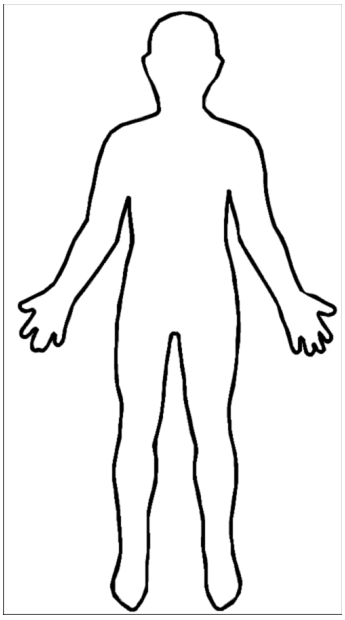
Disenfranchised grief is often not accepted as valid because the loss is not seen as worthy of grief (eg. non-death losses), the relationship is stigmatized (eg. partner in an extramarital affair), the mechanism of death is stigmatized (eg. suicide or overdose death), the person grieving is not recognized as a griever (eg. co-workers or ex-partners), the way someone is grieving is stigmatized (eg. the absence of an outward grief response or extreme grief responses) (Williams, 2018). On the next page are 65 examples of disenfranchised grief (adapted from Williams, 2018). Check those that relate to you, and add any others that apply.

- ☐ Death by suicide
- ☐ Death by drug overdose
- ☐ Death of a pet
- ☐ Infertility
- ☐ Loss of a home
- ☐ Grieving someone you didn't know well
- ☐ Grieving someone you didn't know at all (like a celebrity)
- ☐ Grieving someone you only knew online (cyber loss)
- ☐ Death of a sibling
- ☐ Grief that people think has gone on "too long"
- ☐ Loss of someone elderly
- ☐ Death by homicide
- ☐ Death from HIV/AIDS
- ☐ Death of the partner in an extra-marital affair
- ☐ Loss of a job
- ☐ Divorce
- ☐ Moving/loss of community
- ☐ Grieving someone you can't remember (eg. a parent who died when you were an infant)
- ☐ Grieving someone who died before you were born (an older sibling)
- ☐ Dying from childbirth
- ☐ Death of an ex-spouse or ex-partner
- ☐ Death of a same-sex partner
- ☐ Miscarriage and stillbirth
- ☐ Estrangement from family
- ☐ Loss of meaningful objects/belongings
- ☐ Not showing 'enough' emotion while grieving
- ☐ Showing 'too much' emotion while grieving
- ☐ Loss of language, culture, and tradition
- ☐ Loss of hopes and dreams for the future
- ☐ Grief following an abortion
- ☐ Grief following adoption
- ☐ Learning a secret/finding out a person wasn't who you thought they were
- ☐ Grieving someone who is still living
- ☐ Grieving a loved one with Alzheimer's or dementia
- ☐ Grieving a loved one with a substance use disorder
- ☐ Grieving someone who has experienced a traumatic brain injury
- ☐ Grieving someone who is dealing with a severe mental illness
- ☐ Grieving someone who has run away
- ☐ Grieving someone who has disappeared
- ☐ Grieving someone who is incarcerated
- ☐ Grieving family separation due to foster care
- ☐ Loss of physical health
- ☐ Loss of independence
- ☐ Death of a co-worker
- ☐ Death of a patient or client
- ☐ Death of a step-child/step-parent
- ☐ Death of a foster child/foster parent
- ☐ Death of the driver in an impaired driving accident
- ☐ Death of someone in a 'stigmatized' peer group (a gang member, someone else using or selling drugs, etc.)
- ☐ Loss of faith or religious identity
- ☐ 'Circumstantial infertility' (wanting a child but not having a partner with whom to have a child)
- ☐ Loss of identity or sense of self
- ☐ A foster child being reunited with biological family
- ☐ Death of a friend
- ☐ Grieving an unmarried partner

- ☐ Feeling abandoned by a parent who is involved but distant after a divorce
- ☐ Loss of a child to school or marriage (empty nest)
- ☐ Finishing school/graduation
- ☐ Retirement
- ☐ Not having a 'good' relationship with a parent, sibling, or another family member
- ☐ Death of a doctor or therapist
- ☐ Feeling failed or abandoned by friends, family, or community
- ☐ The death of someone you hadn't seen or been in touch with for many years
- ☐ The person grieving is thought incapable of grief (eg. a young child or someone with a mental disability)
- ☐ Loss of financial means
- ☐ Loss of 'lifestyle' (abstinence from substance use)
- ☐ Other _____
- ☐ Other _____

Body Scan for Grief & Loss

Although those who are grieving may grieve very differently from one another, there are some common responses to grief that may be helpful to recognize. The physical symptoms of grief are a lack of energy or fatigue, headaches and an upset stomach, excessive sleeping or overworking and excessive activity. The emotional symptoms are memory lapses, distraction and preoccupation, irritability, depression and feelings of euphoria and extreme anger or feelings of being resigned to the situation. Spiritual symptoms include feelings of being closer to God or feelings of anger and outrage at God, a strengthening of faith or a questioning of faith (John Hopkins Medicine, 2022). It is helpful to become aware of how your body signals that you are grieving. Indicate on the body outline below where in your body you tend to experience grief.



Misinformation about Grief & Loss

Many people are familiar with the work of Dr. Elisabeth Kübler-Ross. Kübler-Ross (1969) identified the emotional process a person may go through after being diagnosed with a terminal illness. She explained those five stages as denial, anger, bargaining, depression and lastly, acceptance. For decades afterward, Kübler-Ross' stages were applied not only to those who were dying, but also to those who were bereaved. Recently, awareness has developed regarding the inappropriate application of Kübler-Ross' stages to those who are grieving (Stroebe, Schut, & Boerner, 2017) and that perhaps those who were grieving felt forced to fit into one of the stages which would have been not very helpful. Other models for grieving have been proposed instead of the five stages. One such model is the Dual Process Model of Coping with Bereavement (Stroebe & Schut, 1999). This model explains that coping with a loss involves a combination of accepting and confronting the loss, and emphasizes the importance of oscillating between loss-oriented and restoration-oriented coping (Stroebe & Schut, 1999). Most important to remember is that grief is recognized as an extended process, with no set timeframe for finishing.

Dual Process Model of Coping with Bereavement

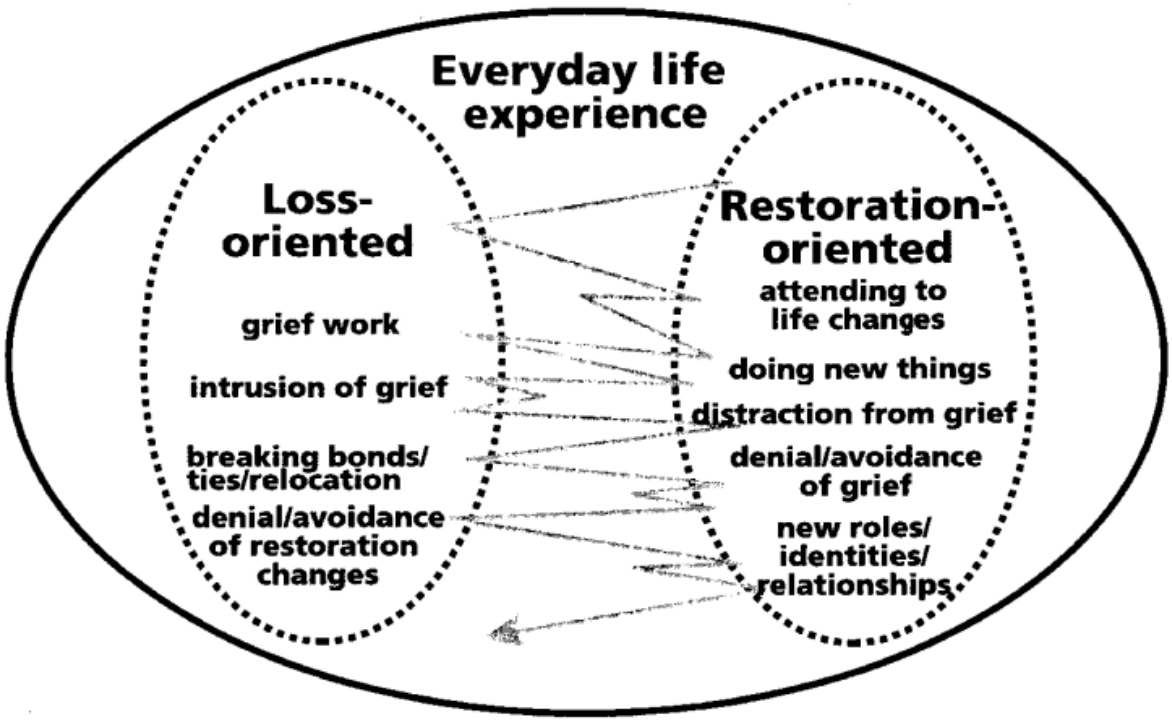


FIGURE 1 A dual process model of coping with bereavement.

(Stroebe & Schut, 1999)

Common Messages about Grief & Loss

Because others are ill-prepared to help cope with loss, unhelpful messages related to grief and loss are perpetuated. They do this because they don't know what else to say and are afraid of our feelings, so as a result don't hear us, try to change the subject, and intellectualize (James & Friedman, 2009). Some of the messages listed below you may have heard in your response to grief and loss (adapted from James & Friedman, 2009). Check those that relate to you, and add any others that apply. As you go through the list consider the impact have these kinds of messages had on you.

- ☐ "Don't feel bad."
- ☐ "Replace the loss."
- ☐ "People need space to grieve."
- ☐ "Just give it time."
- ☐ "Be strong for others."
- ☐ "Keep busy."
- ☐ Other _____

Moving Incomplete Grief towards Complete Grief

Grief is often described as complete and incomplete. A sign of completed grief is when grieving people are able to think about their lost person, place or thing more as a happy past memory and less as a painful absence (American Addiction Centers, 2022). Pain may still be felt, but not as acutely as it once was. James and Friedman (2009) identify incomplete grief as below. Consider a loss you have experienced and check any of the following that apply.

- ☐ You are unwilling to think about or talk about someone who has died, or any other loss.
- ☐ Your experience of fond memories tends to turn painful.
- ☐ You only want to talk about the positive aspects of the relationship.
- ☐ You only want to talk about the negative aspects of the relationship.
- ☐ You have fear associated with thoughts or feelings about the relationship.

If you checked any of the above, you may be experiencing incomplete grief related to a loss. Grief counselling may then be of benefit to help you process your losses towards completeness. An additional resource is *The Grief Recovery Handbook* by James and Friedman (2009). A clear and detailed process for resolving incomplete grief is outlined throughout this book.

Playdough Activity for Grief & Loss

The are many brief activities that can be done to help you in your grieving process. A quick search on YouTube will bring up many such activities from Dr. Jay Children's Grief Centre. These activities are helpful for children and adults alike; however should not be used in place of more formal grief counselling, in particular where grief is considered incomplete. One of the activities from Dr. Jay Children's Grief Centre is the Playdough Activity. The activity assists you in creating an integrated sculpture of yourself with the person, place or thing that you've lost. To do this activity complete the following steps:

1. Gather two different colours of playdough
2. Chose a colour to represent yourself and the other to represent the person, place or thing that you've lost
3. With the playdough that you've chosen to represent you, create a sculpture that symbolizes you (eg. your body, the first letter of your name, a favourite hobby)
4. With the playdough that represents the person, place or thing that you've lost, create a sculpture that reminds you of them/it (eg. the quality you most admired about them/it, a favourite food they enjoyed, an activity you did together)
5. Mould together both sculptures to create a sculpture that symbolizes the two of you together (eg. a heart, a house, something from a vacation you took together)
6. Use this sculpture as a means for grounding or simply as a tangible reminder of the relationship you shared

Affirmation Cards

On the next page, are a series of affirmation cards. These can be helpful in initiating a conversation about what it is that you've lost. Consider using them to speak more about your loss with your counsellor, or with a trusted family member or friend.

Used with permission from @CounsellorCronen

Grief, Loss & Alcohol Use

In the absence of social constructs that allow us to process our losses in healthy ways, short-term relievers are often used to cover up, hide or bury feelings associated with grief (James & Friedman, 2009). Alcohol is recognized as one of those short-term relievers. Understood, of course, is that alcohol does nothing to deal with the various emotions connected to the loss and perpetuates non-completed grief. Recognized also though, is that it's possible to grieve the loss of alcohol itself. The following exercise from Herie & Watkin-Merek (2006) can be used to develop an awareness of the grief that accompanies behaviour change related to alcohol. An example of this is the loss of social consumption of alcohol with friends. One may feel sad, bored and frustrated because they are no longer spending time with friends in this way. However, they may be able to enjoy other activities with friends instead such as hiking or painting.

What I have lost	Feeling(s)	New Behaviours

Grief, Loss & Transplant

Grief may be experienced in several ways throughout the transplant process. Patients waiting to be listed for transplant, or waiting on the transplant list experience anticipatory grief concerning their own passing and the future passing of their donor (Poole et al., 2016). Disenfranchised grief may also be experienced pre-transplant because one does not have the physical capacity to participate in activities they once enjoyed or to complete household-related tasks and responsibilities. Some people experience grief because of how their relationships have changed as a result of their liver disease. Others experience grief related to a sense of lost identity and/or the loss of opportunities or dreams for their future (Be The Match, n.d.). Further disenfranchised grief may be experienced post-transplant due to changes in one's physical body (Di Matteo, De Figlio, & Pietrangelo, 2018) and transplanted patients at times experience long-lasting complicated grief with respect to the donor's passing (Poole et al., 2016). List below the experiences of grief that you've experienced in relation to your transplant process and indicate new ways of thinking about your loss that could move you in the direction of

complete grief. Could you use the playdough activity (p. 103) as an additional way to help process your transplant-related grief?

Transplant-related Experiences of Grief	New Way of Thinking about This Loss

Please write below one “thought that stuck” from today’s session, one thing that you will do or try because of what you learned in session and your “to dos” before the next session. Then complete the “session 9” portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
“Thought that Stuck”	
One thing that I will do or try	
“To dos” before next session	

Session 10:

Boredom & Re-creation of Self

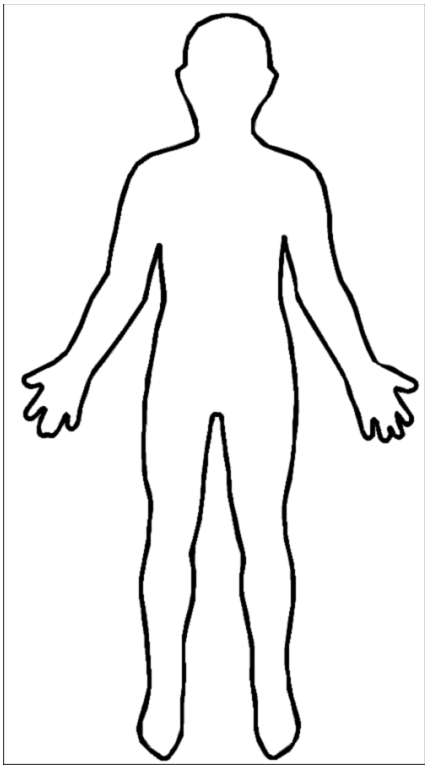
"He who has a why to live for can bear almost any how."
– Friedrich Nietzsche

Session 10: Boredom & Re-creation of Self

It is important to differentiate boredom from emptiness, loneliness and depression. *Boredom* is an emotional state experienced when an individual is left without anything in particular to do, and are not particularly interested in their surroundings. Symptoms of boredom include vague discontent, listlessness or fatigue, vanity and self-absorption and wishful thinking. *Emptiness* refers to feelings of having a void or empty hole in your life. Symptoms of emptiness include an emotional numbness, despair, despondence and anxiousness. *Loneliness* is a usually unpleasant emotional response to isolation or lack of companionship. Symptoms of loneliness include low self-worth, self-doubt, alienation and exhaustion. *Depression* is a state of low mood and aversion to activity. Symptoms of depression include sadness, worthlessness, hopelessness and anxiousness. Boredom, emptiness and loneliness can all be a sign of depression, while emptiness may indicate borderline personality disorder (Daley & Marlatt, 2006). Symptoms of any one of these four emotional states may warrant medical attention.

Body Scan for Boredom

Because boredom can manifest as physical symptoms, it is helpful to become aware of how your body signals that you are experiencing boredom in a physical way. Indicate on the body outline below where in your body you tend to experience your boredom.



Re-creation of Self

In the absence of a necessity for psychiatric care or medication, focusing on opportunities to reengage in life in meaningful ways that are free from alcohol can help to decrease boredom and recreate yourself. Defining your core values, recognizing your natural skills and gifts and clarifying those activities that provide a sense of “pleasure” or “mastery” assist in making decisions about opportunities to invest in or goals to create.

My Core Values

Values are defined as principles or standards of behaviour. They are a judgment, determined by each individual, of what is important in one’s life. Some people may know well the core values that help to shape them into the person that they are, while other people may have difficulty uncovering those core values. The exercise below may help you to discover your core values. There are several steps involved in this process.

1. First, check from the list below your most important values. You may add to the list any value that is important to you that you do not see already in the list.

- ☐ Adventure
- ☐ Amusement
- ☐ Authenticity
- ☐ Awareness
- ☐ Charity
- ☐ Community
- ☐ Compassion
- ☐ Connection
- ☐ Consideration
- ☐ Contribution
- ☐ Cooperation
- ☐ Courage
- ☐ Creativity
- ☐ Dependability
- ☐ Dignity
- ☐ Discovery
- ☐ Economic Security
- ☐ Education
- ☐ Ethics/Ethical
- ☐ Faith
- ☐ Friendship
- ☐ Generosity
- ☐ Gratitude
- ☐ Honesty
- ☐ Imagination
- ☐ Independence
- ☐ Inspiration
- ☐ Integrity
- ☐ Justice
- ☐ Kindness
- ☐ Knowledge
- ☐ Love
- ☐ Loyalty
- ☐ Organization
- ☐ Peace
- ☐ Personal Development
- ☐ Play
- ☐ Positive Attitude
- ☐ Recognition
- ☐ Reliability
- ☐ Respect
- ☐ Responsibility
- ☐ Spirituality
- ☐ Stability
- ☐ Strength
- ☐ Success
- ☐ Support
- ☐ Teaching
- ☐ Trust
- ☐ Wealth
- ☐ Wisdom
- ☐ Other _____
- ☐ Other _____

2. Next, choose your top 8 values and put them in the box below ignoring for now the “rank” column.

Rank	Core Value

3. Now you are going to rank your core values. To do this compare the first core value in your chart to the one that is listed second. Think to yourself “If I had to choose the one core value that is most important to me, which one would it be?” Compare the one that you chose to be most important with the next ones on the list until you find one that is more important than the one that you first chose. For example, if you compared 1 to 2 and decided that 2 is more important than 1, compare 2 to all the core values in the chart listed below. Then, if you decide for example, that 5 is more important than 2, you will now compare 5 to what is listed below until you find a care value that is again more important. Remember, you do not need to compare 5 to core values listed 1-4 as you have already determined that 5 is more important than all those listed before it. When you are finished going through the list for the first time label the core value that you have determined most important through your comparison with all of the others ones in the “rank” column as number “1”.

4. Start again, and compare each item that remains (do not include the core values you’ve already chosen) and label them in the “rank” column accordingly.

5. Take a moment to reflect on your top 3 core values. What do these values mean to *you*. What do you do that shows that they are important in your life? What would you like to do to make them more important in your life?

Natural Skills & Gifts

Below is an exercise called *Rosie, Red with Pie* (adapted from Groeschel, 2006). It may be useful in helping you to discover your natural skills and gifts.

Imagine a scene where seven friends are gathered around a table at a restaurant to eat cherry pie. As Rosie lifts a juicy red slice of pie to her plate, it somehow falls facedown onto the floor. What a mess! Each friend has a different response to Rosie's misfortune. Check the friends who you feel you are most like.

- ☐ Friend One takes charge, reeling off orders and organizing an efficient cleanup crew. Their natural skills and gifts may lie in leadership and administration.

- ☐ Friend Two immediately makes an offer: "Rosie honey, don't worry. I will buy you another one! For that matter, another slice of cherry pie for everyone, my treat!" They may have the natural skill and gift of giving or charity.

- ☐ Friend Three leans back and states calmly, "I could have told you that was going to happen." They may have the natural skill and gift of assessment, calculation and prediction.

- ☐ Friend Four feels that they are on the verge of tears, not because of the mess the fall has caused, but because of Rosie's hardship. They may have the natural skill and gift of compassion or mercy.

- ☐ Friend Five shocks everyone when they laugh and then drops their own slice on the floor. Soon everyone else is laughing and the focus is off of the first unfortunate friend. They may have the gift of amusement or imagination.

- ☐ After a minute, Friend Six gets everyone's attention: "There is a better way to eat cherry pie," they say. "I've researched it. The first thing you have to know is …" They may have the natural skill and gift of teaching and innovation.

- ☐ And finally, everyone turns to Friend Seven who has already cleaned everything up and has just calmly sat back down at their place. They may have the natural skill and gift of support and service.

My Activities

On the next page is a list of activities (adapted from Addiction Services of Thames Valley, 2014). Place a check mark beside all of the activities that you currently enjoy doing, you used to enjoy doing, or that you think you would enjoy doing, but have never tried. Then indicate with a "P" those activities that provide you with a particular sense of pleasure and indicate with a "M" those activities that offer a sense of mastery.

SPORTS
- ☐ Volleyball
- ☐ Basketball
- ☐ Tennis
- ☐ Swimming
- ☐ Hockey
- ☐ Golf
- ☐ Curling
- ☐ Downhill skiing
- ☐ Cross country skiing
- ☐ Jogging
- ☐ Bicycling
- ☐ Boating
- ☐ Horseback riding
- ☐ Football
- ☐ Archery
- ☐ Badminton
- ☐ Target shooting
- ☐ Bowling
- ☐ Watching sports
- ☐ Skating

GAMES
- ☐ Chess
- ☐ Checkers
- ☐ Bridge
- ☐ Euchre
- ☐ Other card games
- ☐ Pool
- ☐ Ping-pong
- ☐ Horseshoes
- ☐ Lawn bowling
- ☐ Charades
- ☐ Puzzles
- ☐ Shuffleboard
- ☐ Board games (eg. monopoly)
- ☐ Darts

NATURE
- ☐ Hiking
- ☐ Camping
- ☐ Walking in parks
- ☐ Canoeing
- ☐ Raising pets
- ☐ Indoor plant care
- ☐ Hunting
- ☐ Fishing

CRAFTS & HOBBIES
- ☐ Sewing
- ☐ Cooking
- ☐ Leather craft
- ☐ Macramé
- ☐ Model building
- ☐ Carpentry & woodworking
- ☐ Knitting
- ☐ Crocheting
- ☐ Minor home repairs
- ☐ Interior decorating
- ☐ Car repairs
- ☐ Embroidery
- ☐ Needlework
- ☐ Weaving
- ☐ Pottery
- ☐ Rug making
- ☐ Furniture refinishing
- ☐ Making candles
- ☐ Metal work
- ☐ Stained glass

CREATIVE
- ☐ Painting
- ☐ Sculpting
- ☐ Photography
- ☐ Creative writing
- ☐ Ceramics
- ☐ Dance
- ☐ Play a musical Instrument
- ☐ Drama
- ☐ Writing music
- ☐ Singing
- ☐ Sketching

COLLECTION
- ☐ Coins
- ☐ Stamps
- ☐ Antiques
- ☐ Cars
- ☐ China
- ☐ Autographs
- ☐ Pictures
- ☐ Stones
- ☐ Shells
- ☐ Records

ENTERTAINMENT, SOCIAL, CULTURAL
- ☐ Watching TV
- ☐ Watching a play
- ☐ Museum
- ☐ Art gallery
- ☐ Window Shopping
- ☐ Take an academic course
- ☐ Travel for pleasure
- ☐ Read fiction
- ☐ Read non-fiction
- ☐ Read papers, magaz.
- ☐ Attend lecture
- ☐ Visit tourist attraction
- ☐ Attend auction
- ☐ Go to park or conservation area
- ☐ Dance at social gathering
- ☐ Dine out
- ☐ Self improvement course
- ☐ Attend religious function
- ☐ Go to movies
- ☐ Attend concerts
- ☐ Listening to radio
- ☐ Listening to music

VOLUNTEER
- ☐ Hospital/health
- ☐ Services Groups
- ☐ Disabled
- ☐ Recreation
- ☐ Entertainment
- ☐ Clerical office work
- ☐ Administration
- ☐ Fund raising
- ☐ Publicity, advertising

CLUBS & GROUPS
- ☐ Religious
- ☐ Sport
- ☐ Educational
- ☐ Social
- ☐ Ethnic/cultural
- ☐ Community/ratepayer
- ☐ Political
- ☐ Youth or sr. citizens
- ☐ Volunteer or service
- ☐ Hobby

Putting it all Together

Considering your core values, recognizing your natural skills and gifts and clarifying those activities that provide a sense of “pleasure” or “mastery” imagine the opportunities that you could get involved in or goals that you can create for yourself. Attempt to utilize the SMART(er^2) method of goal setting (adapted from Doran, 1981) as a first step in the direction of new goals and opportunities.

S – *Specific* Identify who, what, when, where	
M – *Measureable* Determine a way to assess how successful the goal is	
A – *Attainable* Plan action and steps wisely	
R – *Realistic* Ensure that you can stick with it	
T – *Timely* Give the goal a timeframe	
E – *Evaluate* Consider the progress made and determine if the goal needs to be adjusted	
R – *Resources* What resources do you need to achieve your goal	
R – *Reward* Is there a healthy reward that you might want to enjoy for achieving or maintaining your goal	

Boredom & Alcohol Use

Boredom is a common trigger for alcohol use, it is also common while attempting to maintain an abstinence-based goal for alcohol especially if alcohol use and related activities were a big part of your life or if you have grown tired of recovery-related routine. It may be necessary to relearn how to enjoy life without alcohol (Daley & Marlatt, 2006). Defining your core values, recognizing your natural skills and gifts and clarifying those activities that provide a sense of “pleasure” or “mastery” can assist you in doing just that!

Boredom & Transplant

Boredom while waiting to be listed for transplant, waiting on the transplant list or while recovering from liver transplant is common because often people are often too physically unwell to participate in activities they once enjoyed or to complete household-related tasks and responsibilities. It is important to be patient with yourself, to recognize your current state as temporary and to engage with the things can do. List below activities, tasks and responsibilities that you can do and indicate the various steps these can be broken down into in order to make them more manageable.

Activities, Tasks and Responsibilities I am able to do:	Steps to Completing Activity, Task or Responsibility
	1. 2. 3.
	1. 2. 3.
	1. 2. 3.

Please write below one “thought that stuck” from today’s session, one thing that you will do or try because of what you learned in session and your “to dos” before the next session. Then complete the “session 10” portion of the Relapse Prevention Plan (pp. 116-118).

Session Summary	
“Thought that Stuck”	
One thing that I will do or try	
“To dos” before next session	

My Relapse Prevention Plan

My commitment to abstinence from alcohol (session 1)

1 2 3 4 5 6 7 8 9 10

Benefits of Maintaining Abstinence from Alcohol	Consequences of Returning to Alcohol Use

People in my Support System (session 3)

EMERGENCY CONTACT:
SUPPORT LINE:

Who are the supportive people in your life and how might you nurture your relationship with them? What are the numbers you can call should you have an emergency related to your abstinence from alcohol?

My Triggers/High-Risk situations & Coping Skills (session 2)

What are your recognized triggers or high-risk situations, and what coping skills do you/can you use for these?

My Warning Signs (session 4)

What does your body tell you about how you are feeling, and what grounding exercises can you use as you notice a challenging emotional state escalating?

Noticing symptoms of *Stress* (session 5)

What signals does your body give you to let you know that you are stressed? What things do you need to let go of because they are not in your control?

Ways of managing my *Thoughts* (session 6)

How can you challenge your negative bias, and what unhelpful thinking patterns do you need to be aware of?

Ensuring healthy *Communication* (session 7)

What do you need to do to ensure that you are communicating in an effective manner, particularly in moments of conflict?

Messages of *Self-Compassion* & *Self-forgiveness* (session 8)

What compassionate and forgiving messages can you say to yourself about past trauma?

Past Experiences that may need a little more attention (session 9)

Could you benefit from additional counselling regarding the losses you've experienced in the past?

My *Goals* (session 10)

What are the opportunities you could get involved in, or the goals you'd like to create for yourself considering your core values, your natural skills and gifts and the activities that provide a sense of "pleasure" or "mastery"?

Where will I be in *1 year?*

Consider your life in 1 year's time. What will it look like? Although you are encouraged to keep your Relapse Prevention Plan accessible so as to review it on a regular basis, you can use this part as a time capsule, setting a reminder to review it in one year.

What has been the *Biggest Impact* for you in completing this treatment program?

Wishing you *all the best* in your abstinence from alcohol. Please do not hesitate to contact your counsellor or speak with any member of the liver transplant team should you need further support.

Certification of Completion

THIS CERTIFICATE IS AWARDED TO

NAME

for successful completion of

THE RELAPSE PREVENTION PROGRAM

with the University Health Network Multi-Organ Transplant Program &

the Trillium Gift of Life Network (Ontario Health)

DATE

UHN

Ontario Health
Trillium Gift of Life Network

NAME & POSITION

Certification of Completion

THIS CERTIFICATE IS AWARDED TO

NAME

for successful completion of

THE RELAPSE PREVENTION PROGRAM

with the London Health Sciences Centre Multi-Organ Transplant Program &

the Trillium Gift of Life Network (Ontario Health)

London Health Sciences Centre

Ontario Health
Trillium Gift of Life Network

DATE

NAME & POSITION

Appendix A – Self-Monitoring Record

Self-Monitoring Record

Trigger	Emotion	Body Sensation	Thought	Behaviour	Coping Strategy	Consequence (positive and/or negative)

Appendix B – Activity Schedule

Month:

Strategy	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Appendix C – Writing to Your Donor Family

Writing to Your Donor Family

Trillium Gift of Life Network
522 University Avenue
Suite 900
Toronto, ON
M5G 1W7

Inquiries:
416-363-4001 (Toronto)
1-800-263-2833 (Toll Free)

Gift of Life
Don de vie

Making the Decision to Write to My Donor Family

Through organ donation, you have received the greatest gift of all – the Gift of Life.

You may be thinking about how to express your gratitude to the family who unselfishly offered donation at the time of the loss of their loved one. This brochure will guide you through the process of sending correspondence to your donor family.

The decision to contact your donor family is a personal choice. It may help knowing that donor families are comforted by the correspondence they receive from the recipients of their loved one's organ.

There is no time limit for corresponding – you may write at any time. If it is more comfortable, you may choose to send a card during the holidays, or a 'thinking of you' card instead of a letter.

If you decide to write, here are some guidelines to help you:

Where do I Begin?

- Open your letter with "Dear Donor Family,"
- Mention any hobbies or special interests you have
- Write about your family (please do not include any names)
- Tell them about your illness and how you are doing since your transplant
- Share what has happened in your life since your transplant (birthdays, births, graduations, etc.)
- Recognize the family and thank them for their gift

Carefully consider whether to include religious comments as the views of the donor's family are unknown.

Closing your card or letter

- Sign your card or letter "the recipient" only (please do not include your first or last name)
- Do not reveal your address, city, or telephone number
- Do not reveal the name of your hospital or transplant center

Where do I mail my card or letter?

- Place your card or letter in an unsealed envelope
- Include on a separate piece of paper
  - Your full name
  - Date of your transplant

Please forward both documents in a sealed envelope to your transplant coordinator.

Your transplant coordinator will review the card or letter to ensure that confidentiality is maintained. It will then be forwarded to Trillium Gift of Life Network, and the Family Services Advisor will send it to the donor family.

Please allow several weeks for this to be completed.

Will I hear from the donor family?

You may or may not hear from the donor family. Some families have said that writing about their loved one and their decision to donate has helped them in their grieving process. Other donor families prefer privacy and choose not to write to the recipients. It is important to remember that the donor family has experienced the loss of a loved one and may not choose to respond.

Here are a few sample phrases to help you get started:

- It is now approaching (one month, year, etc.) since I received the gift of life through your family's unselfish gift of organ donation. I want you to know that I continue to give thanks each day for this gift.
- I am so sorry for the loss of your loved one. I know it must be difficult to live without him/her. I hope you can find comfort knowing that your loved one was able to change my life.
- I hope this letter finds you well. Word cannot express how thankful I am for your family's generosity and compassion. You have given me a second chance at life. I am deeply sorry for the loss of your loved one.

Resource List

Emergency and Crisis Supports

Talk Suicide - phone 1-833-456-4566 (24/7), text 45645 (between 4 p.m. and midnight ET), or visit online www.talksuicide.ca

- Offers free support to people in Canada who have concerns about suicide
- Service associated with the Canadian Mental Health Association (CMHA)

Wellness Together Canada – phone 1-866-585-0445, adults text "WELLNESS" to 741741, or visit online www.wellnesstogether.ca

- Immediate, free and confidential mental health and substance use support offered 24/7
- Virtual services in English and French
- Interpretation services available during phone-counselling sessions in over 200 languages and dialects

ConnexOntario - phone 1-866-531-2600, e-mail www.connexontario.ca/en-ca/send-email, text "CONNEXT" to 247247, webchat www.connexontario.ca/Chat, or visit online www.connexontario.ca

- Immediate, free and confidential mental health and substance use support offered 24/7
- Offers connection with someone who will listen, provide support and offer strategies
- Present options for local treatment services

Hope for Wellness Help Line – phone 1-855-242-3310

- Offers immediate mental health counselling and crisis intervention to all Indigenous peoples across Canada
- Phone and chat counselling is available in English, French, Cree, Ojibway and Inuktitut

National Indian Residential School Crisis Line - phone 1-866-925-4419

- Offers support to former residential school students and those affected
- Available 24 hours

Structured Treatment Programs for Substance Use

ConnexOntario - phone 1-866-531-2600, e-mail www.connexontario.ca/en-ca/send-email, text "CONNEXT" to 247247, webchat www.connexontario.ca/Chat, or visit online www.connexontario.ca

- Immediate, free and confidential mental health and substance use support offered 24/7
- Offers connection with someone who will listen, provide support and offer strategies
- Present options for local treatment services

Home and Community Care Support Services

- Each geographic region has a "healthline" webpage that lists the various health services that can be found within it
- Identify the geographic region where you live by going to the main Home and Community Care Support Services website www.healthcareathome.ca/home, click the "Find Your Local Branch" tab at the top left hand side of the page, then enter your postal code
- Once your local branch is identified, go to that branch's "healthline" webpage
    - Erie St. Clair - www.eriestclairhealthline.ca
    - South West - www.southwesthealthline.ca
    - Waterloo Wellington - www.wwhealthline.ca
    - Hamilton Niagara Haldimand Brant - www.hnhbhealthline.ca
    - Central West - www.centralwesthealthline.ca
    - Mississauga Halton - www.mississaugahaltonhealthline.ca
    - Toronto Central - www.torontocentralhealthline.ca
    - Central - www.centralhealthline.ca
    - Central East - www.centraleasthealthline.ca
    - South East - www.southeasthealthline.ca
    - Champlain - www.champlainhealthline.ca
    - North Simcoe Muskoka - www.nsmhealthline.ca
    - North East - www.northeasthealthline.ca
    - North West - www.northwesthealthline.ca
- Programs related to alcohol use can be found by clicking "Addictions" under the "Health Topics" heading

Peer Support for Substance Use

Community Addictions Peer Support Association (CAPSA) – www.capsa.ca/peer-support

- Offers two peer support groups – All People All Pathways group and Breaking Free Wellness group
- All People All Pathways is a group designed for people to explore their relationship to substance use
- Breaking Free Wellness is a sub-group of the All People all Pathways group that offers evidence-based practices and tools to help in making behaviour change related to substance use
- Emphasis on stigma and discrimination free conversation
- Meetings are open to those seeking help or wanting to help others
- Organization in partnership with Health Canada and Wellness Together Canada
- All meetings online
- Free!
- Calendar of meetings – www.capsa.ca/calendar/list

Self-Management and Recovery Training (SMART) Recovery –www.smartrecovery.org

- Offers evidenced-based cognitive-behavioural techniques to help resolve underlying issues surrounding substance use with specific attention on four points: 1) Building motivation, 2) Coping with urges, 3) Problem Solving and 4) Lifestyle Balance
- Emphasis on non-confrontational approach
- Open to anyone who is concerned about their substance use; separate meetings for family and friends concerned about someone else's substance use
- Non-profit organization
- Online and in-person meetings
- Free!
- Find meetings by location – https://meetings.smartrecovery.org/meetings/location/

Alcoholics Anonymous (AA) – www.aa.org

- Offers a spiritually-based 12-step program
- Emphasis on admitting powerlessness over alcohol, importance of seeking help from higher power and use of prayer and meditation
- Open to anyone who is concerned about their alcohol use; separate meetings for family and friends concerned about someone else's substance use (Al-Anon)
- Non-profit organization
- Online and in-person meetings
- Free!
- Find meetings by location – www.aa.org/find-aa

Celebrate Recovery – www.celebraterecovery.ca

- Offers a biblically-based, recovery program that addresses Hurts, Hang-ups, and Habits using a 12-step approach
- Emphasis on learning to live differently through biblically-based teaching
- Non-profit organization
- Online and in-person meetings (depending on church that is hosting the meeting)
- Free!
- Find meetings by location – www.celebraterecovery.ca/ontario/

Mental Health Supports

Canadian Mental Health Association (CMHA) – visit online www.cmha.ca

- Offers a wide range of free programming in different locations across Canada, visit online to find local services www.cmha.ca/find-your-cmha
- Bounceback program – A free, guided self-help program using online videos and a supportive "coach" for people aged 15, visit online www.bouncebackontario.ca/

Anxiety Canada – visit online www.anxietycanada.com/who-we-are/

- A registered charity and non-profit organization that supports access to resources and treatment
- Uses evidence-based tools to help manage anxiety
- Offers MindShift CBT Anxiety App, MindShift Anxiety Group Therapy and/or a step-by-step online course for anxiety management called My Anxiety Plan (MAP)
- Free!

Liver Disease & Transplant Specific Supports

Trillium Gift of Life Network – visit online www.giftoflife.on.ca/en/transplant.htm

- Governs donation and transplant services across the province
- Provides general information on transplant, and answers FAQ

Canadian Liver Foundation – phone 1-800-563-5483, or visit online www.liver.ca/

- Provides patient support through education and peer support on liver disease, advocates on behalf of patients for better access to health care in order to improve quality of life, invests in research to support advances and breakthroughs in medical research related to liver disease and engages with the community provide share updated information

Online Peer Support Groups

- Facebook Groups - Living with Liver Disease - Peer Support Group, Support Group for Liver Transplant Patients, Liver Transplant Patients and Families Canada

Recommended Reading

- Coping with an Organ Transplant: A Practical Guide to Understanding, Preparing for, and Living with an Organ Transplant by E. Parr, & J. Mize (2001)
- 100 Questions & Answers about Liver Transplantation: A Lahey Clinic Guide by F. D. Gordon (2006)
- Not Done Yet: A Tale of Transformation through Transplant Surgery, by S. L. Willen (2014)
- Life Goes On: Journey of a Liver Transplant Recipient, by C. Jowett (2015)

Family and Caregiver Support

Ontario Caregiver Helpline – phone 1-833-416-2273, live chat or visit online www.ontariocaregiver.ca/

- Provides caregivers with a one-stop resource for information and support

Families for Addiction Recovery – phone 1-855-377-6677 (ext. 207), or visit online www.farcanada.org

- Peer support services for families, parents and caregivers of children (regardless of age)
- Phone Support Line, Parent-to-Parent Support and Online Parent Support Group

Canadian Liver Foundation – phone 1-800-563-5483, or visit online www.liver.ca/patients-caregivers/for-caregivers/

- Provides support services and resources to caregivers of those with liver disease

Online Peer Support Groups

- Facebook Groups - Caregivers of Liver Transplant Patients, Liver Transplant Patients and Families Canada

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