

# REDUCE THE USE

**An 8 Session Course on Reducing Cocaine Use**



# CONTENTS

	Page
<b>INTRODUCTION:</b>	
Overview of Course Content .....	3
Target Group and Participant Requirements .....	3
Group Motivation Levels .....	4
How to Use this Resource.....	4
Session Timing .....	6
Adult Education Approach/Adapting the Course .....	6
Managing the Group Space .....	7
The Role of Written Work/Homework .....	8
Counselling Referrals .....	8
Explaining this Course to Participants – Information Meeting .....	9
<b>Session One</b> – Introductory Session .....	13
<b>Session Two</b> – The Role of Thoughts and Beliefs .....	27
<b>Session Three</b> – Changing the Script (Not the Doctor’s one!) .....	37
<b>Session Four</b> – Identifying Goals .....	47
<b>Session Five</b> – ACTION Plan .....	55
<b>Session Six</b> – Refusal Skills .....	65
<b>Session Seven</b> – Cravings and Social Support Systems .....	73
<b>Session Eight</b> – Relapse Prevention .....	81
<b>References</b> .....	90
<b>Useful Contact Numbers</b> .....	90

## Acknowledgements

We would like to thank the following projects who attended the initial meetings to plan the framework for the cocaine resource pack:

*North West Training & Development Project, Citywide Drugs Crisis Campaign, Youth Action Project, SNUG Counselling, Ana Liffey Drugs Project, Star Ballymun, HSE Rehabilitation Integration Services, Addiction Counsellors, HSE Addiction Services, Dublin Aids Alliance, Crosscare, Chrysalis, HOPE, After Care Recovery Group, Star Ballyfermot, SOILSE, Crinan Project, Canal Communities Local Drug Task Force, North Inner City Drugs Task Force.*

Many thanks to the staff and clients from the following projects; *Star Project - Ballymun, North West Training and Development Project, Deora and SAOL* who trialled the 8 week course and gave extremely useful feedback. This feedback was incorporated into all aspects of the course and has improved the resource significantly.

To download this resource or access the powerpoint presentation log on to [www.saolproject.ie](http://www.saolproject.ie).

© SAOL Project, 2007

Written by Siobhan Cafferty, Caroline Gardner and Ann O'Connell

While every effort has been made to ensure that the information contained in this resource is accurate, no legal responsibility is accepted by the authors or the SAOL project for any errors or admissions.

Illustrations: Maria Murray

Design and Production: Printwell Co-operative, Dublin 1

# INTRODUCTION

## Overview of Course Content

This course has been developed by the SAOL project in consultation with local drugs services to respond to the need for tools which can assist participants with problematic cocaine use. While the course is specifically targeted at cocaine users, it could be used effectively with other addictive behaviours by adapting the examples.

## Evidence Base

This course is based on the ideas of Cognitive Behavioural Therapy; known as CBT. Very simply put, CBT attempts to help people recognise, avoid and cope. That is, recognize the situations in which they are most likely to use cocaine, avoid these situations when appropriate, and cope more effectively with a range of problems and problematic behaviour associated with substance abuse.<sup>1</sup>

CBT is structured, goal orientated and focused on immediate problem solving. It is also based on teaching a number of skills and ways of thinking that are useful in translating desired behavioural changes into actualities. This course focuses on two main things; the first is analysing thought processes and the second is skills training. 'The skills training is designed to help cocaine users unlearn old habits associated with their cocaine use, and learn or relearn healthier skills'.<sup>2</sup>

Ideally participants will gain a number of things from the course including:

- Knowledge of the ideas behind CBT
- Knowledge of their own thought processes that lead to drug taking
- An awareness of how they can control and change the thought patterns that lead to addictive behaviour.
- Have a chance to practice these new skills

This course is a basic introduction to CBT and facilitators trained in addiction studies and experienced in group facilitation should be equipped to run this with a group.

## Target Group and Participant Requirements

This course is designed for participants who are contemplating reducing or stopping their use of a specific drug. The course has been developed specifically with cocaine users in mind, although it can also be used with alcohol, heroin and other addictive substances and behaviours.

---

1 Carroll 1998, 'Therapy Manuals for Drug Addiction' A Cognitive-Behavioural Approach; Treating Cocaine Addiction. National Institute of Drug Abuse, Yale University.  
2. Ibid, 2.

If some participants in your group are stabilised on methadone or do not currently have issues with uncontrolled drug use, it may be advisable to provide an alternative activity for them as discussions around drug use may act as trigger for them.

For participants either wishing to reduce or stop using, this course provides an introduction to CBT theory and the practical skills useful in obtaining these goals.

This course requires a level of commitment from participants, specifically:

- Attending regular weekly sessions
- Completing some weekly homework tasks
- Maintaining a weekly drug diary

Participants need to be made aware of the commitment involved in the course during the information meeting. If it would be of use to the group, there is a participation contract that can be agreed and signed by the participant and the course tutor. This can be found at the back of section one.

## **Group Motivation Levels**

This course works best when delivered to a group that consists of motivated people that really want to reduce/stop their drug use. It also works best when delivered to a cohesive group that are supportive of one another. If you have a group with mixed motivation levels you may want to think about splitting the group and running 'Reduce the Use' with those that are ready for change. The other option is to run the course with the entire group and then look at splitting the group in Session Four (see below). It is worth remembering that this course can itself work as a motivational tool. Only you as the group facilitator will know how this course can best be used to meet the needs of your group.

In session four participants will make a clear choice about whether they wish to work towards continuing with their current drug use, reduce their use or stop using altogether. At this point and after serious contemplation, participants may decide to continue with their current use. If these participants are still interested in or obliged to be attending the service the facilitator may want to take them out of the main group to focus on harm reduction issues. This essentially means splitting the group in two – one motivated group that wants to work towards reducing or stopping and one group that isn't quite ready for change or wishes to continue with their current drug use.

## **How to Use this Resource**

This course has been designed for groups no larger than 12 people. If your group is larger than this it is recommended the group is broken into 2. It is

also envisaged that for larger groups, i.e. more than 6, there would be two facilitators. The course is quite demanding and ensuring that you have the support and back up you require as a facilitator will mean a better experience for all involved. Tutors will also need to be on hand at all times to assist participants with the written work.

Facilitators should ideally have prior experience in group work and an understanding of the many aspects of addiction. They should be experienced in delivering new concepts to a group and feel comfortable dealing with group discussions.

We recommend that you make sure you have access to OHP or Powerpoint as the information intended to be displayed this way is best presented to the entire group as a visual aid rather than photocopied onto sheets. There are a number of handouts and to avoid confusion and to encourage discussion it is important to use visual aids in the way described.

Everything you will need for each session is contained in this handbook. Each session has facilitators' instructions and notes. The cartoons are also available as a powerpoint presentation, you can download these by logging onto [www.saolproject.ie](http://www.saolproject.ie) .

Overheads / powerpoints and handouts are there to guide you in your own explanations of the new ideas and concepts covered in each session. You will also notice that most sessions begin with a cartoon. These cartoons are there to help you explain the theme / main message of the session. Where possible, diagrams have been provided to assist in the explanation of the concepts. It is recommended that you give yourself sufficient time before the class to read through the session a good few times and come to grips with the ideas and exercises.

Similarly, while we have broken this course down into eight sessions it is important to point out that you need to go at the speed of your group. Bear in mind that the course is designed to be a brief intervention tool and it is recommended that it is completed in no more than 10 sequential weeks. If you find that any one session is taking you longer than anticipated, you can spread it over a few weeks but keep in mind that CBT based interventions are generally found to be less effective if they are spread over a longer time period. The most important thing is to get through all of the material making sure that your group understands every step within the allocated timeframe.

It is also ideal if the classes run consecutively and are not broken by holidays etc. If this cannot be avoided it may be useful to have a refresher class after the break, and before continuing with the next session.

The first four sessions have the most content and may take longer to deliver than the others. You might decide to split these over two sessions if your

group requires a longer timeframe to understand these new concepts. The situation may also arise where you need to complete one session at the beginning of another although this should be avoided if at all possible, as the sessions are clearer if taught as separate units.

If a participant misses a session they should be given time to catch up prior to the commencement of the next session. If a number have been missed, or the participant is not able to catch up, the tutor must decide whether or not they can re-enter the group.

If participants are missing a lot it may be useful to discuss this in a one-to-one session with a member of staff. The 'Wheel of Change', which is discussed in the introductory session, may be a useful tool to help the participant explore where they are at in terms of their own drug use and why they are having difficulty in attending sessions. This would also provide an opportunity to ensure that the participant is receiving adequate support.

### **Session Timing**

Each session in this course is designed to run for approximately 3 hours in duration. A break of half an hour is included in this timeframe. A time line for each exercise is included. However, you know your group best and the time that they will require for the necessary steps. Therefore, these timeframes should be treated as a guideline only.

As each session contains a lot of new information and concepts, we strongly recommend that each session is delivered over three hours. If your sessions are shorter in duration, it may not be possible to cover all the necessary steps.

### **Adult Education Approach / Adapting the Course**

This course is designed to be delivered using an adult education approach in that it is designed to draw upon the life experiences of the group. The sessions should be interactive and discussions should be actively encouraged. When introducing new concepts you should at all times contextualise them by making them relevant to the life circumstances of the group that you are working with. You can do this by asking open-ended questions which will lead to further discussion.

If you have participants with literacy difficulties, you may need to account for extra teaching time, or a higher tutor to participant ratio. You might also consider using different formats to present work other than constantly using the written word. Tutors should strive to provide as many options as possible. Some exercises may also be able to be done as a group rather than written by the participants individually. If your clients have literacy difficulties you may want to consider some of the following ideas to ensure that the course is as accessible as possible:

- For the drug diaries you could establish a short-hand of symbols or emoticons.
- The drug diary could be recorded onto tape or they could use drawing to record feelings and experiences
- For class work a buddy system may be useful.
- Participants may be comfortable having a tutor take notes for them.

Facilitators should feel free to adapt the exercises to the needs of their group. The group will best come to grips with the new ideas if these can be illustrated with analogies, stories, descriptions and role plays. Every facilitator will bring a wealth of their own experience and knowledge to the group; this knowledge will be an invaluable tool in communicating these new ideas.

At the end of each exercise, facilitators should check that the group has understood all the information and ask if anyone has any questions.

Each session begins with a check-in/ice-breaker and similarly ends with a check out. These have been provided for you but feel free to change them if you wish. These should be kept as short as possible.

### **Managing the Group Space**

There will be times during this eight session course when the facilitator will have to challenge the beliefs/thoughts of the members of the group. Facilitators should do this confidently, succinctly and with the utmost respect for the participants. The following are suggestions on how 'untrue' or unhelpful thoughts and assumptions may be challenged:

- Mirroring – In a respectful and non-judgemental way repeat the comment or thought back to the client.
- Reality Testing – Follow a line of thinking through to its logical conclusion; this may reveal inconsistencies of thought.
- Role play – With the client's permission you may want to act out / talk out a certain event or conversation.
- Encouraging Objectivity – Ask the client if they heard someone else making the comment how would they respond.

As stated earlier, this course is based upon the concepts of CBT. By its very nature, it is likely that some of the sessions will bring up some issues for those taking part in it. Facilitators need to be aware that these sessions are not designed to be group therapy and should never take on that format. Should participants in your group raise personal issues that are not appropriate to a group setting you should respectfully close the discussion down and refer the participant on to a one-to-one worker/counsellor if needs be.



Group discussions play a major part in the eight sessions of this course. The facilitator needs to take a very active role in moving discussions on and also keeping them to the point. Should the discussions be moving away from the initial concept you should quickly bring the group back on track by respectfully closing down inappropriate / non-relevant discussions.

You should strike your own balance between the needs of your participants and the course content provided here. This course is designed to be delivered to a group but you should, at all times, be considerate to the needs of the individual members of your group.

### **The Role of Written Work / Homework**

Homework is an important part of this course as it enables the participants to reflect on the group learning. Many of the ideas presented in the 8 week course will be new to them. The idea behind the written work is that the new skills learnt throughout this course will become an aspect of daily thought processes and actions. For this to happen, participants need to practice these new skills as often as possible.

It is important to point out that in the initial written exercises participants may find it hard to be totally honest about their drug use. This can be frustrating for facilitators but it is important to remember you need to work with participants where they are at. When they are ready to admit to their drug use this will be a moment for positive change. As the sessions go on participants are likely to become more and more honest with themselves if they are really motivated to change.

If participants are not able to complete homework, you could discuss this in a one-to-one session outside of the class. It should be a consideration that living environments may not be conducive to writing the drug diary (i.e. not wanting this to be found by family etc). In this case a place should be made available where this can be done.

If the group is finding it difficult to complete the homework you could consider providing a space before or at the beginning of each session for diaries to be completed.

A folder should be provided to all participants and at the end of each session work should be collected and filed. Due to the sensitive nature of the material the folders should be kept somewhere secure.

### **Counselling Referrals**

If problems or issues are raised for participants throughout the course, which cannot be dealt with within the sessions, then participants should be referred to a counsellor. In this case, the counsellor should be made aware of the participant's involvement in the course. There are some (Dublin specific) contact numbers at the back of this course that may assist you in finding counselling services for referrals.

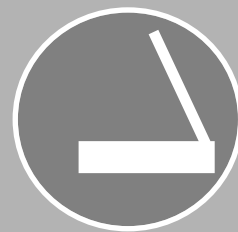
## **Explaining this Course to Participants – Information Meeting**

We recommend that before starting the course you conduct a one hour meeting with the potential participants to discuss the benefits, requirements, and commitment needed to participate in the course.

On the following page (page 10) is an overview of the course. This should be printed for the participants to take home. When explaining the content of this course to your participants you should mention the following points:

- The aims of the course.
- How the course will achieve this
- The importance of participant choice / determining their own goals
- The commitment needed (use of the participant contract)
- Its not group therapy
- Discussion based but very focused
- Attendance is recorded and participants should be affirmed throughout the course for attending each session. If you wish, you may provide your group with a certificate of completion or a record of attendance at the end of the course.

During the session discuss the wheel of change with the group. This is provided as a handout. Introduce the various stages and get the participants to identify for themselves where they feel they are on the wheel. It may be useful to refer to this on occasion throughout the eight weeks.



## COURSE INFORMATION MEETING

### Reduce the use – Is it for you?

#### **What is the course about?**

This course aims to teach you more about yourself as a person. By becoming aware of how you think (not just about drugs) you will be able to make changes that make it easier for you to reduce or stop your drug use.

The course aims to teach you some practical skills like how to change the way you think about yourself and how to refuse drugs.

#### **Who is it for?**

The course is for anyone who is having problems with their drug use. The course has been developed for cocaine users, although if you are having problems with other drugs, such as heroin or alcohol this course will be useful for you as well.

#### **What if I am not ready to stop?**

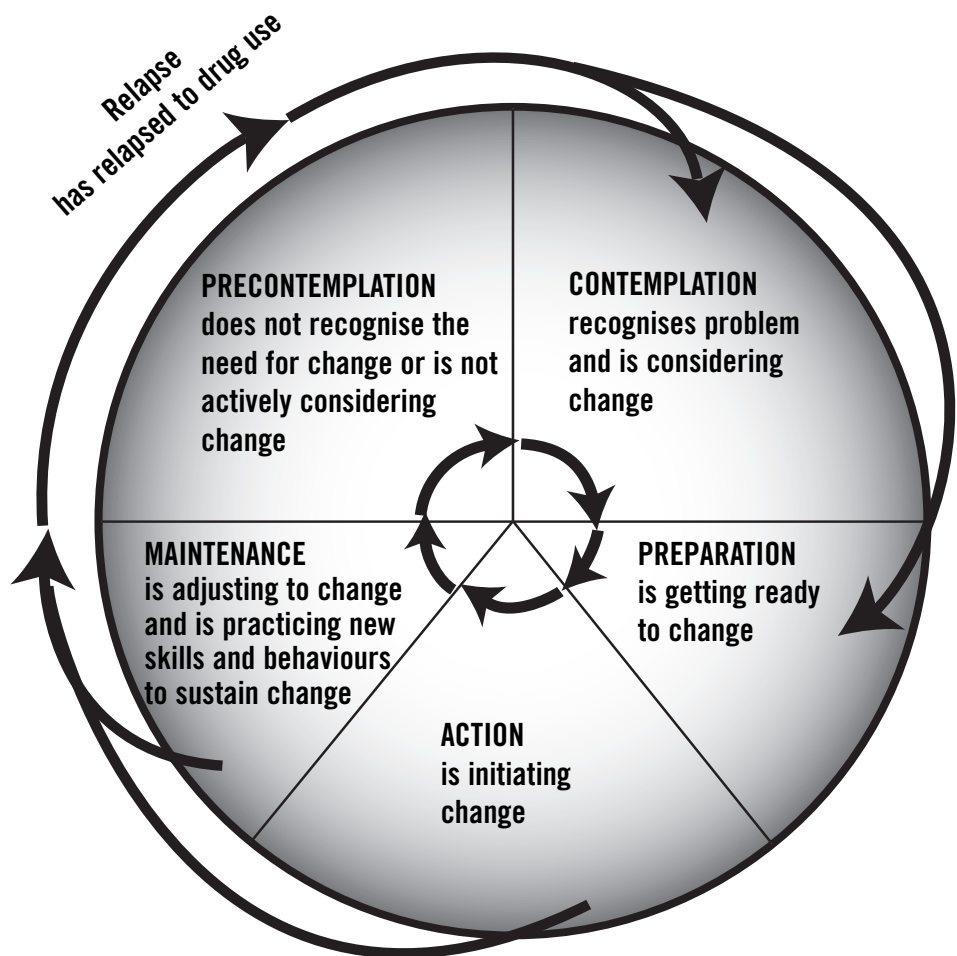
The course aims to help you reach your own goals. In the fourth session you will work on deciding what those goals are. You may decide that you wish to continue using drugs, reduce your use or stop using completely.

#### **What is the time commitment to the course?**

This is an 8 session course; each session is 3 hours long. You will need to do a small amount of written work at home between sessions, in order for you to learn the new skills necessary to change your thinking patterns and drug using behaviour.

# THE WHEEL OF CHANGE

## (The Six Stages of Change)



### PRECONTEMPLATION

This stage is when a person either does not realise they have a problem or has no desire to make changes in their lives.

### CONTEMPLATION

This stage is when someone is starting to think about their addiction and the possibility of making changes in their lives.

### PREPARATION

This stage is when someone makes the decision to make changes in their lives and puts plans in place to make this a reality.

### ACTION

This stage is when someone has decided to make some changes and starts to implement the actions necessary to achieve their goals of being drug free.

### MAINTENANCE

This stage is when someone continues to modify behavioural changes in order to maintain their recovery.

### RELAPSE

This stage is when someone goes back to drug using behaviour.

It is important to state that clients can go around the wheel many times when working on their own recovery. It is for this reason that relapse can be seen in the context of a stage of a person's recovery as they will learn new insights into their addictive behaviour and can focus on the reasons for their relapse before getting back on the wheel.



# SESSION ONE – INTRODUCTORY SESSION

## Aim

- To establish ground rules
- To establish commitment to the course
- To explain the basic ideas behind the course
- To understand that actions can occur consciously or sub-consciously
- To establish Current Drug Use – Starting Point

## Materials Needed

- ☐ OHP / Powerpoint
- ☐ Flip chart for recording discussion.
- ☐ Copies of commitment contract if you are using it
- ☐ 4 copies of the drug diary template for all participants.
- ☐ Signing in Attendance Sheet

## Steps

	Minutes
1. Check-in	10
2. Provide an Overview of the Course (Commitment Contract)	20
3. Establish Ground Rules	20
4. Explain the Process of Decision Making	30
5. Being Aware of the Decision Making Process	25
6. Establish Starting Point – Current Drug Use Sheet	20
7. Explain Homework – Drug Journal	20
8. Check-out	5

## Information for the Facilitator

1. Check-in

10 Minutes

  - Ask the participants to say how they feel about starting this course.
  - Send around the signing in sheet
2. Provide an Overview of the Course

20 Minutes

  - Ensure everyone has read the participant information sheet (handed out in the information meeting)
  - Provide an overview of every session in the course, with Handout 1.1.

You should highlight the commitment needed to participate on this course. If you feel it necessary you can get the participants to sign a commitment contract. (**Handout 1.2**). The contract can be signed by both you and the participant and you can agree the level of commitment and supports involved in the course.

**Talk through the following points with the class –**

- Highlight the role of homework with the class – this course requires a large degree of commitment from the participants. This is largely due to the fact that learning new behaviours requires a lot of practice. Participants will be expected to complete a small amount of homework.
- Attendance – highlight that each session in this course is important and participants should work towards attending all of the classes. If there are catch-up classes available this should also be highlighted. It is recommended that the policy on attendance be discussed and agreed as part of the ground rules, see below. All participants who complete the course will receive a certificate of completion. Inform the participants that there will be a signing-in sheet at the beginning of every class.

**3. Establish Ground Rules**

**20 Minutes**

Go through the existing ground rules with the group. If the group does not have any existing ground rules, highlight the following points and get the group to agree the wording that suits them. Record these on a flip chart. Type these up after the session and make sure everyone has a copy for the next session.

- Treating other group members respectfully – i.e. letting people talk without interrupting and using active listening skills. The group should agree their policy on mobile phone use.
- Confidentiality – while this is something the group should aim for, (i.e. individuals do not discuss what has been said in the group outside of that space). No group can always ensure this completely, so people should be cautious about discussing things of a highly sensitive nature within the group.
- Time keeping – the group should agree the time of their breaks and should discuss why time keeping is important to the group as a whole.
- The effect of people attending the group while under the influence of drugs or alcohol should also be discussed; the group should create their own rules around how this is dealt with.
- Attendance – the group should agree their policy on what happens if one member misses a lot of classes. If there is the possibility of catch up classes this should be highlighted with the group.

#### **4. Explain the Process of Decision Making**

**30 Minutes**

The idea behind CBT can be broken down simply by using a diagram to explain the thought processes that occur when someone uses drugs. Put up Handout 1.3 (found at the back of this session) – this describes the thought processes of drug use. Explain and discuss with the group each part of the diagram by raising the following points:

##### **Triggers**

- A trigger is something that sets off the desire to use.
- Get the group to list some common triggers; these are often described under the categories of people, places, feelings and things. Write up every trigger listed by the group members on a flip chart.

##### **Automatic Thoughts**

- This is the first thought that comes into someone's mind in response to a trigger. Again get the group to call out what drug using thoughts they may have when faced with a trigger. For example, when you see an ad on television for a delicious chocolate bar, often the first thought that jumps into your head is that you want one. This is an automatic thought.
- Automatic thoughts will often be based on something that is not really true. With a bit of practice this can be changed. We will cover this more indepth in the next few sessions.

##### **Cravings**

- This is an intense desire to use.
- At this point it is often hard for someone to remember all of the reasons why they want to stop using.

##### **Permissive beliefs – Giving Yourself Permission to Use**

- This is the voice in someone's head that says it is alright to use.
- Again this is a point where someone can learn and practice changing the way they think. Get the class to call out a few examples of beliefs that they think give them permission to use.

##### **Consequences**

- There are both long term and short term consequences of making the decision to use. Get the class to call out a few examples of both.

After introducing the ideas in the Decision Making Diagram, use **Handout 1.3** to give practical examples. Go through the Handout with the group. If further explanation is needed you can run through the second example with them



on **Handout 1.4**. You may want to get them to come up with another scenario as a group before they do this individually.

Next get the class to fill in the chart (**Handout 1.5 blank copy of the diagram**) with their own examples. Discuss examples with the class; focus particularly on the role of automatic thoughts and permissive beliefs as these will form the basis of the next two sessions. Inform the participants that over the next seven sessions they will be learning practical skills to change their learned drug taking behaviours at each point on the diagram.

## **5. Being Aware of the Decision Making Process 25 Minutes**

**Handout 1.6** – put up the Cartoon to help you explain how people can often be unaware of the role they play in making the decision to use.

Often decision making, as described in the last exercise, can happen automatically without us being aware of all the steps involved. Changing gears in the car, making a call on your mobile phone or lighting a smoke are good examples of this. Most people who smoke will have sometimes found themselves half way through a cigarette without consciously being aware of taking it out of the packet, finding their lighter and lighting up. As the person has done this so many times before they often do it without thinking. This kind of ‘unawareness’ can happen with any action we do often, including taking drugs.

People will often say ‘I don’t know how I ended up using’, therefore not taking responsibility for their actions. This course increases awareness and therefore increases control of the decision making process so that drug use does not just happen ‘automatically’.

Role-play the action of lighting up a cigarette with the group. This is an action that we don’t really have to think about. However if you were doing it for the first time you would need to pay attention to the following steps. Get the class to come up with all of the steps to lighting a cigarette. Write them on a flip chart.

- Think that you want a cigarette
- Decide that you will have one
- Find the packet of cigarettes
- Pull one out of the packet
- Find your lighter
- Put the cigarette in your mouth
- Hold the lighter at the end of the cigarette
- Draw in
- Blow out – you’re smoking.

Get everyone to work with the person next to them to come up with a few situations of their own where an action is so familiar it can almost be done on auto pilot. Possible examples could include; dialling a friend on a mobile, making a cup of tea or getting money out of an ATM machine.

Give the class 5 minutes to break down their action (still in twos) into the separate thoughts and actions that actually make up the task.

Bring the group back together and ask how they found the exercise. Explain that one of the key elements of the course is paying attention to the steps involved in drug use and then learning how to change these. As the tutor you may need to keep the group focussed throughout this session as it contains a lot of new concepts.

## **6. Establish Starting Point – Current Drug Use Sheet 20 Minutes**

Give out **Handout 1.7** Get the participants to fill in the current drug use sheet. This information is confidential and will be held by the facilitator. Once these are completed the facilitator should collect them and keep them in a folder for the next session.

## **7. Explain Homework – Drug Diary 20 Minutes**

Give out **Handout 1.8** to each participant. They will need enough copies to do them for a week or until the next planned session. Between now and the next session participants will need to complete the drug diary. This is a record of their drug use and will be useful for participants so they can identify any patterns to their use. Explain this sheet to the group.

## **8. Check-Out 5 Minutes**

Ask what part of the course interests everyone the most. Finish by affirming the class for starting this journey.

# OHP/HANDOUT 1.1

## Introduction

### **Session One – Introductory Session**

- In this session we will look at the basic ideas behind Cognitive Behavioural Therapy (CBT).

### **Session Two – The Role of Thoughts and Beliefs**

- This session will show you how negative thoughts about yourself, your environment and your future can work against you when you are trying to keep away from drugs. Understanding your thought processes is the first step to changing them.

### **Session Three – Changing the Script (Not the Doctor's one!)**

- This session will teach you some practical skills that you will need to change the way you think and act.

### **Session Four – Identifying Goals**

- In this session you will work towards identifying what you want to achieve in terms of your drug use and how practical this is for you right now.

### **Session Five – ACTION Plan**

- Now that you know what you want, this session will help you to work out a step-by-step action plan that will help you to meet your goals.

### **Session Six – Refusal Skills**

- By the end of this session you will know what you can say and do to deal with difficult drug use situations when you face them in the future.

### **Session Seven – Cravings and Social Support Systems**

- This session teaches you how to deal with cravings and also how important it is to have an appropriate social support system around you when you are trying to reduce or stop your drug use.

### **Session Eight – Relapse Prevention**

- This session will look at some of the warning signs of relapse and will help you to recognise your relapse warning signs, so you can stop before you start.

**I understand that I will need to practice new ways of thinking and acting to take what I have learned and use this awareness to change my negative thoughts and behaviours. In order to do this I agree to complete the homework sheets and fill in the drug diary.**

**I agree to attend this course for 8 sessions and to complete the written work at home.**

**Signed (participant)**

.....

**Signed (course tutor)**

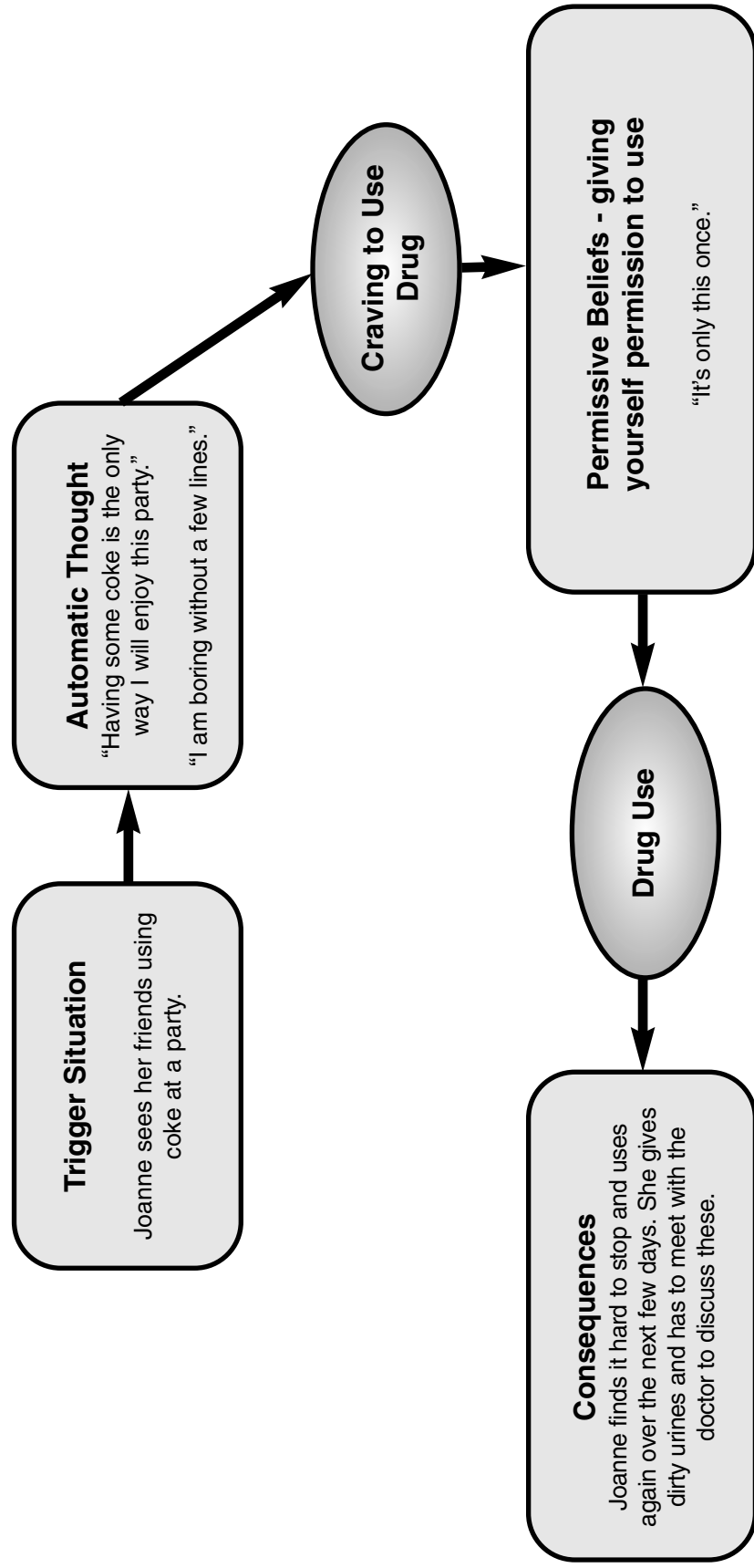
.....

**Date .....**

A copy should be kept by the participant and the tutor.

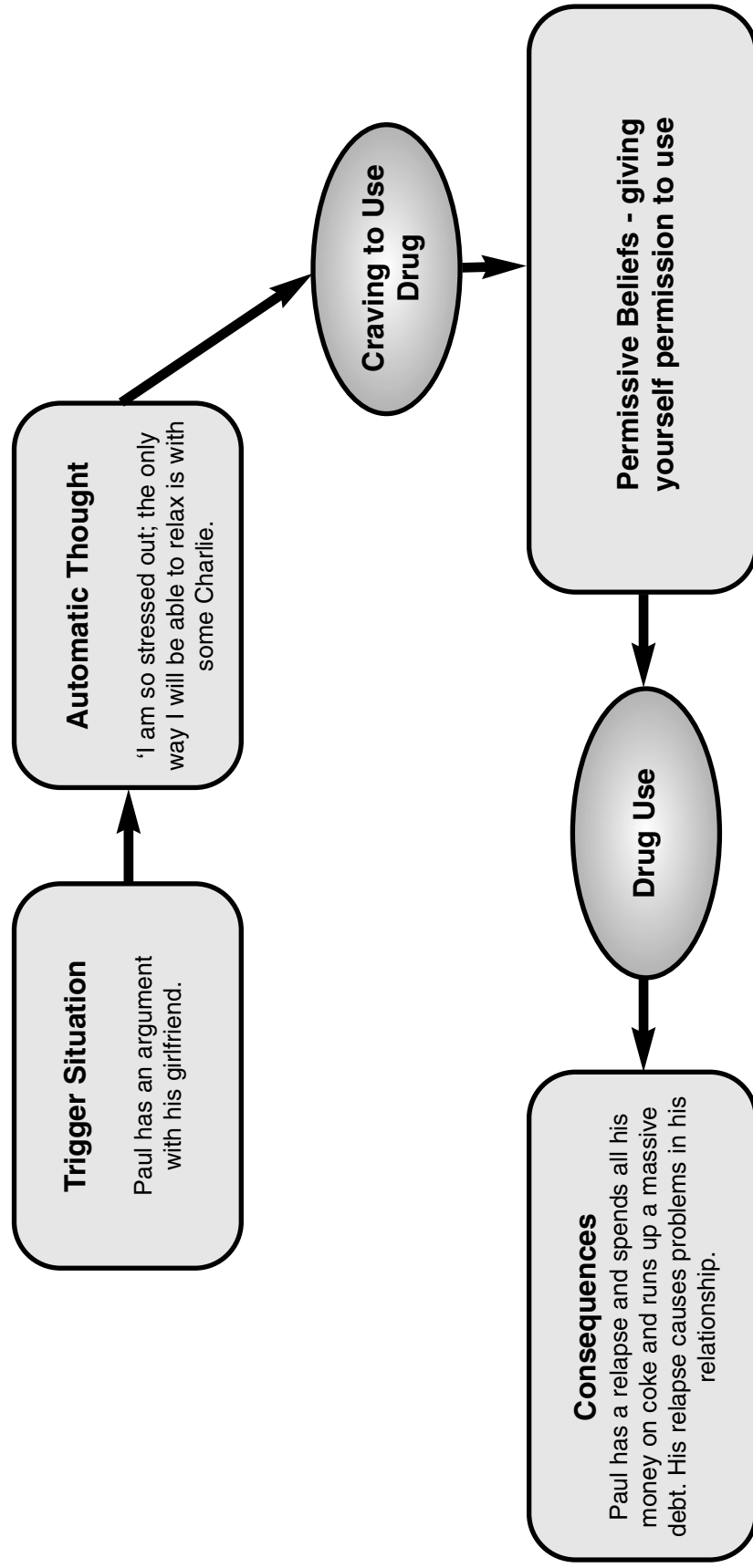
## Decision Making Diagram

### Example 1 – Handbook 1.3



## Decision Making Diagram

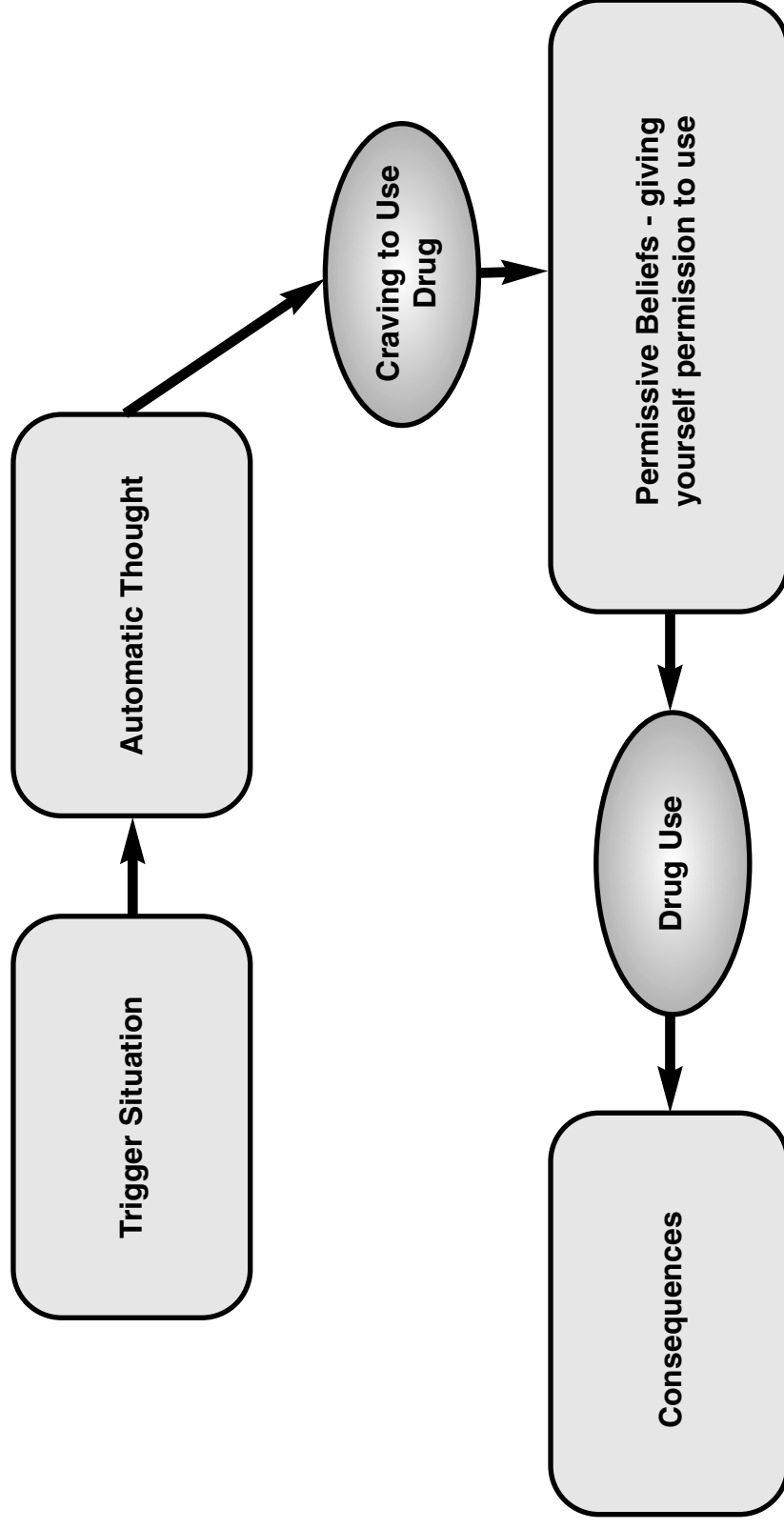
### Example 1 – Handbook 1.4



Based on Aaron T. Beck et al, *Cognitive Therapy of Substance Abuse*, 1993:43

## Decision Making Diagram

### OHP/Handout 1.5



I can't believe it!  
I was doing sooo well...  
I don't know how I ended up using!







# Handout 1.7

## Current Drug Use Sheet

Write down your current drug use as honestly as you can.

	List of the drugs you use.	How often do you use and how much?	How much are you spending per week?
1			
2			
3			
4			

The following exercise lists some risky situations, thoughts or feelings that can lead to drug use. Read each of the statements and grade them **from 1 to 3**, according to how high you regard the risk of you using drugs in each situation.

- 1 = no temptation to use at all.**  
**2 = slight temptation to use.**  
**3 = strong temptation to use.**

- When I am angry -----
- When I feel sad -----
- When I am around others who are using -----
- When I have money worries -----

- When I feel bored -----
- When I think a lot about things that worry me -----
- When I feel lonely -----
- When I feel tense -----
- When I feel disappointed about how my life is -----
- When I feel guilty about something -----
- When I am worried about something -----
- When I feel put down by somebody -----
- When I don't feel good about myself -----
- When I feel good about myself -----
- When there is a reason to celebrate something -----
- When my partner uses -----
- When I start thinking about coke or other drugs -----
- When friends pressure me to use with them -----
- When everything is going well -----
- When I think I am able to control my drug use -----
- When I see coke/other drugs -----
- When I am offered drugs -----
- When I am around people who are drug talking -----
- When I fail at something -----
- When I am in a good mood -----
- When I'm having a good time -----
- When I'm afraid -----
- When I have money to spend -----
- When I need confidence -----
- When I am taking other drugs -----

In the space below add any other situations not mentioned above that are risky situations for you.



# HANDOUT 1.8

## Drug Diary

By filling out this diary sheet you will be able to see the patterns to your drug use, what triggers you to use, the feelings associated with it and the consequences of your actions. You should also record the times when you were faced with a trigger but didn't use. This information will help you to be more aware.

Trigger	Thoughts & Feelings	Behaviour	Good Consequences	Bad Consequences
What made me want to use? Include day and time.	What was I thinking? What was I feeling?	Did I use? If so, what? If I didn't use, what did I do instead?	Did anything good happen?	Did anything bad happen?

# SESSION 2 – THE ROLE OF THOUGHTS AND BELIEFS

## AIM

- To gain an understanding of how negative beliefs and thought patterns can lead to drug use or continued drug using behaviour.
- To raise participant awareness that they can take control over their use.

## MATERIALS NEEDED

- ☐ Flip Chart
- ☐ OHP / Powerpoint
- ☐ Copy of Handouts for participants
- ☐ Copy of the ground rules – typed up from last week
- ☐ Signing in attendance sheet
- ☐ Additional copies of the drug diary
- ☐ Balloons
- ☐ Felt tip markers
- ☐ Safety Pin (or something sharp to burst balloons)

## Steps

## Minutes

- |   |    |
|---|----|
| 1. Check-in   | 5  |
| 2. Reflection on Drug Diary                               | 10 |
| 3. Introduction   | 15 |
| 4. Explain the Role of Negative Thoughts and Beliefs      | 20 |
| 5. Exercise 1 – The Importance of Positive Thinking       | 20 |
| 6. The Balloon Exercise – Letting go of Negative Thoughts | 35 |
| 7. Fill in the Personal Thoughts and Beliefs Flow Chart   | 15 |
| 8. Discussion with Class                                  | 15 |
| 9. Homework – Drug Diary                                  | 10 |
| 10. Check-out   | 5  |

## INFORMATION FOR FACILITATOR

### 1. Check-in

**5 Minutes**

- Ask the participants to turn to the person to the right and tell them something positive about that person.
- Send around the signing in sheet.

## 2. Reflection on Drug Diary

10 Minutes

Get the participants to reflect on their drug diary. Use the following guide questions. They should write the comments on the bottom of the page of their diary from last week:

1. Do they notice a pattern to their trigger situations?
2. Do they notice a pattern to their thoughts?
3. Is there a pattern to their feelings?

The group should write their answers on the back of their drug diary sheet.

## 3. Introduction

15 Minutes

Explain the session by putting up the cartoon; OHP 2.1. Explain that in this session we will look at how negative beliefs and thought patterns can underpin people's drug taking. With the group, discuss what is going on in the cartoon.

## 4. Explain the Role of Negative Thoughts and Beliefs

20 Minutes

Put up the flowchart **Handout 2.2**. You should use this chart as a tool to help you explain the role of a person's thoughts and beliefs in the context of their drug use. Particular attention should be paid to the role of addictive thinking or permissive beliefs. Permissive thoughts can be described simply as a pattern of thinking that gives a person permission to use drugs. To help you with this, refer to the points below. These are also in **Handout 2.3**, which should be given out to participants.

The most important learning point from this session is that participants gain an understanding that their personal beliefs and addictive thinking/permissive beliefs play a role in their addiction. By learning to modify these thoughts and beliefs, participants will then be able to achieve their goals more easily.

For this section you will only be dealing with the impact of a person's negative thought patterns. Positive thought patterns in the form of rewards, will be dealt with in a later session. The flowchart contains some examples of negative thought patterns and beliefs but you should emphasise to the group that they are just examples. After the explanation the group will come up with their own examples and will apply the diagram to their own lives.

### ***Personal beliefs:***

- This can be negative emotions about 1) yourself, 2) your situation or 3) your future. Get the group to come up with three examples of each of these. Write these on a flip chart.
- Beliefs can be true or untrue. Get the class to look at the examples on the flip chart. Are they true or untrue? Discuss each belief.

### ***Examples of Possible Untrue Negative Personal Beliefs:***

- *'WHY DO BAD THINGS ALWAYS HAPPEN TO ME? NOTHING EVER GOES RIGHT FOR ME.'*
- *'I AM WORTHLESS.'*

You, as the facilitator, need to play a challenging role with the participants when discussing whether negative thoughts are untrue or true. For instance nobody is ever worthless or unlovable. No environment is ever 100% negative and people's future can be positive or negative depending on the choices that they make.

As a facilitator you need to be aware that participants can often choose to continue playing the role of the victim by interpreting their lives, their future or their situation in an overly negative light. It is your role to challenge this.

### ***Examples of Possible True Negative Thoughts:***

- *'MY FRIENDS WILL NOT HANG OUT WITH ME IF I'M NOT USING DRUGS.'*
- *'I GET BORED AT PARTIES EARLIER THAN MY MATES WHO USE DRUGS.'*

Participants need to be aware that some of their thoughts or beliefs may actually be true. If this is the case, they will need to look at the pros and cons of the situation and the impact this has on their drug use. Refer to the example on **Handout 2.3** to clarify this point if necessary.

People can often choose not to see the negative impact that their drug use has had on their lives. Instead of accepting responsibility for their drug use they choose to blame other people or situations for the bad things going on in their lives.

### ***Addictive Thinking or Permissive Thoughts***

- Addictive thinking or permissive thoughts are those that make it O.K. for people to use drugs. Again, permissive thoughts can be best described as permission giving thoughts. Get the participants to name some examples of these and write them up on a flip chart.
- Some addictive thoughts may be true in the short term, i.e. getting stoned stops me feeling bored. But in the medium or long term these often prove to be untrue, i.e. the routine of using drugs loses its appeal and becomes mundane and boring.

- Addictive thoughts can become stronger when participants are faced with one of their trigger situations.

## **5. Exercise 1 – The Importance of Positive Thinking** **20 Minutes**

This exercise is about getting the participants to explore how negativity can play a role in their drug use.

The two facilitators (or a facilitator and a volunteer) illustrate the role play as described below. They sit facing each other on two chairs. One facilitator is named as the negative person and the other positive. The two people conduct a conversation on any given topic, for example, their favourite movie, a summer day or their favourite TV show. Person A constantly says positive things and person B can only say negative things.

PERSON A – IT'S A GREAT DAY TODAY, ISN'T IT?

PERSON B – WHAT'S SO GOOD ABOUT IT?

PERSON A – REALLY? MORNINGS ARE MY FAVOURITE PART OF THE DAY.

PERSON B – I HATE GETTING UP IN THE MORNINGS.

Now get the participants into pairs to do the same exercise. After they have finished the role play, both people should give feedback to each other on how it felt to be in the different roles. They should then change roles and repeat the exercise as shown using a different topic of conversation and then give feedback to each other on how it felt to be in the other person's role.

Bring the group back together and get everyone to say how it felt being in the negative and positive roles.

Now discuss with the group how this role play relates to what they have learned about the thoughts and beliefs chart. The following questions may help you with the discussion.

- Ask the participants if they can identify with the roles.
- Ask the participants if they ever take on the victim role.
- Do they see a link between their negative thoughts and their desire to take drugs?

As a facilitator you should ensure that the following points are raised.

- Negative thoughts increase their chances of wanting to use.
- If participants take control of their thought patterns and turn their negative thoughts into positive ones, they will have more control over their feelings, urges and actions.

## **6. The Balloon Exercise – Letting go of Negative Thoughts 35 Minutes**

Although the following exercise can be delivered in a fun and light hearted way, it can be a very powerful example to participants of how difficult it can be to let go of negative thoughts. Before doing this exercise, the following points should be raised.

- Negative thoughts can be very powerful when we have inherited them. In other words, when they are carried from our childhoods and incorporated into our own belief system i.e. ‘you’ll never amount to anything’ or ‘you’re stupid’.
- In order to let go of a negative thought, it must be replaced with a positive one that is relevant to the participant.

Give each participant a marker and a balloon that has been blown up. Ask each person to write a negative thought that they have about themselves on their balloon. The facilitator should start by asking for a volunteer who is ready to let go of their negative thought by bursting their balloon. The facilitator should then check if the person is sure they are ready to let go of their negative thought. If so, they should be asked to state something positive to replace the negative thought i.e. ‘I am stupid’ can be turned into ‘I am smart and can do anything if I put my mind to it’. At this point, the participant should be given a pin and invited to burst their balloon. The tutor should go from person to person guiding them through this part of the exercise.

If a participant does not wish to burst the balloon, it is important to emphasise that letting go of negative thoughts can be difficult to do. They can be given the opportunity to burst their balloon at a later date.

## **7. Fill in the Personal Thoughts and Beliefs Flow Chart 15 Minutes**

Get the participants to get out their drug diary (last weeks homework). If they haven’t done it, get them to do so in class as this will be used for the next exercise.

Give the class the **Handout 2.4** and get them to fill in the flowchart with examples of their own thinking and beliefs. This should be a quiet time for the group. The facilitator should check with participants that they understand the distinction between their thoughts and beliefs. Participants should be encouraged to differentiate between their true and untrue negative beliefs/thoughts.



**8. Discussion with the Class****15 Minutes**

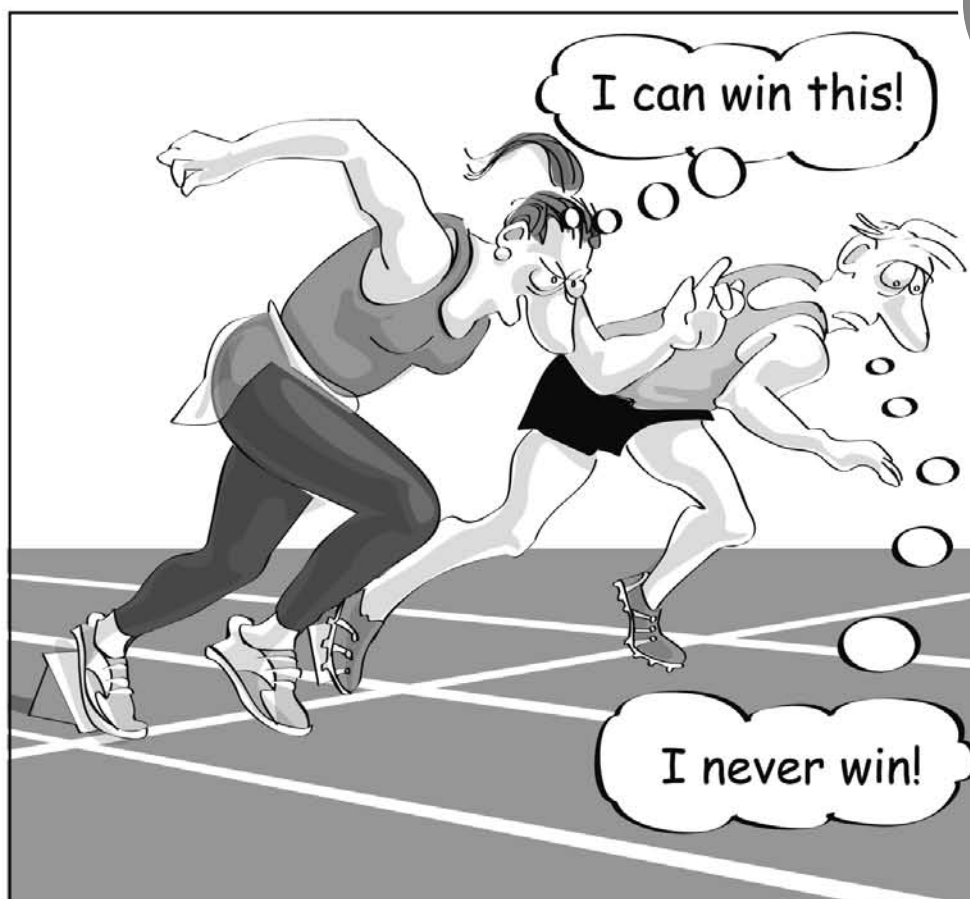
To end the class, go around the group in a circle and see how people felt about writing their own personal flowchart. Did it make sense? At this point it would be good to highlight that by understanding their negative thoughts and beliefs, they are in a position to challenge themselves and, with practice, change the way they think and feel about themselves.

**9. Homework****10 Minutes**

Participants need to complete the drug diary over the next week or until the next session. The facilitator should ensure that everyone has enough copies of the template.

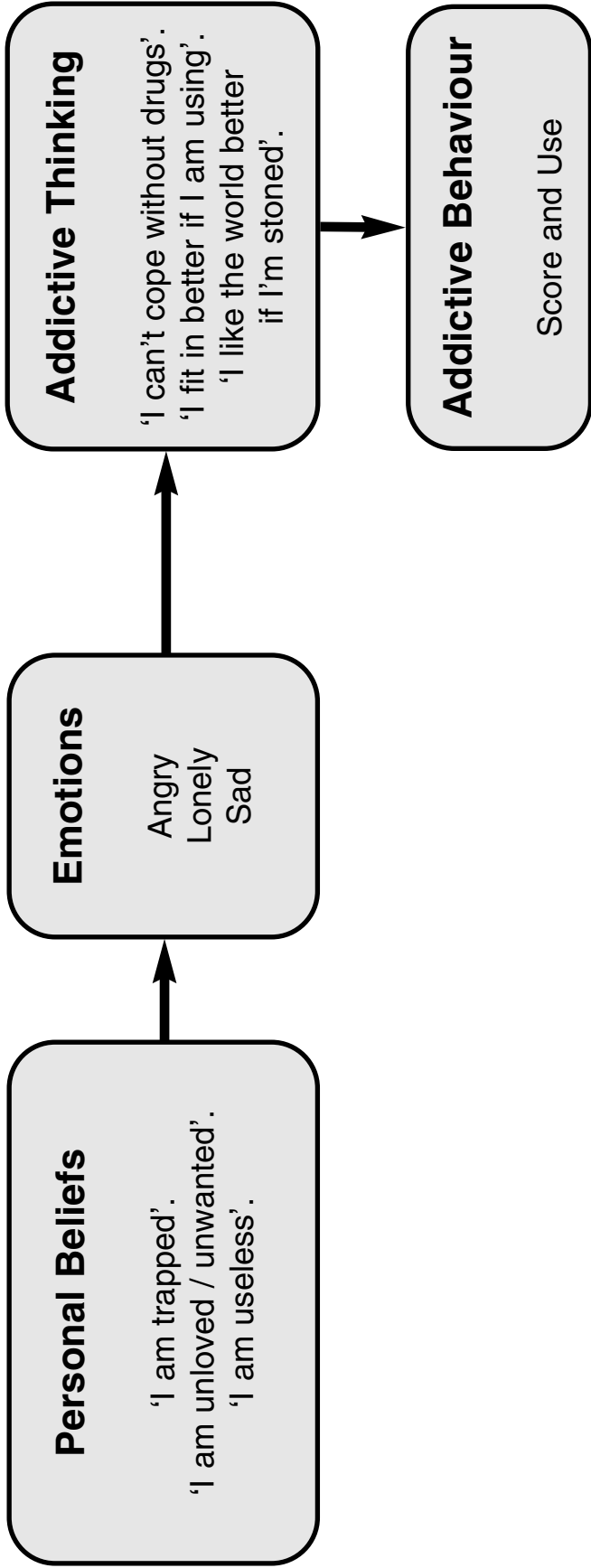
**10. Checkout****5 Minutes**

Ask the participants to name one good thing about themselves.



## OHP/Handout 2.2

### Thoughts and Beliefs Flowchart



## OHP/Handout 2.3

### Explanation of Thoughts and Beliefs

#### Personal beliefs

- This can be negative emotions about 1) yourself, or 2) your situation 3) your future.
- Beliefs can be true or untrue. Examples of Possible Untrue Negative Personal Beliefs:
  - ☐ *'WHY DO BAD THINGS ALWAYS HAPPEN TO ME? NOTHING EVER GOES RIGHT FOR ME.'*
  - ☐ *'I AM WORTHLESS.'*

Remember no environment is ever 100% negative and your future can be positive or negative depending on the choices that you make.

Examples of Possible True Negative Thoughts:

- ☐ *"MY FRIENDS WILL NOT HANG OUT WITH ME IF I'M NOT USING DRUGS."*
- ☐ *'I GET BORED AT PARTIES EARLIER THAN MY MATES WHO USE DRUGS.'*

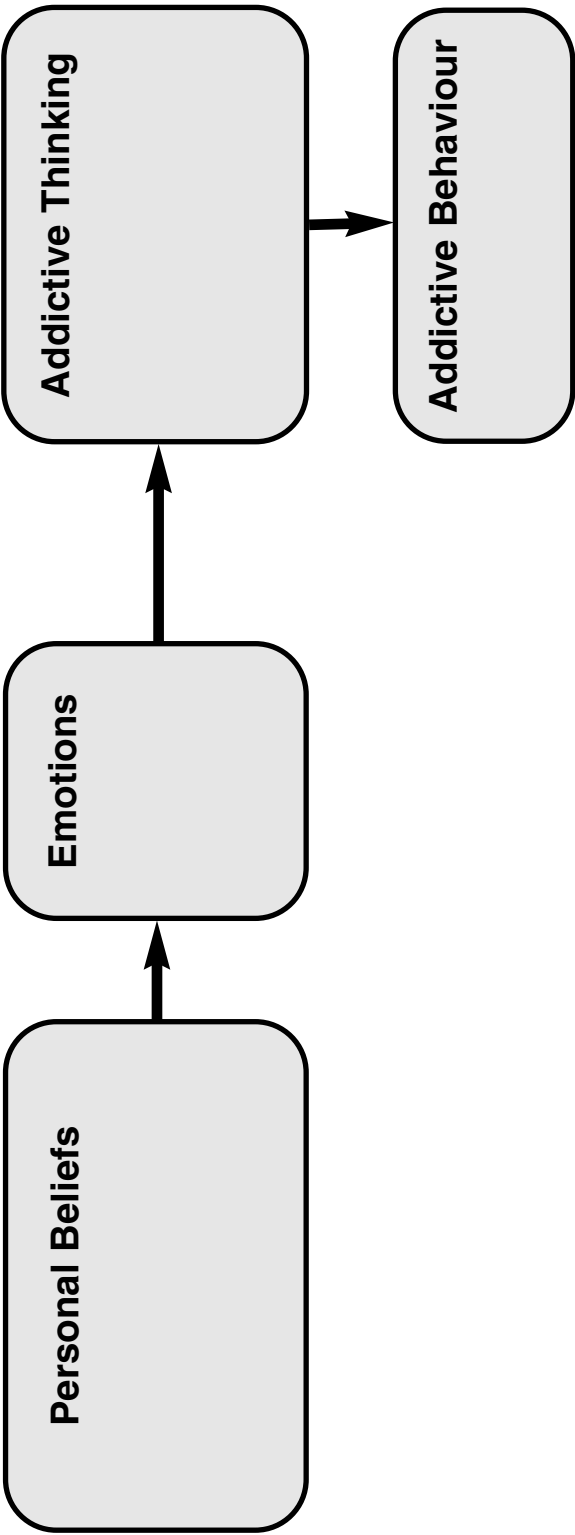
You need to be aware that some of your thoughts or beliefs may actually be true. If this is the case, you will need to look at the pros and cons of the situation and the impact this has on your drug use i.e. maybe it's not a good idea hanging out with those friends.

- People can often choose not to see the negative impact that their drug use has had on their lives. Instead of accepting responsibility for their drug use they choose to blame other people or situations for the bad things going on in their lives.

#### Addictive Thinking or Permissive Thoughts

- Addictive thinking or permissive thoughts are those that make it O.K. for people to use drugs. In other words, the type of thinking that gives you permission to use.
- Some addictive thoughts may be true in the short term, i.e. getting stoned stops me feeling bored. But in the medium or long term these often prove to be untrue, i.e. the routine of using drugs loses its appeal and becomes mundane and boring.

OHP/Handout 2.2  
Thoughts and Beliefs Flowchart



# SESSION THREE – CHANGING THE SCRIPT (NOT THE DOCTOR’S ONE!)



## Aim

- To get the participants to recognise that they can change their thoughts.
- To learn how changing their thoughts will result in them having more control over their behaviour.

## Materials Needed

- ☐ Flipchart to record discussions
- ☐ OHP/Powerpoint
- ☐ Handouts
- ☐ Additional copies of the drug diary template
- ☐ Weekly attendance sign in sheet
- ☐ A radio (if one is available)

## Steps

	Minutes
1. Check-in	10
2. Reflection on Drug Diary	10
3. Explain How to Change the Script	30
4. Changing the Dialogue – Exercise 1	50
5. Participants Write Old and New Script	40
6. Homework – Drug Diary	5
7. Check-out	5

## Information for the Facilitator

### 1. Check-in

10 Minutes

- Ask the participants to think of a film where they would like to change the ending. What would they like the new ending to be?
- Send around the signing in sheet

If appropriate, you may wish to affirm the group for their work on the course to date and also to re-iterate that change can be a slow process.

## **2. Reflection on Drug Diary**

**10 Minutes**

Get the participants to reflect on their drug diary. Use the following guide questions;

- 1 Do they notice a pattern to their trigger situations?
- 2 Do they notice a pattern to their thoughts?
- 3 Is there a pattern to their feelings?

The group should write their answers on the back of their drug diary sheet.

## **3. Explain How to Change the Script**

**30 Minutes**

Use Cartoon **OHP 3.1** to explain the ideas behind this session. Go through the following ideas with group –

- We all have an internal dialogue, in other words, a conversation inside our heads. This internal conversation has a major influence on our feelings and actions.
- As covered in the last session, not all thoughts, beliefs or attitudes we hold are necessarily helpful or useful to us. In this session we will look at how these thoughts can occur automatically without us even being aware of them.
- Tuning Into Your Thoughts – In everyday life people experience literally thousands of thoughts. It is important for participants to train themselves so they can ‘tune’ into their own internal voice. When they can ‘hear’ their internal dialogue they will be able to change it. Tuning into thoughts is a skill that anyone can develop.

If it helps, you may wish to explain this concept by giving the example of a badly tuned radio. If it is not tuned onto the station correctly, all you will hear is static but if you tune it in properly, you will hear everything clearly. You may wish to have a radio on hand to do this as an exercise with the group.

## **4. Exercise 1 – Changing Negative Thought Patterns**

**50 Minutes**

This exercise will help the participants acknowledge and modify their negative thought patterns. The focus of the second part of this session is to change these into positive and realistic thoughts which can help and support the participants in controlling or stopping their drug use. You should be aware that some of the statements that the group identify as part of this exercise may actually be true for them e.g. ‘I’ll get some stick from me mates if I don’t join in’. These statements may be true in the short term but generally tend not to be in the longer term. In this example you could point out that the group member may need to break away from these people for a while.

Give out **Handout 3.2**. Read down through it with the group. Help the group to set the scene. Ask them if they can:

- Picture the story in their head?
- Identify with Dave?
- Give their own thoughts on Dave's harmful thought patterns?

In order for Dave to manage temptation better, he will need to change how he thinks in high risk situations. This means changing his addictive thinking i.e. he will need to 'change the script in his head'. Think of this like he is changing the end of his own movie. In order to do this, ask the group the following questions:

- a) Is there any truth to the thoughts that Dave is having?
- b) Is this way of thinking helping him?

Record the group discussion on the flipchart.

To help explain this concept further you may wish to give out **Handout 3.3** and get the group to repeat the above.

## **5. Thinking Positively and changing the Script in your Head 40 Minutes**

Give the group **Handout 3.4**. Get the group to think of the last time they used coke (or the drug that they are currently having issues with). Get them to fill in the template with this situation in mind.

Put up **OHP 3.5** and read down through it with the group. When finished, put up **OHP 3.6** and do the same. Ensure that they understand all aspects of it by checking with them.

Give out **Handout 3.7**. Get the group to write out their own script.

As a facilitator you should be on hand to provide support throughout this process as it can be difficult to do at first. Constantly remind the group that their drug using behaviour was a learned behaviour that can be unlearned.

Once the group have completed this exercise finish this session off by getting feedback on how they found changing their own script.

## **6. Homework**

**5 Minutes**

- Drug diary

## **7. Check Out**

**5 Minutes**

Ask the group to come up with one little way that they will change their script over the next few days.





## OHP/HANDOUT 3.2

### Case Study 1 - Dave's Story

#### Background

Dave has wanted to give up coke for a while and has been on and off it for a few months. The last time he injected was 6 days ago and he is feeling really good about himself and has started to make some plans for the future. If you ask him, he will say there is no way he wants to go back on the coke again.

#### Situation / Incident

He runs into a guy on the street who is dealing. Dave knows him from before as he used to buy the odd bag off him when his main dealer wasn't around. This guy calls over to Dave and soon whips a bag of coke out of his pocket.

#### Thoughts – Internal Conversation

Dave thinks, 'What difference would one bag make? Sure, I've got a handle on my drug use now anyway?'

#### Feeling

Dave feels a rush of energy and excitement through his body. He feels reckless and he's only thinking of the here and now. At this point Dave has forgotten all the positive things he was thinking just a few minutes before.

#### Behaviour

Dave buys the bag and then goes on to use a couple more.

#### Consequences

He runs up a debt with this dealer and keeps using over the next five days.

## OHP/HANDOUT 3.3

### Case Study 2 - Sarah's Story (if required)

#### Background

Sarah is at a party with her partner and all her mates. They are all having a few drinks and as the party progresses, the coke starts to come out. Everyone is doing a few lines

#### Situation/Incident

In front of everyone, one of her mates asks her does she want a line.

#### Thoughts

"I'll get some stick from me mates if I say no"

#### Feeling

Sarah feels like the odd one out as she is the only one at the party not doing it. She feels that her mates will think she's a bore if she doesn't join in. Sarah is starting to feel like an outsider while everyone else seems to be having a laugh. She is feeling increasingly self-conscious.

#### Behaviour

Sarah does a line and then another and another until she is lashing the coke out of it.

#### Consequences

Sarah gets 'out of it' very quickly and can't say no to more and more and more. Her partner cops on very quickly what she's at and gives her grief for it. The following morning, Sarah feels really shit because now the coke is playing head games with her again and she wants more. She feels like a failure for giving in and using again.



# HANDOUT 3.4

## My Original Script

**Background**

**What happened?**

**Thoughts**

**Feelings**

**Behaviour**

**Consequences**



**When learning to Change Your Script you need to:**

## **1. STOP for a Split Second**

**When having negative thoughts, STOP for a moment. Give your body a chance to catch up with your brain. By giving yourself a second to really think about your thoughts, you will be able to make an informed decision about what action you are going to take. Without taking this split second, you will still be working off your old script and we now know that addictive thinking leads to drug use.**



## **2. In that Second:**

- **Ask yourself if your thoughts are really true?**
- **Is your head playing tricks on you?**
- **Are you fooling yourself?**

## **3. Practice Changing the Script**

**Give yourself a reality check! You know you can change the ending. You don't have to use. You can take control over your situation.**



## **Handout 3.7**

### **My New Script**

#### **Background**

(Same as original script)

#### **What happened?**

(Same as original script)

#### **New Thoughts**

#### **New Feelings**

#### **New Behaviour**

#### **New Consequences**

# SESSION FOUR – IDENTIFYING GOALS



### Aim

- To identify problems caused by drug use
- To identify advantages and disadvantages of drug use
- Participants decide whether they wish to
  - Reduce their use
  - Stop using
  - Continue with their current use
- To identify goals / check they meet with goal setting guidelines

### Materials Needed

- ☐ Flipchart
- ☐ OHP/Powerpoint
- ☐ Group Handouts
- ☐ Additional copies of the drug diary template
- ☐ Weekly attendance sign in sheet

### Steps

### Minutes

- |  |    |
|--|----|
| 1. Check-in  | 5  |
| 2. Reflection on Drug Diary                          | 10 |
| 3. Identify Problems Caused by Drug use              | 25 |
| 4. Advantages and Disadvantages of Drug Use          | 30 |
| 5. Decision Time – Set Goals                         | 35 |
| 6. Reality Check Goals Using Goal Setting Guidelines | 35 |
| 7. Homework  | 5  |
| 8. Check-out   | 5  |

### Information for the Facilitator

#### 1. Check-in

5 Minutes

- Ask participants to name one goal they want to achieve over the next week.
- Send around the signing in sheet



## 2. Reflection on Drug Diary

10 Minutes

Get the participants to reflect on their drug diary. Use the following guide questions:

1. Do they notice a pattern to their trigger situations?
2. Do they notice a pattern to their thoughts?
3. Is there a pattern to their feelings?

They should write their answers on the back of their drug diary sheet

## 3. Recognising Problems

25 Minutes

Get the group to look back over their Personal Thoughts and Beliefs Flowchart from Session 2 – **Handout 2.4**. Re-emphasise how their negative thoughts have led to them using drugs in the past and also point out how they can re-learn new thoughts and behaviours. It is also important to emphasise again that drug using is a learned behaviour and, like all learned behaviours, it can be unlearned.

This is an important session as by the time it is completed the participants should have made an informed decision about whether or not they wish to:

- Continue with their current drug use
- Reduce their use
- Stop using

In order for the participants in your group to be able to make clear, informed decisions about the drug that they are having problems with, they need to be aware of all aspects of their drug use, both positive and negative. They should also have identified which drug they are going to concentrate on for their goal setting exercise.

## 4. Good & Bad Things

30 Minutes

Give out **Handout 4.1** 'Good & Bad Things about Drug Use' worksheet. Once completed, participants should read out one good and one bad thing about their drug use. Highlight any similarities that may occur during this discussion. Have participants listed the same ones or are they very different? Encourage any discussion that may take place between participants.

Record these discussion points on the flipchart.

Give out **Handout 4.2** 'Good & Bad Things about Reducing/Stopping Drug Use' and get the group to complete it individually.

As the tutor you need to be aware that participants might find it difficult to recognise any bad aspects to reducing/stopping their drug use. Looking at the bad aspects to stopping or reducing drug use can be a frightening thing to do and as the facilitator you may need to name these for them. Use the following examples if necessary:

- Participants may have trouble filling their day now that they are no longer spending the day scoring and using.
- They may need to drop certain friends and/or establish new social networks.
- They may feel lonely, bored or isolated.

Again, get participants to read out one good thing and one bad thing about reducing/stopping their drug use. Highlight any similarities that may become apparent and record on the flipchart.

By completing these three exercises, the group should be given time to read back over their work. Now that they have all this information behind them, it is decision-making time.

## **5. Decision Time – Goal Setting**

**35 Minutes**

Give out guidelines – **Handout 4.3**. Before participants even contemplate their future goals they should fully understand the Goal Setting Guidelines (also set out below). This is designed to assist the group in their decision making process and to also ensure that their goals are attainable.

When devising their goals, participants should follow these guidelines. Explain each point and check that the group understands each one before asking them to write their own. If your group, or you as a facilitator, are already familiar with the SMART (Specific, Measurable, Attainable, Realistic and Timed) criteria, you may wish to use them instead of the guidelines below.

### **Goals should be:**

#### ■ **CLEAR**

It is not helpful for the participants to have very broad goals such as, “I am going to get my life together”, as this is too vague. If goals are not focused enough, participants will not be able to think of the steps they need to take in order to achieve them. Instead they should make clear and concise statements such as, “I am only going to use coke at the weekend”.

#### ■ **REALISTIC**

Participants should set goals that are realistic and that they can work towards achieving. They need to take into consideration their current circumstances, their environment and the role others play around them. It

is your role to be challenging at this point.

## ■ TIMED

People often work best when they have a deadline or a target date to reach. Goals should have a timeframe attached to them so the participant has something to work towards. It is better to say that I will stop using cocaine from Friday onwards rather than leaving it open-ended.

It is important to highlight at this point in the session that every member of the group will work to identify their own personal goals and that they may be slightly different to everyone else's.

At all times throughout this decision making process, emphasise that the participants are making their own choices i.e. that they are free to decide themselves if they want to continue, reduce or stop their drug use. For this to work best, participants should display a desire to change for themselves rather than for others or for external reasons e.g. court requirements etc.

### 6. Goal Setting

**35 Minutes**

Give out **Handout 4.4**. As this is an extremely personal and sensitive exercise participants should not share their goals with the group. When participants have completed this worksheet, they should double check that their goals meet the guideline criteria. As the facilitator, you should be on hand to challenge any goals that are unrealistic and work with participants to identify realistic targets in order that they do not set themselves up to fail.

### 7. Homework

**5 Minutes**

■ Drug Diary

### 8. Check-out

**5 Minutes**

Get the participants to think of someone who they know (child or adult) who has achieved a goal in their life.

**Note to facilitators:** As a result of the goal setting in this session and prior to the next one, you may need to split your group into two – those participants that are ready and motivated to look at their drug use and those that are not ready for change and wish to continue using.

## **HANDOUT 4.1**

### **Good & Bad Things about Drug Use:**



For this exercise you need to write down as many good and bad things about your drug use as you can. Be as clear as possible and try to have a minimum of at least three for each.

**Good things about using drugs:**

**Bad things about using drugs:**

## **HANDOUT 4.2**

### **Good & Bad Things about Reducing/ Stopping Drug Use**



Like the previous exercise you will need to write as many good and bad things about reducing/stopping your drug use as you can. Aim for a minimum of three for each.

**Good things about reducing/stopping drug use:**

**Bad things about reducing/stopping drug use:**

## OHP/HANDOUT 4.3

### Goal Setting Guidelines



#### **Your Goals should be:**

##### **1. Clear**

- Be as clear and as focused as possible.
- Unclear goals will only frustrate you. For example, “I am going to get my life together” is too vague. This makes it hard to work out how you would go about achieving it.
- Make clearer statements such as, “I am only going to use coke at the weekend”. By having clear goals, the steps to achieving them will be obvious.

##### **2. Realistic**

- Set goals that are realistic!
- For some people it may be an unrealistic goal to stop using completely due to their life circumstances at the present time. For others, reducing may be an unrealistic goal as past experience may have shown them that they are an ‘all or nothing’ kind of person. Only you know what is realistic for you.
- Do not set goals that you haven’t a hope of achieving. You will only set yourself up to fail.

##### **3. Timed**

- Set yourself a deadline or a target date to reach.
- Your goals should have a timeframe attached to them so you have something to work towards. For example, it is better to say that I will stop using cocaine from Friday onwards rather than leaving it open-ended i.e. ‘I’m going to stop using coke’. Otherwise, how will you know when you have reached your goal?



## **HANDOUT 4.4**

### **Goal Setting – Worksheet**

For this exercise you will need to make some decisions about your current drug use. Do you wish to continue using, reduce the amount you are taking or stop altogether? The following statements will help focus your mind and make the decision process that bit easier. Use the last two exercises to help you also.

**The changes I want to make during the next eight weeks are:**

**The most important reasons why I want to make those changes are:**

**The steps I plan to take in changing are:**

**The ways other people can help me are:**

**Some things that might interfere with my plan are:**

# SESSION FIVE – ACTION PLAN



### Aim

- To introduce the concept behind the ACTION Plan
- To get participants to devise their own step-by-step ACTION Plan

### Materials Needed

- ☐ Flipchart
- ☐ OHP/Powerpoint
- ☐ Handouts
- ☐ Additional copies of the drug diary template
- ☐ Weekly attendance signing in sheet.

### Steps

	Minutes
1. Check-in	5
2. Reflection on Drug Diary	10
3. Participants Read over their Goal Setting Sheet.	30
4. Introduce the Four Steps in the ACTION Plan	40
5. Participants Write their Own Plan Using the Guidelines	45
6. Homework	10
7. Check-out	10

### Information for the Facilitator

#### 1. Check-in 5 Minutes

- Get the participants to name one activity they would like to do that does not involve drugs.
- Send around the signing in sheet

#### 2. Reflection on Drug Diary 10 Minutes

Get the participants to reflect on their drug diary. Use the following guide questions;

1. Do they notice a pattern to their trigger situations?
2. Do they notice a pattern to their thoughts?
3. Is there a pattern to their feelings?

They should write their answers on the back of their drug diary sheet.



### **3. Participants Read over their Goal Setting Sheet** **30 Minutes**

Participants should read over their completed Goal Setting Handout from the previous session (**Handout 4.4**). At this stage participants should have made a clear and informed decision about their current drug use. They should have set their personal goals and checked that they meet the Goal Setting guidelines. The next step is very important as they now need to devise an ACTION plan that will help them achieve their goals.

### **4. Introduce the Four Steps in the ACTION Plan** **40 Minutes**

Put up the cartoon **OHP 5.1** to help explain the following concept.

When participants are preparing to take action around their addiction, they are much more likely to succeed if they have done some planning beforehand. The more thought put into this planning stage, the more the participants are likely to be prepared when they hit a problem. Just as we have to use a map to plan out a journey that we have not travelled before, the same could be said for this journey. Without a map or an ACTION plan, participants increase their chances of getting lost. Encourage the group to discuss their views of the cartoon.

Get the participants to take out their Drug Diary sheets that they have completed over the past number of weeks and look at their triggers that they have identified.

Before beginning the explanation of the Personal Action Plans with your group, re-iterate that just as the participants learned how to use drugs in the first place, they will now have to unlearn this behaviour and replace it with something else.

When devising a Personal ACTION Plan, there are FOUR easy steps to follow. You will go through these steps as a group and then the participants will write up their own action plan. The steps will be given on a handout after the discussion so there is no need for participants to take notes. You might like to list the steps on the flipchart so they can follow them.

#### **Step One: Stop and Think Again.**

Step one will teach participants how to stop and take a split second to rethink when they are having addictive thoughts. Explain to participants the following points:

- Whether the participants have decided to continue using, reduce or stop their drug use, they need to acknowledge that the thoughts of using will remain in their head for quite some time.
- These thoughts are not a sign that they are failing at achieving their goal. Participants should expect thoughts of using to enter their heads. They have been using/thinking about drugs for a long time so these thoughts will not stop automatically.

- Sometimes these thoughts will come and go but other times the thoughts will remain and become stronger. If these thoughts are not controlled, they will eventually lead to an increased desire to use.

Get the participants to give five examples of addictive thoughts that they listed in the last session. Put these up on the flipchart. For example:

*“I’VE DONE WELL ALL WEEK SO I DESERVE TO HAVE SOME TONIGHT. IT IS THE WEEKEND AFTER ALL”.*

Give out **Handout 5.2** and put up **OHP 5.3 STOP Sign**.

Talk the participants through the Handout:

- a. Get them to think about their most common addictive thought.
- b. Now get them to close their eyes and picture a big red and white stop sign. Get the participants to shout-out STOP.
- c. Get the participants to practice this exercise a few times. Tell the participants that in reality they will not be shouting STOP out loud. They will obviously do this in their heads.
- d. The next step is to get the participants to think about a problem their drug use had caused them in the past. Participants should think of the very worst consequence of their drug use from either their home work or their drug diary.
- e. This thought should be followed up with the thought of someone that is very important to them and the reasons why this person wouldn’t want them to use.
- f. Finally, participants should think of themselves in a positive place or situation unrelated to drug use. Whenever they have strong thoughts of using, they should recall this pleasant situation over and over.

In the next session you will be dealing with refusal skills which will assist the participants in getting out of high risk situations.

### **Step Two: ‘Immediate Responses’**

When participants are tempted to use, they need to have a mental list of ‘immediate responses’ that they can tap into. Get the group to think of some common triggers and some possible responses to these i.e.

- *“WHEN THE THOUGHTS/CRAVINGS ARE VERY STRONG, I NEED TO GO TO AN NA MEETING”.*
- *“IF I’M TEMPTED TO SCORE, I NEED TO TALK TO MY BROTHER. HE WILL SORT ME OUT AND I KNOW I WON’T SCORE THEN.”*

You may wish to write these on a flipchart.

**Step Three: Long Term Alternatives**

One of the most difficult things for people trying to control/reduce/stop their drug use is finding something to replace it. For some individuals in the group, using drugs may have taken up a lot of their time. When this behaviour is reduced or stopped, people can often feel bored or lonely and don't know how to fill their days. It is when this boredom sets in that participants can start to think about reverting to their old behaviours.

By being aware that this will happen at some stage, participants can prepare for it. Therefore, when it happens they will have a plan in place to deal with it, thus reducing their chances of having a slip.

Participants should be encouraged to suggest as many alternative activities as possible for when these feelings hit them. Write these on the flip chart.

**Step Four: 'Rewards'**

When participants have done well at controlling/reducing/stopping their drug use, they will need to be able to give themselves a reward or a bit of a 'pat on the back' for all that they have achieved. In some cases, people can reward themselves with drugs, saying that they'll only do it once and that they deserve it. This way of thinking needs to be changed and again, if participants PLAN the rewards that they will give themselves in advance, they are less likely to reward themselves with drugs.

Again, write on the flipchart the participants ideas on what kind of rewards might work for them.

**5. Participants Write their Own Plan Using the Guidelines 45 Minutes**  
**Handout 5.4.** Give out the template sheet to participants. Using this form, get them to write their own step-by-step ACTION plan in order to change their behaviour. You will need to support participants if they cannot think up appropriate responses, alternatives or rewards and may need to challenge inappropriate or unrealistic ones.

**6. Homework 10 Minutes**  
■ Weekly Drug Diary

**7. Check-out 10 Minutes**  
Ask the participants to name one thing that they really liked about this ACTION plan.

5.1



## OHP/Handout – 5.2

### Personal ACTION Plan



When you are having thoughts of using, you need to recognise that you still have control at this point. You have control over whether or not these thoughts will lead to you using. However, in order for you to prevent these thoughts from getting stronger or to lead to you using, you need to change them immediately. The following steps should be taken to do this.

#### Step One: Stop! No More Thoughts

When you have an addictive thought -

- Picture a **STOP** sign in your head.
- Think of the most negative thing that will happen if you use.
- Think of a person that is close to you who will be disappointed if you use again.
- Think of yourself in a positive place or situation.

#### Step Two: Immediate Responses

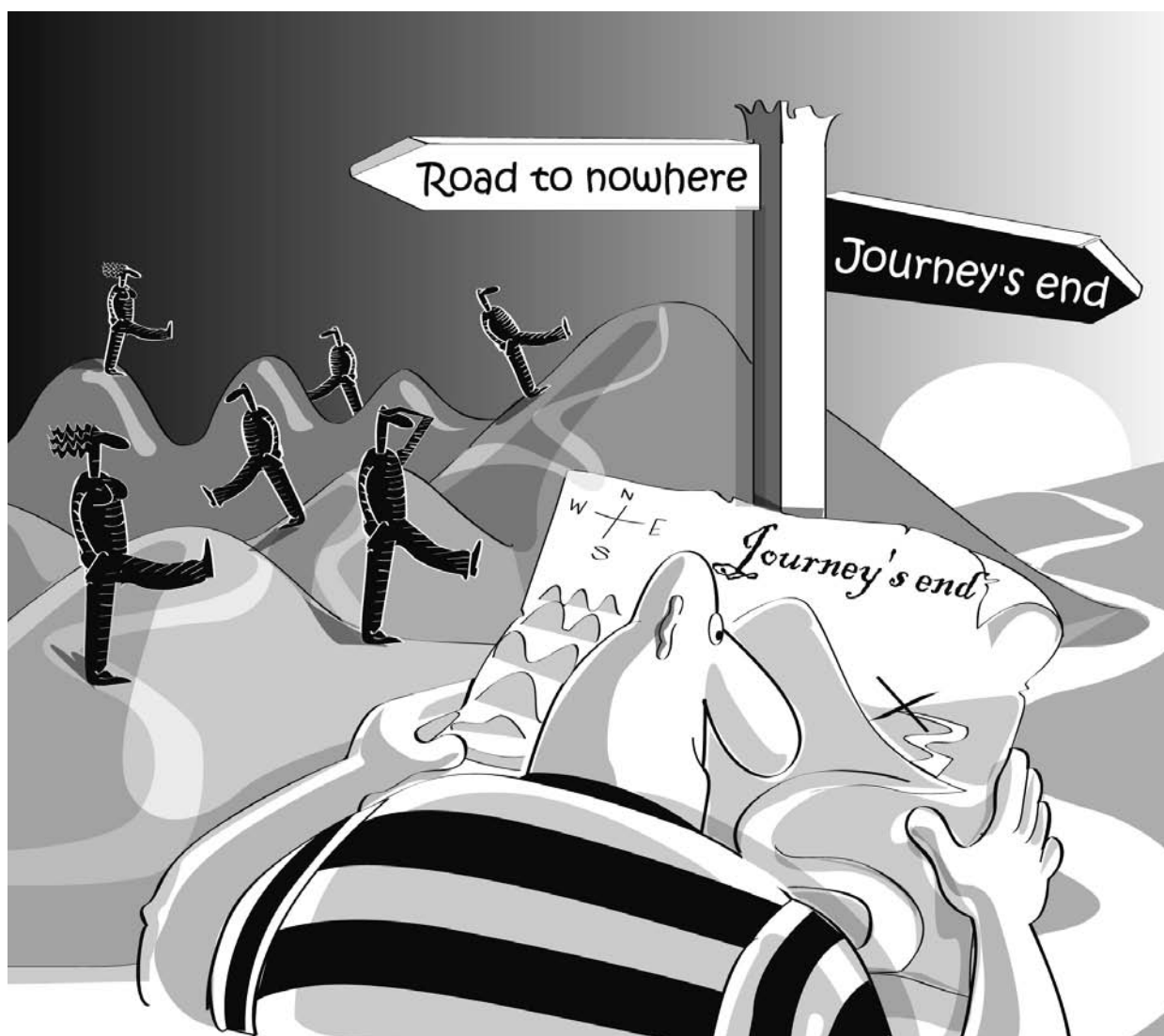
- Think of other things that you can do immediately to get you to stop having these thoughts or to get you out of this high risk situation.

#### Step Three: Long Term Alternatives

- Think of some alternative options/behaviours you can do to replace your old drug using lifestyle.

#### Step Four: Rewards

- Good behaviour needs to be rewarded appropriately. Think of some positive ways to reward yourself when you are doing well. Rewarding yourself with drugs is not an appropriate response!



## OHP/HANDOUT 5.4 – Your Personal Action Plan

### Step One: Stop! No More Thoughts

When you have an addictive thought –

- a) Picture a STOP sign in your head.
- b) Think of the most negative thing that will happen if you use.  
Write this below.

---

---

---

- c) Think of a person that is close to you who will be disappointed if you use again. Write this below.

---

---

---

- d) Think of yourself in a positive place or situation.  
What is it? Write this below.

---

---

---

### Step Two: Immediate Responses

Refer to your drug diary and pick out your five most vulnerable trigger situations i.e. people, places, feelings or things and come up with some immediate responses to each of these triggers.

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

### Step Three: Long Term Alternatives

Think of some alternative options/behaviours to do to replace your old drug using lifestyle.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

### Step Four: Rewards

Good behaviour needs to be rewarded appropriately. Think of some positive ways to reward yourself when you are doing well.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_





# SESSION SIX – REFUSAL SKILLS



### Aim

- To get participants to acknowledge what refusal skills they have used effectively in the past.
- For participants to practice new skills or techniques that they can use in high risk/trigger situations.

### Materials Needed

- ☐ Flip chart
- ☐ Class Handouts
- ☐ OHP/Powerpoint
- ☐ Space for role playing
- ☐ Additional copies of the drug diary template
- ☐ Weekly attendance sign in sheet

### Steps

	Minutes
1. Check-in	5
2. Reflection on Drug Diary	10
3. Review Trigger Situations Covered in the Last Session	15
4. Discuss Why People Need to Practice Refusal Skills	25
5. Group Lists Refusal Techniques / Group Discussion	30
6. Role Play / Group Feedback	60
7. Check-out	5

### Information for the Facilitator

1. Check-in

5 Minutes
- The Yes/No Game Show. One volunteer at a time sits on a chair in front of the group. The rest of the group fire random questions at the participant who cannot answer yes or no. If they do, they are out and it's time for the next participant
  - Send around the signing in sheet

## 2. Reflection on Drug Diary

10 Minutes

Get the participants to reflect on their drug diary. Use the following guide questions:

1. Do they notice a pattern to their trigger situations?
2. Do they notice a pattern to their thoughts?
3. Is there a pattern to their feelings?

They should write their answers on the back of their drug diary sheet.

## 3. Review Trigger Situations from the Last Session

15 Minutes

Get the participants to work in pairs to identify one example of a trigger situation which could happen unexpectedly i.e. where they would need to use their refusal skills. Get them to think about:

- Where it would happen?
- Who would be there?
- Any other things which would make the situation difficult, i.e. it is your best friend offering the drugs?

List these on a flip chart. They will be useful in the role plays further on in this session.

## 4. Discuss Why People Need to Practice Refusal Skills

25 Minutes

Put up **Cartoon 6.1**. As has been discussed in the course so far, many drug taking behaviours have been learnt by being practiced over the course of a drug taking career. Often people become very good at the skill of taking drugs. In order to change these behaviours, it is necessary to practice new ways of interacting. This session is about practicing refusing drugs in difficult or unexpected situations.

Explain this idea to the group and then ask how people have found the experience of refusing drugs in the past when they have taken a break.

- Ask what it felt like – Did they feel nervous, anxious or fear rejection etc.

If group members say that they haven't been able to say no in the past, ask them if every time they had a craving, did they go out and use?

It would be near impossible for someone to use every time they experience a craving so chances are they have used some form of refusal skills in the past but that they were not aware of it.

## 5. Group Lists Refusal Techniques / Group Discussion 30 Minutes

On **Handout 6.2** get everyone to write the details of two times when they have refused drugs successfully even though the situation may have been extremely difficult.

If a participant cannot immediately think of a time they have refused drugs or walked away from a high risk situation, the facilitator should give them prompts and remind them of a time when they were having a break, even if that was only for a couple of days.

The following list is an example of possible refusals:

- Refuse firmly
- Say that you are in trouble with some authority i.e. courts, social workers, drug treatment clinic etc.
- Leave the situation as soon as possible giving any excuse necessary.

It would be beneficial to the group if you could role-play some of these techniques with a co-facilitator.

## 6. Group Discussion and Role Play 60 Minutes

Ask the group to share a refusal tip that they may have identified in **Handout 6.2**. Record these on a flip chart. These will have to be typed up and printed out as a handout for session seven.

Give out **Handout 6.3** and go through the tips listed. Then get the class to fill in the table below it.

Next get everyone to choose a situation from the table that they would find the most difficult. They may get the chance to role-play this situation if time allows. You should aim to conduct a minimum of three role-plays.

The role play will involve the whole class either as actors or giving feedback as observers. Choose different people for each role play and everyone should get a chance to play the part of practicing their refusal skills. Steps are as follows:

1. Person A describes to the class a situation where refusing drugs would be challenging for them.
2. The facilitator will choose people to play the role of the other characters in the role play. This situation may involve a number of people i.e. it may be a party.
3. The person practicing their refusal skills assumes the role of the director

- The director is going to direct the other characters by telling them what to do and say.
  - The director will get the actors to say a few practice lines in character.
  - The director can give them a few pointers to help them to act more like the characters.
  - The facilitator should prompt the director by asking questions such as 'is that how the character sounds and acts'? The more realistic it is for the director, the more they will learn from the experience.
  - The role play begins once the director is happy with how the characters are playing the roles. The director assumes their own role in the situation.
4. The facilitator needs to instruct the actors to make the role play as challenging as possible.
  5. The facilitator should end the session when the main character has had an opportunity to use their refusal skills. The actors should then be asked how they felt it went.
  6. Next, the observers should be asked for feedback. The facilitator can remind the group that feedback works well when it is positive first and then to suggest improvements.
  7. Give everyone a chance to practice their refusal skills.

The facilitator should use the 'tips' covered in **Handout 6.3** to feedback on the role plays, i.e. did they make direct eye contact? Did they close the door on future offers of coke?

End with a summary of all the main points that the group raised.

## 7. Check-out

**5 Minutes**

Name a song that best describes your mood right now





# HANDOUT 6.2 – Your Refusal Techniques

For this exercise you are going to write about TWO situations where you refused drugs

## Situation One

- 1. Describe a situation where you refused drugs.  
Who were you with? Where was it?

---

---

---

---

---

What did you say and do to refuse the drugs?

---

---

---

---

---

## Situation Two

- 2. Describe a situation where you refused drugs.  
Who were you with? Where was it?

---

---

---

---

---

What did you say and do to refuse the drugs?

---

---

---

---

---

HANDOUT 6.3 –  
Refusal Skills

Tips for responding to offers of cocaine:

- Say no first.
- Make direct eye contact.
- Ask the person to stop offering cocaine, (e.g. ‘look I’ve decided to stop and I don’t want you to ask me again ... If you can’t do that don’t knock around again).
- Don’t be afraid to set limits.
- Don’t leave the door open to future offers (e.g. ‘not today’ or ‘I’m off it at the moment’).
- If you are going to keep talking with the person then change the subject.

People who might offer me coke	What I might say to them
A friend I used to use with:	
Drug buddy knocks at my door:	
A dealer I meet on the street:	





# SESSION SEVEN – CRAVINGS AND SOCIAL SUPPORT SYSTEMS



### Aim

- To understand the experience of a craving and to convey the nature of cravings as a normal, time limited experience.
- To identify craving triggers
- To give practical techniques on how to move through a craving
- To identify appropriate support systems

### Materials Needed

- ☐ Flipchart
- ☐ OHP/Powerpoint
- ☐ Handouts
- ☐ Typed up list of refusal skills from last session
- ☐ Weekly attendance sign-in sheet
- ☐ A4 blank sheets of paper
- ☐ Credit card sized piece of cardboard for each participant
- ☐ Additional copies of the drug diary template.

### Steps

### Minutes

- |                                       |    |
|---------------------------------------|----|
| 1. Check-in                           | 5  |
| 2. Reflection on Drug Diary           | 10 |
| 3. Explanation of the Term 'Cravings' | 30 |
| 4. How to Recognise a Craving         | 30 |
| 5. Managing Cravings in the Future    | 40 |
| 6. Social Support Systems             | 30 |
| 7. Check out                          | 5  |

### Information for the Facilitator

#### 1. Check-in

**5 Minutes**

- Ask participants to state one thing they would say to a friend who confided in them that they were having cravings for a drug they had not used in a while.
- Send around signing in sheet

## 2. Reflection on Drug Diary

10 Minutes

Get the participants to reflect on their drug diary. Use the following guide questions:

1. Do they notice a pattern to their trigger situations?
2. Do they notice a pattern to their thoughts?
3. Is there a pattern to their feelings?

They should write their answers on the back of their drug diary sheet.

## 3. Explanation of the Term 'Craving'

30 Minutes

Put up **OHP 7.1** – Cartoon. Ask the group if they can they relate to the cartoon?

The word 'craving' is used a lot by people without much explanation as to what it actually is. For some members of your group, the term craving will mean one thing and for others it will mean something completely different. Often we associate cravings with pregnant women, for example, Mary is seven months pregnant and has an intense craving for brown sauce and lumps of coal!

Get the group to define their own interpretation of what cravings are in the context of drug use. Put this up on the flip chart. You may want to check the following points are raised:

- Cravings are a normal part of the process of reducing or stopping drug use. They can happen at any time and will be different from person to person.
- Certain situations, things or people can trigger a craving to occur and it is vitally important that participants learn to recognise their own personal triggers. Cravings or urges can be triggered by things around you that remind you of using drugs. It may be a song you hear on the radio, a smell, an object you see or a feeling that you are having.
- Cravings cause two reactions within us. They have an effect on our body and on our head i.e. how we feel physically and how we think.

Put up **OHP 7.2** – Read down through the list with the group and then get them to suggest any others. Record these on the flipchart.

Physical signs can include:

- Feeling nervous and agitated
- Heart pounding
- Sensation of being able to smell or taste the drug
- Sweaty palms
- Feeling of wanting to go to the toilet/diarrhoea

Psychological signs can include:

- Fantasies about using
- Convincing yourself that you'll feel great if you use
- Fooling yourself that it'll be OK to use just the once

#### **4. How to Recognise a Craving**

**30 Minutes**

Get individual group members to think of the last time they experienced a strong craving or an urge to use. They should not share this information with the group and you should close down any group discussion that may arise.

While thinking of this situation, get the group to try and identify what triggered off this craving. If participants are finding it difficult to identify what triggered it off, ask them to see if it falls under one of the following categories:

- Was it something that you saw?
- Was it something that you smelled?
- Was it something that you heard?

Now that the group recognise that they will experience cravings and that they know what triggers them, they need to learn ways of managing them.

#### **5. Managing Cravings in the Future**

**40 Minutes**

Give out **Handout 7.3**. Read through and discuss with the group.

Participants are going to write a 'cravings card' that they can carry around in their wallet/purse. They can pull this out when they are experiencing a craving. Participants should write one positive personal affirmation statement on their card. Get everyone to think up their own powerful statement that they will find useful when the cravings kick in.

Make sure the participants have a sheet of A4 rough work paper to get their ideas down before committing their mantra to a card. Give out the cards when participants are ready to write down their mantra. As the facilitator, you should be on hand to challenge and support participants to make sure that their mantra is a clear and strong statement.

Once each participant has written their own cravings card, the next step is to identify and draw up their own Social Support System. Their personal action plan for change will have more chance of success if they have the support of others around them.

## 6. Social Support System

30 Minutes

Write 'Social Support System' on the flip chart. Discuss and ensure that the following points are raised.

- A social support system is a network of people or organisations that you can turn to when you need help or support. It can consist of people/agencies that you turn to when you just need a 'chat' or when you are feeling lonely etc.
- Some people in the group may only have one or two people in their social support system but it is quality not quantity.
- You should encourage the group to really consider the appropriateness of the individuals that they wish to include in their personal support system. Identifying someone who isn't truly supportive will not be useful.
- Using drugs can have a negative effect on a person's support system i.e. the people around them that are willing to support them through difficult times. Family members, partners and friends can often be annoyed and frustrated with the person for wasting their life using drugs and all the trouble that resulted. This can reduce down the amount of positive supportive people that participants have in their lives. If their action plan is to succeed they need to work to change this.

Give out **Handout 7.4** and ask the group to complete the sheet. Participants may find it hard to identify people that they can turn to for support but it is very rare that a person will have no-one. If a participant is blocked, encourage them by making some suggestions. Guide them by giving the following categories:

- Immediate family members
- Extended family members
- Partners / friends
- NA sponsors/members
- Doctors, counsellors, support agencies and organisations
- Key worker or drug worker

Members of the group may also wish to include some free-phone numbers such as the Samaritans, Drug Info helpline etc.

This exercise asks each member of the group to list three people and three organisations that they would turn to for help, advice or support. Should a group member be able to come up with more than three, they should be encouraged to list them as well.

## 7. Check-out

5 Minutes

Ask each participant to state one thing they learned about themselves in this session.



## **Physical signs can include:**

- Feeling nervous and agitated
- Heart pounding
- Sensation of being able to smell or taste the drug
- Sweaty palms
- Feeling of wanting to go to the toilet/diarrhoea

## **Psychological signs can include:**

- Fantasies about using
- Convincing yourself that you'll feel great if you use
- Fooling yourself that it'll be ok to use just the once

## OHP/HANDOUT 7.3

### 6 Steps to Managing Cravings

#### 1. Recognise your Cravings

Half the battle is learning how to recognise your cravings and the effect they have on you.

#### 2. Talk about It

Cravings are normal and should be expected. Find someone to talk to about them – NA, AA, counsellors and doctors are some possible examples of people you could turn to.

#### 3. Continue with Your Drug Diary

Often writing down your thoughts can help you move through the moment.

#### 4. Be Aware Of Your Triggers

Being aware of your triggers will help you avoid and overcome them. Get rid of all possible reminders that are around you e.g. straws, pipes, mirrors etc.

#### 5. Think Positive

Think to yourself, 'I had a similar craving before, I didn't use and it did go away'. This craving will pass as well.

#### 6. Write it Down

Write down your own personal positive affirmation on your cravings card that you can carry in your purse/wallet at all times. An example of this could be:

*I'm doing really well not using coke.*

*I feel stronger everyday.*

*My family will be so proud of me.*





# HANDOUT 7.4

## Identifying My Own Support System

1. List three **people** you can turn to when you need some help and support.

---

---

---

2. Write down the contact details for each of these people.

Name	Address	Contact no.
1		
2		
3		

3. List three **Organisations/Agencies** that you can turn to when you need some help or support.

---

---

---

4. Write down the contact details for each of these organisations and also the hours when you can contact them.

Agency	Contact	address	phone no.	hours
1				
2				
3				

# SESSION EIGHT – RELAPSE PREVENTION



## Aim

- For participants to understand relapse as a process and an event.
- For participants to have an understanding of their own relapse warning signs
- For participants to construct their own relapse prevention plan

## Materials Needed

- ☐ Flip chart
- ☐ OHP / Powerpoint
- ☐ Handouts for class
- ☐ Certificate of completion / Record of Attendance

## Steps

## Minutes

- |   |    |
|---|----|
| 1. Check-in   | 5  |
| 2. Define and Discuss Relapse                         | 15 |
| 3. Discuss and Record Common Warning Signs            | 25 |
| 4. Participants Complete Part 1 of the Handout        | 20 |
| 5. Discuss Ways of Intervening in the Relapse Process | 15 |
| 6. Control Over your Thoughts – Arm Raising Exercise  | 20 |
| 7. Participants Complete Part 2 of the Handout        | 20 |
| 8. Course Closure and Certificates (if applicable)    | 30 |

## Information for the Facilitator

### 1. Check-in

5 Minutes

- Ask the group what one piece of advice they would give to a friend who is relapsing?
- Send around signing in sheet

## 2. Define and Discuss Relapse

15 Minutes

Put up the cartoon **OHP 8.1**. Ask the participants to tell you what they think is going on in the cartoon. It may prove beneficial to get the group to spend some time analysing this cartoon as it may help the participants to have a greater understanding of their own relapsing behaviour. Put up **OHP 8.2** – There's a Hole in my Sidewalk. This will help explain the message in the cartoon. Get the group to discuss their definitions of relapse and record these on a flip chart. The facilitator should ensure that the following points are included in the discussion:

- Relapse can be viewed as both an event, i.e. the act of taking drugs after a period of not using and also the events leading up to this moment. In other words, for most people there will be warning signs over a period of days or weeks before they actually resume their drug taking. Relapse itself can begin long before the event of 'using'. It is crucial that participants understand that they can stop the process of relapse before they reach the stage of taking a drug by becoming aware of their relapsing thoughts i.e. negative thinking or fantasising about a particular drug. In other words, relapse can be seen as a process that begins when a person's thinking pattern changes.
- The process of relapse could also be described as a period when a participant sets themselves up to use. Relapse can often occur without people even being aware that it is happening. By becoming aware of this process and their relapse warning signs, participants can avoid setting themselves up to fail.

## 3. Discuss and Record Common Warning Signs

25 Minutes

1. Give out Warning Signs **Handout 8.3**
2. Introduce each of the four categories and get the group to add their own examples. Record these on a flip chart.
3. Once you have covered all the points on the chart, get the group to elaborate on why ignoring these warning signs can lead to relapse. i.e.
  - a) If someone is feeling negative for a long period of time, self destructive behaviour, such as drug using, may be a practiced response to this.
  - b) If someone is not wanting to talk to their usual support people, this may lead to them feeling more isolated which in turn increases their desire to use.
4. It may be useful to point out that warning signs can often be very subtle, and of course, everyone will have their own very personal warning signs.

#### **4. Participants Complete Part 1 of the Handout** **20 Minutes**

It may be good at this stage to point out that past relapse experiences are a good source of learning. By reflecting on these, participants can gain an understanding into how they tick and what their learnt behaviours and responses are. The clearer they are on their own relapse process the better equipped they will be to take preventative action earlier. If participants are struggling to complete the questions, they may need prompting.

#### **5. Discuss Ways of Intervening in the Relapse Process** **15 Minutes**

Using the examples from the previous discussion on warning signs, get the group to suggest interventions that they can put into action to help them prevent relapsing. Remember that these need to be practical and achievable. Record these on a flip chart.

#### **6. Control Over Your Thoughts – Arm Raising Exercise** **20 Minutes**

This exercise demonstrates to the group the power that they have over their thoughts without them even realising it. This exercise is designed to remind participants what they have learned throughout the course in relation to their ability to change their thoughts and behaviour.

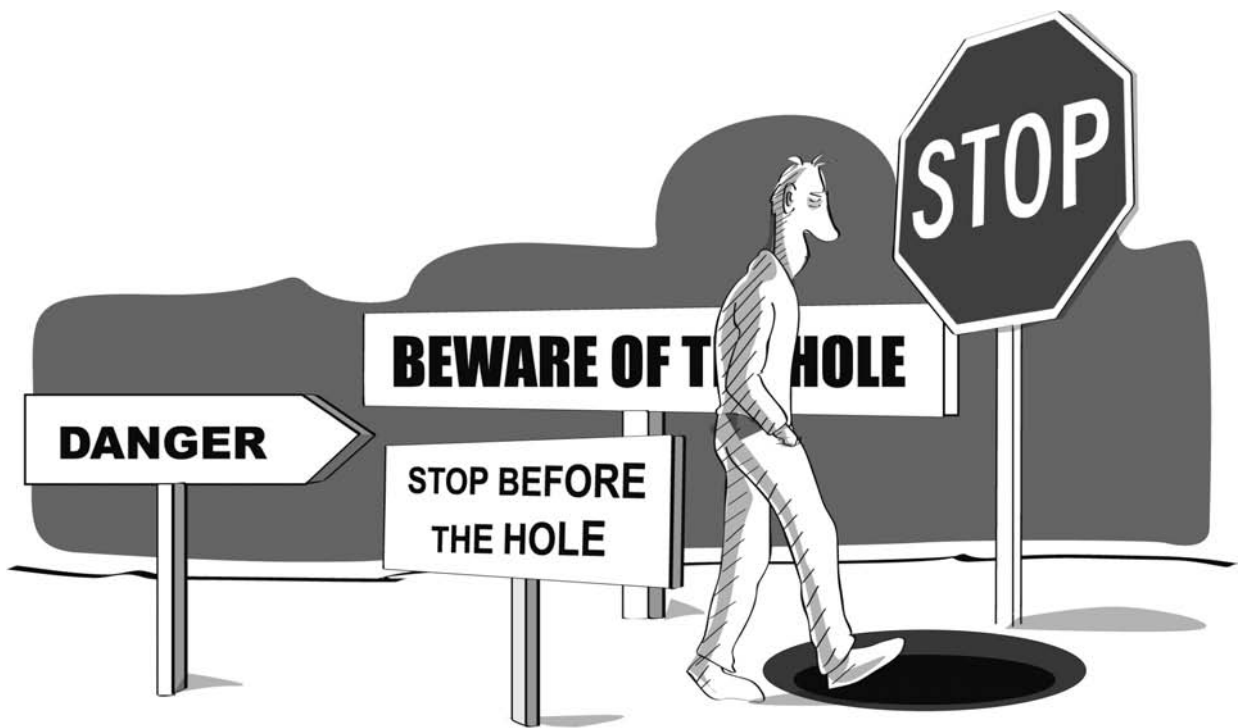
Do the following exercise with the group:

- Get everyone to stand up
- Make sure everyone has space between them and the people next to them.
- Get the group to relax their hands down by their sides.
- Get the group to close their eyes.
- Ask the group to think about and focus on their left hand.
- Explain that they need to do nothing except listen and follow the directions they are going to be given.
- Repeat the following phrase to the group three times, “My left hand is getting higher and higher, higher and higher, higher and higher”
- Ask the group to repeat the above phrase to themselves in their heads. When each person has raised their hand somewhat (each participant will have raised their hands to different heights), ask them to remain in the same position and open their eyes.

The object of the above exercise is to show to the group that their thoughts can be a powerful tool in their own recovery. Explain to the group that they raised their arms without realising they were doing it. This exercise shows the power of their unconscious thoughts. The group has learnt to take control of their thoughts and change these for the better. They now have more skills to help them to take control over their recovery and achieve their goals.

**7. Participants Complete Part 2 of the Handout** **20 Minutes**  
Give out **Handout 8.4**

**8. Course Closure and Certificates** **30 Minutes**  
Finish by affirming the group. Get the participants to say what they have found most beneficial and useful about the course.





## **OHP 8.2 – There's a Hole in my Sidewalk**

### **Chapter One**

I walk down a street and there's a big hole. I don't see it and fall into it. It's dark and hopeless and it takes me a long time to find my way out. It's not my fault.

### **Chapter Two**

I walk down the same street. There's a big hole and I can see it, but I still fall in. It's dark and hopeless and it takes me a long time to get out. It's still my fault.

### **Chapter Three**

I walk down a street. There's a big hole. I can see it, but I still fall in. It's become a habit. But I keep my eyes open and get out immediately. It is my fault.

### **Chapter Four**

I walk down a street. There's a big hole. And I walk around it.

### **Chapter Five**

I walk down a different street.

## OHP/HANDOUT 8.3

### Common Warning Signs:

#### **Changes in Behaviour:**

- Hanging out with people who use
- Not going to rehabilitation programmes or support groups (such as NA/AA)
- Taking other drugs including alcohol
- Arguing with others for no apparent reason
- Not being honest with those around you
- Doing things that are self destructive, i.e. shoplifting, hanging out with people that make you feel bad
- Not filling your days and spending a lot of time feeling bored

#### **Changes in Attitude:**

- Not caring about yourself
- Becoming really negative about life and how things are going.

#### **Reverting to Addictive Thinking:**

- Thinking that you deserve a reward for being clean for a period of time
- Thinking that you could just have a small bit and that it would be alright
- Thinking back to how good drugs made you feel without thinking about all the bad parts of drug use
- Thinking that you are 'cured' and you no longer need to be careful of your triggers

#### **Changes in Feelings or Moods:**

- Feeling unusually stressed
- Feeling depressed or angry
- Feeling invincible and unusually happy





## HANDOUT 8.4 – Part 1

### Relapse Prevention

## Part 1 – Your Relapse Warning Signs i.e.

- Stopped going to NA meetings.
- Was feeling really angry with everyone around me.
- Was thinking negative thoughts a lot of the time.
- Starting avoiding my family.
- Fantasised about using as a reward.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Part 2 – What to do When you Notice your Warning Signs i.e.

- Make myself speak to my sponsor
- Talk to a counsellor about my feelings of anger
- Write down all the good things about my life/take some time out to do something for me.
- Open up to someone I trust about my feelings.

[illegible]

# REFERENCES AND FURTHER READING LIST

Beck, A., Wright, F.D., Newman, Cory, F., Liese, B.S. Cognitive Therapy of Substance Abuse. The Guilford Press New York London. (1993).

Carroll, K.M. Therapy Manuals for Drug Addiction – A Cognitive Behavioural Approach: Treating Cocaine Addiction. Yale University (1998).

Earley, P.H. The Cocaine Recovery Workbook. Newbury Park, CA: Sage. (1991).

Marlatt, G.A, and Gordon, J.R, eds Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviours. New York: Guilford. (1985).

Miller, W.R, and Rollnick, S. Motivational Interviewing: Preparing People to Change Addictive Behaviour. New York: Guilford. (1992).

Monti, P.M: Abrams, D.B, Kadden, R,M, Cooney, N.L. Treating Alcohol Dependence: A Coping Skills Training Guide in the Treatment of Alcoholism. New York: Guilford (1989).

Prochaska, J and DiClemente,C. The Transtheoretical Approach. Crossing Traditional Boundaries of Therapy. Marabar, Florida. Krieger Publishing Company. (1994).

Weiss, R.D, and Mirin, S.M. Cocaine: The Human Danger, The Social Costs, The Treatment Alternative. New York: Ballantine Books. (1995).

# USEFUL PHONE NUMBERS

For NA meetings Call:	
Narcotics Anonymous	830 0944
For information on Harm Reduction call:	
Merchants Quay Ireland	679 0044
Ana Liffey Drug Project	878 6899
Outreach Worker - HSE, Northern Area	882 0300
For information on CBT / counselling call:	
Senior Counsellor – HSE Northern Area	882 0300
For additional Information on this course call:	
SAOL project	855 3391