Public Health England

Routes to Recovery
via the community
Mapping user manual

TCU
www.ibr.tcu.edu

therapeutic
solutions

introduction

Core elements
of treatment

The importance of 'Recovery'

- 'Recovery' is an organising principle that guides effective treatment services. A number of key principles are useful to keep in mind when planning professional treatment interventions:

  - People do recover, but addiction comes with a high level of stigma - 'hope' is a key message to instil in every client

  - Addiction is a complex social problem – professional treatment cannot provide all the solutions

  - People seek professional treatment when their problem severity exceeds their personal resources for recovery – building 'recovery' capital facilitates autonomy and re-integration into the community

  - Recovery can only happen from a strong base – risk reduction may be an important early goal

  - Recovery is based on the power of community – the more people are helping you, the more likely you are to succeed

  - Successful treatment empowers clients to take control of their lives

Achieving a lot using many small steps...

- **Problem drug use has many components: genetics, early up-bringing, mental health, personality and life events. No single approach will address everything simultaneously**

- **Many different 'psychosocial' approaches to helping an individual control substance use have been described and shown to be effective in certain populations at certain times e.g. motivational interviewing, 12-step mutual self-help, cognitive behavioural therapy, contingency management, and social/family interventions**

- **It has often proved difficult to deliver any of these interventions in their entirety due to size of caseload, or the limited availability of training or supervision**

- **This package therefore starts with some common components of effective treatment described by Moos (see next slide), and uses the concept of Node-Link Mapping to support the delivery of these techniques in 'session-sized' chunks**

Moos R (2007) Theory-based ingredients of effective treatments for substance use disorders. Drug and Alcohol Dependence 88(2-3) 109-121

Common components of effective treatment (Moos 2007)

Support, structure & goal direction

- Quality of client-therapist alliance associated with improved outcome
- Therapists who have an underlying theory of treatment, supported by supervision, experience better outcomes
- More emphasis on goals and greater organisation associated with better outcomes

Rewards & rewarding activities

- Rewards during treatment for remaining substance-free
- Planning for a generally more rewarding lifestyle

Common components of effective treatment

Abstinence-oriented norms & models

- Accepting abstinence-oriented norms and learning from abstinent role models
- Use role models to help monitor and support abstinence
- Normative feedback about substance use and consequences

Self-efficacy & coping skills

- Build self-efficacy and skills to manage high-risk situations and life stressors + obtain rewards that are an alternative to substance use
- Use group/network interactions to provide opportunities for sober behaviour leading to improvements in coping and self-efficacy
- Aims to increase self-efficacy by drawing out personal solutions

Outline of the manual

- The key task in the early stages of effective treatment is building a therapeutic alliance with the client. Use of a motivational style of interviewing is recommended, and consideration should be given to the correct balance of following, guiding and directing in using any of these tools [SECTION 1a]

- Therapeutic work is most effective when there is structure and goal direction. Node-link mapping is a useful technique to provide structure, and is the organising principle of this manual [SECTION 1b]

- By using a guiding interviewing technique, and use of node-link mappings to structure and feedback information collected from a variety of sources, the therapist can emphasize both strengths and deficits, and contrast these with the client's desired life goals [SECTION 1c]

- The therapist can then work with the client to set effective, SMART goals for the aspects of their life that are most important to them [SECTION 1d]

- Helping the client to build social support for change can help them achieve goals and play a part in rewarding progress [SECTION 1e]

- A recovery-oriented treatment system builds from the bottom up, and it is important to attend to minimising any risks whilst positive change is occurring [SECTION 1f]. Effective provision of information is important [SECTION 4]

- Once goals have been set, goal achievement can be rewarded [SECTION 2]

- Social support may come from the client's immediate social network (friends, family etc) or may come from mutual self-help groups [SECTION 3]

- Positive role models in the support network can provide helpful feedback about substance use and its consequences

- Tackling goals and building social support will enhance self-efficacy, but may also provide evidence of skills deficits such as ineffective communication, poor planning or impulsivity. Skills training exercises using homework and feedback can address these deficits, further building self-efficacy and autonomy [SECTION 5]

- As the client's confidence builds and they feel more empowered to make changes in their life, more emphasis is placed on using their new found skills and social support to plan for increasing independence and life without drugs [SECTION 6]

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┌─────────────────────┐
│ 1a. Motivational    │──┐
│ interviewing        │  │        ┌──────────────────────────────────────────┐
└─────────────────────┘  ├────────│ 1. Techniques and tools to enhance       │
┌─────────────────────┐  │        │ assessment and build a plan for recovery │
│ 1b. Node link       │──┘        └──────────────────────────────────────────┘
│ mapping             │
└─────────────────────┘
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1. Techniques and tools to enhance assessment and build a plan for recovery

1a. Motivational interviewing

1b. Node link mapping

1c. Describing strengths and deficits

1d. Setting goals

1e. Social support for change

1f. Managing risks and problems

5. Skills development

2. Setting, achieving and rewarding goals

3. Building social support for change

4. Providing information to reduce harm

3a. Social network

3b. Mutual help groups

6. Building and maintaining recovery in the community

one

Enhancing the assessment process and building a plan for recovery

Contents of this section:

1a. Using motivational interviewing

Motivational interviewing

- **Motivational interviewing is a well researched style of professional healthcare communication used to support efforts to change behaviour**

- **Clients entering drug treatment usually have some degree of ambivalence about their use. Motivational interviewing focuses on exploring and resolving this ambivalence drawing the clients own reasons for change, or intrinsic motivation**

- **The key task is to help the client to notice the difference between what they are doing now and how they would like to be. The awareness of the difference between these two positions is used to help the client move towards making changes**

- **This is not achieved by telling the client what to do, or offering expert opinion. The therapist aims to elicit self-motivational statements from the client, then feed them back as part of the process of building towards change**

- **A key aim of these sessions is to instil in the client the belief that they can change. In many cases this will lead to positive action without any directive work from the therapist**

SEE Miller W & Rollnick S (2002) *Motivational Interviewing: Preparing People for Change. New York: The Guilford Press*
Rollnick S, Miller W & Butler C (2008) *Motivational Interviewing in Health Care: Helping Patients Change Behavior. New York: The Guilford Press*

Motivational interviewing

Not the same as directing or following Act as a well informed guide, engaging and collaborating with the client but emphasizing their autonomy

Adopt a guiding communication style

ASKING: Open ended questions
LISTENING: Capture client's words with brief summaries or reflective listening
INFORMING: Ask permission before giving advice; first elicit client's knowledge, then provide information. Explore reactions to the information

'People believe what they hear themselves say'

Add strategies to elicit change talk

AGENDA SETTING: What to change? Invite client to select an issue
PROS AND CONS: Why change? Invite patient to consider next steps
IMPORTANCE & CONFIDENCE: Why and how? Enables intervention to be targeted. Scaling questions may be useful

Pay special attention to any change statements you have heard. Ask if the client is ready to make the change and how you can help

Respond appropriately to change talk

Identification of and selective use of change statements in summaries and reflections

1b. Using node-link mapping

What is node-link mapping?

- **Node-link mapping is a simple technique for presenting verbal information in the form of a diagram, which has been shown to have positive benefits for keyworking interactions**

- **It was first studied as a tool for helping students take better notes during lengthy college lectures. Displaying information visually appears to help us understand things better and recall key ideas (hopefully when we need them). This is summarised in the old adage 'a picture is worth a thousand words'**

- **Node-link mapping can also be used to enhance any interaction with a client, irrespective of the therapeutic technique or strategy being used**

Dansereau DF & Simpson DD (2009) A Picture is Worth a Thousand Words: The Case for Graphic Representations. *Professional Psychology: Research & Practice.* 40(1):104-110

Dansereau DF, Dees SM, Greener JM & Simpson DD (1995) Node-Link Mapping and the Evaluation of Drug Abuse Counselling Sessions. *Psychology of Addictive Behaviors.* 9(3): 195-203

Main parts of a node-link map:

A node is an idea captured in a box, circle, or other shape

For example:

Blockbuster film

A link (named or not) shows the relationship between nodes

For example:

Blockbuster film — e.g. — Star Wars

"An example of a blockbuster film is Star Wars"

Mapping as a keyworking tool 1

- **Research evidence and clinical experience both suggest that an effective counseling session has four key elements:**

1. **Communication:** Drug working can be thought of as a problem-solving exercise, so a clear, shared understanding of the issues is important to facilitate communication. Maps provide a clear visual representation of issues, and have less word clutter than traditional oral or written material. Node-link maps have been shown to be particularly helpful for clients with less education, and for clients with ethnic backgrounds different to their workers. Mapping also enhances clients' own perceptions of their communication abilities, so building confidence and self-esteem

2. **Focus:** Mapping provides a way to cluster information meaningfully, as well as providing a simple summary to guide and focus discussions. Evidence suggests that maps help keyworkers and clients maintain their focus and attention, and mapping has been shown to benefit clients with attentional problems

3. **Producing ideas:** Keywork sessions may need to cover a lot of ground in order to resolve a particular problem. Node-link maps can provide a strategy for idea generation, and may also facilitate causal thinking by making clients examine what influences their behavior, or what may happen next. This may be useful when keyworkers and clients are struggling to remember details, or are in need of a fresh approach

4. **Memory:** The effectiveness of keyworking is determined, in part, by how well a client remembers session information. Node-link maps have been shown to enhance the recall of information in both educational and clinical settings

Mapping as a keyworking tool 2

- **Observations of mapping-enhanced keywork sessions and discussions with keyworkers suggest that this technique increases collaboration between client and therapist by taking the direct focus off the client and putting it on a picture or diagram of the therapeutic issues. If clients are uncomfortable maintaining eye contact, node-link mapping provides a relevant, alternative visual stimulus and therefore can reduce anxiety**

- **Maps created during a session can be given to the clients as reminders or as vehicles for practice between sessions. They may also be reintroduced by the keyworker to evaluate changes and progress, and used as a structure for clinical supervision sessions**

- **However, if overused, mapping can sometimes disrupt therapeutic rapport, perhaps by slowing the pace of the session. It is therefore important for keyworkers to tailor their use of maps to fit both their own styles and client needs**

- **The following map summarises the key benefits of adopting a node-link mapping approach**

Benefits of maps

Benefits of maps

- Provide a workspace for exploring problems and solutions
- Improve therapeutic alliance
- Focus attention on the topic at hand
- Train clearer and more systematic thinking
- Provide easy reference to earlier discussions
- Create memory aids for client and counsellor
- Provide a method for getting "unstuck" by providing new ideas
- Useful structure for clinical supervision

There are 3 broad types of node-link maps:

Node-link mapping — Over 50 publications have shown its effectiveness

- **Knowledge map**
  - Worker produced
  - Structured
  - Convey information
- **Free maps**
  - Jointly produced
  - Spontaneous
  - Represent & explore personal issues
- **Guide maps**
  - Framework provided by worker
  - Structured/ free
  - Represent & explore personal issues

Example of a free map created during a session on relapse

An example of a 'knowledge' map

SMART goals

S	M	A	R	T
Specific	**Measureable**	**Achievable**	**Relevant**	**Time-limited**
Goals need to be detailed enough that you understand exactly what you are trying to achieve	How will you know when you have reached your goal?	No point setting goals you cannot possibly reach	Has to be a goal you want to achieve	Progress will be reviewed at a set time

An example of a 'guide map' (filled in)

Social relationships

I have a couple of friends and I get along pretty well with my daughter.

Health

Problem solving

When I'm clear headed I make some good decisions. I am a good talker.

What are your strengths?

Emotions / temperament

Beliefs and values

I try hard to do the right thing. I love my daughter.

Job / career?

I have computer skills. I have had three jobs in the last 12 years I take work seriously.

How can you use your strengths to improve your life?

Once I get control of my drug habit, maybe I can use my skills and looks to go into computer sales.

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date:**   /   /

Summary: using node-link maps in assessment

Free maps...
can be used to enhance
any of the elements
of assessment
e.g. timelines, life story

Maps and their uses in assessment

Guide maps...
may be useful to structure
some elements, emphasizing
strengths or deficits
(e.g. my strengths) or
may help structure information
in order to provide feedback
(e.g. progress in treatment)

Information maps...
may help to summarise information to
help make difficult decisions, or highlight
elements of the treatment pathway
e.g. harm reduction maps, prescribing
maps, treatment menu

All maps intended for use with clients have a footer to record your name, the client's name and the date the map was used. It also asks the client to rate how useful they found the map and the discussion that went with it. This feedback is an important and useful part of using maps.

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Summary map

- **Me today**
- **My strengths**
- **My resources**
- **Things that are important to me**
- **5 years time**
- **Progress in treatment**

1c. Describing strengths & deficits

1d. Setting goals

- **Goal planner**
- **Goal summary**
- **Recovery plan goals**
- **Goal progress summary**

1f. Managing risks & problems

1e. Building support for change

- **The problems I have faced**
- **Summarising the problem**
- **Decisional balance**
- **Barriers to progress**

- **My social network 1**
- **My social network 2**

1c. Describing strengths & deficits

Assessment can often focus on negative aspects of a person's life. However, It is possible to organise the assessment process to maximise discussion of 'recovery capital' in order to empower the client to develop their own recovery plan.

The maps in this section may be useful for facilitating a discussion about both strengths and weaknesses.

- **'Me today' is a useful way of opening a general discussion with a client about their current situation, without undue emphasis on drug or alcohol issues**

- **'My strengths' and 'My resources' both help to quantify the client's recovery capital**

- **The 'Things that are important to me' map also helps the client talk about their hopes and aspirations. The worker may add 'drugs' to the blank box to help frame the importance of drug use in comparison to other issues**

- **'Where Would You Like to Be in 5 Years Time' also helps the client to set goals for the future, whilst helping to elicit change talk**

- **The 'Progress in treatment' map can be completed from the client's case notes prior to a first meeting or a case review. Summarizing the history makes the client feel understood, and allows them the opportunity to correct or clarify information in the case**

Family

Health / emotions

Friends

Me today
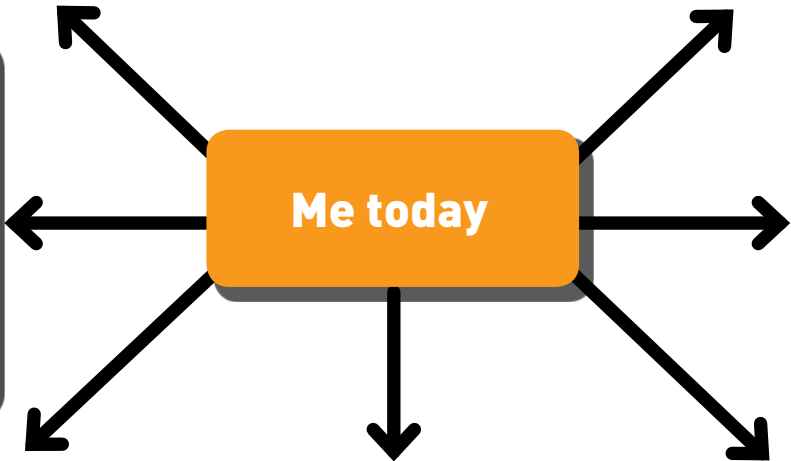
Fun / interests

Work

Education / qualifications

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10   **Client Name**   **Keyworker**   **Date:** / /

Social / relationships

Health and physical

Emotions / temperament

Problem solving / coping

My strengths

Work / skills

Values & beliefs / helping others

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

My resources
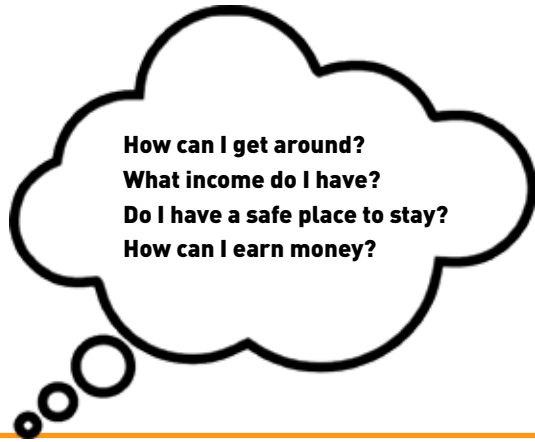
Skills
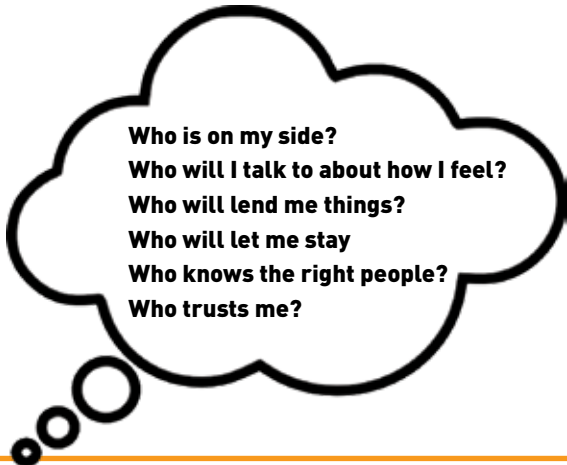
Things

People

How can I get around?
What income do I have?
Do I have a safe place to stay?
How can I earn money?

Who is on my side?
Who will I talk to about how I feel?
Who will lend me things?
Who will let me stay
Who knows the right people?
Who trusts me?

What do I know?
What experience have I got?
What personal skills do I have?
What qualifications have I got?
What would my friends say are my best characteristics?
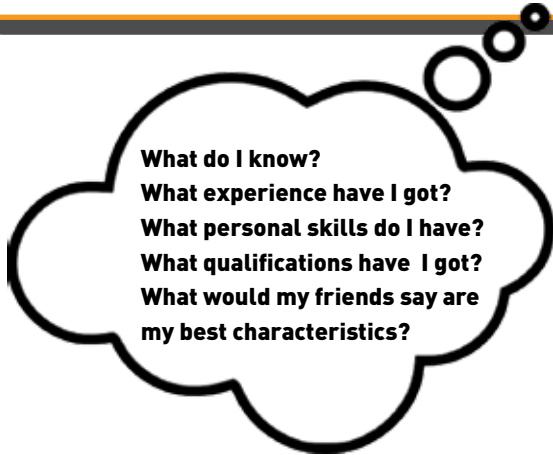
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

People

Things / objects

Activities

Things that are important to me

Feelings / emotions

Places

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

Where will you be living?

Who will you spend time with?

What will you be doing each day?

What hobbies or interests will you have?
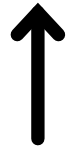
Where would you like to be in 5 years time?

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10 **Client Name** **Keyworker** **Date:** / /

Progress report

Amount and frequency of substance use

Education / work

Crime

Physical and psychological health

Social support, family and friends

Progress in treatment

Major strengths

Housing and basic needs

Possible challenges
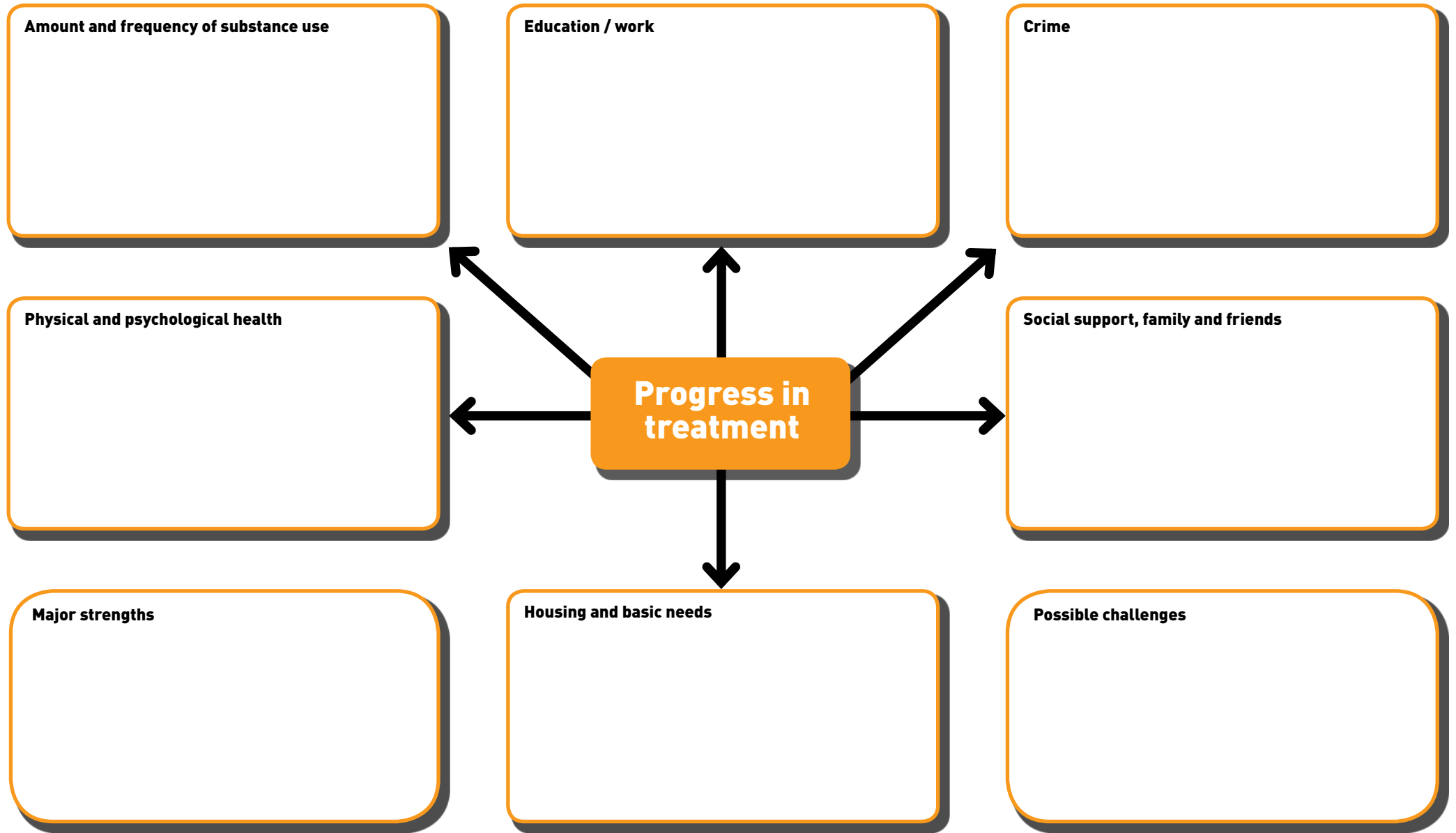
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

1d. Goals

Setting SMART goals is an important component of treatment. The maps presented in this session are based on the Community Reinforcement Approach, and are presented in detail in the Routes to Recovery Manual on Care Planning

The goal planner: instructions

Step 1: Ask the client to complete the '**Goal planner**' by considering each of the areas listed in the first column and rating them between 1 and 10. Explain that a score of 1 means that things in this area could not get any worse, and 10 means things could not be any better.

Step 2: Go through each of the areas and discuss what the score means to the client. For example if they have rated 'Money' as 3, what would have to change to make it a 5? Try to get a deeper understanding of what the client means by the score.

Step 3: Identify the first 3 problems to tackle in treatment. These may be the three areas with the lowest scores, but not always. Remember that by agreeing to tackle a 'middle-ranking' problem, you may have more chance of early success, thus building the client's confidence.

Step 4: Complete the **Goal summary** for each of the first 3 problem areas. Use this to develop treatment goals and time scales for tackling them.

Step 5: Use a separate '**Recovery plan goals**' form to help the client consider each goal in more detail. This will allow each goal to be broken down into small, achievable steps, and to summarise potential support and possible problems.

Goal planner

Problem area	Satisfaction out of 10	What would have to change to increase my score by 2?	Rank
Health (physical and mental)			
Social life and friends			
Relationships (partner or family)			
Housing			
Job / education			
Money			
Exercise			
Legal and crime			
Drug and / or alcohol use			

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10   Client Name   Keyworker   Date: / /

1	2	3	4	5	6	7	8	9	10

It can't get any worse . . . . It can't get any better

Goal planner rating sheet

Give each area of the *Goal planner* map a score between 1 and 10 to show how happy you are now with this area of your life

1 = it can't get any worse
5 = not unhappy, but not happy either
10 = it can't get any better

(adapted from the Happiness Scale. Copyright 1995. Used with permission from the authors, Robert Meyers, Ph.D., and Jane Ellen Smith, Ph.D.)

Goal summary

	Describe the goal	How will life be better when you achieve this?
1 →		→
2 →		→
3 →		→

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

Recovery plan goals

Specific actions

When

Helpful people and useful thoughts

My goal

Strengths you have or need

Possible problems

Solutions
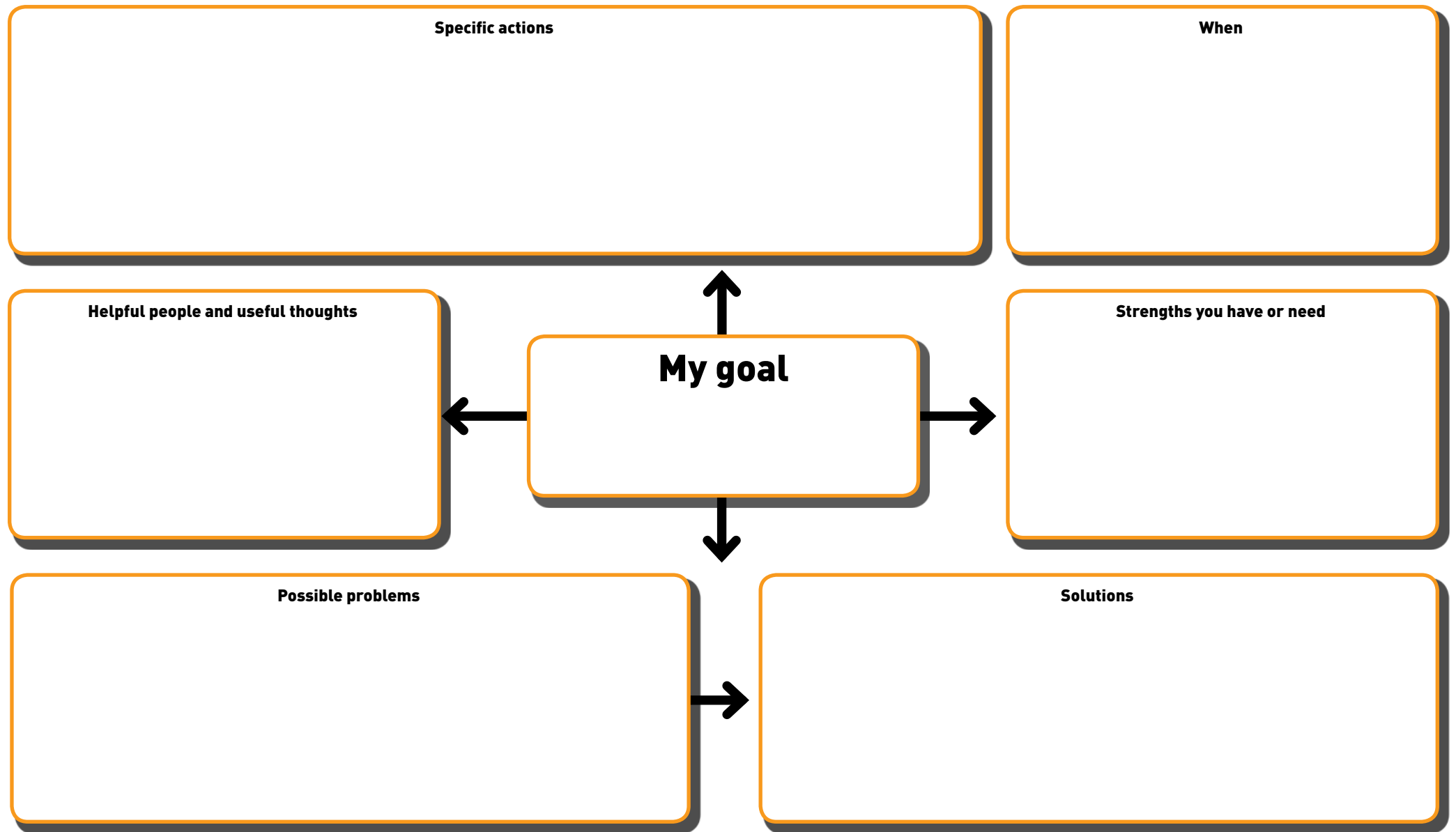
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Goals progress summary

The goals I have	→	Progress I have made in reaching them	→	What is left to do and who will help to do it?
	→		→	
	→		→	
	→		→	

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

1e. Social support for change

Building social support for change not only boosts the client's recovery capital, but can help to support efforts to change that go on outside of the formal treatment environment. There are two broad strategies:

- **Exploring social support from the client's social network i.e. family, friends, colleagues, associates that they have contact with on a regular basis. A useful first stage is to explore the network by drawing up a 'network support map' (see 2 alternative guide maps and free map example)**

- **Linking in with a mutual support self-help group such as a 12-step group or recovery community**

My social network

Me
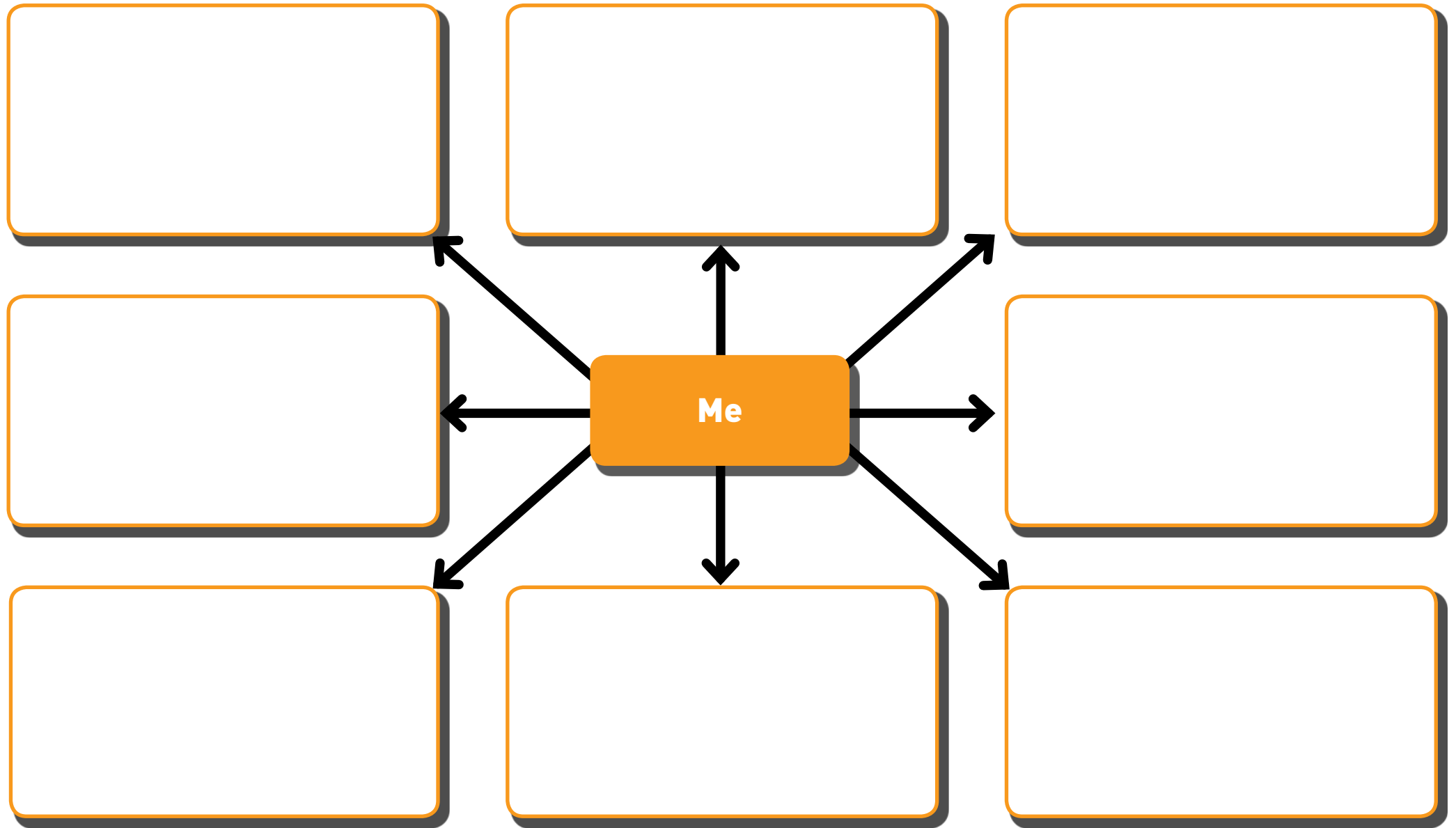
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

My social network
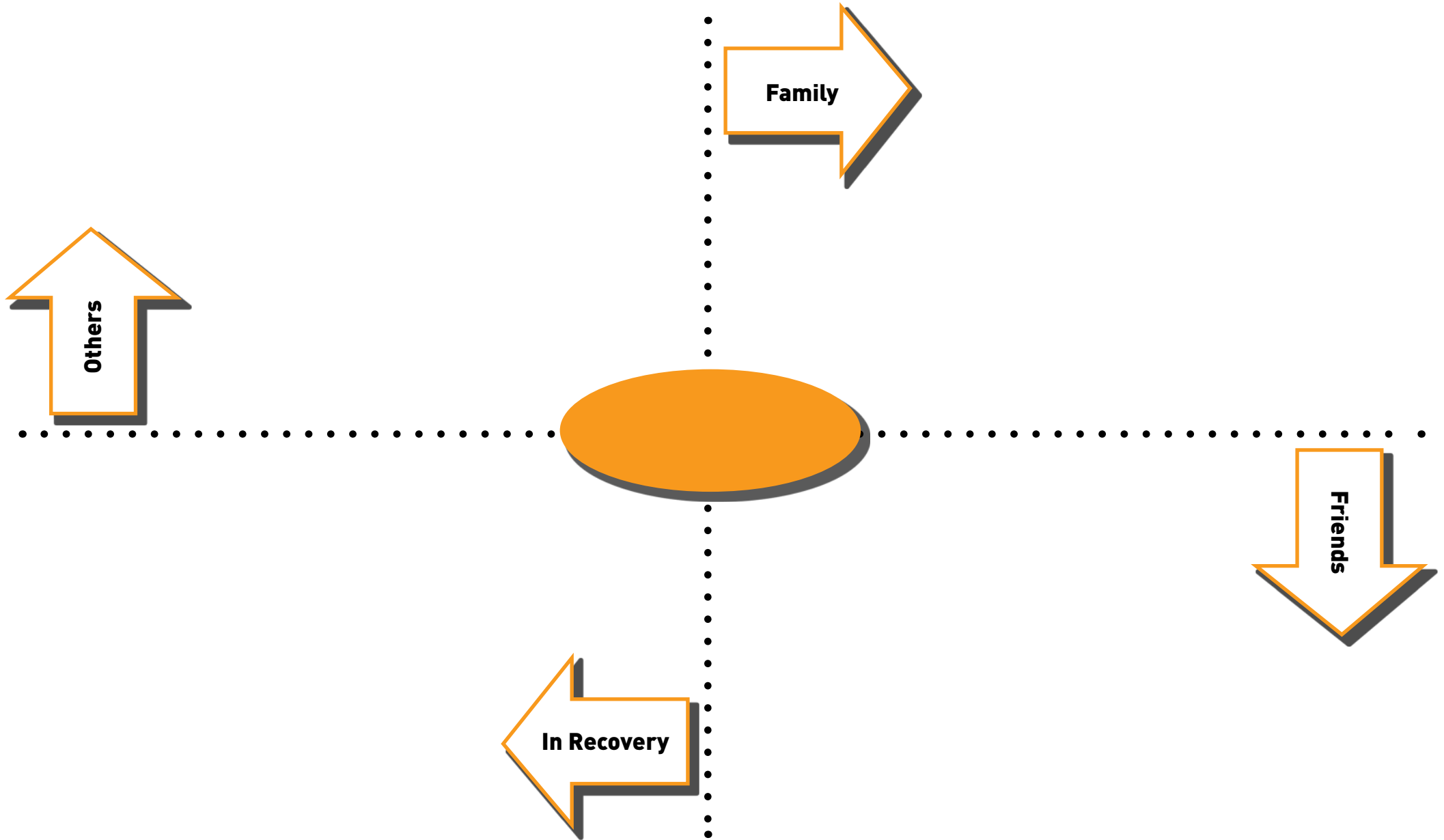
Family

Others

Friends

In Recovery

A free-mapped network diagram

Family

Others

Friends

In Recovery

KAL
FRIEND OF DAD'S
GIVES ME WORK
DOESN'T KNOW
I USE

J
DEALER

DAD

MUM
HIDE MY USE
FROM THEM
ARGUE'H

CLARE
SISTER
'SHE CARES'
CLOSE TO HER KIDS

TONY
SMOKES HEROIN

CHRIS
USES HEROIN
TRYING TO
GET CLEAN

GEOFF

MARTIN
SUPPORTIVE
LENDS ME MONEY
GIVES ME LIFTS

WIFE SUE
BOSSY
MEANS WELL

JASON
MET IN REHAB
GOES TO N.A.
'POSITIVE' GUY

CARL
-FRIEND FROM
CHILDHOOD
-LOST CONTACT
-ASHAMED TO
TELL HIM I USE

MIKE PHIL MARTINS.
FRIENDS FROM SCHOOL
LOST CONTACT. LIVE LOCALLY — CARL KNOWS
THEM

KATE
'EX'
VERY CLOSE
INJECTED WITH
HER
?STILL USING

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

1f. Risks & problems

- **Risks and problems are usually well covered in standard agency assessment and case review materials. Section 4 covers harm reduction information**

- **A solution-focused recovery plan can frame problems as challenges to be overcome, eliciting both sides of the client's ambivalence about changing/tackling problems**

- **The 'Problems I Have Faced' and 'Summarising the Problem' maps collect details of problem issues in motivational style, framing the client's concerns in their own words**

- **A Decisional Balance sheet is another way of exploring ambivalence and eliciting change talk**

- **The 'Immediate Barriers to Treatment' takes a 'solution-focused' approach to ensure that practical hurdles to attending further treatment sessions are identified and overcome where possible**

- **Monitoring Progress: Assessment tools such as the Treatment Outcome Profile (TOP) provide a useful baseline to measure problems. It is useful to track changes in key areas and feed this back to the client to monitor progress and stimulate ideas for new plans. The 'Using TOP to Monitor Progress' map may be useful here, accompanied by a visual record of changes using the TOP Progress Tracker map (see also www.nta.nhs.uk/uploads/top_det_guide_110110.pdf)**

The problems I have faced

What makes you think this is a problem?

What difficulties have you had with your drug use?

Drug use

In what ways have you or others been harmed by your drug use?

How has your drug use stopped you doing what you want to do?
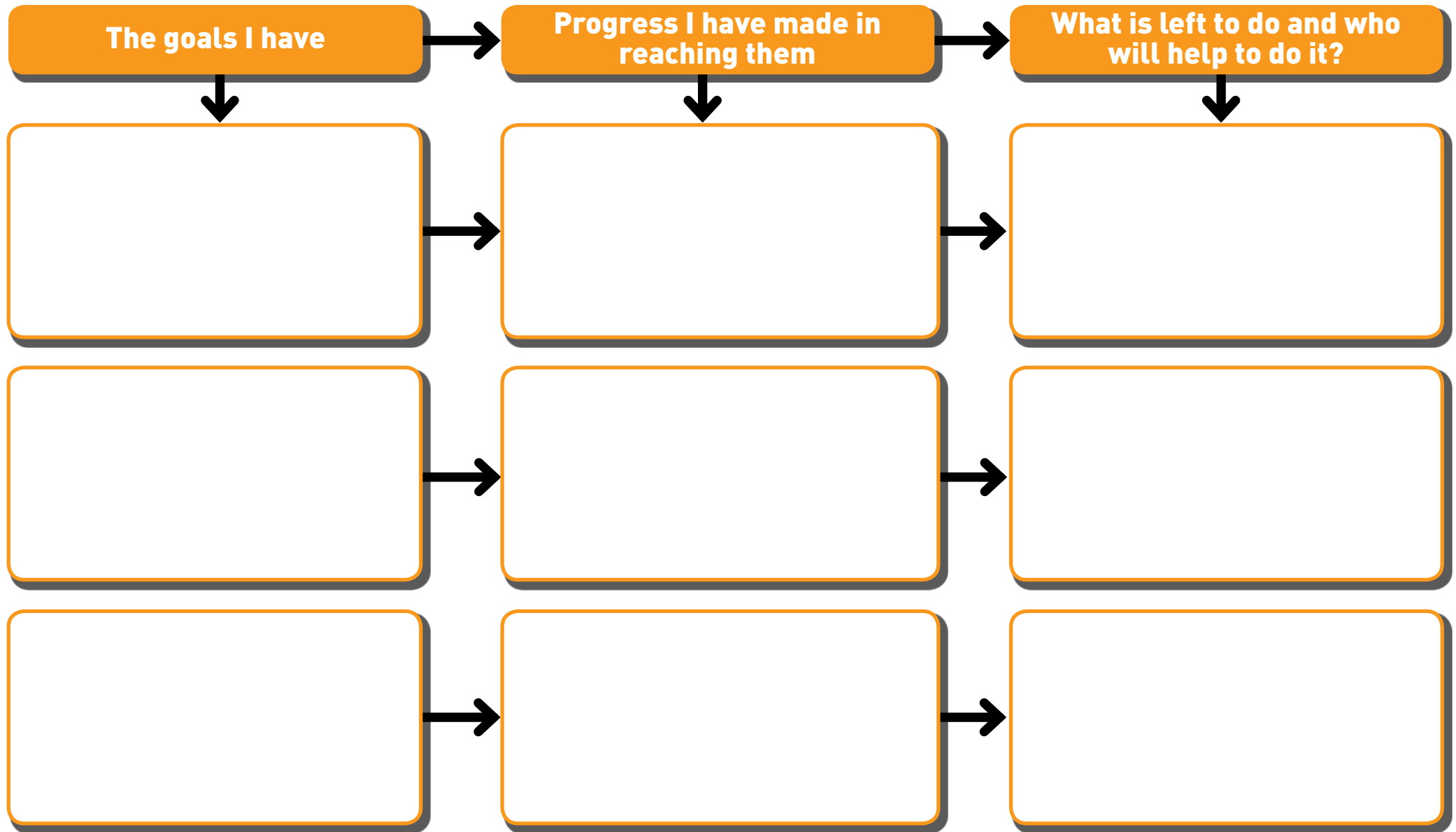
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Summarising the problem

A summary of the problem

The 'pros' and 'cons' of change

Evidence of risks and problems

Intentions to change

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Continuing to use as before

Advantages

Short-term

Longer-term

Disadvantages

Short-term

Longer-term

Making a change to my use

Advantages

Short-term

Longer-term

Disadvantages

Short-term

Longer-term

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /
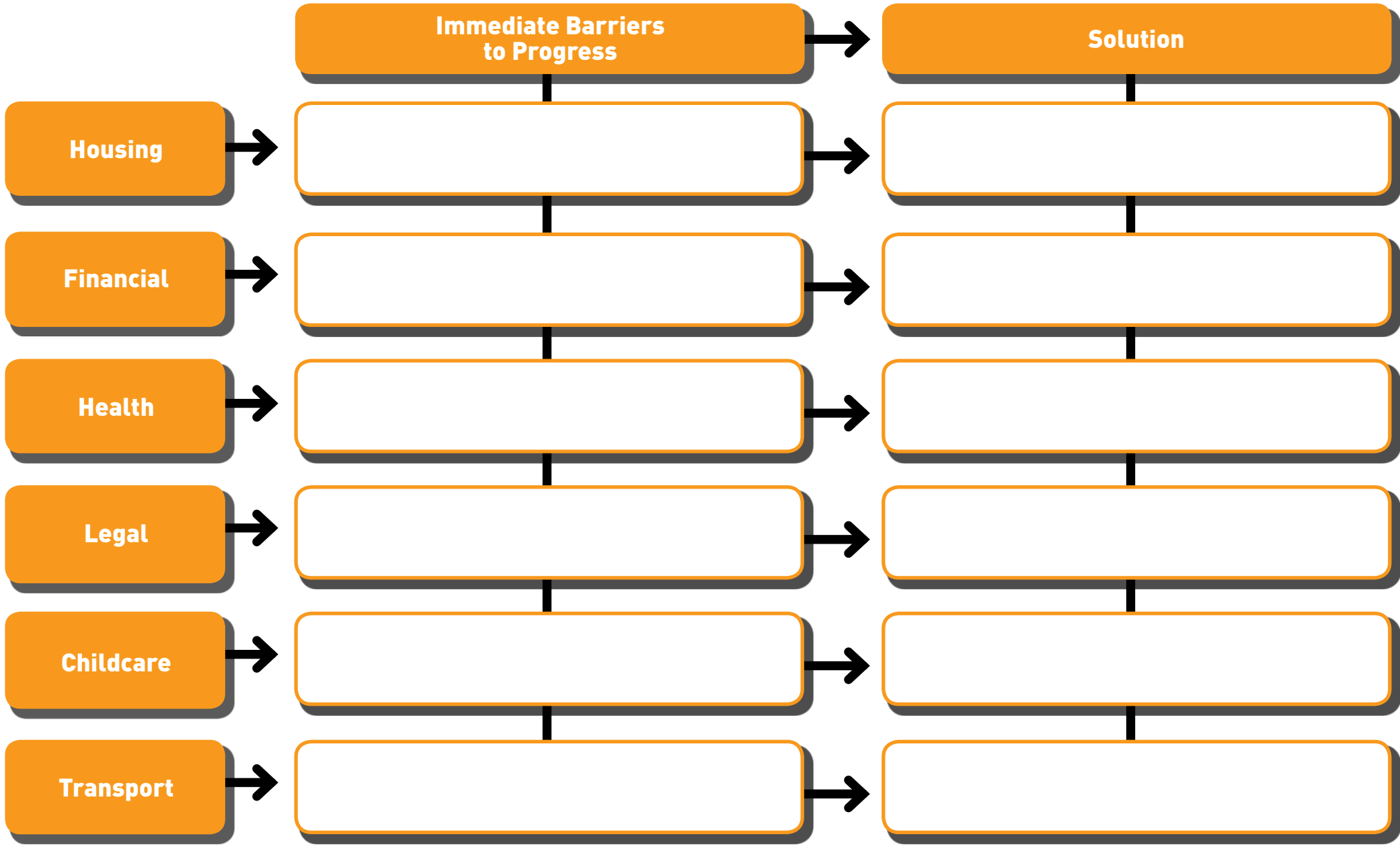
	Immediate Barriers to Progress →	**Solution**
Housing →		
Financial →		
Health →		
Legal →		
Childcare →		
Transport →		

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10 **Client Name** **Keyworker** **Date:** / /

TOP progress tracker

Prescribed medications & dose

Substance use

Main problem ■	Second problem ●	Third problem ▲	Alcohol ◆

Days	Start	Review 1	Review 2	Review 3	Review 4	Discharge
28						
24						
20						
16						
12						
8						
4						
0						

Appointments attended

Drug test results

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10   Client Name   Keyworker   Date: /   /

TOP Progress Tracker (cont.)

Psychological health

	Intake	Review 1	Review 2	Review 3	Review 4	Discharge
Good 20						
16						
12						
8						
4						
Poor 0						

Physical health

	Intake	Review 1	Review 2	Review 3	Review 4	Discharge
Good 20						
16						
12						
8						
4						
Poor 0						

Quality of life

	Intake	Review 1	Review 2	Review 3	Review 4	Discharge
Good 20						
16						
12						
8						
4						
Poor 0						

Using TOP to monitor progress

Changes I have made

Drugs

Injecting

Health

Crime

Social

How have I made them?

How has this helped?

What is the same or worse

What are the costs?

What do I do next?
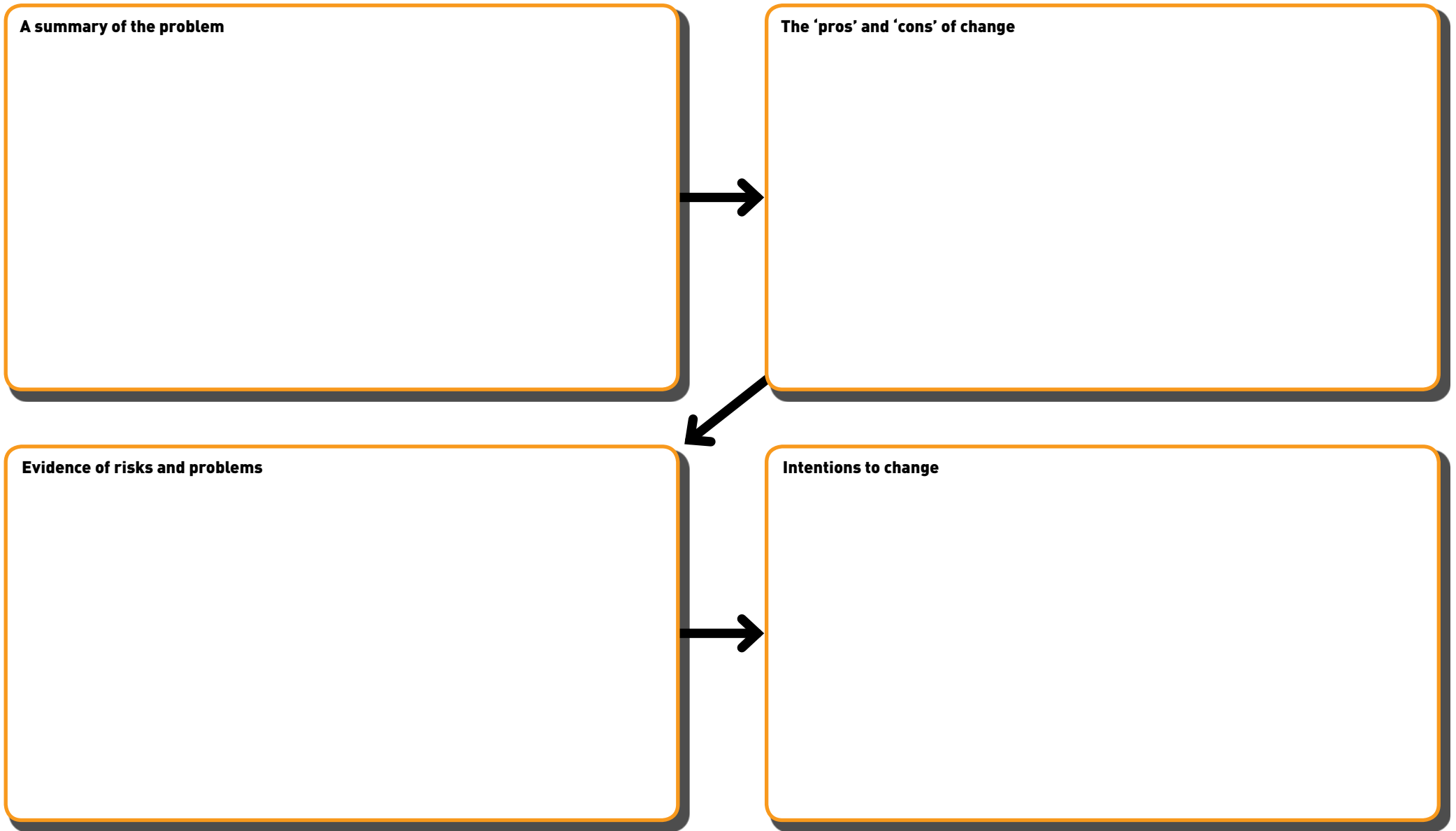
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

two

Setting, achieving & rewarding goals

Better goal setting:

Goals are an important part of a recovery plan

1. It is important to think holistically – consider goals not just around substance use, but in all areas of life
2. Set broad, overarching goals, but make sure that you pay attention to the small steps along the way. Getting better at setting SMART goals (see p20) enables the use of reinforcement to increase the likelihood of success

Use of reinforcement

- People are more likely to do more of things that are rewarding
- Psychoactive drugs have immediate rewarding or reinforcing effects, either in terms of their direct effect ('a buzz' or 'high') or the unpleasant effects that they take away (e.g. anxiety, shyness, withdrawal)
- A key overall aim of a recovery plan is to fill a person's time with other rewarding behaviour i.e. facilitating 'natural highs'. Unfortunately this doesn't happen immediately, and the benefits may be slow to develop. Therefore every opportunity to provide a reward has to be taken
- Rewards don't have to be sophisticated or complex – praise or encouragement can build a sense of achievement which can fuel further attempts at goal completion
- However, goals must be brief, easily achievable and followed up soon after completion in order to achieve maximum effect

In the early stages of this process, goals should be very small and easy to complete, and followed up within hours to days of being set.

Set SMART goal
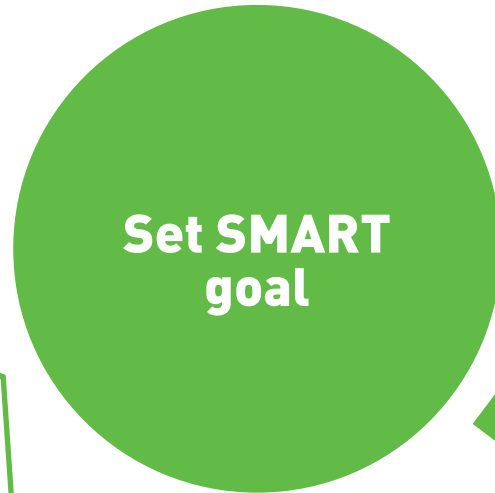
Goals that are not SMART are less likely to be completed, which may lead to a reduction in the client's confidence and a reluctance to attend the next keyworking appointment.

Increase in self-esteem

Achieve goal

The best reinforcers are those with personal meaning to the client.

Positive reinforcement

Reinforcement may come from the keyworker, a mutual self-help group or from family & friends.

Two possible strategies for using goal setting and reinforcement

Set goals and use positive reinforcement to increase non-using behaviour

Reduce positive reinforcement for using behaviour

High levels of satisfaction in a drug-free lifestyle are needed to compete with the reinforcement derived from a drug-using lifestyle

Identify reinforcers of drug use → **Develop strategies to eliminate them**
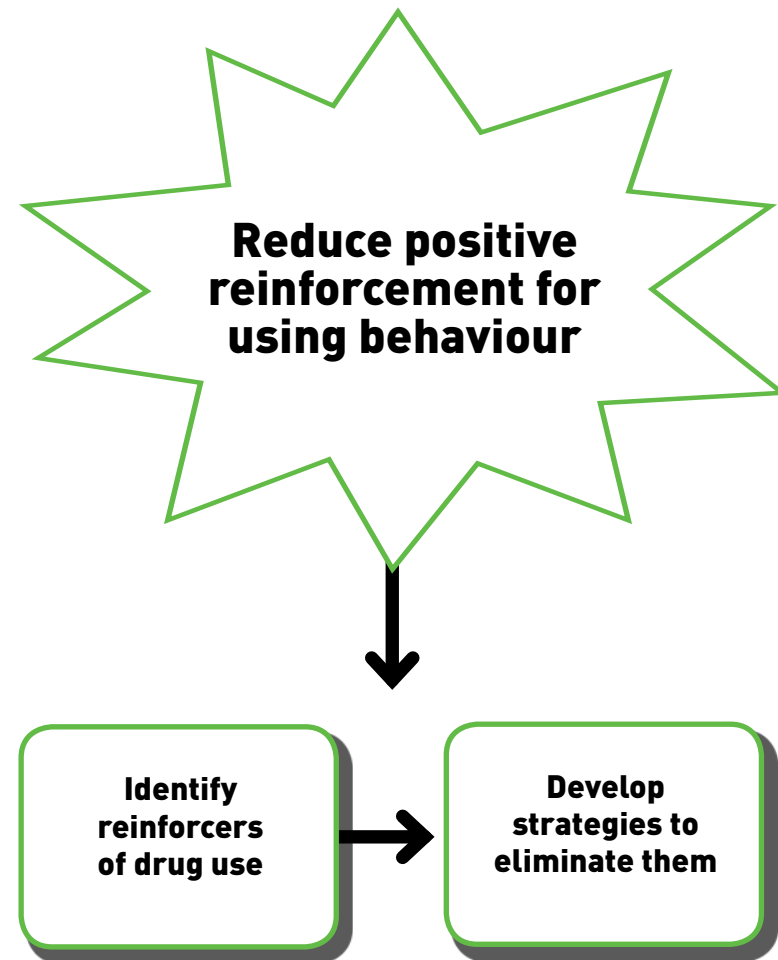
Formulating the recovery plan using goal setting

- ## Use of the 'Goal planner' technique [section 1d]
  - Encourages the client to think about making changes in all areas of their life, not just their substance use
  - Once an initial area of work has been settled upon, simple reinforcers can be used to reward goal achievement
  - Aim to build up achievements across many areas of life – positive results in one area will encourage attempts to make changes in other areas
  - Learn from failures to achieve goals – was the original goal SMART? Could it be broken down into smaller steps?

- ## Knowledge of the particular rewards or reinforcers that are relevant to the client can be built up by the use of a technique called 'functional analysis' sometimes known as an ABC chart (antecedents, behaviours and consequences).
  - The map 'Exploring non-drug-using behaviour' allows a careful analysis of what prevents the client doing things other than using drugs, and what the rewards might be. 'Times when I am not using drugs' does the same thing in a simpler way. Both may help keyworker and client plan more rewarding activities (and may be used in conjunction with 'Increasing pleasant activities' [see section 5]
  - Alternatively, 'Exploring drug using behaviour' helps the client to understand what the rewards or reinforcers of drug use are (so that they can then be replaced or reduced)
  - Start by completing the middle column in as much detail as possible, before moving on to the left-hand section and then the right-hand section

SEE Meyers RJ & Smith JE (1995) A Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach. New York: Guilford Press
Meyers RJ & Squires DD. The Community Reinforcement Approach. www.bhrm.org/guidelines/CRAmanual.pdf

External

Who is with you?

Where are you?

When do you do it?

Exploring non drug-using behaviour

What do you like to do?

How often do you do this?

How long do you do this for?

Short-term effects

What do you not like about doing this?

Unpleasant thoughts

Unpleasant physical feelings

Unpleasant emotional feelings

Internal

What are you thinking about before you do it?

What are you feeling physically?

What are you feeling emotionally?

Long-term effects

Good   **Bad**

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

Times when I am not using drugs...

Places where you are LEAST likely to use

People with whom you are LEAST likely to use

Times or days when you are LEAST likely to use

Activities that make it LESS likely that you will use

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

External

Who is with you?

Where are you?

When do you use?

Exploring drug-using behaviour

What do you use?

How much do you use?

How long do you use for?

Short-term effects

Why do you like using?

Pleasant thoughts

Pleasant physical feelings

Pleasant emotional feelings

Internal

What are you thinking about before you use?

What are you feeling physically?

What are you feeling emotionally?

Long-term effects

Good | Bad

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

three

Building social support

You are more likely to achieve your goals if people are helping you
We can distinguish 2 broad areas of potential social support:
1. from the client's social network i.e. family, friends, work colleagues etc [section 4a]
2. from mutual self-help groups and recovery communities e.g. NA, CA, SMART [section 4b]

3a. Support from the client's social network

A client's social network may include family, friends, acquaintances, professionals and others.

1. Start discussion with client about their social network – use free-mapping or guide map to draw up client's social network map (see section 1e)

- Use the suggested techniques to get as full an understanding of the client's support network as possible

- Annotate with relevant information about relationship with client, or types of support offered

2. Decide whether it is useful to invite one or more network members to attend the next keyworking session

3. If members of the client's social network join keyworking sessions (or even if they don't), it is useful to think of ways that they can help the client to achieve their goals

1. Reviewing a client's social network

- **Who**

  - **Family**
    - **Immediate**
    - **Extended**

  - **Friends**

  - **Friends of friends**

  - **Acquaintances**

  - **Work colleagues**

  - **Professionals**

- **Techniques to broaden the network**

  - *Who have you seen/spoken to in the last week?* (day-by-day)

  - *People you knew 'before drugs' e.g. School friends*

  - *If I was to ask you to scroll through the address book of your mobile phone, who would be in there?*

  - *If I asked your mum/partner/ brother, who would they add to the diagram?*

2. Inviting potential network members

- **Agree with client on the most appropriate person to invite. The information map 'What Makes Someone Supportive' may be useful to help the discussion**

- **Rehearse the invitation process with the client**
    - **when and how will they contact them?**
    - **what will they say?**
    - **how will they 'sell' the treatment?**
    - **be clear when the next session is**

- **Offer active support to invite the network member**
    - **phoning them in the session**
    - **helping to write a letter**
    - **text reminders**

What makes someone supportive or unsupportive?

Knows about the problem

Available to listen and understand

Offers help in getting support

A 'supportive person'

Is uninformed about the situation

Offers material help

Does not take sides

Encourages substance use

Is not involved in the situation

Gives unhelpful advice

An 'unsupportive person'

Feel hurt and anxious

Has a harsh attitude to the user

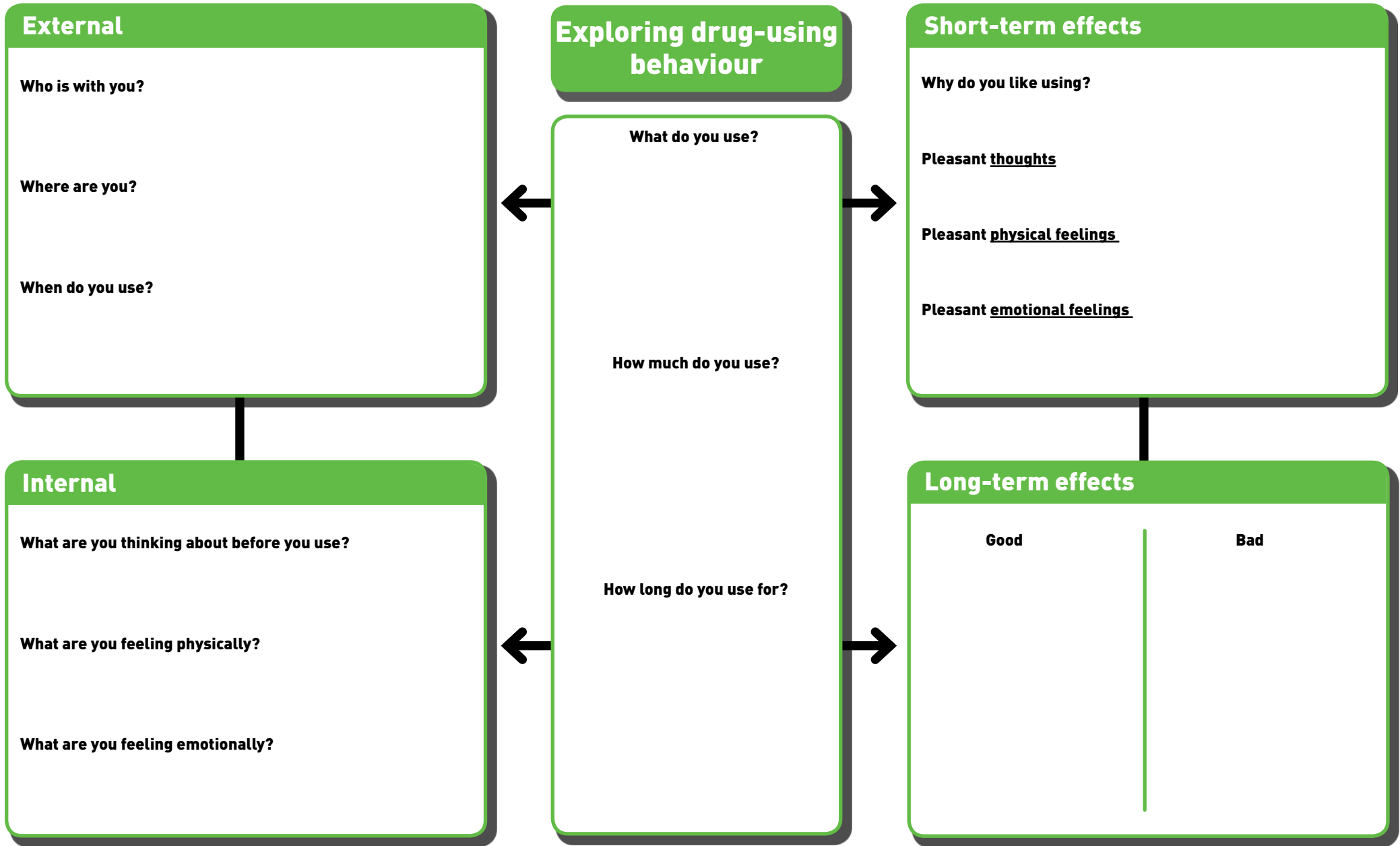Is condemning without finding out details
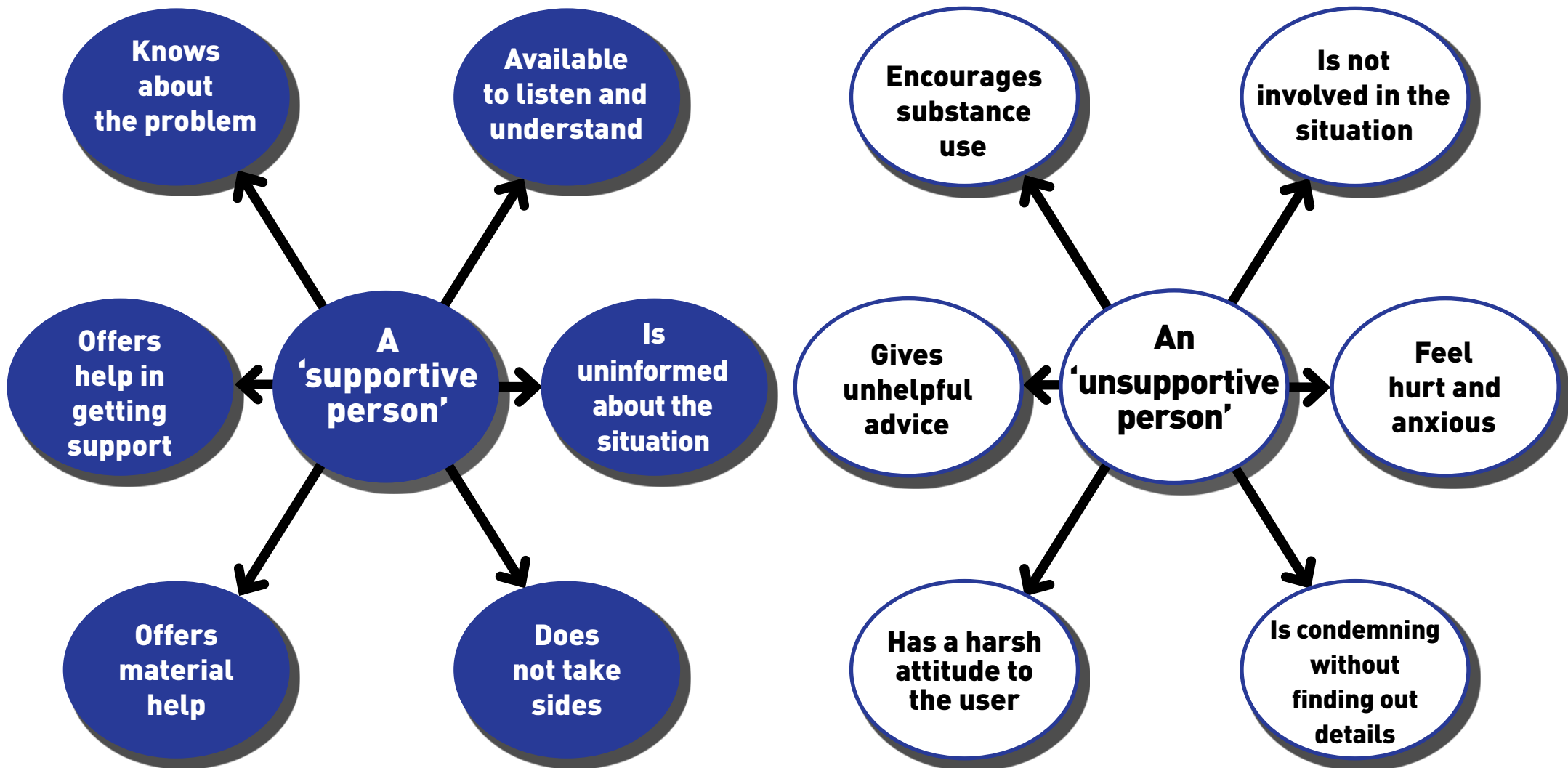
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

3. Utilising support from others

- A general discussion about the types of social support available may be useful

- The **'Types of coping'** information map may help to structure the discussion about how social support can be useful in achieving goals and changing behaviour. The **'How do I cope?'** map allows either the client or a network member to reflect on different coping styles

- Ultimately, the process may lead to the development of a 'Social Network Support Plan', which should link closely to the overall recovery plan

- Use the network supporters to help the client set meaningful goals and play a part in rewarding their achievement

- Social network members may be utilised in the development of a 'relapse prevention plan' [see section 6]

SEE Copello A, Orford J, Hodgson R & Tober G (2010) Social Behaviour and Network Therapy for Alcohol Problems. Hove: Routledge
Copello A & Day E (2012) Social Behaviour and Network Therapy: Changing Drug-Using Behaviour. Available from authors

	Engaged	Tolerant	Withdrawn
	Active interaction with the substance user, trying to deal with the problem	**Removes negative consequences for the user**	**Increasing distance from drug user**
Example	**Watching his/her every move, checking up on him/her**	**Give him/her money even if you knew it would be spent on drugs**	**Avoid him/her as much as possible because of drug use**
Advantage	*Makes me feel I am doing something positive*	*Avoids arguments*	*Stops me getting too involved – better for my health*
Disadvantage	*Very stressful and user he/she doesn't like it*	*Feel I am being taken advantage of*	*I feel I am rejecting him/her*

Types of coping → There is no 'right' way to cope

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10   Client Name   Keyworker   Date: / /

How do I cope?

Strategy 1	Strategy 2	Strategy 3

Advantage

Disadvantage

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Social network support plan

The problems I have	→	Who might be able to help me?	→	What could they do?
	→		→	
	→		→	
	→		→	
	→		→	

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date:**   /   /

3b. Support from mutual self-help groups

A huge amount of recovery-focused support is available from mutual help groups i.e. groups of drug users at various stages in their recovery journey meeting to share experiences and support each other in achieving their goals

- The information maps '**Narcotics Anonymous**' and '**Do 12-step fellowship groups work?**' may help in starting a discussion with a client about attending a 12-Step group

- The map '**Getting help from local groups**' can be used to structure a discussion about trying local support groups

- The keyworker may prepare information about local support group meetings in advance ('**Local recovery group information**')

SEE Nowinski & Baker (2003) The Twelve Step Facilitation Handbook. Center City, MN: Hazelden Foundation

```
                    A peer-help              Recovering addicts              A programme of
                     movement              meet regularly to help          complete abstinence
                   (a fellowship)            each other stay clean            from drugs


      We only keep what                    Narcotics                  Only one requirement
      we have by giving                    Anonymous                   for membership –
          it away                            (NA)                    the desire to stop using


    No interest in what                The most important              A set of principles
  you have done in the past,            thing about it is that         written so simply that
  only in how to help you                     it works                they can be followed in
     with your problem                                                    your daily life
```

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Research has shown higher rates of abstinence among people who go to AA or NA during treatment

Studies find AA/NA involvement leads to new relationships with people who don't drink or use drugs

Research has shown that AA/NA works for atheists and agnostics

Do 12-step fellowship groups work?

It's a safe place – anonymity protects everyone's identity

AA/NA works for men and women, all ages and races, and for both alcohol and drug problems with your problem

AA/NA will protect you from the influence of those who do drink or use drugs

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Getting support from local groups
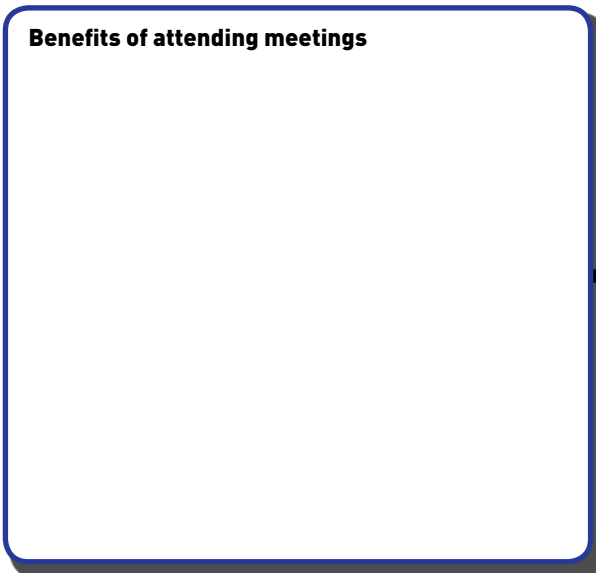
Meetings attended

Reactions to meetings

Benefits of attending meetings

Disadvantages of attending meetings

Local meetings (times and places)

Local contact

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date:**   /   /

Local recovery group information

NA or AA

Other groups
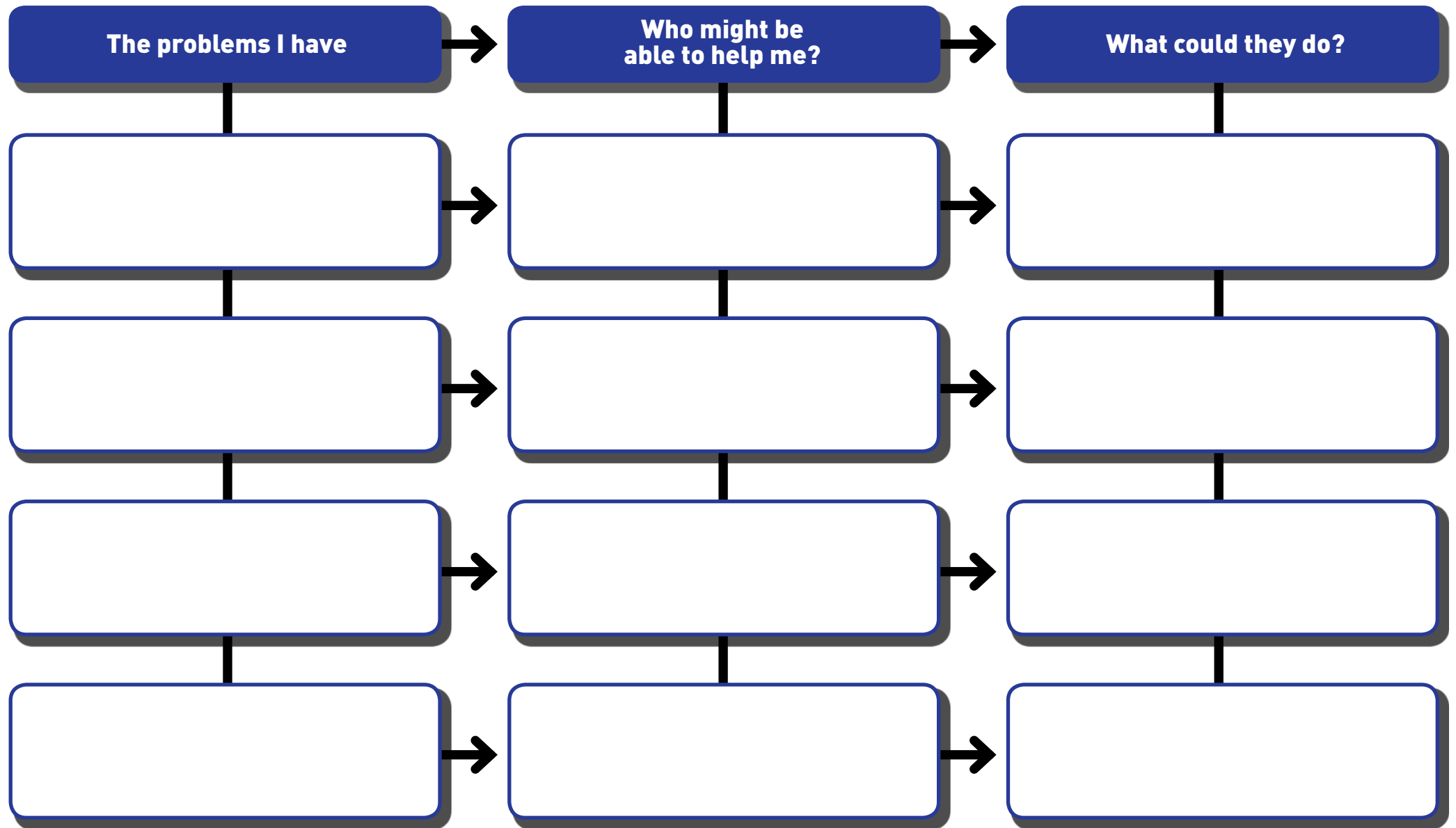
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

four

Minimising harm

- The concept of recovery encompasses a staged approach to achieving a happy and fulfilled life free of dependence on drugs. Each person's journey to recovery is different

- As described by Maslow, higher levels of functioning are not possible without a solid foundation to build on i.e. basic physiological, health and security needs are met. Likewise, the journey to recovery starts with a sound base including preventing or addressing risks such as accidental overdose, blood borne virus transmission, or physical or mental consequences of drug use

- Substitute prescribing may be a useful technique for engaging a client in treatment, or for gaining control over a range of harms to allow the client time to build their recovery capital. Medication may also be useful in managing withdrawal symptoms

- As described in section 1a, node-link mapping is a useful technique for structuring a session where knowledge is imparted to a client. This might be in the form of pre-prepared knowledge maps, or by using free mapping techniques. Some examples are given in this section, but other are available in the Routes to Recovery series of manuals (www.nta.nhs.uk/aspx)

Reduce risks from different ways of using crack

Injecting

Reduce risk of Hep C
- Never share **any** equipment
- Limit your heroin use when speedballing

Avoid vein damage
- Use citric to break down crack for injecting
- Cocaine numbs the injection site
- Don't skin pop

Snorting

Reduce risk of Hep C
- Don't share straws
- Snorting isn't necessarily safer - it also affects your health

Avoid nasal damage
- Alternate nostrils
- Wash out nostrils after use

Smoking

Reduce risk of Hep C
- Don't share pipes
- Moisten lips with Vaseline and drink water to stop dehydration

Avoid lung damage
- Taking breaks between smokes gives you more control
- Don't use plastic or tin-can pipes
- Don't hold the smoke in for too long

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10   Client Name   Keyworker   Date: / /

Injecting

Wash the site

✔ Wash the site
✔ Change needles
✔ Avoid tap or bottled water
✔ Use new filters
✔ Don't lick the needle

To clean a needle, draw up clean, cold water through it into the syringe barrel, flush it out again, and repeat.

↓

Repeat the cleaning process with household bleach.

↓

Repeat the process with cold water again.

✔ Don't share your needle, syringe, water, spoon or filter
✔ Use a needle exchange service

Bacteria

Viruses

Dangerous injecting sites:
• Neck   • Breasts
• Penis   • Groin

• Arteries, veins and capillaries
• Only inject in veins
• Arteries have a pulse
• How veins collapse

Vein damage

Injecting

Overdose

DVT

Some drugs damage veins more than others:
• Temazepam
• Crack/cocaine
• Pills/capsules
• Too much acid

If you see someone overdose:
• Call an ambulance (dial 999)
• Check if they are breathing
• Do not leave them alone
• Stop them rolling onto their back
• Tell the ambulance staff what they have taken

Reduce the risk by:
✔ Not injecting – snort, swallow, smoke or chase
✔ Take a test dose of drugs
✔ Only inject half a barrel at a time
✔ Don't mix drugs
✔ Inject with other people

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date:**   /   /

OPIOID DETOXIFICATION: The opioid withdrawal syndrome

Noradrenaline

Brain chemical that produces the *'fight-or-flight response'*, increasing heart rate, releasing energy from body stores, and increasing blood flow to the muscles

Regular use of opioid drug

↓

Body gets used to the effects (takes days to weeks) → **Brain finds it harder to make noradrenaline**

↓ ↓

You need to take more opioid drugs to get the same effect (TOLERANCE) → **Brain has to work harder**

↓ ↓

When you cut down or stop opioids you experience WITHDRAWAL → **Brain is still working too hard to make noradrenaline**

↓ ↓

Worst after 2-3 days, and returns to normal after 7-14 days ← **Too much noradrenaline**

↓

Withdrawal symptoms

OPIOID DETOXIFICATION: The opioid withdrawal syndrome

Poor sleep

Anxiety

Anger

Sneezing

Runny eyes and nose

Yawning

Nausea and vomiting

Jerking in arms and legs

Diarrhoea

High temperature

Pains in muscles, bones and joints

Sweating

Feeling hot and cold

Restlessness

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Methadone

Starting Methadone

- **Take it once a day**
- **Takes 5 days for methadone to have its full effect**
- **No serious long-term problems**
- **But.. hard to stop after taking it for several years**

Combinations of drugs

- **Methadone + alcohol or benzos (valium, temazepam) → increased risk of overdose**
- **Methadone + buprenophine (Subutex) → withdrawals**

Safe storage

- **5 or 10ml of methadone could kill a child**
- **At home - keep in a locked cupboard**
- **Warn children of dangers of medications**
- **Use bottle with child-proof cap**

Methadone

Side effects

- **Constipation**
- **Sweating**
- **Itching**
- **Nausea**
- **Drowsiness**
- **Loss of sex drive**

Overdose

- **Taking more opioids (heroin, methadone, codeine etc) than your body can handle → breathing slows and then stops**
- **20mg methadone can kill a non-dependent adult**
- **Risk of death is highest on 2nd or 3rd day of treatment**

Health issues

- **Avoid constipation – eat fruit and veg and drink plenty of water**
- **Avoid tooth damage – swill mouth out with water after taking methadone and brush teeth regularly (but don't share brushes)**

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Buprenorphine (Subutex)

Starting Subutex

- **Causes withdrawal effects if taken too soon after other opioid drugs**
- **First dose must be at least 8 hours after last heroin**
- **At least 36 hours after last methadone**

Combinations of drugs

- **Subutex + alcohol or benzos (valium, temazepam) → increased risk of overdose**
- **Heroin will have a reduced effect – trying to get a hit increases the risk of overdose**
- **Methadone + Subutex → withdrawals**

Storage

- **A small dose of Subutex could kill a child**
- **At home - keep in a locked cupboard**
- **Warn children of dangers**
- **Use child-proof cap**

Buprenorphine (Subutex)

Side effects

- **Constipation**
- **Sweating**
- **Itching**
- **Nausea**
- **Drowsiness**

Overdose

- **Taking more opioids (heroin, methadone, codeine etc) than your body can handle causes your breathing to slow and then stop**

Health issues

- **Avoid constipation – eat fruit and veg and drink plenty of water**
- **Brush teeth regularly (but don't share brushes)**

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

five

Skills development

As highlighted in the introduction, the exercise of developing a recovery plan involving goal setting combined with an exploration of the client's social support network may:

1. Expose deficits in the client's skills of everyday living e.g. poor time management, communication issues, or problem solving

2. Highlight difficulties that the client has in understanding behavioural patterns associated with their drug use

The maps in this section may facilitate sessions exploring these issues, incorporating the demonstration or role play of new skills and homework exercises.

SEE Monti PM, Kadden RM, Rohsenow DJ, Cooney NL & Abrams DB (2002) Treating Alcohol Dependence: A Coping Skills Training Guide. New York: The Guilford Press
Mitcheson L, Mitcheson, L., Maslin, J., Meynen, T., Morrison, T., Hill, R., Wanigaratne, S. (2010). Applied Cognitive and Behavioural Approaches to the Treatment of Addiction: A Practical Treatment Guide. Chichester: Wiley-Blackwell.

5a. Lifestyle change

- **Time management**

- **Increasing pleasant activities**

- **Problem solving**

- **Finding a job**

Time management in action

Use an appointment book → **Get it out at the same time every morning** → **Make a list of everything you want to do that day**

↓

Prioritize e.g. first, second, third most important

←

Create 'to do' list for that day

←

Fill in the appointment book

↓

Cross off completed items from the 'to do' list at the end of the day

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Advantages of doing an activity that you enjoy

Takes your mind off cravings or urges to use

Something to look forward to, and makes you feel good about yourself

Lifts your mood and relaxes you, or helps you feel healthy

Reduces boredom, loneliness and depression

A chance to develop new friendships

Possible problems...

Can't find anyone to do things with who is not a user

No time to do anything because of work or family

Can't afford to do anything

Can't get motivated to start anything new

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Pleasant activities brainstorming list

It doesn't really matter what you do, just do something! Waiting until you "feel like it" doesn't work, because the inactivity only makes you feel worse, and therefore feel less like doing it.

- Rearrange a room
- Dance
- Help groups you respect
- Go to a park
- Buy a used musical instrument and learn to play
- Go to a film, concert, play...
- Plan trips or holidays
- Buy something silly like a toy
- Do artwork or crafts
- Read sacred works (Bible, Torah...)
- Wear clothes you like
- Read a book or magazine
- Hear a lecture or a sermon
- Listen to a relaxation tape
- Go out in a canoe or row boat
- Do the dishes
- Work on machines (car, bike...)
- Play a board game
- Complete a difficult task
- Solve a puzzle or crossword
- Take a long bath or shower
- Write a story, poem, music...
- Ride on a train
- Sing or play an instrument
- Work at your job
- Go to a church or temple function
- Go to a meeting
- Learn to say 30 words in another language
- Bake a cake
- Solve a personal problem
- Use your strength
- Ride a bike
- Go for a walk

- Hygiene (floss teeth, fix hair...)
- Visit someone who is ill
- Do outdoor work
- Sit in the sun
- Go to a fair or zoo
- Plan an event
- Play with animals (dog, cat, horse...)
- Listen to music (radio, CDs...)
- Give someone a gift
- Take pictures
- Talk about sports
- Watch or participate in sports
- Help or protect someone
- Hear jokes (i.e. comedy club, funny movies)
- See beautiful scenery
- Eat a good meal
- Improve health (change diet, work out...)
- Go to a barber or beautician
- Be with someone you love
- Rent a movie
- Start a new project
- Go to the library
- Plant seeds for a windowsill pot
- Watch people
- Sit in front of a fire in the fireplace
- Sell or trade something
- Volunteer at a homeless shelter
- Buy some flowers
- Write a letter
- Surf the internet
- Care for houseplants
- Plant or tend a garden
- Spend time with your children

- Work on or start a collection
- Go into Town
- Go to a museum or exhibit
- Give blood
- Lend something
- Enjoy a sauna or jacuzzi
- Buy some watercolours and paint a picture
- Be with friends or relatives
- Join a protest (political, environmental)
- Talk on the phone
- Daydream
- Go to a movie
- Kiss
- Budget your time
- Cook a meal
- Do odd jobs around home
- Go to a restaurant
- Reminisce, talk about old times
- Get up early in the morning
- Volunteer at the local animal shelter
- Write in a diary
- Say prayers
- Meditate
- Read the newspaper
- Go for a run
- Walk barefoot
- Play frisbee or catch
- 10 minutes of deep breathing
- Sew or do needlework
- Go to a car boot sale or auction
- Meet someone new
- Go swimming at the local gym
- Read cartoons or comic books
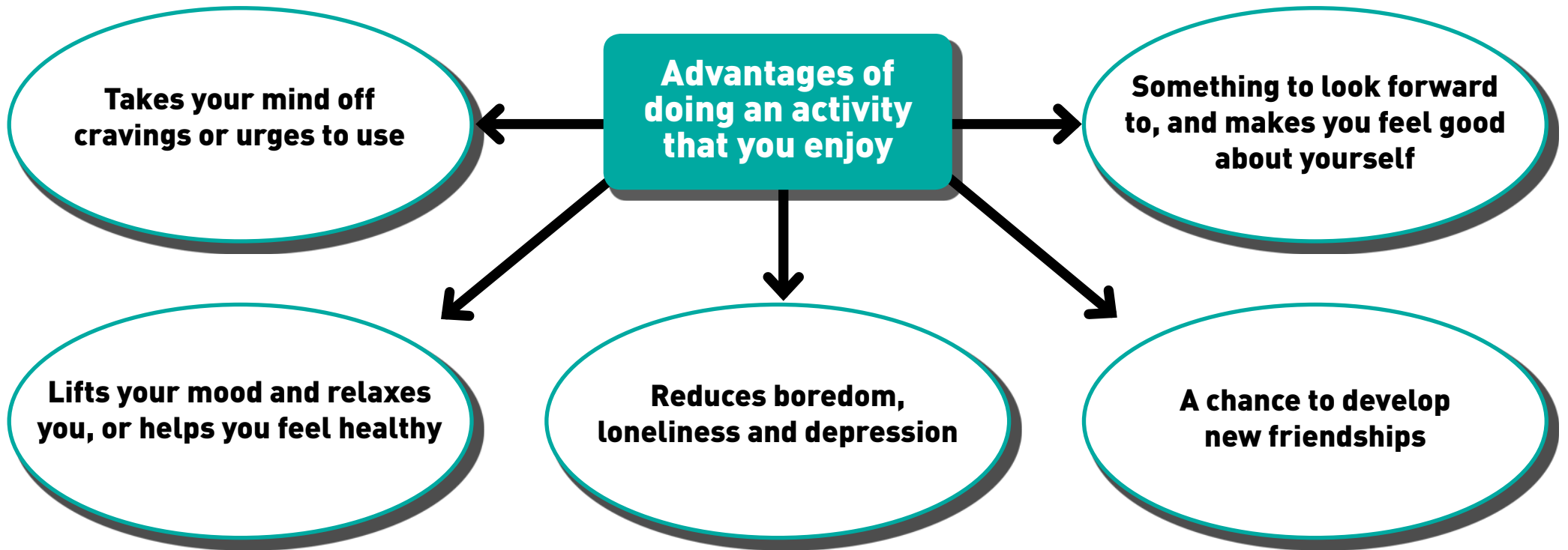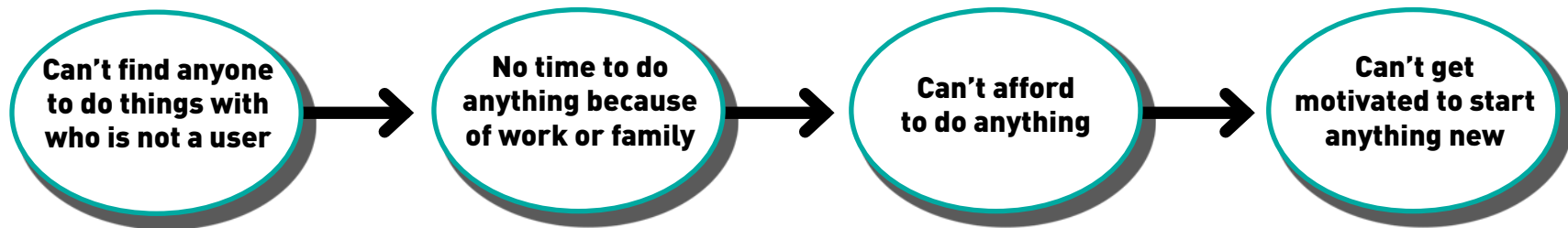
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Pleasant activities brainstorming list

Put down as many ideas as you can think of – be creative!

Pleasant activities planner

Develop a list of pleasant activities → **Plan 30-60 mins each day for pleasant activities** → **Score (out of 10) how rewarding you found each activity**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date:**   /   /

Problem solving

Be really clear what the problem is	→	Brainstorm solutions	→	Select a solution	→	Test whether it works

You won't miss work because you are partying

You won't use drugs when working

You will meet other non-users

Why get a job you like?

You will have less time to think about drugs

The job makes you take pride in yourself

The job money you earn lets you do other things

Finding a job

1. Treat the job search as a full-time job

→

2. Contact as many people as possible

→

3. Place a 'job wanted' advert

→

4. Make the most of unsuccessful contacts

---

1. Treat the job search as a full-time job

- Create a structured job-seeking plan
- Record keeping e.g. job lead lists, call-backs etc
- Resources needed for job search: phone, computer, post, newspapers

2. Contact as many people as possible

- Make lists of employers from the Yellow Pages
- Contact all possible friends, relatives or acquaintances for job leads
- Explore a variety of jobs Consider voluntary work to get started
- Contact previous employers
- Look for interviews or job applications that are not advertised

4. Make the most of unsuccessful contacts

- Ask who else may have jobs or for other useful info

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date:**   /   /

Finding a job (2)

5. Be prepared — **Work on filling out an application** — **Standard templates/ forms for contacting employers by phone, letter, e-mail** — **Build an effective CV**

Discuss how to discuss limitations e.g. prison record — **Get open letters of recommendation from lots of sources** — **Work on social and personal skills, not just work skills**

6. Interviews — **Learn good interview skills** — **Learn how to arrange transport** — **Debrief after an interview**

Recontact a job source after an interview

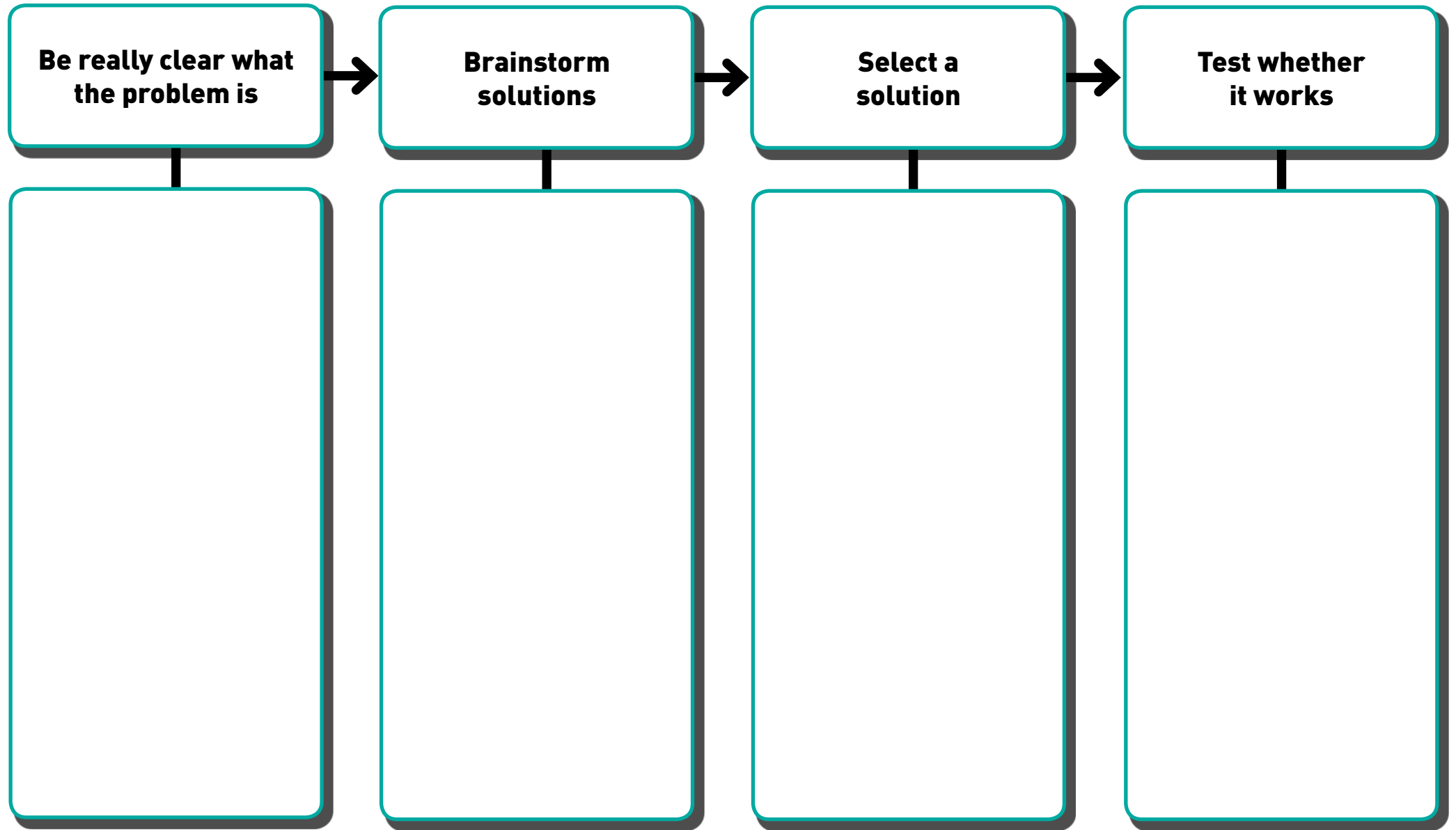How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /
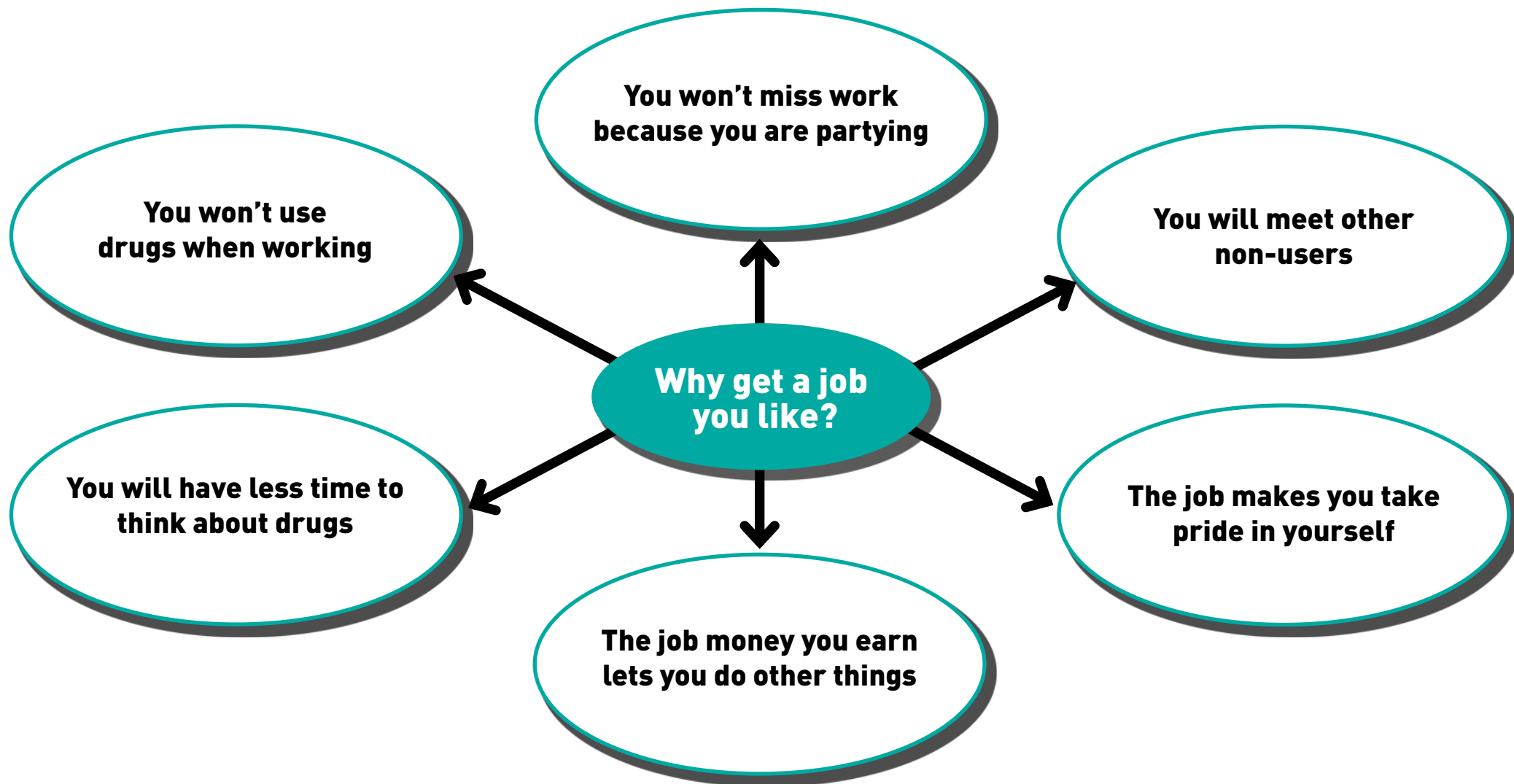
5b. Drug avoidance

Functional analysis - see 'Exploring your substance use' map [section 2]

Being assertive (Without being rude)

Drug refusal training and practice refusal skills

Drug avoidance

Aggressive behaviour

Aggressive behaviour causes you to...

- Get into fights
- Express feelings but hurt those of others
- Get into trouble
- Make others feel small
- Achieve goals at the expense of resentment from others
- Make choices for others and deny them their right

Passive behaviour

Passive behaviour causes you to...

- Deny yourself your rights
- Avoid expressing feelings
- Feel frustrated
- Feel hurt and anxious
- Fail to achieve your goals
- Allow others to choose for you

Assertive behaviour

Assertive behaviour causes you to...

- Not feel used by others
- Express your feelings honestly
- Avoid trouble
- Respect the feelings of others
- Achieve your personal goals
- Make your own choices

Which types of behaviour have you used?

Can you give an example?

Which type of behaviour is best for a particular situation?
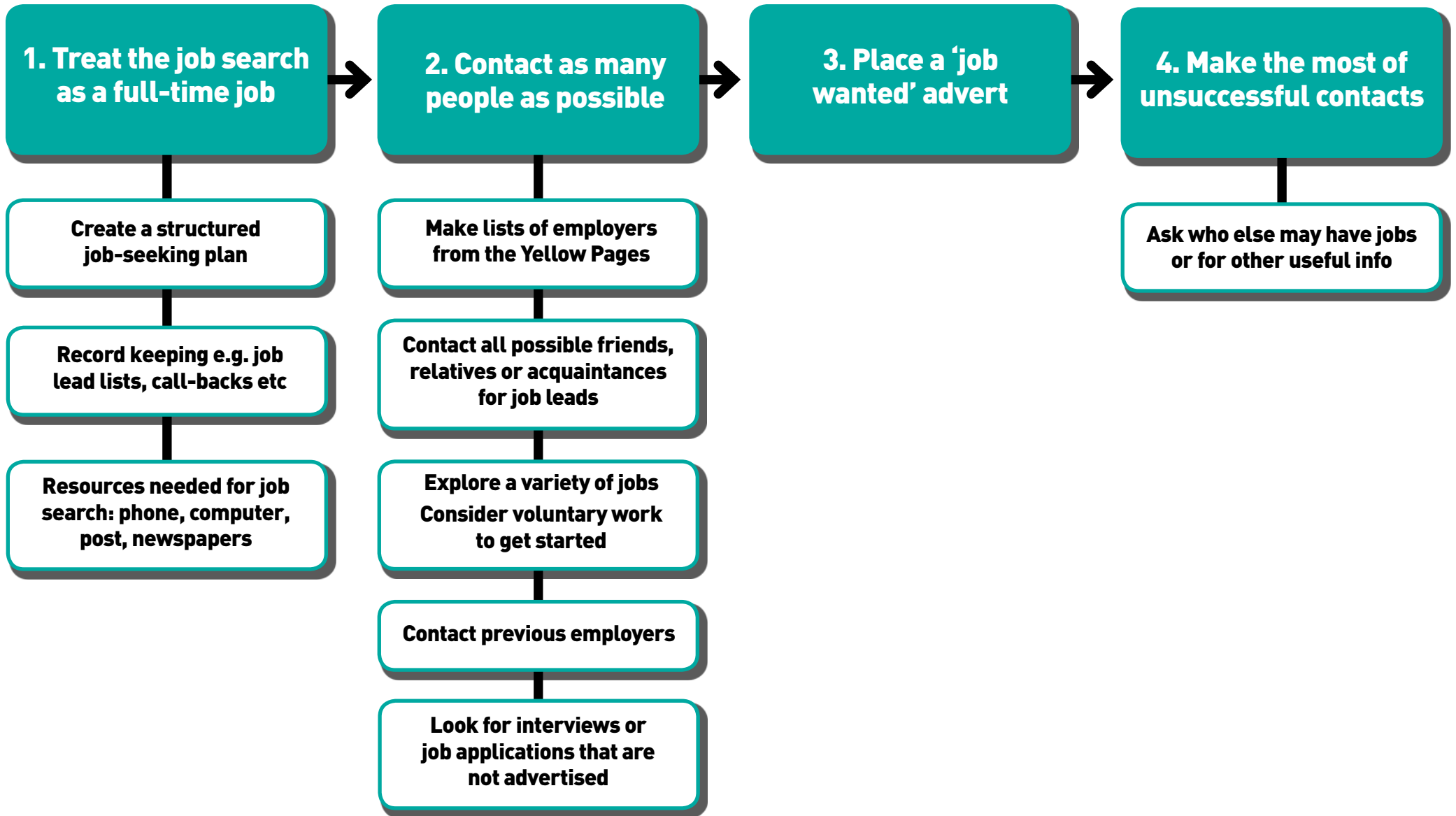
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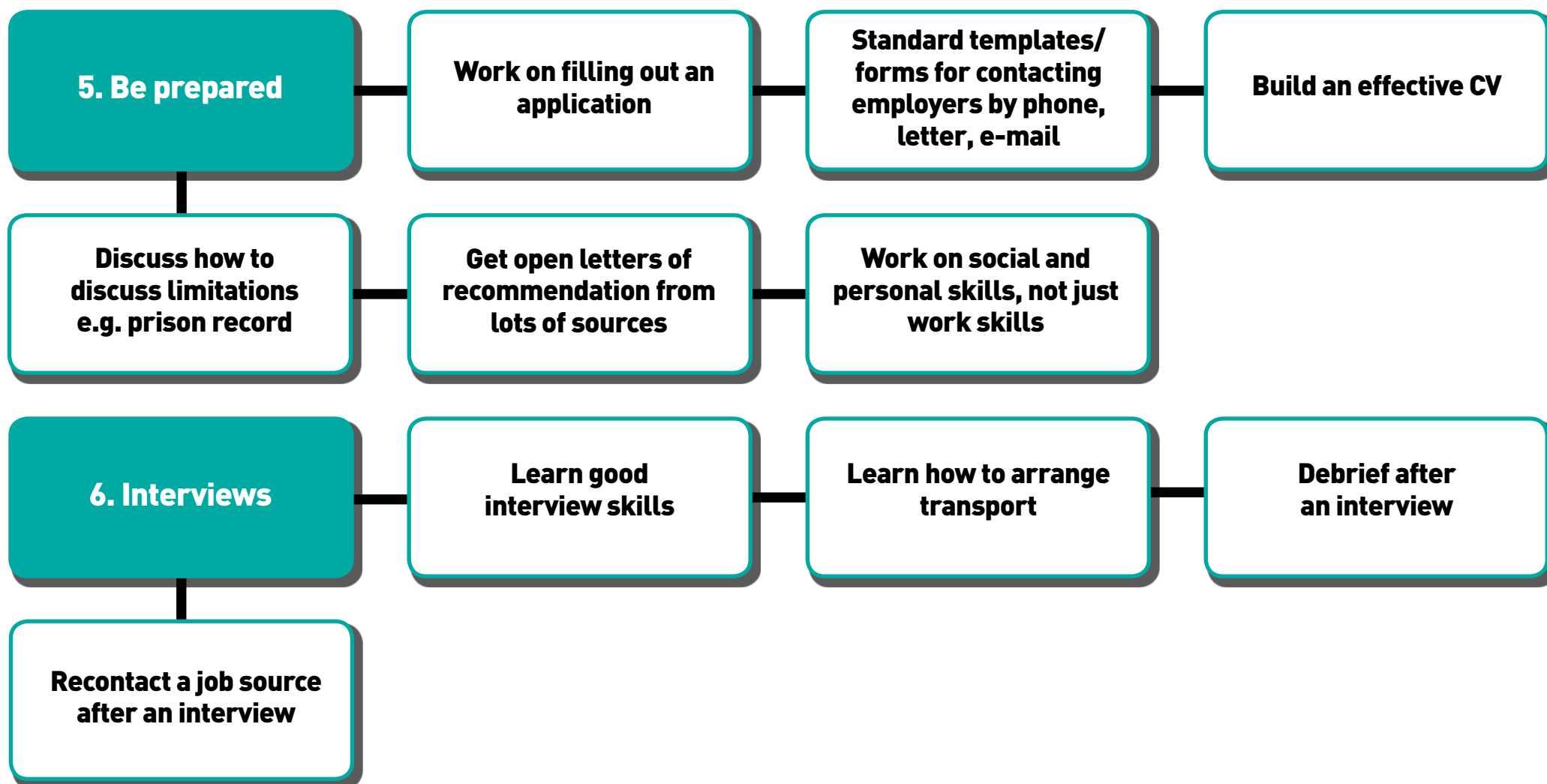
Being assertive (without being rude)

Clearly express what you want

↓

Tell the other person why you want it

↓

Balance the negative with the positive

↓

Acknowledge the other person's feelings

↓

Try to be as specific as possible

Use "I" statements when expressing your needs — Avoid using "you" statements when expressing your needs

Make good eye contact — Keep your facial expression & gestures consistent with your message

Speak loudly and firmly, but without hostility — Reply promptly, letting the person know you are sure of yourself
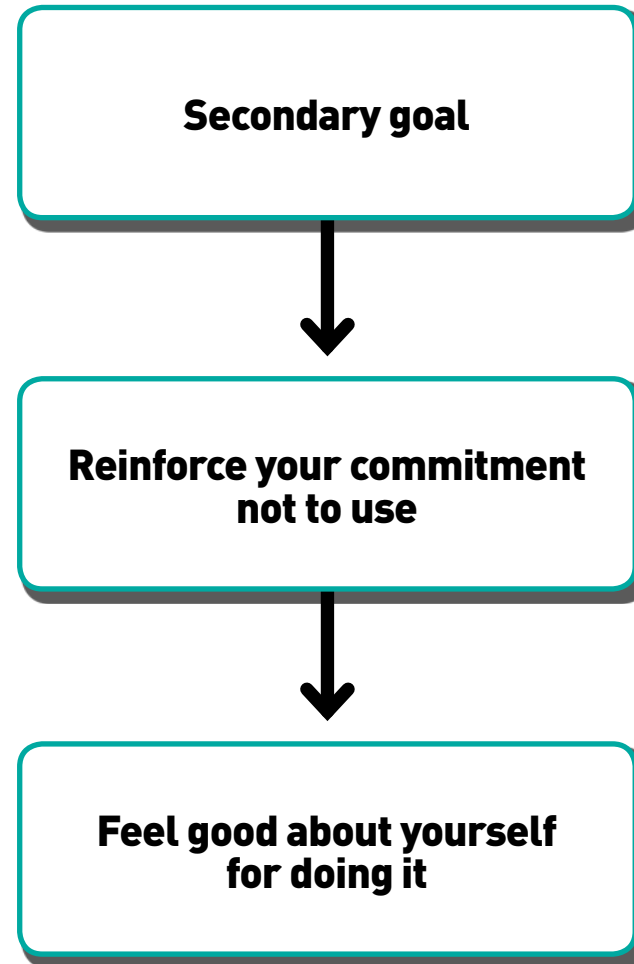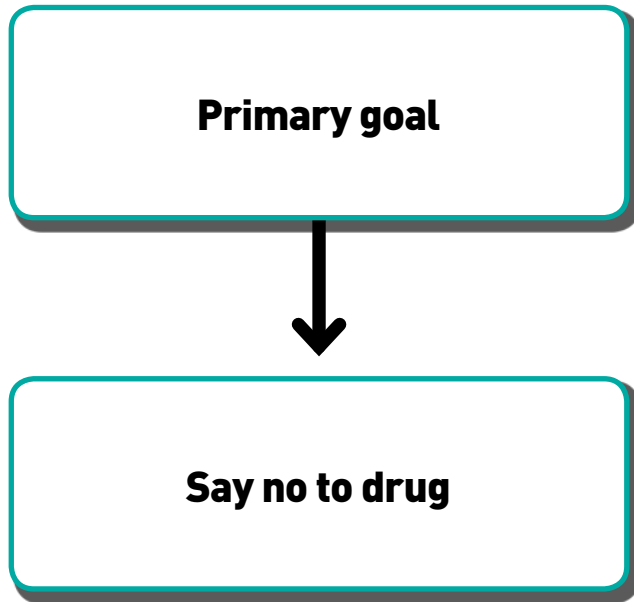
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Drug refusal training

Primary goal

↓

Say no to drug

Secondary goal

↓

Reinforce your commitment not to use

↓

Feel good about yourself for doing it

Components of effective refusal

NO should be the first thing you say → **Tell the person offering you drugs not to ask you now or in the future. Avoiding the issue will mean they ask again**

BODY LANGUAGE is important → **Make good EYE CONTACT – look at them directly** — **Expression and tone should show you are serious**

Offer an alternative non-drug using activity **OR** **Change the subject**

Putting this into practice:
- **Role play 3 different scenarios**
- **Develop a style of saying 'no'**
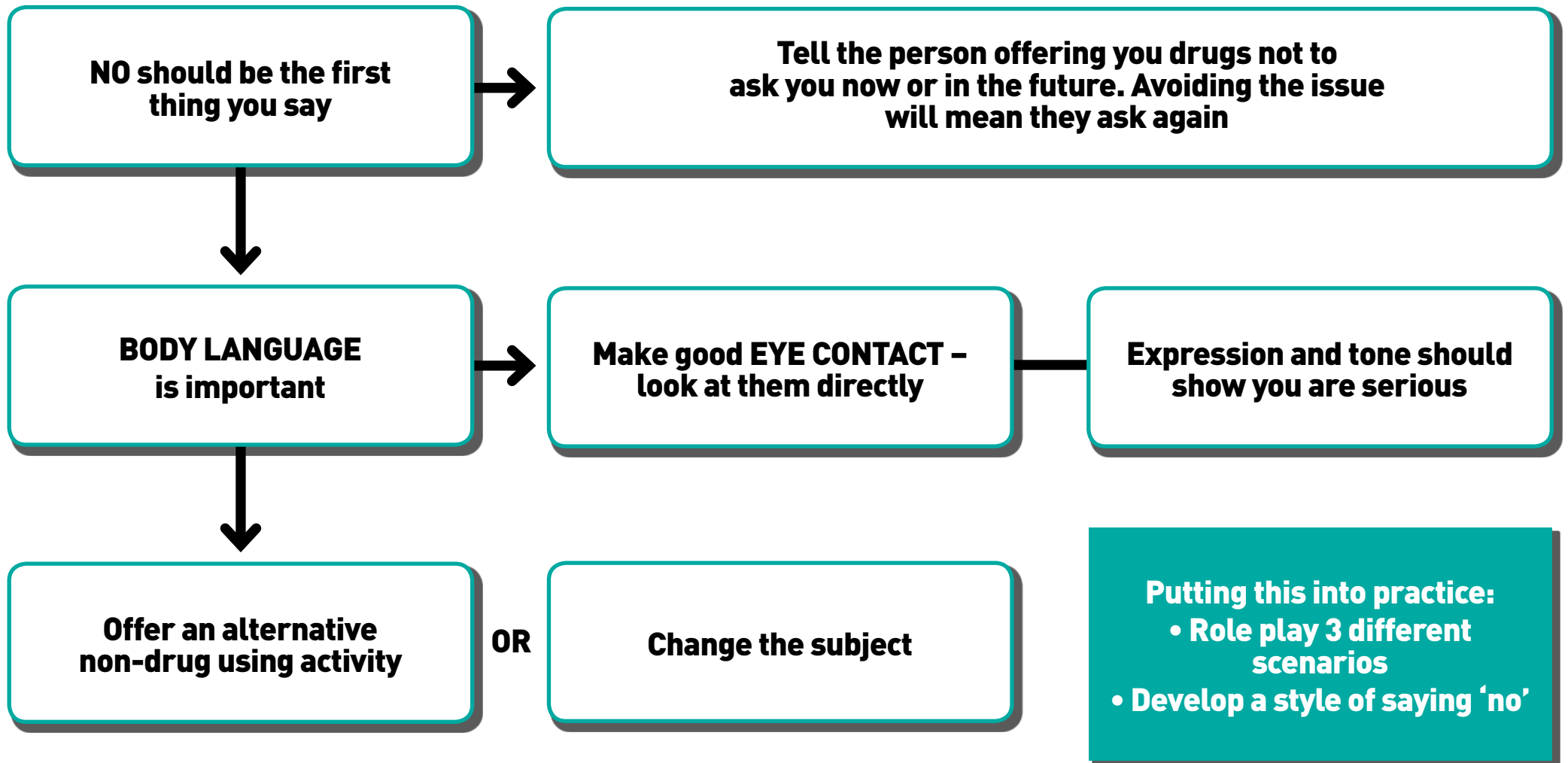
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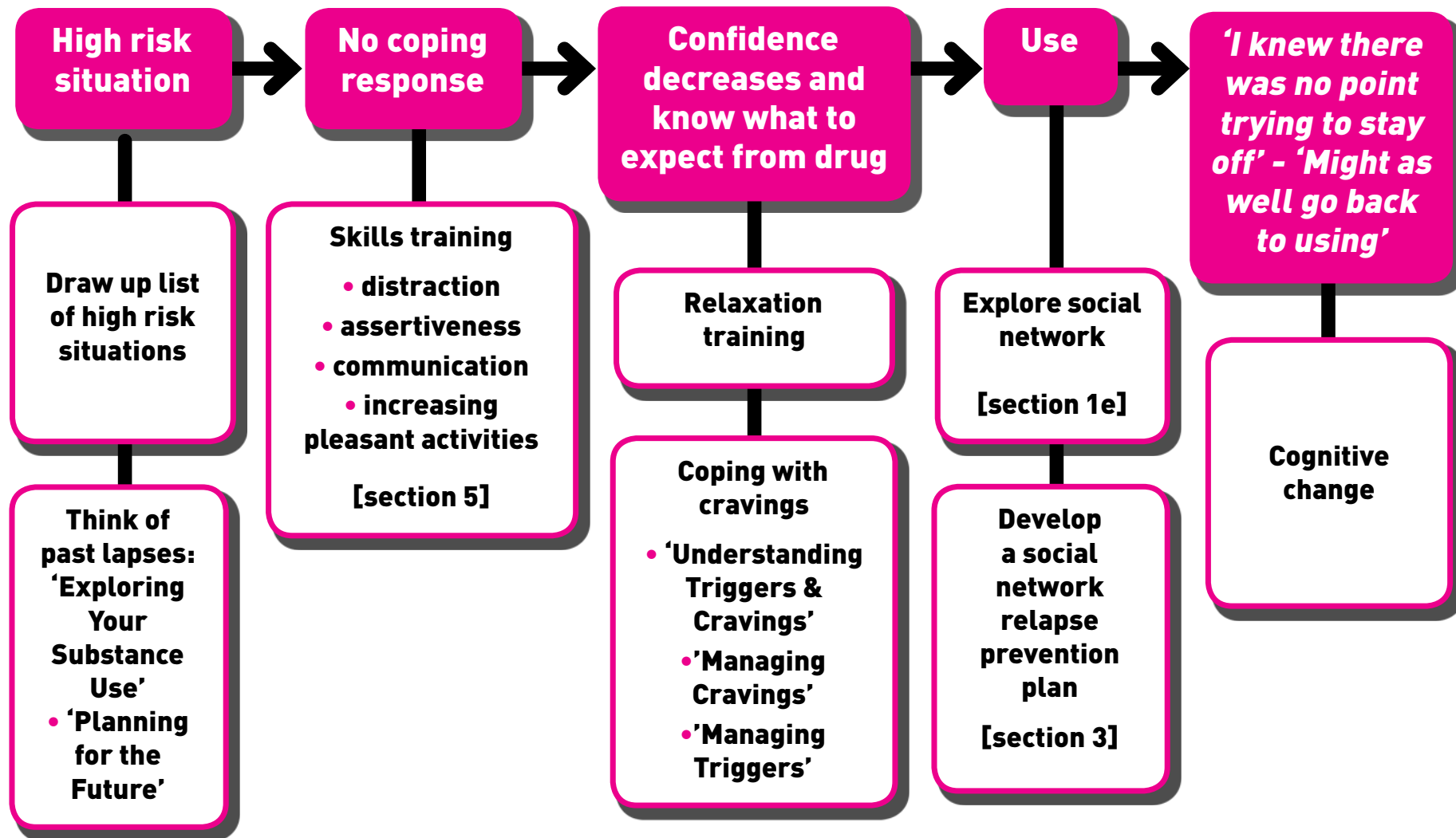
six

Exiting treatment & aftercare

- A key goal of the treatment process outlined above is empowerment of the client
- Through learning to set and achieve goals and correcting skill deficits, the client's self-esteem and confidence will rise
- Building social support from their existing network and/or developing new links with individuals in recovery will support and sustain this process
- Increasingly activities will occur outside of the treatment setting as the recovery plan develops

- At some point the client will exit treatment, and the development of a 'relapse prevention plan' may summarise the potential roles of professional and non-professional support may be utilised in the future
- The principles of relapse prevention are well known to many treatment staff, and are summarised in the 'Relapse Prevention Planning' map
- The 'My Recovery Support Plan' allows a structured discussion of key areas to consider for an exit recovery plan at the end of a treatment episode

SEE Marlatt GA & Donovan DM (2005) Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors. New York: The Guilford Press
Wanigaratne S, Wallace W, Pullin J, Keaney F & Farmer R (1990) Relapse Prevention for Addictive Behaviours. Oxford: Blackwell Science

Relapse prevention planning

High risk situation → **No coping response** → **Confidence decreases and know what to expect from drug** → **Use** → **'I knew there was no point trying to stay off' – 'Might as well go back to using'**

Draw up list of high risk situations

Think of past lapses: 'Exploring Your Substance Use'
- **'Planning for the Future'**

Skills training
- **distraction**
- **assertiveness**
- **communication**
- **increasing pleasant activities**

[section 5]

Relaxation training

Coping with cravings
- **'Understanding Triggers & Cravings'**
- **'Managing Cravings'**
- **'Managing Triggers'**

Explore social network

[section 1e]

Develop a social network relapse prevention plan
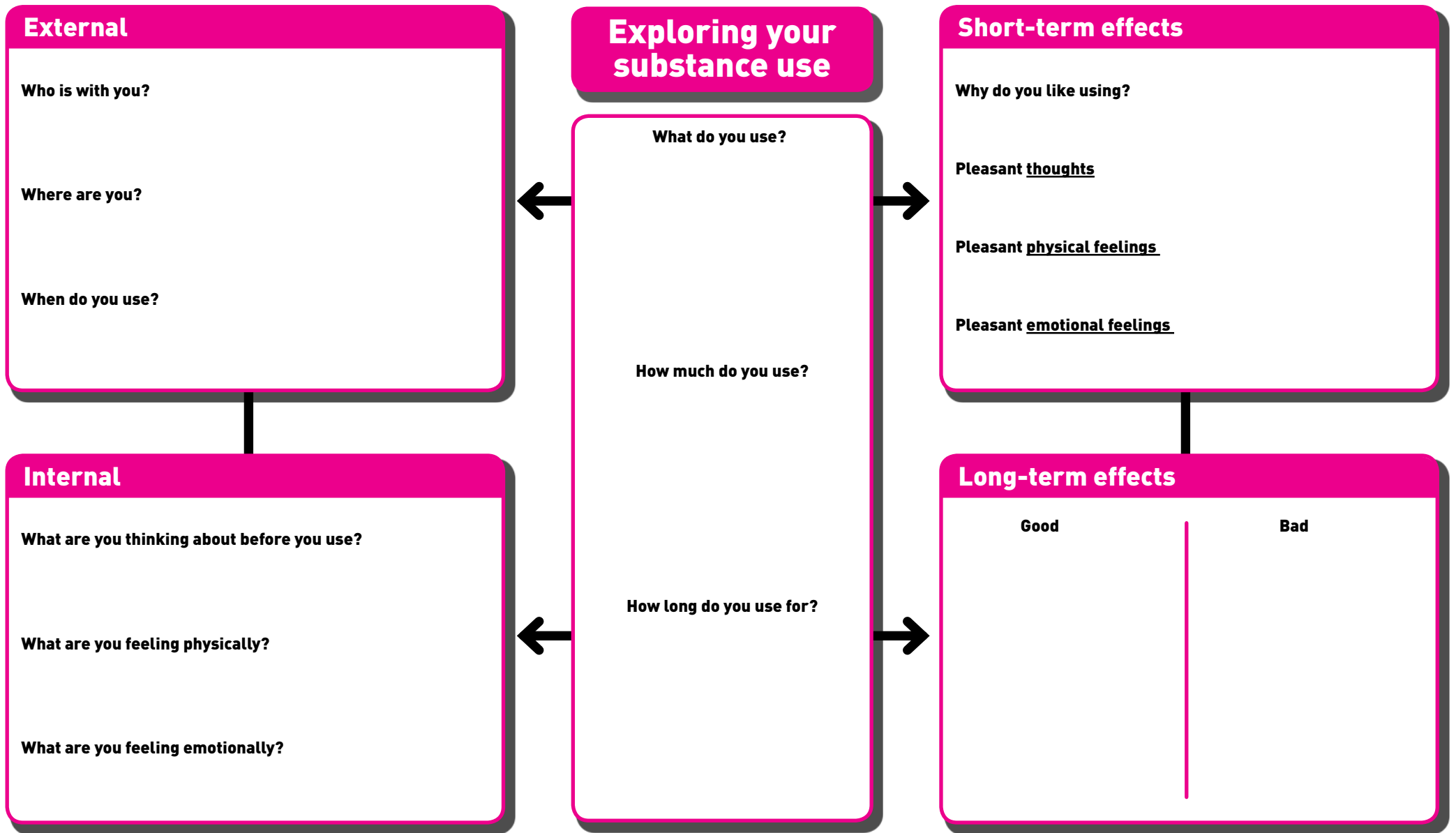
[section 3]

Cognitive change

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10 **Client Name** **Keyworker** **Date: / /**

Exploring your substance use

External

Who is with you?

Where are you?

When do you use?

Exploring your substance use

What do you use?

How much do you use?

How long do you use for?

Short-term effects

Why do you like using?

Pleasant thoughts

Pleasant physical feelings

Pleasant emotional feelings

Internal

What are you thinking about before you use?

What are you feeling physically?

What are you feeling emotionally?

Long-term effects

Good   **Bad**

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   **Client Name**   **Keyworker**   **Date: /   /**

Planning for the future

Will you still be mixing with people who use drugs/alcohol?

Who?

Why?

Have you still got dealers' numbers?

Have you told people that you don't want to use anymore?

Will you still go to places where you used to use/score?

Where?

Why?

Where could you go instead?
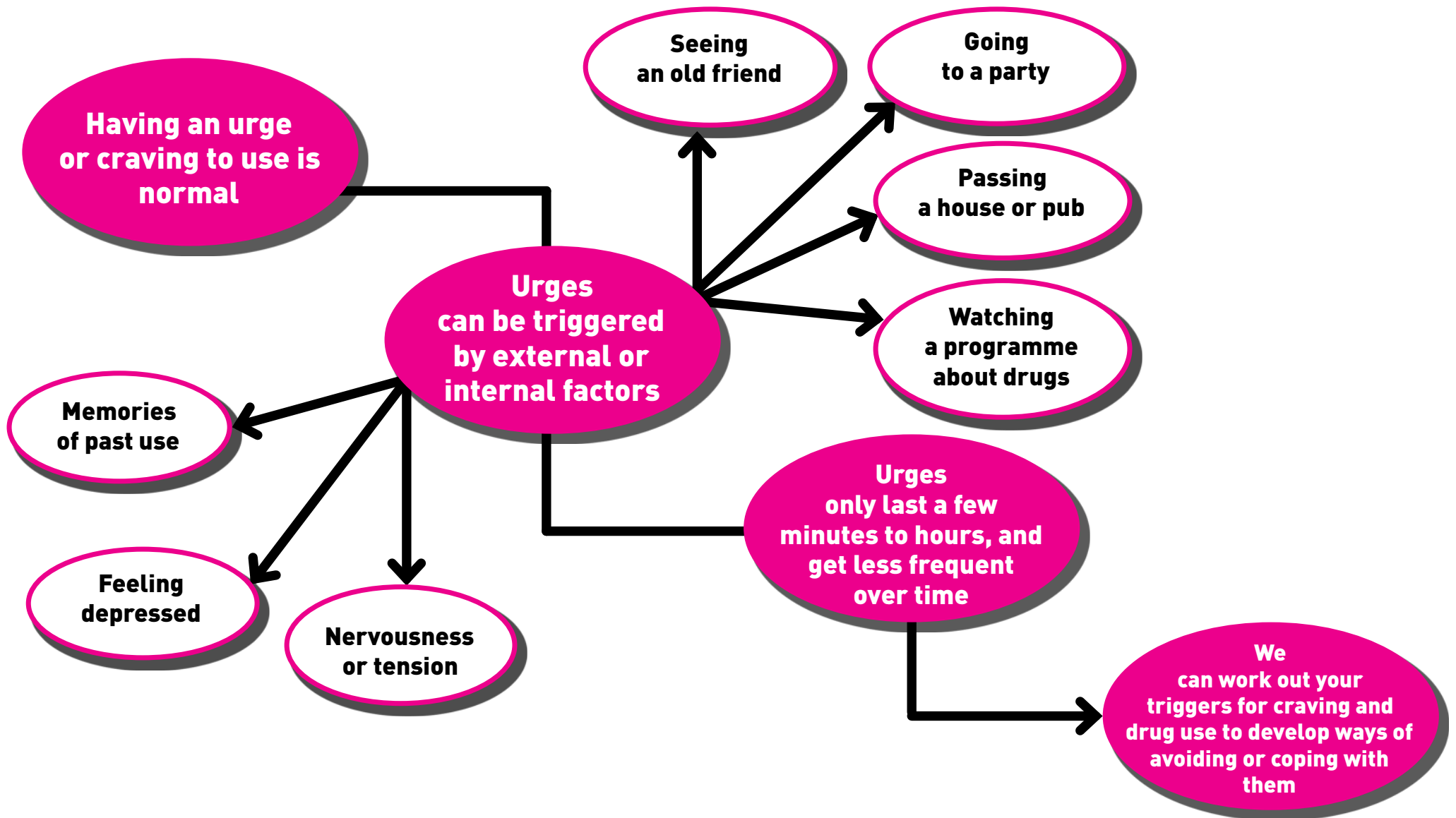
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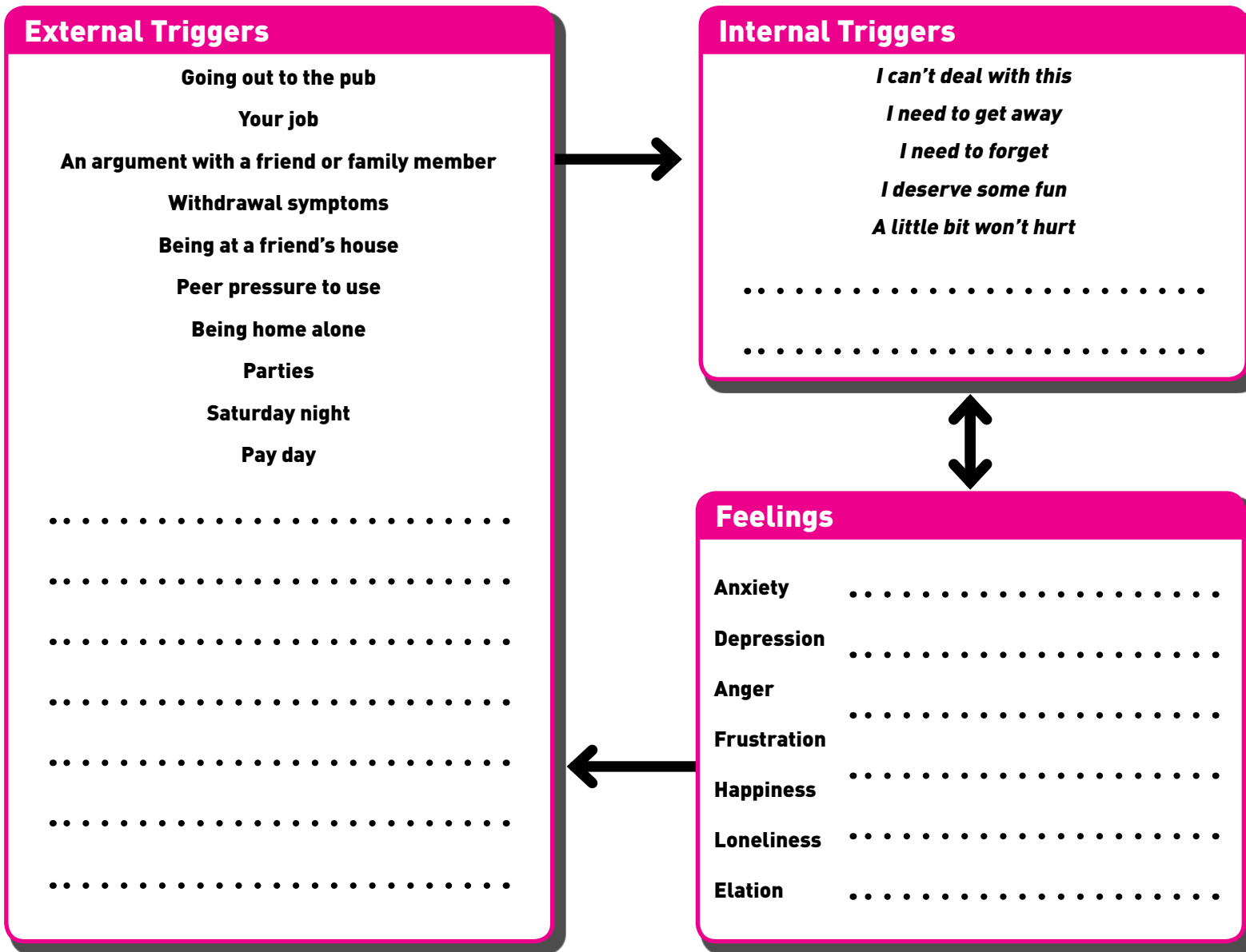
Understanding triggers & cravings

Having an urge or craving to use is normal

Urges can be triggered by external or internal factors

- Seeing an old friend
- Going to a party
- Passing a house or pub
- Watching a programme about drugs
- Memories of past use
- Feeling depressed
- Nervousness or tension

Urges only last a few minutes to hours, and get less frequent over time

We can work out your triggers for craving and drug use to develop ways of avoiding or coping with them

Managing triggers

External Triggers

Going out to the pub

Your job

An argument with a friend or family member

Withdrawal symptoms

Being at a friend's house

Peer pressure to use

Being home alone

Parties

Saturday night

Pay day

. . . .

. . . .

. . . .

. . . .

. . . .

. . . .

. . . .

Internal Triggers

I can't deal with this

I need to get away

I need to forget

I deserve some fun

A little bit won't hurt

. . . .

. . . .

Feelings

Anxiety   . . . .

Depression   . . . .

Anger   . . . .

Frustration   . . . .

Happiness   . . . .

Loneliness   . . . .

Elation   . . . .
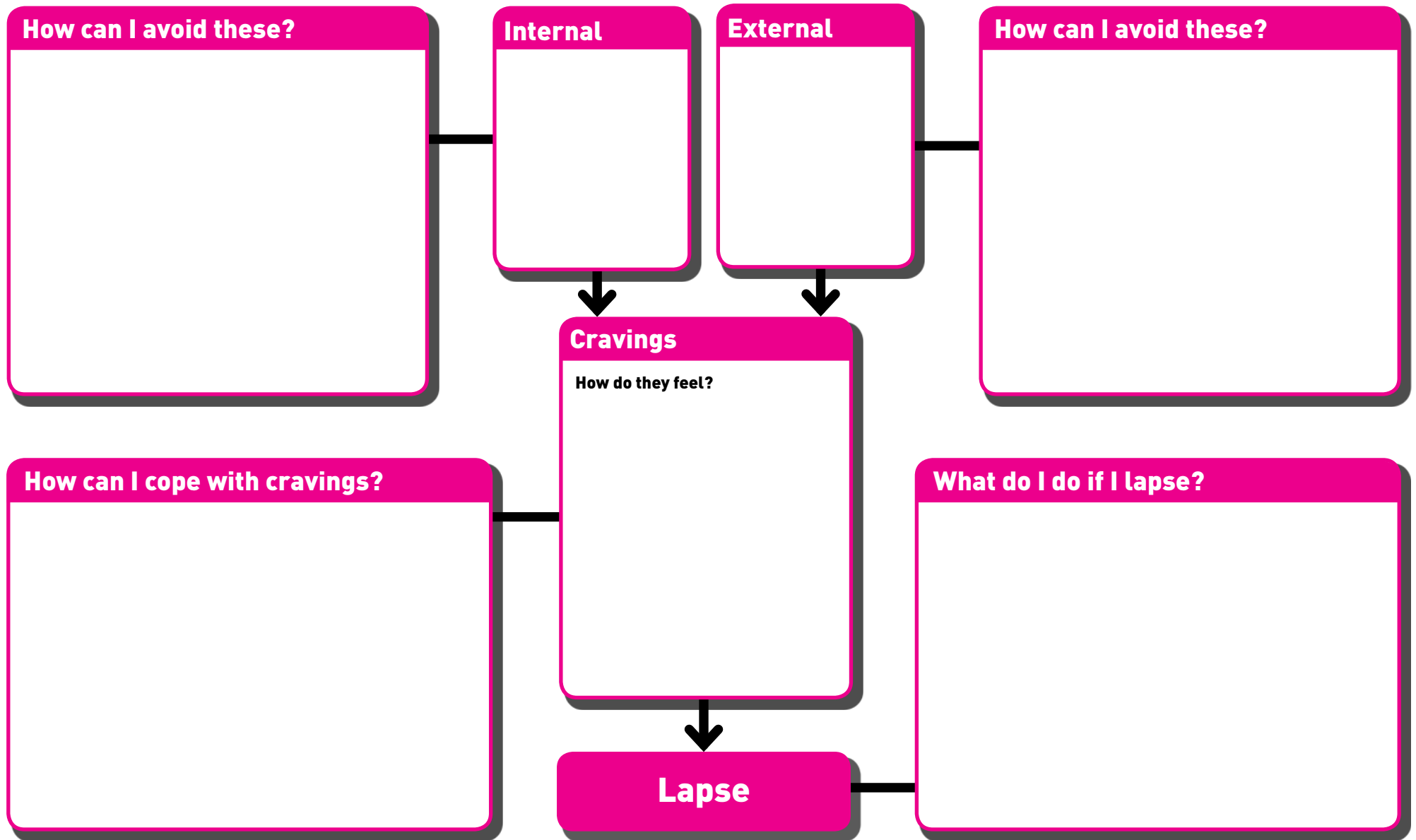
How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

How can I deal with my triggers?

Avoid the trigger

Take a route home that is different from where you normally score.

Avoid going past your dealer's house.

Don't go into bars.

Avoid certain people.

To do this successfully you will have to find some new or different activities.

Rearrange your environment

Don't keep drugs or works in the house.

Don't carry money if you know you might meet a user/dealer.

Develop a new coping plan

You have money in your pocket – a trigger for use. Do something else with it instead – phone your partner and do something that you enjoy, buy a present.

Or... Go to the gym, go swimming, join a club.

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10   **Client Name**   **Keyworker**   **Date:** / /

Managing cravings

How can I avoid these?

Internal

External

How can I avoid these?

Cravings

How do they feel?

How can I cope with cravings?

What do I do if I lapse?

Lapse

How can I deal with my cravings?

Things I can *tell* myself

Ways of *distracting* myself

Ways of *relaxing* myself

The change I want to make

The change I want to make

The reasons why I want to make this change

My main goals for myself in making a change

People who could help me	What they could do

The first steps I will take will be:

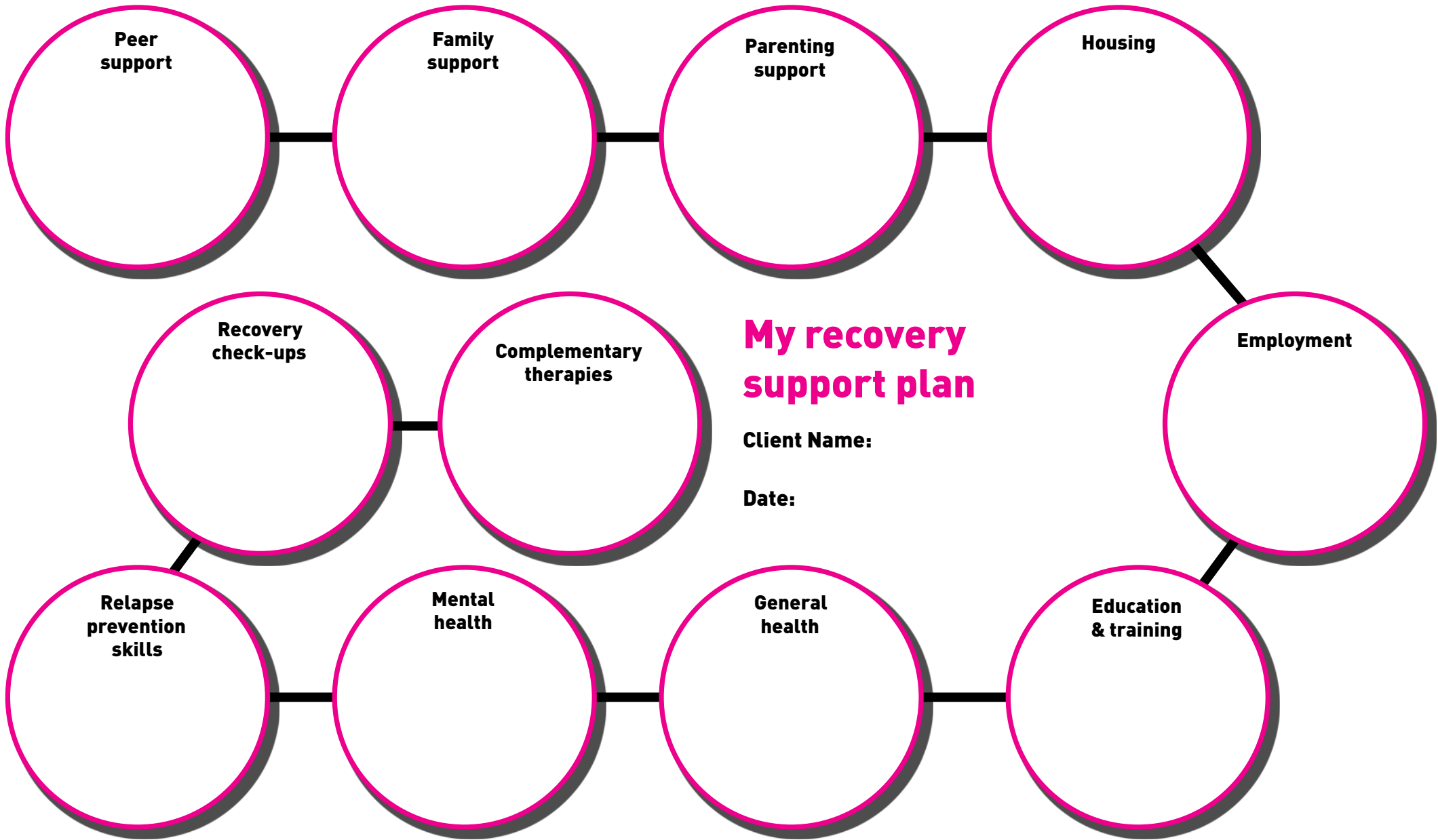| What	When

The positive results that I hope my plan will have

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

Peer
support

Family
support

Parenting
support

Housing

Recovery
check-ups

Complementary
therapies

**My recovery
support plan**

Client Name:

Date:

Employment

Relapse
prevention
skills

Mental
health

General
health

Education
& training

How useful was this map and discussion?   1   2   3   4   5   6   7   8   9   10   Client Name   Keyworker   Date: /   /

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