

RecoverMe



RecoverMe

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We respectfully ask that all facilitators are adequately trained in group-work and addiction before delivering this programme.

For more details on training on this programme available from the SAOL Project, please contact admin@saolproject.ie

This manual is available as a free PDF from www.saolproject.ie



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Foreword

I am very proud to be Chair of the SAOL Project as we launch another important manual that is going to improve the rehabilitative treatment for people in recovery from addiction throughout Ireland and beyond. As attention turns to 'recovery' in the political discourse about substance use treatment in Ireland, it is timely that SAOL presents a programme that looks squarely at this issue and offers a creative response for projects, supporting them in helping people in the early days of their recovery. Built around three of the best evidenced-based interventions known, (C.B.T., Motivational Interviewing and Mindfulness) RecoverMe is a powerful tool for recovery workers.

Recovery is often a long and difficult course with slips and relapses as part of the process. Yet are all those slips and relapses necessary? If those in recovery knew earlier that their thought processes were likely to be adding to their problems and that greater awareness of their daily lives and the triggers inherent therein might lead to quicker recovery, would their choices be different? And for workers, if they had easily accessible tools that could help this process to occur more quickly, would that help? SAOL and RecoverMe believe so, and that is why this manual has been created. Inter-agency dialogue in recovery work must include sharing resources and that is why SAOL shares RecoverMe willingly today.

Fittingly, it could not have been completed without the help and support of other addiction services, and to them I offer my heartfelt thanks. These agencies, that bring their skill and insights to this field, are a key resource for recovery and should be treasured as such. The current environment in Ireland, where services are being continually undermined due to insecure funding and threats to relationships with funding agencies, is harmful to this resource and more particularly, to the recovery of our clients and requires serious attention.

Continued social deprivation among our client groups also undermines recovery; this requires immediate attention and action. As the call for greater emphasis to be placed on recovery is made, we should not forget that rehabilitation is only one aspect of this process; better and easier access to proper housing, good education that supports the needs of the children and adults who require it, faster and more supportive responses to domestic violence and equitable health care are just some of the areas that accompany people to effective recovery. RecoverMe will help this process but positive change is not possible without these social supports.

People in recovery are regularly blamed for creating their own situation. Of course they must become aware of their own role in their situation and seek to change it, and that is where RecoverMe can help; but to blame people in recovery without reflection on the whole picture is in RecoverMe speak, 'limited thinking'; thinking that is narrow and unhelpful. RecoverMe encourages people to challenge their limited

thinking, disputing their thought patterns and finding newer, more truthful interpretations of their situations, and I encourage this for us all.

I have already mentioned the incredible help received from other projects in completing this manual; I want now to thank the participants of SAOL for inspiring this manual and also assisting in its compilation. Particular thanks must go to Barry Costello for taking the original idea and creating a manual that makes the complexity of recovery and the convulsion of emotions simple to understand and make effective. Thanks also to our inspiring Director, Gary Broderick, for guiding this work; and to all the staff, board members, volunteers and student placements that have had a significant part to play in this publication. My thanks also to the academics and practitioners, from around the world, who read and guided the creation of RecoverMe.

The SAOL Project aims 'to develop, responding to the changing needs of the women who participate in our project with creativity and commitment' and I am proud to launch RecoverMe knowing that this undertaking continues in 2014.

Catriona Crowe
Chairperson
SAOL Project

June 2014

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- *Gary Broderick, who came up with one exercise on his own and got it on the front cover.*
- *To the participants who are the reason for this, who demanded this and who made this manual possible by 'doing RecoverMe' before everyone else.*
- *To all the Board of Management, staff, volunteers and student placements who brought their unique hope and kindness to RecoverMe. SAOL can only do what it does because of you and is what it is because of you and the fact that the participants who come to SAOL have a better chance of recovery by coming here is because of you and the relationships you form with them. RecoverMe is an expression of that and you should be almost as proud as Barry.*
- *The team will support me in offering particular thanks to Bernie for the brilliant editing and spilling cheques as well as your amazingly positive outlook that brings happiness to the project every day.*
- *Joanne, who got the photocopier repaired; your timing was perfect.*
- *To the projects who piloted RecoverMe – ARAS, Ballyfermot STAR, Ballymun STAR and Coolmine Drug Free Day Programme – many thanks to the staff who worked on the pilot and the participants who took part and gave such valuable feedback.*
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- *Special thanks to Unite Union, Hayworth and Hunt Office who have supported this launch of RecoverMe; and to the Department of Health and the Office of Public Works for sponsoring the launch at Dublin Castle conference Centre.*

The SAOL Project

Housed in Amiens Street in the North Inner City of Dublin, SAOL is Ireland's oldest and only dedicated recovery programme for women. It offers a safe environment that welcomes women at all stages in their recovery journey, asking only for them to have willingness to explore how their lives might be improved.

We believe in recovery as a process and not an end in itself; we know that for some, becoming drug free will be a distant goal, whereas for others, such a goal is nearer at hand. Whether at the start or nearing the end of your expedition, you are welcome at SAOL.

Along with its Children's Project, SAOL Beag, SAOL tries to create a welcoming environment for women who regularly experience rejection and scorn. We hope that SAOL is a place where shame and guilt are found to be unwelcome. For women with children, we want SAOL to be a place where they can come and find support and encouragement; child protection is very important to us and we believe that such protection begins with the mother.

Education is central to our approach and through all kinds of courses (from technical and vocational to practical and fun) we try to offer women a sense of what life can be like when addiction is not the only thing that fills her day. We are creative and political, artistic and community focused. We want everyone who comes to SAOL to find something that they never knew was there; and we know that that will bring hope and excitement and within such an environment, addiction will stutter. As people learn, they grow; as they grow, they move beyond who they are right now; and it is that, as Paolo Frere suggested, that will move them away from poverty and beyond addiction.

SAOL wants also to reach out to our colleagues in the addiction field and share our insights and learn from them. We (that is, staff and participants) produce manuals and programmes and poetry and research and we hope you will read our work (www.saolproject.ie). We hope it inspires you and gets you talking back to us, helping us to better change the way we do things.

SAOL has been working with women in recovery for more than 19 years, from the same street and the same building. If you have time, come and visit us.

Introduction

When Reduce the Use 2 (RTU2), was published in 2011, we had already noted that some of the participants, who had found it useful in their recovery, were ready for something more. RecoverMe was born out of the need to explore the deeper issues relating to recovery and change. One of the participants who took part in RTU2 said, *'I can't enjoy drugs anymore, I have Reduce the Use in my ear !'*, but as a result of that initial learning, further questions arose: What next? Who am I without drugs? What if the fear of change takes over? What are all these new feelings?

Taking up where RTU2 finishes, RecoverMe works with people who are changing their use of substances and/or behaviours and want to learn more about what they are going through. It builds on the changes initiated through RTU2 but now asks group members to consider how the 'new' emerging feelings are affecting their thoughts and actions; and how awareness of such new feelings is acting both as a trigger for relapse, and a motivator for change.

Following a similar structure to RTU2, RecoverMe takes insight from Cognitive Behavioural Therapy, Motivational Interviewing and Mindfulness, it also draws on the 12 Step Programmes, Community Reinforcement Approach and Brief Interventions to create a programme that nudges people who are often not yet drug free¹ into exploring their feelings and how such explorations can lead to better, more lasting recovery.

RecoverMe, like RTU2, does not expect participants to be drug free; instead it encourages group members in the direction of positive change and highlights the possibility of life without substances/addictive behaviours. However, SAOL and RecoverMe believes that lasting stability with appropriate detoxification is a better outcome than a rush for temporary, drug-free status that regularly results in relapse which can often be dangerous.

This manual comes in two parts:

Part one: gives a background to the manual and a detailed overview of the programme. It notes the reasons behind the exercises, the links to RTU2 and the skills and materials required for each session. It also informs the facilitator of the skills required to deliver the programme.

¹ RecoverMe can be used effectively with people who are drug free. We highlight its usefulness with people who are not drug free because we have found that people who are still using drugs or who are on methadone or who are active in other addictions can and do address their feelings and work for lasting change. RecoverMe suggests that those who have been able to fully take part in RTU2 are likely to be sufficiently stable and motivated enough to engage in this programme.

Part two: presents each of the twelve modules, including facilitator guidelines, outlines of each module, all the worksheets and the handouts needed for each module.

As with RTU2, the RecoverMe manual is for the facilitator and photocopies of worksheets and handouts should be available for each group as needed.

Finally, it is our experience that people with addictions tend not to limit themselves to one addiction, and therefore poly drug use along with behavioural addictions is the norm. RecoverMe works best with people who have managed to remove the chaos from their lives and now wish to keep these initial changes going. Whether they have addictions to alcohol or heroin, gambling or the internet is ultimately immaterial to the process of change. However, facilitators should keep in mind that such matters may be of immense importance to group members, with drinkers less happy to be in groups with drug users and gamblers not feeling understood when sharing space with people with other addictions. To this end, group composition requires your attention.

Feedback from the Projects who piloted the programme also note that people who are drug free benefit from RecoverMe but that the language of exercises focusing on maintaining a reduction in drug use is a little unhelpful.

Time and financial constraints for publication mean that we will not include versions of exercises where drug/alcohol use is not the focus of change, however we will make such versions available on our website at www.saolproject.ie. Keep an eye on the website for any new exercises, updates to the current manual or details on training in RecoverMe or any of our other manuals.

Please note, RecoverMe is free to use. SAOL Project asks that you acknowledge our role in developing this programme and you might also consider letting us know how the programme is going, so that we might incorporate your insights into future editions of the programme (see section 2.13 for more details).

SAOL Project is also committed to supporting you in setting up a RecoverMe group, so contact us at admin@saolproject.ie if we can be of help.



Section 1

Introduction to RecoverMe

Section 1: Introduction to RecoverMe

This introductory section offers an overview of the RecoverMe programme and how it is both a natural progression from Reduce the Use 2 while also being a stand-alone programme that will help anyone who wants to learn how their emotions are influencing their behaviours.

It will also note the approach of the key therapies that are used in this package, namely Cognitive Behavioural Therapy, Motivational Interviewing and Mindfulness. The description of the ethos of the programme will attempt to show how we integrate these models together in this manual.

SAOL has been using RecoverMe for over two years and therefore we will include some insights from those experiences as well as feedback from the groups in additional agencies that have piloted the programme with us.

As we are principally focused on working with women, we will include a brief section on women and addiction and the particular usefulness of RecoverMe with our participants.

Finally, we will address the issue of poly drug use and working with people who are drug free.

- 1.1 Building on Reduce the Use 2
 - 1.1.1 Directing recovery
 - 1.1.2 Key Approaches
 - 1.1.3 RecoverMe and NDRIC Guidelines
- 1.2 Ethos of RecoverMe
 - 1.2.1 Worldview
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- 1.3 RecoverMe and Dual Diagnosis
- 1.4 Community Education Approach
- 1.5 RecoverMe and Poly Drug Use
- 1.6 RecoverMe and Women
- 1.7 Feedback from pilot programmes
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- 1.8 Usual self-care and caution
- 1.9 It Works!

1.1 Building on Reduce the Use 2 (RTU2)

(Miller & Rollnick, 2013), in Motivational Interviewing highlight the importance of building confidence and eliciting hope in participants. Quoting from Mary Piper, they suggest, “*There is no such thing as false hope*”, leading us to understand that all hope engendered with our participants will lead to something good for them. They suggest that asking participants to describe their own strengths, good efforts and past successes can help them to increase their confidence and hope and thereby increase overall self-efficacy – the belief that they can achieve the goals that they have set for themselves.

It is our experience of RecoverMe that goals are achieved and change happens. As a programme, it encourages participants to get to know themselves better and then to make a judgement call as to what they will change. There is no demand for radical adjustments to behaviours – all change is to be decided upon by the individual. The fact that others in the group are making similar decisions; the fact that usually others in the group have tried and succeeded in making changes, all add to the belief that changing behaviours is possible. By choosing achievable change², success is more likely to occur; by choosing the change themselves, success is more likely to occur. Those who are resistant to change will, at the very least, examine subtle changes that will help them to make their substance use safer.

Participants get to reflect on changes; those that they have already made, particularly those positive changes that they hadn’t really noticed, and those changes that they have introduced while doing RecoverMe . The exercises and discussions throughout the programme will support these positive changes. To have such change affirmed within the group is uplifting; to identify such changes yourself can be transformational. RecoverMe presents the opportunity for both possibilities to occur.

1.1.1 Directing Recovery:

It is interesting that in the addiction field, we use the terms ‘recovery’ and ‘relapse’ so readily and yet they are not really everyday terms. The labelling we are advised to avoid, we build into our everyday work and then use them in the titles of new programmes! Such terms are directive. They state a purpose that is imposed. Sometimes that is helpful. RTU2 is directive in title and approach. It actively encourages a reduction in substance use but it collaborates with participants in naming goals and planning such reductions.

² While this is different from person to person, we have found that the initial changes are made to new behaviours and/or new substances and that longer term behaviours/substance-use will be addressed during a second or third engagement with RTU2.

RecoverMe is directive in its name also. Recover Me a play on the word 'Recovery', names that through addiction 'I' have been lost, however it offers a pathway for 'I' (or me) to be recovered.

It does not blame the substance use/behaviour for the loss but explores how this use/behaviour hinders recovery; it wonders about why it might sometimes feel more preferable to get drunk or high rather than get used to the 'I' that has been absent for a while.

RecoverMe is simply trying to highlight that the discrepancy between who I am, and who I want to be, compared to who I am when I use substances or engage in certain behaviours that are different. RecoverMe wants to explore those differences in order to fully know and want the 'me' that recovery can bring back to the fore.

For many people who engage in problematic substance use early in life, this journey of self-knowing is hampered. Emotional knowledge is often limited. So that when the friendly keyworker asks, "And how are you today?" the monosyllabic answer that is offered is not because there is unwillingness to answer, but is often an unknowing as to how to answer the question. After all, what are feelings? What are they for? What do they do? Why are they important? My substance use/behaviour has closed them down or exaggerated them for the past number of months/years and now I do not know how I am feeling; and I do not have a way of measuring the difference between happy, sad, angry, lonely, and scared.

Sometimes the keyworker can forget this and can be frustrated with the participant for being too resistant. RecoverMe will help by offering a set of tools that will take us all back a step or two; so that we can check that the people we work with have a lexicon of feelings/emotions available to them.

1.1.2 Key Approaches

In order to do this, RecoverMe relies heavily on the trio of approaches, Motivational Interviewing, Cognitive Behavioural Therapy and Mindfulness. Having a good grasp of each of these methods will make using this manual very easy. For the purposes of this manual, we have framed their usage employing the following summary of their style:

- **Motivational Interviewing** is described by (Miller & Rollnick, 2013) as a collaborative, person-centred form of guiding, with the aim of eliciting and strengthening motivation for change. It is a shared conversation about transformation that draws ideas for change from the participant, so that their commitment to change is stronger. It is goal-oriented yet person-centred; and it is compassionate throughout, even more so when addressing ambivalence.

- **Cognitive Behavioural Therapy** is a time-limited, present-focused and problem-solving set of interventions that focuses on aiding participants in learning specific skills that are usable for the rest of their lives. These skills centre on identifying unhelpful thinking patterns, changing beliefs, relating to the world in different ways and modifying behaviours. It is grounded in the understanding that the way we perceive a situation will influence how we feel emotionally; that if we are in distress, our perceptions are likely to be distorted and our thoughts will probably be unrealistic. As a result, our behaviour is likely to be unhelpful in achieving our goals. CBT attempts to help us change our thinking so that we feel differently and we can focus attention on our stated goals, so as to bring about positive behaviour change, (Beck, 2011)

- **Mindfulness** is the practice of noticing the specifics of our experiences without judgement or struggling to change them in the first instance. It suggests that we often find parts of our lives as not being as we want them to be and when this happens, we try to change; it highlights that the opposite is also true, that if we like what we are experiencing, we try to hold onto it; and it also says that if we find things to be neither good nor bad, we tune out. This struggle leads to distress and unhappiness. Mindfulness encourages awareness of this struggle so that we can develop awareness that in turn will assist us in deciding how we will approach our life choices (Kabat-Zinn, 2013).

RecoverMe attempts to combine these approaches by encouraging change in an environment where the individual is supported in increasing their own self-awareness, deciding on their own goals and engaging with the skills learning that they find most necessary at this point in their journey.

To this end, group members and facilitators of RecoverMe need to be patient, kind and respectful. Each person will travel on a unique path through this programme and those who travel with them, group members and facilitators alike will be guides. We hope you all enjoy the trip.

1.1.3 RecoverMe and NDRIC³ Guidelines

The National Drug Rehabilitation Framework in Ireland concerns itself with helping “*agencies work together in providing effective, integrated, care pathways for service users*”. Central to this is the role of clear assessment and development of care plans and the role of case managers and keyworkers. It is important then, that when

³ NDRIC is the National Drug Rehabilitation Implementation Committee and was set up to implement the Rehab Report (2007)

facilitators are assessing individuals for a RecoverMe group they consider, along with all other matters, two other issues:

1. How will the RecoverMe programme assist with the individual participant's care-plan and the work already being conducted with them? If there is any indication that RecoverMe might interfere with such work then it is possible that now may not be the time for the individual to take part in the programme. The RecoverMe facilitator should consult with both the potential participant and case-manager on this matter.
2. How can case managers and appropriate keyworkers be both informed and utilised in the journey of learning that is RecoverMe? Participants may need extra support in processing their learning; they may need help in completing homework or keeping such documentation safe. Case managers and keyworkers (who will probably be working with the individual after RecoverMe is completed) who are aware of the programme will add to its overall effectiveness and make it a more integrated experience and set of learning for the participant.

1.2 Ethos of RecoverMe

RecoverMe is, as mentioned, built on a foundation of Cognitive Behavioural Therapy (CBT) (including relapse prevention), Motivational Interviewing (MI) and Mindfulness. The exercises contained herein are often CBT-based, asking participants to make the links between thoughts, feelings and behaviours (particularly triggers for relapse). These exercises however, are grounded in the combined ethos of MI and Mindfulness.

RecoverMe encourages participants to learn about what works for them; what ways they relate to emotions, thoughts, and gut reactions and to test them out and learn more. It asks participants to work out their story rather than treat their initial reactions to stimuli as fact. It also asks people to explore their values and beliefs and to develop new flexible ideas about themselves and their lives that will help them to achieve their goals. It is an active programme; it wants participants and facilitators to try out new ways of doing things that are discovered as you engage with RecoverMe.

This manual looks lovely; it looks even better if you try it on!

RecoverMe has been built on a foundation of kindness. (Miller & Rollnick, 2013 p15) advise that the spirit of MI is based on "*partnership, acceptance, compassion and evocation*".

- **Partnership** so that we work together, creating focus and plans primarily based on the participant's own wishes.
- **Acceptance** that involves accurate empathy and affirmation for all that the person is.
- **Compassion** is described in MI as acting benevolently to promote a participant's welfare, giving priority to their needs. I stumbled on a quote from the poet Miller Williams that captures the reason for compassion beautifully:

"Have compassion for everyone you meet, even if they don't want it. What appears as bad manners, an ill temper or cynicism is always a sign of things no ears have heard, no eyes have seen. You do not know what wars are going on down there where the spirit meets the bone."

Miller Williams

- **Evocation** is the practice of drawing things out from the participant rather than putting things in. People do not have to be fixed – they need space, room to think and a chance to work out what they want. They need the opportunity relate to their emotions, choices and consequences. All the facilitator has to do is add information when appropriate and assist the participants in processing the new ideas, drawing out from them its implication for their life.

RecoverMe intentionally promotes change to enable the participants' lives to be better, freer and filled with hope. This happens through the ethos as espoused by MI but also in the knowledge that the participant is in a relationship with the RecoverMe facilitator and the RecoverMe group members. Moreover, it is these relationships wherein change and personal growth can occur.

This then is the other key element of its ethos – that the participants and the facilitator participate in the therapeutic process. This alliance is central to both MI and Mindfulness-based practice and is enhanced by greater self-awareness. Therefore, Mindfulness practices as well as self and group reflection are encouraged throughout and beyond the RecoverMe programme. Facilitators are asked to develop Mindfulness practice for themselves; each session begins with a Grounding Exercise for the group to come together and build an awareness of 'where they are' at the start of that session.

1.2.1 Worldview

A key piece in Mindfulness is expressed with the term Worldview. Everyone has a particular way in which they view or perceive the world. Such perceptions (ontology) and how we know them (epistemology) result in how we determine change and how our personality develops. Mindfulness tends to suggest that the activity in the world is like an inter-connected web; and that we construct our understanding of this inter-

connected world, in the light of the context within which we find ourselves. In other words, we shape our reality out of the experiences within which we find ourselves.

This is important for facilitators because the groups we work with have their own realities and these have been formed out of their specific worldview or context. Therefore, it is very important that facilitators get to know the worldview of the group they are working with.

There is no absolute reality; there is no absolute interpretation of the world. There is simply the worldview of the people we get to work with. It is our task to understand that worldview as best as possible.

So, if your group have an aversion to tears, is there a shared interpretation given to crying that is not the same as yours? If your group do not challenge each other, is there a different take on what a 'traitor' does? If people do not ask for help, is that because to do so will be interpreted as being weak?

Worldview is not an objective take on reality; it is an interpretation of reality based on the experiences of the participant group. Alertness to such interpretations is essential for RecoverMe.

RecoverMe, then, can be summarised as:

A programme where new beliefs are presented, tried out and then used to create new goals for continued recovery; this occurs in a reflective environment of participation, acceptance, compassion and evocation where the facilitator is as actively engaged with the learning as the participant.

RecoverMe is visualised as:



It is possible that RecoverMe would work without the ethos and approaches outlined above. Even if it does, though, SAOL would not like to be associated with such work. A respectful relationship for change is not too much to ask for people who come to us for help; if you cannot provide that, then you are on your own!

1.2.2 Wheel of Change/Trans-theoretical Model of Change

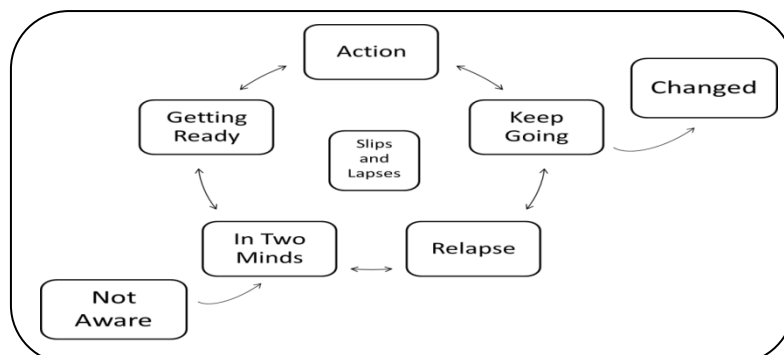
RecoverMe, as with Reduce the Use2, uses the Wheel of Change as a cornerstone for self-awareness in relation to the process of change. The Trans-theoretical Model of Change describes the process of change in an effectively straightforward fashion

that assists participants in identifying, without criticism, where they are in relation to the change they want to make. As a model, its use goes beyond changing addiction behaviour and offers a guide for change in relation to any aspect of the individual's life. It is for this reason that we use this model as it can help people in early recovery to identify the changes that they need to make that are not of necessity directly linked to or arising from their recovery; it also shows them that the tools they have learned from recovery can be adapted to 'everyday life' (Prochaska, Norcross, Di'Clemente, 2007).

In summary, the stages of the Wheel of Change are:

- **Pre-contemplation:** 'Not Aware'. This is the stage where the need for change is not seen by the individual; but the need for change is often seen by the people around them.
- **Contemplation:** 'In two minds'. This stage is where the individual is particularly ambivalent about change – the old activity/behaviour has not worn out its usefulness and the new activity/behaviour does not look as enticing as it might. Nonetheless, change is being considered.
- **Preparation:** 'Getting ready'. The stage where, even though there is still ambivalence, the decision is made to change and a plan is designed to make successful change as possible as it can be.
- **Action:** The 'doing' part, where the plans are activated; lots of change and early coping strategies necessary.
- **Maintenance:** 'Keep going'. Once the change is made, the impact of such change has to be adapted to, and other subtle adjustments made; this long stage is acknowledged here.
- **Relapse:** Sometimes the plan does not work out 'relapse' occurs, this stage acknowledges the return to old behaviours and encourages the individual to reconsider 'contemplation'.
- **Exit:** 'Changed'. This refers to the time when the problem is no longer a part of the person's life; a time when the person is not going back to the behaviour or even thinks about it very often. Technically, it is referred to as 'behavioural extinction'.

In diagram form, the Wheel of Change can be presented in many ways. This is one that we find useful:



This model can be used throughout RecoverMe; each time change is being discussed, awareness can be improved by reminding people about it and asking them about where they are on the 'Wheel of change' in relation to that current issue.

1.2.3 Functional Analysis

Functional Analysis explores the antecedent, behaviour and consequence eventuality in order to establish our understanding of our triggers for behaviour. This work originally presented by B.F. Skinner (1938) is based on the ideas of *operant conditioning* and *positive and negative reinforcement*. Fundamentally, it believes that all behaviour serves a function and part of change and recovery is founded in discovering and understanding such function(s).

Such function is summarised into four main types:

1. **Attention:** We need attention to survive, so our behaviour can be a way of getting attention.
2. **Escape or Avoidance:** Wanting to get out of a negative experience that makes one anxious or distressed is an easy to understand reason for behaviour.
3. **Self-Stimulation:** Any behaviour designed to stimulate including relief of boredom, creation of arousal or just physical incentive.
4. **Reward:** Something gained after a desirable behaviour has occurred; such reward encourages the behaviour for the future.

When one reflects on *recovery* and *relapse*, it is helpful to explore what the function of each 'action' might be for an individual; should the action stop being functional, it will not be continued.

STAR also helps with understanding the function of behaviour:

S: Setting around which all of the action relating to the behaviour takes place.

T: Trigger, the events preceding the main behaviour. This may not be the immediate cause to the behaviour but all that happened 'before'. For example, meeting a friend who invites you to a party may be the immediate cause of the substance use but the trigger may have been a row with a family member earlier in the day.

A: Action, this is the target behaviour, which in early recovery may be substance use or avoidance of substance using.

R: Result what are the consequences of the behaviour? Was the function achieved? Did the individual get the attention they needed? Did they avoid pain or escape a stressful situation? Was stimulation or reward achieved?

Functional Analysis can therefore be an excellent way of assisting participants to:

- Better identify their *early warning signals* of substance use
- Identify other coping strategies for the triggers identified for substance use internal or external
- Explore other ways to get the positives previously provided by substances without the negatives(i.e. “functionally equivalent behaviours”)
- Red flag habitual or likely high risk situations that need to be handled differently by learning new coping skills and developing greater self-efficacy
- Identify those fallacious but destructive permissive beliefs

1.3 RecoverMe and Dual Diagnosis

Dual diagnosis is the term used when a person suffers from both a substance addiction problem and another mental health issue. Best practice suggests that the treatment of both issues together is the most effective treatment path. Many people in recovery have concurrent mental health issues with estimates ranging from one third to more than one half. RecoverMe works with many people with dual diagnoses. It uses techniques that have been recorded as very effective with both mental health and addiction. When working with someone with dual diagnosis:

- Be kind.
- Complete the usual detailed assessments, which will include an exploration of a person’s mental health.
- As you would with all group members, conduct an appropriate risk assessment.
- With participants consent contact services already working with the individual on their mental health issues. Where Case Management is in operation this process is made more straightforward.
- Once your assessment, the individual’s assessment and input from other professionals have been considered, you and the individual can decide whether RecoverMe is appropriate at this time.

It should be noted that RecoverMe does not explore root causes for emotions or ask participants to recall painful past experiences. Its focus is the present moment; it examines ‘how I am feeling now and in the recent past’. Such work fits with good mental health intervention. It supports people in exploring antecedents to behaviours; this includes moods and anxieties.

If you are in doubt about the suitability of an individual for RecoverMe it is safer and more respectful to solve those doubts before including the individual in a group. It may be helpful to work through RecoverMe with them on an individual basis before bringing them into a group setting.

However, it can often be our own concerns about our ability to work with dual diagnosis that holds us back. In such situations, you are encouraged to access appropriate training.

1.4 Community Education Approach

In keeping with the ethos named above, we have created this programme with our client group. The original idea for RecoverMe grew out of a need expressed in SAOL and the core modules presented here are the ones that proved to be most useful for the groups that have worked with us as we developed the programme.

Groups in Ballymun Star, Coolmine, ARAS and Ballyfermot Star helped with this process and this final manual is in no small part due to the feedback and advice gained from meeting with facilitators and groups from these projects over the past year. For this, we are very grateful.

A practical Community Education Approach builds on this by making itself aware of the specific needs of the community within which the group is housed, while also providing hands-on supports for group members. As named in RTU2 successful access to education and to programmes like RecoverMe requires:

- Guidance
- One to one mentoring and support
- Group support
- Feedback
- Childcare supports
- Removal of other practical blocks, such as travel and associated costs; group start and end times; food (e.g. breakfast or lunch) and agreement from other key-workers/agencies etc.

Knowledge about the current situation in the community (or communities) of group members about current drug, alcohol and other addictions/practices is helpful. While much of this will emerge during RecoverMe sessions, it is important that the facilitator knows what is happening and is somewhat prepared for issues that may emerge.

1.5 RecoverMe and poly drug use/drug free groups

RecoverMe requires a certain level of stability from participants for a group to run effectively. This does not mean that participants need to be drug free; but they do need to be able to participate in a process of learning that includes simple meditation, group discussion and processing emotions. The individual person and

the facilitator will need to work together to explore how ready they are for a programme like RecoverMe.

It is important to say that drug, alcohol or poly drug use is not in itself an impediment to doing RecoverMe. The emphasis of this programme is away from reducing substance use; rather the focus here is on how such changes impact on everyday life. Drug diaries are still part of the programme, so facilitators need to remember that reductions in alcohol or drug use may occur while a person is on this programme. Facilitators should therefore remember to check that people are aware of the dangers of medically unsupported changes in substance use whether prescribed or illegal and, in keeping with their own policies and procedures, encourage medical guidance for such changes.

RecoverMe will awaken thoughts and feelings. This can be expected as normal for people who are drug free (as it is probably happening anyway), but it will also happen for those still using substances or involved in addictive behaviours. RecoverMe is not about exploring the background to those thoughts and feelings and helping the person process such experiences; that is the work of counselling or group therapy. RecoverMe is about accurately naming thoughts, emotions and behaviours and examining them to see if participants have beliefs about them, have a way of processing such emotions and checking to see if there are patterns in feelings and emotions that are unhelpful or that might lead to relapse or other harmful actions.

For the facilitator, there are two key areas that require attention:

1. The potential for relapse exists and therefore the need for relapse prevention throughout the programme is necessary. This can be done weekly using the safe plan at the end of the session.
2. There is a potential for a wide range of issues and memories to emerge or to be revealed in new ways. As mentioned, RecoverMe is not about unearthing these experiences; but the facilitator needs to be aware that they may emerge nonetheless. Common negative thinking is often related to loss and mourning, guilt and shame, and of course past traumas and painful memories. It is important for the facilitator to know what supports are in place for each participant and to check that they are utilising such supports while on the programme. Even better practice is to have all other professionals working with individual participants informed and aware of the group, so that the work being done in RecoverMe fits in with any on-going care plan. If an inter-agency care plan does not exist for participants, facilitators might consider putting one in place.

1.6 RecoverMe and Women:

When SAOL published Reduce the Use2 in 2011, it was felt that there was an important need to name the fact that women have different experiences of addiction when compared to men. Women start, continue, relapse and recover differently from their male counterparts. In 2014, the urgency to name this feels different. People seem to be more aware that when they work with women that they need to be sensitive to the gender differences. This awareness is necessary when facilitating RecoverMe.

Still, it is an easy thing to forget when busily trying to get a group ready. Therefore, we offer the following questions to help get your head gender aware:

What is the gender balance in the group?

Other than the usual group rules, are there any rules that might be helpful for women doing RecoverMe?

Might some participants be caring for children? Does this impact on the group or even the time and setting for the group?

Emotions are difficult for both sexes, but are there specific emotions that you might expect for women in recovery?

Not all men are violent, but will the women in your group have experienced violent men in their lives?

1.7 Feedback from pilot programme

RecoverMe like Reduce the Use2 before it, was piloted before being published. We knew it worked in SAOL; we just needed to know that it worked elsewhere too, and that if there were problems with it, we could adjust them before finalising the programme.

Key agencies in this process were:

- Ballymun Star
- Coolmine (Day Programme)
- Ballyfermot Star

- Aras (Kildare)
- SAOL Project⁴

1.7.1 Qualitative Feedback

We are extremely grateful for their hugely valuable input; this publication would not have been possible without their guidance. In summary, they said that RecoverMe was 'great'! Some of the comments made by the facilitators were:

"They got good identification with thoughts and emotions; how their thoughts can lead them into a negative space; and the group responded really well to the session on ANTS and how their negative thinking had become a habit and the impact that had on their recovery.

"During the programme they really worked on their thought process. By challenging their thought patterns, they began to identify what was real and what was not. They learnt that they could take back control and had the ability to change, all that just because they felt a certain way.

*Through the goal setting sessions, the group recognised that they gained more confidence and had a better sense of self-belief.
Not bad for a bunch of lads!"*

Karen Jennings, Ballyfermot Star

"This Programme offers an additional stepping stone towards living an independent life in recovery that has not been available before. It is a programme that guides, supports and encourages participants to become an internal source of support for themselves while at the same time knowing when to seek external supports.

This programme promotes balance in recovery which participants described as 'refreshing'. It allows individuals to devise their own unique recovery plan based on their needs so that it fits in with their lives.

The programme is based on acceptance of our experiences and an understanding of how these experiences have played a part in how we currently think, behave and experience emotions. The programme allows space to dispute negative thoughts and core beliefs that may limit an individual from reaching their full potential. It increases emotional vocabulary amongst the participants which results in improved communication when talking about emotional experiences and how to manage these emotions in the present. Participants described feeling more confident about recovery on completion of this fantastic programme.

The participants expressed a wish that they had all learned the things in Recover Me 'years ago' and they believe that everyone, whether in addiction or not, should participate in these workshops...as a facilitator, I agree!"

⁴ Addiction Response Crumlin (ARC) were also involved in this process but did not have enough of the programme completed to feel ready to take part in the feedback. Nonetheless, we wanted to acknowledge their participation.

Niamh Kavanagh, Coolmine Drug Free Day Programme

"The group that participated from STAR Ballymun in the Recover Me programme all gave extremely positive feedback about their experiences of the programme. They were unsure initially about completing a programme that would involve their emotions. However, once they started the first module, they all stated that the programme helped to break the stigma and perception that working in any way on your emotions was a negative or difficult thing to do. On the contrary, the whole group stated that the programme helped them have a simple understanding of how their emotions worked and showed them ways to deal with a subject, that up until that point, many found very uncomfortable.

They stated that Recover Me complemented the work they were doing at STAR and that it was something they felt should be an on-going part of the STAR programme. They also said that the clear and straightforward way the programme was put together made it easy to understand and put into everyday practice.

Both the team who delivered Recover Me and the clients in STAR would like to thank Saol for the work in putting this programme together. We are also grateful for the opportunity to experience the programme first hand and really hope that other projects get to deliver it to their clients. It is a programme that we endorse completely. "

Dave Fennell, Ballymun STAR

"Overall we found it absolutely brilliant. To make it even better, the time frame would need to be looked at. The content is that good that it could be done over 10 full days or more! Here are some of the things that clients said, "Everything will change. You can become more like yourself. And everything will be beautiful and better than before"

"What I got from the "Recover Me" was a huge awareness as to what I am presently feeling. My thoughts, my emotions etc., along with a whole new vocabulary of new words to name what my current emotions are. It was during the "Recover Me" that my depression was lifted as my awareness of the darkness grew. It made me lift myself out of it. My nervousness has certainly eased and I am more confident in myself. I wish the "Recover Me" programme was just starting, as it was not long enough".

"I have just finished the 10 week course on "Recover Me", it was great and the content was very good. It has shown me new skills in coping with life and general situations. The time length to do the course material was crazy. People were left behind not understanding and a lot of it was very hard. Myself, got most of what was being said and the facilitators were very good in delivering the course material. If the course ever came around again, I would like to do it again".

"At the start of the programme I was living day by day, thinking that this was what life was all about. Living then dying. During the course, I became confident and starting to feel good about myself. I understand I could like people and people like me just because I am me. I realised that life doesn't have to be hard and my life is worth living. Through my work with the group I realise I have so much to give and so little that I need to receive to make

me happy in life. I also understand my emotional triggers and when I'm having a bad day, I don't have to drink. I wake up happy today; I laugh today; people around me enjoy me today. I know how to love today, when I cry today its tears of joy, I have real friends today. Thanks to ARAS".

Paddy Maher, Abbey Regional Addiction Services

In summary, we have particularly taken these points on board in restructuring the programme from the original, pilot RecoverMe:

- i. It is something that has been missing from the addiction recovery field. This programme is not about the 'to do'; rather it explores the 'how' of recovery. How to recognise emotions; how to integrate emotions; and how to put words on thoughts and feelings instead of acting out on them.
- ii. Within groups, people felt a lot more confident in relation to understanding themselves and in naming their emotions. The transferability of these skills to other groups was also identified with participants saying that they understood and partook in other groups better as a result of taking part in RecoverMe.
- iii. In one group that was only for men, it was recorded that it allowed them a chance, for one of the first times, to openly discuss feelings and how they impact their lives; and that they were then able to bring that learning home.
- iv. Women loved this process. This programme helped them to normalise what was going on and helped them to see that just because something was happening in one way didn't automatically mean that that was wrong. It helped them to be more connected, to discuss and to return to a more natural relational state for women. It helped them to engage in problem solving instead of problem fixing; just because I'm feeling this way doesn't mean it has to be fixed. Maybe the best solution is to sit with it.
- v. Impermanence was an important learning too. Becoming aware of the on-going emotions of daily life helped some people to be less swamped by their 'big problems'. Not everything about them has to be interpreted through a prism of recovery; sometimes I can be happy just when I am with people I love, even if that is a momentary experience.
- vi. Facilitators enjoyed the process of running this programme. Giving people skills about emotions while working in the 'here and now' was

recorded as particularly beneficial. It is working with emotions without the 'burden of the event', without the story of where that emotion came from. As Gertrude Stein said, in 1923, "*A rose is a rose is a rose is a rose*". It is not a romantic relationship that ended tragically four years ago, it is not imperative to trim the hedges over the weekend, it is just a rose (Germer et al, 2013, page 5).

- vii. Module 3 had a lot to get through. Indeed, the recurring 'negative' was that there was so much to get through in the programme that the schedule was too packed. As a result, we have adjusted the running order and increased the number of Modules from 10 to 12. We are also emphasising that a module may take more than one session to complete and the speed of completion is left open to facilitator. See 2.3 below for more on this issue.
- viii. Layout issues and timing were two other main concerns; some detail on explanation about some exercises. Hopefully these issues have been addressed more effectively in this publication⁵.

1.7.2. Quantitative Session Evaluations

The evaluation work was assisted greatly by an evaluation resource given to us by Melinda Hohman, University of San Diego. Written by DiStefano, Hohman and Barker (2013), the Group Topic Evaluation Scale assists with process evaluation, by appraising individual group sessions and their importance for participants. Therefore, single session evaluations can take place with reference to:

- i. Relevance to my life
- ii. Increasing confidence in relation to positive skills
- iii. Help with improving relationships
- iv. Given a sense of optimism
- v. Influences how I will communicate with others
- vi. Identifying areas of change in my life

These are measured using a five point Lykert scale (strongly disagree (1) to strongly agree (5) and the form is available in the Appendix 6 for use at the end of each session.

⁵ Should this not be the case, we invite people to contact SAOL so we can up-grade the PDF version that is available for download from www.saolproject.ie

Modules	Total Score	Percentage	Average score per session
Module 1	516/625	82.56%	4.13
Module 2	441/510	86.47%	4.32
Module 3	959/1135	84.49%	4.22
Module 4	527/570	92.45%	4.62
Module 5	493/560	88.04%	4.40
Module 6	531/595	89.24%	4.46
Module 7	422/510	82.75%	4.14
Module 8	230/265	86.79%	4.34
Module 9	166/180	92.22%	4.61
In summary	4285/4950	86.56%	4.32

Please note that in the pilot there were only 10 Modules and that Module 10 used a different form for feedback that was for the participants own use. Module 3 was divided into 2 sessions by some of the groups, therefore it records a particularly high number of feedback reports.

The average score for each session is high with Modules 4 and 9 scoring particularly highly. Sub-scoring within the 6 factors that participants were asked to score say 'Relevance to my life' and 'Identifying areas of change in my life' being continually rated highly; 'Increasing confidence in relation to positive skills' scored slightly lower than the others, but tended to increase as the programme continued.

"Process measures can also be helpful, such as feedback regarding curriculum content, instructional strategies, group leader skills, and client satisfaction. In designing psycho-educational content for group work, it is useful to know how clients respond to the group as a whole as well as to individual sessions. This helps determine what is particularly meaningful to them. Without this information, group workers can only make assumptions based on what they observed during the group session as to the relevance of the group content and process in that particular session" (Corey & Corey, 2006 in DiStefano, Hohman and Barker (2013))

A full evaluation of RecoverMe will include an analysis of participant feedback sheets. We have not been able to assess matters such as facilitator skill, group size or gender balance at this time. This is something we look forward to discovering more about

1.8 Usual self-care and caution

Burnout, a term regularly heard in the addiction field is described as *“a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind. A key aspect of the burnout syndrome is ‘increased feelings of emotional exhaustion’”* (Soderfelt et al, 1995). Tending to occur on a continuum, with symptoms getting worse over time, it often leads to the worker becoming disillusioned, numb, hardened and over-whelmed with physical ill health accompanying the psychological distress.

Compassion fatigue is also understood to accompany such work (also known as Secondary Post Traumatic Stress Syndrome). This is where the professional absorbs participants’ suffering and can experience emotional pain as a direct result of exposure to another’s traumatic material. Usually temporary, (as opposed to burnout’s more permanent presence) this is still a harmful experience.

Long term effects of compassion fatigue and/or burnout result in reduced empathy, diminished sense of personal safety, reduced sense of control, hopelessness, recourse to escape activities and chronic over eating/drug or alcohol use. Impact on work performance includes low morale, absenteeism, and lack of appreciation, avoiding tasks, low motivation and apathy.

RecoverMe does not, in itself, cause burnout or compassion fatigue; but if you are not engaged in good self-care, RecoverMe may provide more ‘ammunition’ for the continuation of your distress.

Therefore, RecoverMe respectfully reminds you to employ self-care practices which may include:

- Setting limits more effectively.
- Stop putting everyone else's needs before your own needs.
- Staying empathic without taking on your client's problems.
- Learning to prevent, and work with, compassion fatigue.
- Recognising your unique stressors involved in helping others.
- Identifying attitudes that limit your attention to self-care.
- Using resources available to you in the forms of supervision, line-management support and/or external supports.

1.9 It works!

When we run training sessions about Reduce the Use 2, our colleague, Ger O'Rourke, describes herself as being like a 'Catholic convert' because she has so much fervour in spreading the word about the programme. It works and she has seen the evidence. More so, all the feedback we receive about that programme confirms her vigour.

We know the same is true of RecoverMe. Already every agency that has tried it has seen the impact on groups and is building it into their yearly plan. We have seen it change the way participants view themselves and their situations; they begin to

question their beliefs and they start using more emotion-words other than 'fine, grand or angry'.

Even more gratifying is how participants describe using the grounding exercises in their everyday life, slowing down the movement from trigger to consequence as healthy dispute can take place.

This programme assists people in their recovery journey. We began this process thinking that people would have to be 'drug free' before they could engage in this work. We were wrong; people at any stage of the journey who show a willingness to come to groups and participate will benefit. Some groups will take longer; but this is an expedition, not a race. Take your time, enjoy the view; running RecoverMe will help you in all your other work too.

“Up on the watershed
Standing at the fork in the road
You can stand there and agonize
Till your agony's your heaviest load
You'll never fly as the crow flies
Get used to a country mile
When you're learning to face
The path at your pace
Every choice is worth your while”.

‘Watershed’, Indigo Girls, (1995)

Notes:



Section 2

Using the Manual

Section 2: Using this manual

This section is designed to give a simple over-view of some of the basic issues that arise when running a group. Each organisation will have its own way of responding to certain issues (e.g. attendance, time-keeping, storing confidential material) and we encourage you to follow the policies from your own organisation. However, forewarned is forearmed:

- 2.1 Target group
- 2.2 What will RecoverMe do for the client?
- 2.3 Programme duration
- 2.4 Commitment contract
- 2.5 Confidentiality
- 2.6 In the event of a participant leaving the group
- 2.7 On being a good RecoverMe facilitator
- 2.8 Facilitator guidelines
- 2.9 Managing disclosures
- 2.10 On Writing
 - 2.10.1 Written work
 - 2.10.2 Literacy issues
- 2.11 Session structure
- 2.12 Materials required
- 2.13 Evaluation

2.1 Target Group

The target group for this programme is anyone in recovery. People do not have to be drug free in order to benefit from this programme. Those who are drug free will benefit by being able to focus on the role of feelings and emotions in their lives; those who are taking substances or engaged in behavioural addictions will have the added challenge of managing such behaviours as they do this work.

We generally advise that someone doing RecoverMe might have completed Reduce the Use first; but this is not essential.

Some people will require more support than others; this could be discussed prior to starting the programme but may be something that emerges during the programme. It is often helpful to have the person's key-worker or counsellor on-board before starting RecoverMe in order that appropriate supports can be activated speedily.

Group size is a consideration when assessing the levels of support that can be offered for participants. Our guiding number is 10 as this gives enough room for group members to talk about the exercises and practice skills. Larger groups will not have as much time for processing learning and practicing skills; smaller groups tend to have a smaller range of experiences to apply learning to and to draw knowledge from.

2.2 What will RecoverMe do for the Client?

RecoverMe will help participants to go on a journey of self-discovery and give them a new relationship with their feelings and emotions. It should help them to:

- Develop their self-awareness
- Better connect feelings and emotions to behaviours (particularly in relation to their recovery)
- Increase understanding of good mental health
- Increase self-esteem and self-efficacy
- Learn from others' experiences
- Gain a deeper awareness of the impact of their addictions on self and others
- Study skills for controlling and changing their responses to thought patterns that lead to unhelpful behaviours
- Set goals for their lives
- Acknowledge areas of risk in their lives and develop new skills for dealing with risk (both for recovery and life in general)
- Better manage cravings
- Better cope with success

The programme is informed by motivational interviewing, mindfulness and cognitive behaviour type interventions. It is therefore structured, goal oriented and focused on problem solving but evokes actions at the pace the participant can work at and encourages awareness building of the here and now.

2.3 Programme Duration

Following feedback from the pilot programme, we realised that we had included too many exercises in certain modules and needed to shorten those modules and increase the overall number of modules in the programme. So the number increased from 10 to 12 modules.

However, a module is like a 'chapter' in a book, and should be treated as such. It might take a number of sessions to work through that module (or chapter); or, as one group from the pilot programme are doing, are running the module over a full day!

There is no time limit to how you run RecoverMe. If it takes more than 12 sessions to complete the 12 modules, then so be it. We have found that certain modules take longer to complete (e.g. Modules 3 and 9); and therefore the projected duration of the programme (if run at one session per week) is fourteen weeks. But if you take longer/shorter, so be it. This is a journey, not a race!

You might recall the guidance we offered in Reduce the Use2:

- There should be a clear finish date to the programme (it is not an ongoing piece of work). If you need to extend the programme while it is running, it is better practice to negotiate this with the group rather than letting it run without a 'beginning, middle and end'.
- We encourage you to cover all of the Modules
- As a way of respecting and emphasising the importance of homework given, it is good practice to start sessions with a reflection on the 'Emotions Diaries

and the effectiveness of any safety plans put in place during the previous sessions. It also brings an awareness to participants about how 'last weeks learning' played out in everyday life.

2.4 Commitment Contract

This course requires the following level of commitment from each group member:

- Attending regular programme workshops
- Completing homework tasks
- Maintaining a drug diary

Programme participants need to be made aware of the commitment involved in the course.

The use of a Commitment Contract is encouraged as this strengthens the level of commitment from the individual. An example commitment contract is provided in Module 1.

2.5 Confidentiality

Groups require a level of confidentiality but confidentiality is never absolute and participants need to be clear about the limits to confidentiality in your groups and agency. You should never presume that people know what confidentiality means and time spent on clarifying both what it is and isn't will save potential distress and later. NDRIC note that

"Service providers are responsible for ensuring that their staff understand and comply with their responsibilities under relevant legislation when report writing, explaining confidentiality and working with service users, storing/securing data, and sharing information with other agencies individuals (Data Protection Act 1988 & 2003; Freedom of Information Act 1997 & 2003; Child Care Act 1991; Children First: National Guidelines for the Protection and Welfare of Children 2011; Information Governance: a Guide for health and social care staff, HIQA 2011)."

(NDRIC, 2011 page 15)

Therefore, we suggest that time is given to discussing confidentiality in the pre-group meeting with participants and during the 'ground-rules' segment of the first session. It is also useful to return to this issue later on in the programme when reviewing with the group that ground-rules are and group functioning is going well.

2.6 In the event of a participant leaving the group:

People drop out of programmes for varying reasons and sometimes such a decision is a good one for the participant concerned. Good facilitation requires that we try to find out why someone has dropped out and not just let them 'disappear'; this allows us to determine that the person is in a safe space and is maintaining positive recovery rather than having relapsed etc. Good contact with the person's keyworker will assist in this process.

2.7 On being a good RecoverME facilitator:

The Facilitator must have training in group work and addiction in order to run this programme. It is also very beneficial to have a good knowledge of Motivational Interviewing, CBT and Mindfulness. It is good to be able to:

- Be kind, patient and to show unconditional positive regard
- Effectively manage group discussions
- Be able to lead grounding exercises
- Have a good level of self-awareness
- Have a good understanding of group dynamics
- Be able to communicate new concepts
- Be able to respond to questions posed by group members
- Think on your feet and facilitate unplanned group discussions
- Be able to develop good, supportive relationships with group members and be able to display empathy
- Be able to handle conflict
- Have experience and a good understanding of addiction work
- Be able to display an awareness of cultural sensitivities
- Have the ability to maintain a high level of group leader focus

It is also important to be a good team player as we strongly suggest that no RecoverMe group takes place without at least two facilitators. This is best practice for group work and, even where resources are limited, should be the norm for RecoverMe.

Before embarking on delivering the programme you will need to become familiar with the programme and fully understand the concepts being put forward. It is helpful to:

- Read the manual
- Understand the exercises, hand-outs and worksheets and grounding exercises
- Get clarity on any aspects with which you are unsure. SAOL will be happy to clarify anything for you – please feel free to contact us at admin@saolproject.ie. Further resources (including updates and future training dates) regarding RecoverMe can be found at www.saolproject.ie

2.8 Facilitator guidelines

Each module includes:

- Facilitator guidelines will take you step by step through each module/exercise, providing notes to assist you. Each Module is made up of facilitator guidelines and copies of handouts/worksheets.
- Handouts are aids to the learning and should be photocopied for the participant's retention. They are available at the end of every module.
- Worksheets are provided for the participant to write into and should be photo-copied as needed; they too are available at the end of every module.

- Handouts and Worksheets that are used in more than one module are gathered in the appendices at the end of the manual (e.g. emotions diaries and safe plan sheets are found there).

Although we have structured each module to run for 2 hours (with an average group of 8 people) we have decided not to include timings for each exercise. We know that each group will work through the material at different speeds and therefore encourage you to set a start and finish date for the programme but operate session times to suit the needs of your own groups⁶.

2.9 Managing disclosures

It is our experience that occasionally participants may make disclosures. You should follow your own agency's policy in responding to such disclosures but are encouraged to do so with kindness, great sensitivity and compassion and to have ensured that the 'rules of confidentiality' for the group are understood by all participants.

The care of the individual who has disclosed is paramount and they should be given appropriate space and support both in the group and also individually. Leaving the group during that session may be appropriate but is not essential.

Disclosures can raise issues/memories for other group members so it is important to give space to all group members. Individual support can usually help after the session.

Good team-work between facilitators is essential in such situations.

RecoverMe is not designed to encourage disclosures; in fact its emphasis on the 'here and now' has resulted in disclosure being a rare occurrence. Nonetheless, it is important to be prepared for such eventualities.

2.10 On writing

Two key issues are important here:

2.10.1 Written work

Written work is an essential part of RecoverMe as it allows the participant to reflect on the group learning at their own pace. Writing has proven to give participants new insights into themselves and their relationships. It can embed the learning from the previous session(s), and offer the opportunity for creating new roadmaps for change.

RecoverMe asks that some written work is completed outside of the module attendance. Some people's living environment may not be conducive to writing at home and in this case a place could be made available where this can be done privately. In addition participants with literacy difficulties may need assistance

⁶ Saol Project is very willing to receive feedback on the timing of groups and will post common findings on our website.

with completing this work. Consideration might also be given to providing a 'private' space before or after each module for anyone who needs to avail of it.

Some people may not be able to complete the written work associated with RecoverMe outside of the group setting. This is less helpful but not catastrophic and can be explored with the individual concerned to see if there are opportunities for creative solutions. For example, some participants completed this work with their keyworkers and it assisted in their work together in developing care plan goals.

2.10.2 Literacy Issues

In your initial interview with the participant, you will have established the extent of their literacy skills and those that need additional help with writing can be assigned this support.

Even though there is reading and writing used in RecoverMe, people who have literacy difficulties are still able to take part. They often gift the group with permission to ask, 'What does that mean?' because literacy difficulties will slow down the pace of exercises and this is very beneficial in RecoverMe. Nonetheless, people with literacy issues will require extra supports and we have found the following helpful:

- Offering the use of a 'scribe' to assist the learner in the modules
- Using more discussion based formats during modules as opposed to written work
- Encouraging use of symbols (like emoticons) or any personal shorthand.
- Using a 'buddy' system with another participant in the modules to help with writing, spelling, etc.

2.11 Session Structure

We have followed a module structure that has 8 elements. Each session should include these 8 elements too; so that even if you need 2 or 3 sessions to cover the material in a given module, each group will have a:

1. Grounding Exercise I
2. Check-in
3. Review of emotions diary (and drug/alcohol diaries) and any other homework and emotions board
4. Specific content of the session
5. Review of the session and preparation for the next session
6. Grounding Exercise II
7. Safety plan
8. Feedback form

Each of these elements is discussed in the modules, with appropriate exercises and resources available to assist you. By following a similar path in each session, participants will know the path of the group and become more relaxed in 'knowing' what is happening next.

For example, while check-ins are related to the content of that particular session and help give the facilitator an opportunity to check the mood of the group that day. Check-ins also gets everybody talking immediately and generate a sense of group togetherness as well as acting as a short, separation technique from the external environment.

The initial grounding exercise will further support the 'connection' to the group and the work at hand. By spending time on homework and diaries, you communicate the value of the work and processing done outside of the group.

The check-out, safety plan and feedback form give valuable information to the facilitator but more importantly mark the end of the session for the participants, giving ample time for them to prepare for returning to the 'outside' world.

2.12 Materials required

The course is designed to be simple and cost effective to run. Materials required are basic and include:

- Handouts (photo-copied from this pack)
- Worksheets (photo-copied from this pack)
- A notebook and pen for each participant
- A folder for each participant to hold their material
- Flip Chart
- Markers
- Audio-player for music and/or meditation tracks
- Print-outs for specific exercises and playing boards for 'RecoverMe snakes and ladders'.
- Award Certificates (photo-copied from this pack or feel free to design your own)
- Record of Attendance Certificates (photo-copied from this pack)

2.13 Evaluation

Evaluation is an essential for any service delivery – Is what we are doing effective? Is it achieving its initial goals? Are there ways to improve what we are doing?

SAOL Project is committed to on-going evaluation of the work we do and the manuals we produce. Evaluation is, however, often expensive work; and evaluations across services, more difficult.

Requests:

1. We are asking people who are using this manual to let us know that you are using it and whether or not you would be willing to be contacted about a future evaluation (an email to admin@saolproject.ie will suffice).

It would be helpful to know:

- a. How many are in your group (including age range and gender mix)
 - b. What recovery issues are presenting
 - c. How it's going/it went
2. We have included the Session Feedback Form and encourage you to use it at the end of every session you run. The immediate feedback from groups provides confirmation that something is working/not working for your current group. Saol is always open to receiving feedback about this process and we would be delighted if you sent us any summaries of this work. We understand that this may not be possible but anonymous constructive feedback is very welcome.

Notes:



Module 1

Introduction to RecoverMe

Module 1: INTRODUCTION TO RECOVERME

Aims:

- To get to know each other
- To agree ground rules
- To establish commitment to the course
- To explain the basic ideas behind RecoverMe
- To name the links between thoughts, feelings and actions
- To record current drug or alcohol use and
- To affirm changes that have been made in the recent past

Materials Needed

- Large notebook and pens for each participant
- Folder for each participant to store handouts and worksheets
- Flip chart paper & markers for recording discussions
- Printed handouts and worksheets for Module 1
- Large (A1) sheet of paper/card for 'Emotions Board'

Module 1: Introduction to RecoverMe

1. Grounding Exercise I

- 1.1 Introduction exercise
- 1.2 Sign-in sheet

2. Check-in

- 2.1 Introduction to RecoverMe
- 2.2 Reflection on Overview of Course and the Commitment Contract
- 2.3 Group Rules

3. Review of Emotions Diary (and drug/alcohol diaries) and any other homework

- 3.1 Introducing the Emotions Diary
- 3.2 Emotions Board
- 3.3 Current Drug/Alcohol use
- 3.4 Other New activities

4. Making the Link between Thoughts, Feelings and Actions

- 4.1 Group discussion on 'The Job Interview'
- 4.2 Waking down the Street
- 4.3 The Link with Recovery

5. Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safety Plan

8. Feedback Form

1. Grounding Exercise

Note that this is usually a breathing exercise. However, as this will be 'taught' later in the session, an exercise that gives everyone in the group a chance to say something is preferred at this point.

- Ask participants how they feel about starting the course. Name any worries they have about the programme and write up comments.
- Send around the sign-in sheet (See Appendix 1).
- Ask each person to introduce themselves, say why they are here and what they hope to get from the programme.

2. Check-in: Introductions, Commitment Contracts and Group rules

2.1 Introduction to RecoverMe

Group members should already have a good understanding of what RecoverMe is about. The specific modules are discussed with the group using Handout 1.1 as we prepare for the Commitment Contract (see 2.3 below). We have found that the following are important points to emphasise about this programme and work within and outside of the group:

- The role of reflection: thinking about what we do in RecoverMe outside of the group.
- Written work and homework
- Practicing the new techniques: Although participants will learn a lot while in the group, this course is most powerful when it is integrated into our daily lives, therefore, it is important to highlight the importance of home practice.

Other relevant points:

- Good attendance is encouraged with the goal of attending every class promoted. To support this, as has already happened, there will be a sign-in sheet at the beginning of every class.
- If your agency is in a position to provide catch-up sessions for participants who could not attend a class, then this should be explained.
- All participants who complete the course will receive a Certificate of Completion.
- It is also important to note for the group, that although they may want to take notes in group, our experience has shown us that this can also delay the group momentum, plus there will be ample handouts and worksheets for each session.

2.2 Reflection on Overview of Course and the Commitment Contract

It is important to discuss at the beginning of the programme the basic structure of the course such as: days and times of group, number of sessions, breaks and that the group is a closed group.

It is helpful to let participants know that throughout the programme there will be a number of exercises and that everybody will have ample time to give feedback.

At this stage it is important to give out **Handout 1.1**, 'Overview of RecoverMe and the 'Commitment Contract' (**Handout 1.2**).

Once the group has read and discussed the hand-out, ask each participant to sign the contract. A copy will be kept by the facilitator and a copy will be given back to each participant at the beginning of the next session.

2.3 Establish Group Rules

Explain that all groups establish a set of ground rules. These are an agreed way of working together and they will be displayed at all times during the course. We have included below 'sample ground rules' from previous courses, to help initiate the discussion if needed.

Record the group rules on a flipchart and display these at all times. We have also found it useful to type them up separately and give a copy to each participant for their folder at the beginning of the next module.

Some sample ground rules:

- **Respect:** treat other group members respectfully, for example let people talk without interrupting.
- **Mobile phones:** should be switched off and no one should take or make calls during this time. If someone has to take an important call they can inform the facilitator who can inform the group.
- **Confidentiality:** of the group should be kept, while this is something that all groups tend to aim for, no facilitator can absolutely guarantee confidentiality as they do not control the individual's behaviours. Therefore it is important to remind people of their personal safety and security when making disclosures.
- **Good 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. If you are more than 10 minutes late without prior contact, you will not be admitted into the group.
- **Attendance:** the suggested maximum number of modules that can be missed is two; if a participant misses two modules they will be asked to step back from the programme and re-engage at a later date if they wish.

3 Review of Emotions Diaries, Drug/Alcohol Diaries and Homework

As this is the first session, group members will not have homework to present, may or may not have maintained drug/alcohol diaries and have not yet been introduced to emotions diaries. This Module will introduce and/or re-introduce all of these recovery tools.

3.1 Introducing the Emotions Diary

Distribute copies of the emotions diary to each participant (Appendix 2⁷). The group will need enough copies to do them for a week or until the next planned session.

Between now and the next session participants are asked, as with the drug/alcohol diaries, to complete the emotions diary. By filling out this diary sheet, participants will begin to see patterns in how their feelings/emotions connect with their recovery and any thoughts about substance use, as well as discover triggers to such events.

It also reminds us how we coped, what we did, what we felt after our actions (e.g. when we make good decisions that we don't always feel good afterwards). This is important because, as we have so many such events, we may not remember them and can lose the insight these events have for us.

The information gathered in the emotional diaries will help build self-awareness and prompt us in taking control of our actions.

Explain the sheet to the group:

The diary is broken up into different sections to help participant's breakdown the cycle that may lead into addictive/unhelpful behaviour.

Emotions do not happen in isolation; there different factors at play at any one time, including body, sensations and feelings, thoughts and urges.

"Emotions are actually bundles of thoughts, raw feelings, bodily sensations and impulses (such as the desire to scream or storm out of the room)...they're like a background colour that's created when your mind fuses together all of your thoughts, feelings, impulses and bodily sensations to conjure up an overall guiding theme or state of mind" (Williams, D et al, (2011), page 19)

This can feel like and often is an automatic process. We do not have control over the initial responses (thoughts, emotions and body sensations) but we can learn new ways to deal with them.

When we feel an emotion it will register somewhere in our body. Learning to tune into the body is a great guide to discovering how we are doing emotionally; the body will let you know what is happening. If I feel stressed, the body may feel tense (shoulders tense, chest tense, heart beating); if I feel happy, the body feels lighter (smile on my face, chest feels lighter, stomach feels full).

We often spend most of our day in thoughts and not fully connected to the full range of experiences that accompany emotions. The emotions diary will help us to become aware of what emotions we are experiencing; immediate thoughts after triggers; body sensations, our behaviours, emotions following our behaviours and a reflection in the consequences of our behaviours. Bringing this awareness to our 'moment by moment' experience can offer us a range of

⁷ Copies of the Drug and Alcohol diaries can also be distributed for those participants who want to keep this habit from Reduce the Use 2 going (Appendix 3)

responses that may help us to be less reactive and more thoughtful and in control of our responses to triggers.

Emotions Diary:

- Day/Date: Record the day and time – it helps when searching for patterns to our behaviours.
- Trigger: what was the event/situation that sparked things off?
- Immediate Thoughts: What were the first thoughts that came to mind?
- Emotion: What emotion was I feeling? Can I put a name on the emotion?
Note: As we learn more about emotions during RecoverMe this column will become easier to fill in.
- Body sensation: Where in the body did I feel the emotion and how did the body respond?
- Behaviour: How did I behave? Did I respond positively or did I react negatively?
- Emotion: What emotion was I feeling afterward my behaviour? Was I feeling the same or had something changed?
- Consequences: What was the outcome to my behaviour? It is important to record both good and bad consequences.

A completed Emotions Diary (Handout 1.3)

Facilitate a short discussion about the handout and encourage each participant to name one emotion from the page that they are feeling at the moment. Also this handout is a very useful reference point for them during the week.

All about the Emotions Diary (Handout 1.4)

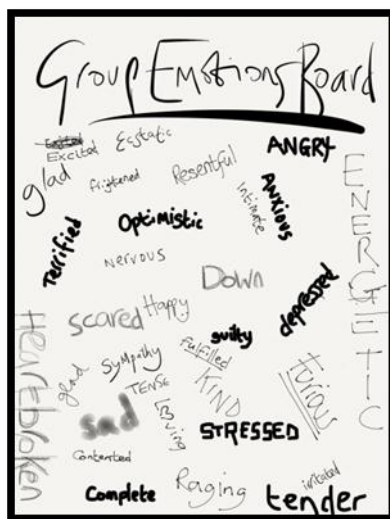
When discussing this handout, the following points may be helpful:

- Highlight that this piece is not about right or wrong, it is about trying to identify emotions during the day.
- By recording emotions that come before/during triggers, we begin to become more aware of emotional states that we may have difficulty dealing with.
- We also become aware of emotional states we are ok with.
- Often times in the recovery process, emotions can seem overwhelming and feel that the emotion will not change. By keeping a record, we can begin to notice that these emotions actually do pass.
- Being able to identify emotions helps build confidence and self-esteem. It is very empowering to be able to describe your emotional state to ourselves and others.
- It helps us to identify skills already being utilised but we may be unaware of.
- Suggestions of a choosing a safe place, a good time, being comfortable when completing the sheet etc. For those who lack these opportunities, explore creative ways around the problem. For example, completing diaries with key-workers; seeing if agencies can give you a space to do the work, etc.

Some of the group may find this piece difficult, it is important to facilitate this in a light, conversational way to help relieve any fears.

3.2 Emotions Board

Distribute a copy of the **Handout 1.5**, 'Basic emotions' to each participant and have copied these words onto a flip-chart sheet or a strong piece of cardboard similar to diagram below:



This is to be displayed at all times in the group so that, when new emotions emerge the facilitator or a group member can add the 'new emotion' to the board. This will be a reference point for all future exercises and will assist participants in finding names for the emotions they want to discuss. Busy or larger groups may require more than one board.

When the handout has been distributed, it is important to go through each of the words to:

- Ensure that everybody understands them.
- Affirm people in being aware of more emotions than they thought they knew.

3.3 Current Drug/Alcohol Use Sheet: Starting Point 1 (Worksheet 1.1)

Ask the group members to fill in their current drug use on this sheet. This information can be kept confidentially and held by the facilitator.

Once these sheets are completed the facilitator should collect them and keep them safely in a folder for the next module.

A key point is to fill in the column **recent changes made**. This will help participants identify any significant changes made in recent times or if they have slipped back into old ways of behaving. No judgement should be passed by the facilitator either way; eliciting comment from the participant is much more important.

You may ask participants to share if they are willing to share, especially any recent changes that have been made. This can be a good starting point in relation to what they are doing, where they are at and what the implications are on their recovery plans.

3.2 Other New Activities: Starting Point 2 (Worksheet 1.2)

Often recovery can be blocked by the introduction of new harmful activities like drinking alcohol, taking extra medication, buying tablets, spending too long on the internet, gambling, over-eating etc.

It is important that you ask participants to explore their relationships with these issues, especially if they are new behaviours to the individual.

Recalling the Wheel of Change may be important here. Some of the activities (particularly by people who have left addictive behaviours behind) may be harmful to the individual because of the way they are doing them but the individual may not be aware of that harm at this point. This is pre-contemplation and the skills used in this stage should be used here. For example, someone who has given up substance use may be spending too long on the internet; gentle, kind ‘nudging’ is all that should be attempted if this is the case. Awareness of the harm the activity is causing will emerge if the person continues with the programme.

4. Making the link between Thoughts, Emotions and Behaviour.

This discussion is to be accompanied with **Handouts 1.6, 1.7 and 1.8**. These handouts are designed to give participants a visual aid into how our thoughts/beliefs and emotions can influence our behaviours.

4.1 Group discussion on ‘The Job Interview’

The first example, “**The Job Interview**”, should be drawn out on the board in the same format as the accompanying handouts (1.6, 1.7 and 1.8).

Handouts are then used to point out that although the event stays the same, when we can change or challenge our thinking, we can change the outcome.

It is important at this stage to explain to the group, that throughout the programme we will be exploring this in greater detail and there will be ample time for explaining their many unanswered questions.

Cognitive Behavioural Therapy (CBT) tells us that there is a direct link between thoughts, feelings and actions. Part of the recovery process asks individuals to identify these links and look at the impact they are having on them and on their journey of recovery from addiction. As we go through life we develop certain attitudes, thought patterns and beliefs.

Some of these can be helpful and others unhelpful. When trying to achieve recovery from addiction, it is helpful to explore different parts of ourselves and

challenge some of our thinking styles in order to better understand whether or not they are helping or hindering our recovery.

These thoughts are made up of personal beliefs, automatic thoughts and addiction-related beliefs; and they influence a person's interpretation of events (events are also commonly known as **Triggers**). There are a lot of them! 'The average human has 70,000 thoughts a day and this continues while you sleep, this equates to a different thought every 1.2 seconds or 2 thoughts every heartbeat' (Johnston, 2012).

Our thoughts have a major effect on our emotions. By learning how to think in certain situations, we can help to improve our emotional condition.

Some key points:

4.1.1 Our emotions are automatic; they are often influenced by our thoughts and beliefs about situations that arise during the day.

When something happens to us we can often respond 'it made me feel like that' or 'that made me feel this way'

- 'I feel happy because I got a raise'
- 'I feel angry because you made me.....'
- 'The kids made me upset'
- 'I feel anxious because my boss has not talked to me all day'

When actually 'I am' choosing my response because 'I am' interpreting a meaning from the event. The following is an example of interpretations impacting on behaviour arising from "A Job Interview". **Appy** and **Baddy** react differently to this external event; different thoughts, emotions and behaviours arise for each of the two people

Appy says, "The job interview is going to be tough and I will probably be nervous. Job interviews are difficult but I have put in a lot of work to get here and they must be interested as they called me in".

How do you think they will feel? Possibly a bit calmer; they are unlikely to be worrying as much as they could.

Baddy says, "If I don't get this job I will fail. It will be like all the times before. I never get it right. These people will see straight through me".

How do you think they feel about the situation? Anxious, scared, worried and they may possibly pull out of the interview if their thoughts continue like this?

The above examples show that it is not the interview that made the first person calmer and the second person anxious; rather, it is what they were thinking about the situation. They put their own, unique interpretation onto the interview and turned it into something particular to themselves.

4.1.2 As people in recovery we have developed patterns of thinking, these thoughts are automatic responses to situations and result from repetitive learned behaviour:

People who have engaged in addiction, whether substance use or behavioural, will have become conditioned to reacting to situations and developing addictive related beliefs. These beliefs and reactive behaviours are a result of learned experiences and arise out of repetitive behaviours. This is also known as Operant Conditioning.

Substance misuse and behavioural addictions offer positive and negative reinforcement; remember that negative reinforcement is not punishment. It is the removal of something that might cause behavioural change. For example, in addiction, part of the reason that people take substances is because they remove the pain that they are feeling – be that physical or mental – and so you take the substance again and again so that they can remove the pain.

The more someone engages in the activity that offers rewards or a way of avoidance, the more they will return to it, each time reinforcing the behaviour.

This is very much like a person is walking through a grass field and their feet creating a path. Each time the person walks along the path, it gets deeper and becomes more visible, making easier to follow. With this new worn pathway, it becomes harder to make a new pathway. The reward system in our brains behaves similar to our feet, creating a pathway. Each time we engage in a particular behaviour, we reinforcing the positive reward and deepen the (often unhelpful) reward pathway in our brain.

Even when the substance use or behaviours have stopped, this thought process is still in place. For example, when I am under pressure at home, I may find myself thinking, 'If I take a tablet, it will relieve the pressure' (Negative reinforcement by substance use); or 'These are all 'doing my head in'. If I have a drink, I will feel better' (Positive reinforcement from substance use).

These thought processes are common in early recovery and are disconcerting and upsetting for the individual. Although they are common, if left un-checked they often lead to individuals lapsing into addiction or engaging in other addictive behaviours.

4.1.3 We can change these thoughts and/or learn to tolerate them. If we can begin to slow down the process, we can give ourselves time to respond instead of reacting, giving us more options to deal with life situations:

Triggers can arise from external circumstances, physical states and also emotional states. When a trigger arises, the person is not always aware of the thought process that accompanies the trigger. If we begin to bring these automatic thoughts, beliefs and interpretations to the fore, we can look at the impact they are having on our recovery.

'Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.' Viktor E. Frankl

When we can begin to look at alternative interpretations, we can view the same event in many different ways; we can begin to recognise the connection between thoughts, emotions and actions. However, when addiction is present there can be a tendency:

- To want to fix/remove the emotional state (the belief that there is something wrong with themselves or their situation).
- To avoid the emotional state (not wanting to feel a certain way as they may believe that they cannot cope with the feeling).
- To grasp the emotion (wanting to hold onto the emotional state as it feels good and if it stays like this life will be good).

Over the coming Modules we will be looking more closely at the connection between the different thought processes and their impact on emotion and behaviour. This will allow participants an opportunity to slow the process down and improve the skills required to maintain recovery. We will also pay more attention to the present moment, learning how awareness can make connecting with our thought processes easier.

4.2 ‘Walking Down the Street’ Exercise

We are constantly interpreting, perceiving and judging our experiences. Interpretations and judgements we make can often start small but without awareness can multiply leading to more thoughts and emotional states; and when interpretations are negative it can lead to the urge to react. We can find ourselves in emotional states or engaging in behaviour and not fully sure how ‘we got there’.

The following exercise is a simple example that will help illustrate this and help the group identify this process. It facilitates participants in observing their initial response to an ambiguous situation and then to identify the cascade of thoughts, emotions, and urges that follow. The scene is purposely simple and intended to be delivered briefly. It is important that as a facilitator, as you read this short story, your tone is kept neutral (particularly at the main event) in order that the listener is allowed to project their own interpretation onto the situation.

As Segal reminds us, “...*our emotions are a consequence of a situation plus interpretation*” (Segal et al, 2002 p 143 cited in Crane, 2012). That is what this exercise, will hopefully, demonstrate.

It also allows participants to witness the varying interpretations one can make of the same event and to begin to see these interpretations as ‘stories’ rather than facts. Group discussion on this story is very important and as facilitator, try to evoke as many interpretations as you can.

When the group is ready, the facilitator will read aloud the following:

Walking Down the Street – Script for Facilitator

*Find yourself a comfortable position in your chair,
close your eyes, if that feels comfortable for you,
if not softly gaze a few feet in front of you towards the floor.
As best you can, notice what thoughts and emotions are present with you.
I am going to ask you to imagine that you are walking down a street that is
familiar to you.
Now imagine the setting, what you can see,
what can you hear, maybe the noise of cars,
birds singing and people talking
or maybe it is really quiet.
Now imagine you see someone you know,
let this be someone you are happy to see
maybe a co-worker, a friend,
anyone you are happy to say hello to.
Picture the person walking in the opposite direction,
and as you see this person walk towards you, notice what thoughts are present
in your mind
and any emotions that are present as you see them.
You smile at the person and wave to them.
The person does not wave back.
What thoughts are now going through your mind?
Notice what emotions are present,
have they have changed?
Notice if you have an urge to act in a particular way.
When you are ready,
allow the scenario to fade into the background,
gently bring your awareness back into the room
and when you are ready open your eyes.'*

During the discussion on this exercise, mark up on a whiteboard or flipchart the group's responses. We find that the layout of the table below is useful for this feedback, as it assists the group in filling out its first Emotions Diary:

Thought/Personal Belief	Emotion	Body Sensation	Urge ...
<i>Why didn't he/she say hello, did I do something wrong?</i>	<i>Anger</i> <i>Anxiety</i> <i>Sadness</i>	<i>Clinched fist</i> <i>Heart beating faster</i> <i>Tightness</i> <i>-Shoulders</i> <i>-stomach</i>	<i>Reactive behaviour:</i> <i>Wanted to go after them and argue with them</i>

A range of different responses may arise from the group; there is no right or wrong answer and it is important to encourage all feedback.

Ask participants:

- What did they notice in the exercise?
- Thoughts they noticed in the exercise? Did they change?
- What emotions they noticed? Did they change?
- Body Sensations, where in the body did they notice the emotion and how did the body respond?
- Was there any urge to react?

Ask the group what they have learned; mostly, feedback centres on recognition, that interpretation of an event affects thoughts and emotion.

They may also begin to realise how their interpretation may not reflect the truth, may cause them (and others) undue distress or lead to reactive behaviour.

Note also that mood can play a big part in how we interpret situations; if someone was in a positive mood, was their interpretation different?

4.3 The Link with Recovery

Explore the key question: how does this affect recovery?

If our perceptions of events in our life go unchecked then we can end up in a cycle that will keep us where we are; for people in addiction, that can lead to relapse or unhappiness and this can last for lengthy periods of time.

When sufficient discussion has taken place, distribute **Handout 1.9** to the group. Let them know that this is just one possible pathway to a consequence based on one interpretation of why a friend didn't say, 'hello'. Invite each group member to offer a word or sentence to describe the handout.

5. Review of the session and preparation for the next session

Invite the group to settle back after all the learning from today's group. People may want to gather their papers together and fix their folders, so give the group a chance to 'move' from active learning to a reflective space.

It is important that you invite all members of the group to speak during this exercise. We find the following questions helpful:

- How are you as we come to the end of today's session?
- What is staying with you that is important to you?
- Is there anything that you didn't like? Are there any questions that you didn't get to ask?

When the group have finished, it is important to remind them about their homework for the week. In Module 1, this involves only the completion of the 'emotions diary' (and drug/alcohol diaries where appropriate).

As this is the first time they are being asked to complete an emotions diary you should expect that some discomfort will be expressed by the group. Invite expression of concerns, reminding them of supports that are in place and the fact that, much like the drug/alcohol diaries, there are no 'right answers' for such diaries and that they will discover how they like to fill them out through practice.

Where possible, invite participants to share their first diaries with key workers or group facilitators so that they do not feel that they are 'getting it wrong' for a week.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

- Helps to connects them with the 'here and now' before leaving
- Gives space for them to reflect on their safety plan for the time until the next session and
- Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

Explain to group members that each module will end with the participants taking a few moments to reflect on how they will commit to keeping themselves safe until we next meet. This may focus on 'maintaining recovery' for some groups or have a more general focus on ways to live happier lives that help cope with the challenges of recovery a little better.

Therefore, safety plans could range from harm reduction techniques and drug avoidance techniques to managing leisure time and avoiding boredom.

Each person will have different aims. Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next RecoverMe session.

A brief sharing of their commitment is useful at this point, as it can help other group members to come up with ideas for themselves. Note that it is not always necessary to go around the whole group.

8. Feedback Sheet

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes.

They do not have to sign this sheet.

It can be helpful to explain to the group that this sheet is useful for you as the facilitator in getting a sense of things that worked and didn't work during today's session; and to invite them to be as honest as they can.

Hand-out 1.1

Overview of sessions

Module 1: Introduction to the programme

Setting up structure and group rules; what is expected of you as a group member; go over the modules and brief introduction into the basic ideas of RecoverMe.

Module 2: The Role of Automatic Thoughts

The aim of module 2 is to identify automatic thoughts that are common in recovery. The exercises will explore the effect that thoughts have on addiction/recovery and look at ways to challenge them.

Module 3: As Simple as ABC

The aim of module 3, is help participants identify, how personal beliefs about events in life can influence our emotions and behaviours. The exercises will give participants awareness of the links between Thoughts, Emotions and Behaviours

Module 4: 'I disagree'

The aim of module 4 is to build on the learning from Module 3. The exercises will help participants to understand how they can respond differently to their immediate beliefs; and even if they do respond negatively to their beliefs (resulting in negative behaviour), how such behaviour can be stopped and more helpful behaviour can be initiated.

Module 5: Being more than Fine

Building on Module 4, where we identified the link between thoughts and emotions, the aim of module 5 is to help increase participants' awareness about emotions. This module also helps to identify false beliefs people may have about emotions, times when people feel certain emotions. It also looks at how we know when we feel certain emotions.

Module 6: More than words

The aim of module 6 is to build on the work from module 5. The exercises help participants increase their emotional vocabulary; understand how different emotions have different levels of intensity and to become aware of the process of emotion that may lead to a trigger situation.

Module 7: Keeping the Wheels in Motion

The aim of module 7 is to help participants to look at emotional 'stuck' points and how they may possibly change their current state or learn new techniques to cope differently. The exercises help participants create plans that they can use when they notice emotions that may cause them difficulties.

Module 8: Embracing Success

The aim of Module 8 is to build awareness around success in recovery and how it can sometimes be difficult to deal with. The exercises help to identify success's already achieved in life and in recovery, while also acknowledging the role of fear.

Module 9: Facing FEAR

The aim of module 9 is to put a new action plan in place regarding recovery. Building on the work of session 8, the exercises help participants to set short-term, medium-term and long-term goals. They also help participants to develop a vision of what the next year may look like, acknowledging the success and also being aware of the problems that they may face.

Module 10: Becoming my own Lighthouse

The aim to module 10 is to help participants identify skills already learnt in RecoverMe, that may help them deal with lapses and relapses. The exercises help to identify high risk situations and looks at where does relapse really begin.

Module 11: The Middle Way

The aim of module 11 is to bring awareness to the need for flexibility in recovery. A word often used in recovery is 'Balance', finding a balance; in recovery, emotions, thoughts, behaviours, expectations and family. The exercises help to identify areas of life that can have some 'wiggle room'. It also understands there are areas in the individual's recovery where being flexible is not an option or they may have or feel restriction in certain areas.

Module 12: Course reflection and Certs

Course ends with a reflection of what was learnt over the course plus an evaluation of the programme and a graduation ceremony.

Handout 1.2



Commitment Contract

I agree to attend this course and to complete work assigned to me.

I agree to inform all of the people from other agencies that I am currently working with (especially my Case Manager) that I am doing this course, so that they can support me, if such support is necessary.

I agree that if I do not want to complete the course I will let the Facilitator know and I will be welcome to re-engage in any future course assessments.

Signed: _____ **Participant**

Signed: _____ **Course Facilitator**

Date: _____

A copy should be kept by the participant and facilitator

Handout 1.3:

Emotional Diary *Example*

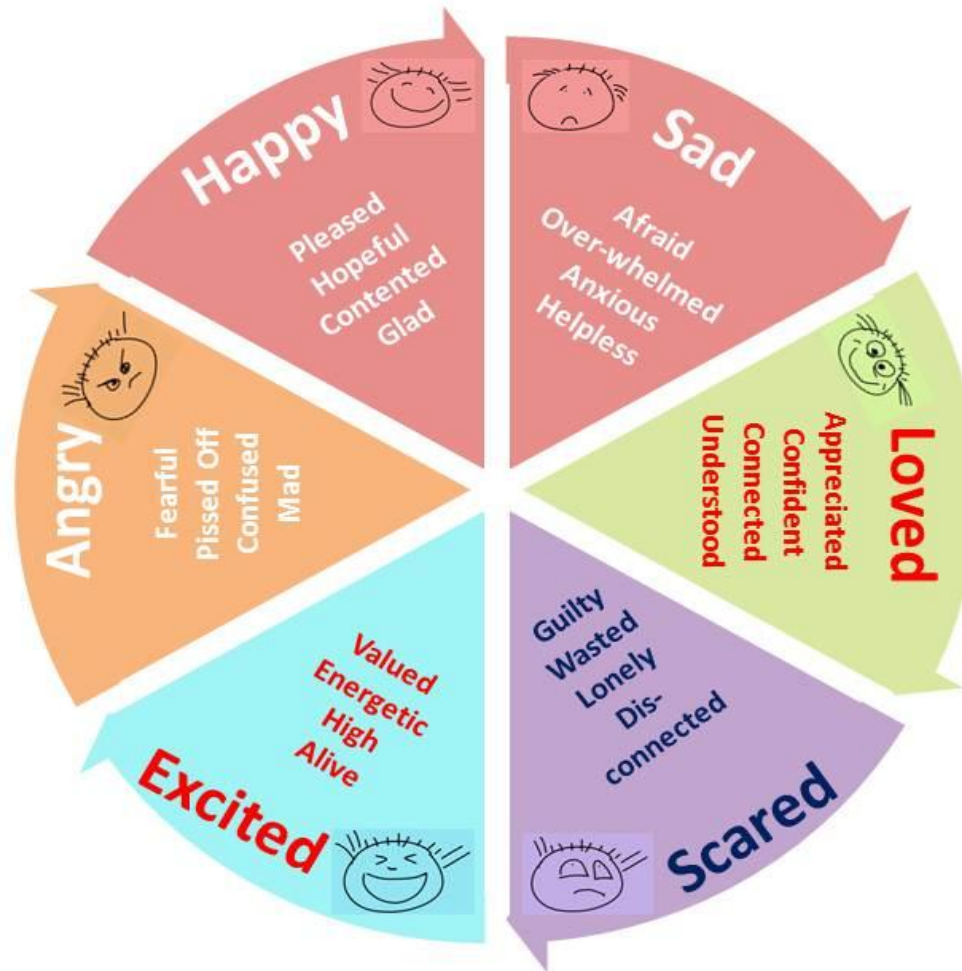
Day and Time	Trigger Was there an event/situation or thought that made me want to drink/use/ or behave negatively?	Immediate Thought What where the first thoughts that accompanied the trigger?	Emotion What was the emotion I felt?	Body Sensation Where do I feel the emotion in the body?	Behaviour What did I do? Did I respond positively or react negatively to the trigger or thought?	Emotion What emotion was I feeling afterwards?	Consequences What were the consequences of your actions – both good and bad?
Tue 04/04/20** 10am	Car tried to cut me off on the road.	How dare they cut me off? Who do they think they are?	Angry	Stomach tight, chest heavy, heart beating faster	Slowed down, let it go as best I could	Irritated, annoyed	Was not thinking about it was able to sleep
Wed 05/04/20** 5pm	Friend told stories about me put me down	She's a Bitch, I told her in confidence, thought she was my friend, everyone will be talking about me, 'I will get her back'	Hurt	Knot in my stomach, wanted to cry	Went for a drink	Felt calmer at first then got angry	Drank all evening, have not spoken to my friend since or anyone about it, still feel angry
Thurs 06/04/20** 7.30pm	Sitting at home doing nothing Bored	Could do with getting something to fill the time	Restless like anxiety	Butterflies in stomach, joints felt tense	Went for a walk rang a friend and had a chat	Tired and happier in myself	Filled in the evening

Handout 1.4

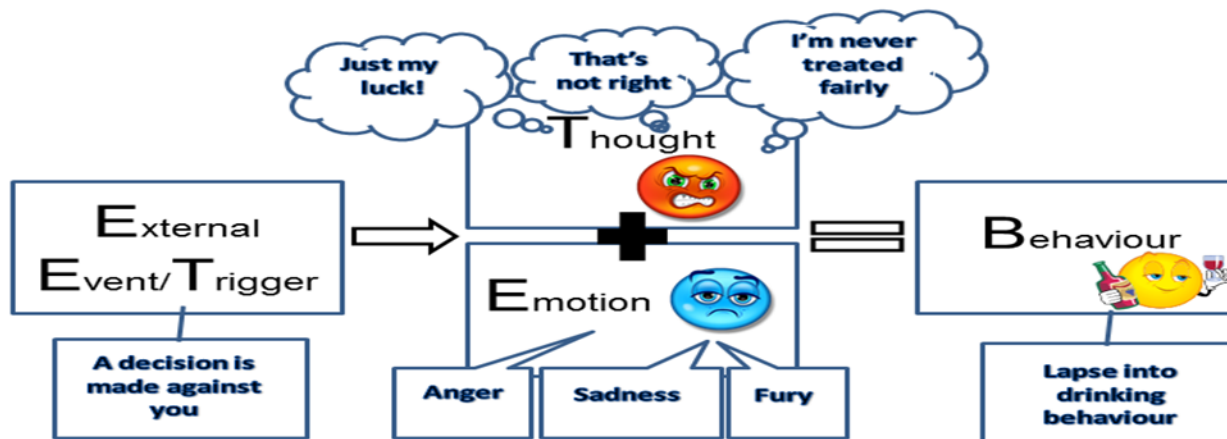
All about the 'Emotions Diary'

- There is no right or wrong; the emotions diary is about trying to identify emotions felt during the day. These are your experiences.
See how possible it is to be aware of your emotions and to record them as best you can.
You will find you will get better at this with practice.
- Let go of the ideas of “success”, “failure” and “doing it really well”.
This is not a competition. We are not trying to identify everything and we do not need to be able to put a name on every emotion we feel.
- Sometimes during recovery, emotions can seem to be overwhelming. It can even feel that the emotion will never change. By keeping a record of our feelings, we will begin to see that emotions do pass. We might even begin to see patterns in our emotions so that we are better placed to help them to move on!
- By recording emotions that come before/during and after triggers, we begin to become more aware of the emotions that we may have difficulty dealing with.
- We will also become aware of emotions we are ok with.
- Being able to identify emotions helps build confidence and self-esteem. It is very empowering to be able to describe your emotional state, both to ourselves and to others.
- Keeping an emotions diary helps us to identify skills that we already have and use; sometimes we weren't aware we had them.

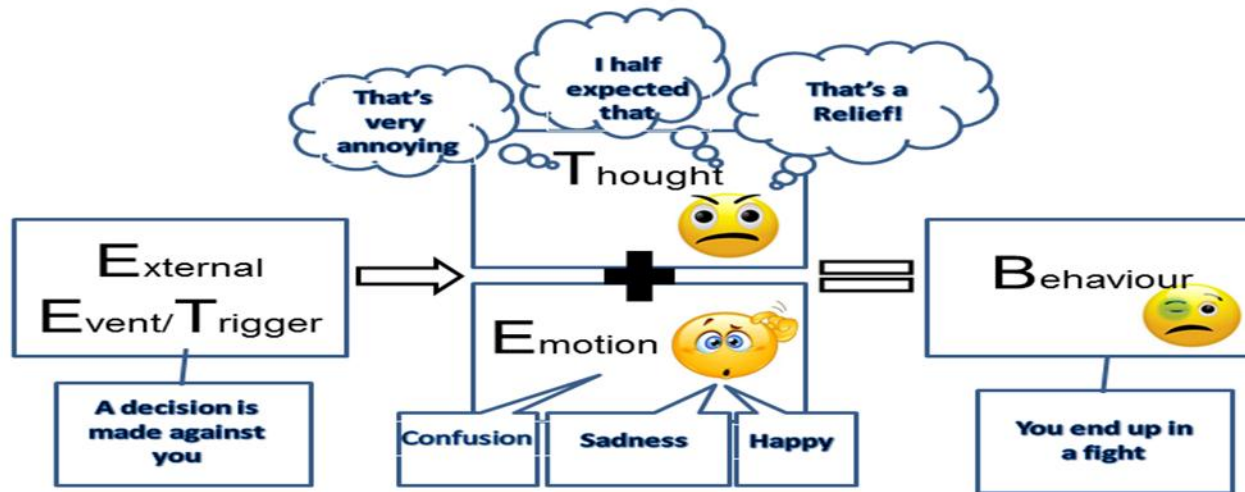
Handout 1.5: Basic Emotions



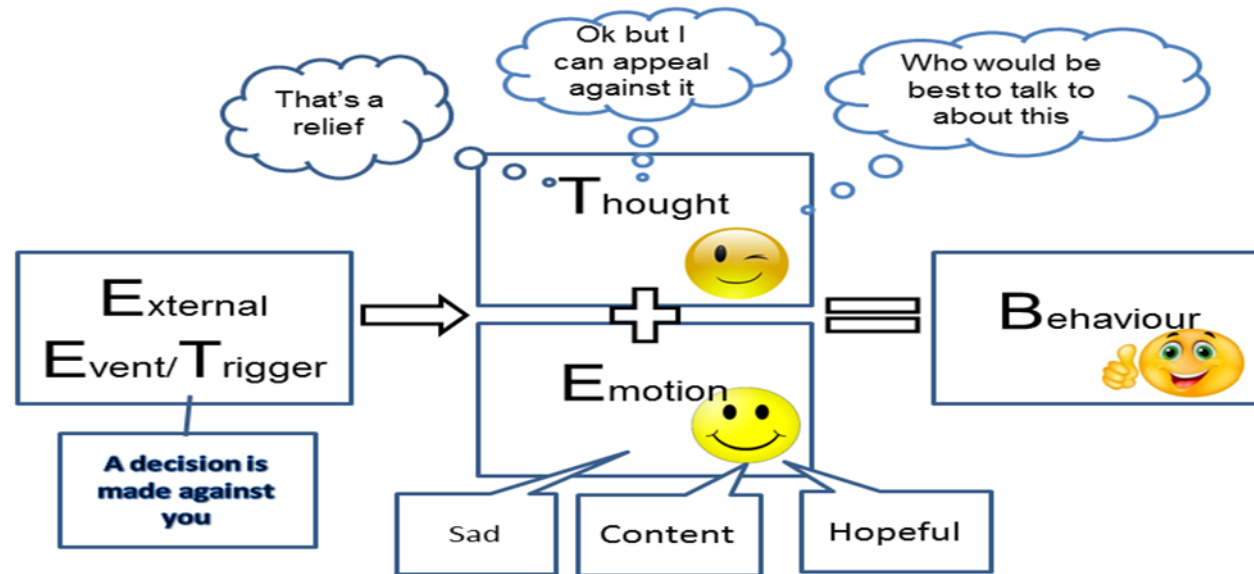
Hand-out 1.6



Handout 1.7

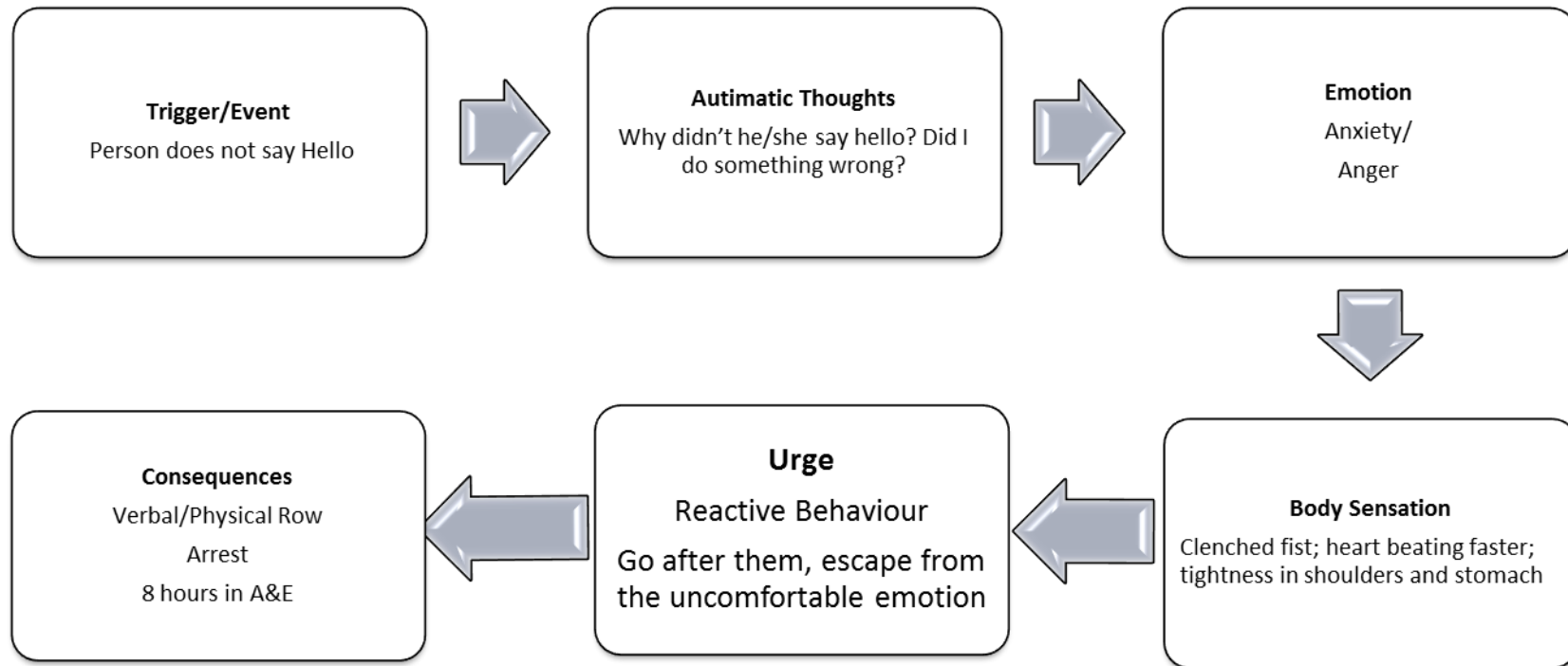


Handout 1.8



Handout 1.9

One Interpretation of 'Walking down the Street'



Worksheet 1.1: Current Drug/Alcohol Use Sheet

Initials:

Write down your current drug or alcohol use as honestly as you can remember. If a particular drug does not apply to you just leave the boxes blank. The first two lines are examples to get you started. Also fill in changes in the recent past

Example

TYPE OF DRUG	HOW OFTEN?	HOW MANY/MUCH?	COST PER WEEK	RECENT CHANGES
Alcohol	<i>2 times a week (Friday & Saturday Night)</i>	<i>About 5 cans a day</i>	<i>£20</i>	<i>Reduced from drinking everyday</i>
Tablets – Sleepers	<i>Every day</i>	<i>4 a day</i>		<i>Reduced down to 4 a day from 10</i>

Type of Drug	How Often?	How many/much	Cost per week	Recent Changes
Cocaine				
Alcohol				
Methadone Prescribed: Un-prescribed:				
Heroin				
Tablets Type: Type: Type:				
Crack Cocaine				
Hash				
'Head shop' drugs				
Other				

Worksheet 1.2: Other 'New' Activities

Initials:

Recovery can often be blocked by the introduction of new, harmful activities. Often people who are trying to achieve recovery cross over from one addiction to another, engaging in an activity that may seem less harmful. Write down as honestly as you can any new activities that are relevant to you. If a particular behaviour does not apply leave it blank.

ACTIVITY	How often?	COST	Impact on self
Internet usage: Type: Facebook	<i>7 hours per-day</i>	<i>Topping up by €10 every second day</i>	<i>Not attending support groups No communication with friends/partner</i>

ACTIVITY	How often?	COST	Impact on self
Internet Usage: Social media sites Type: Type: Type: On-line Gambling Pornographic sites			
Food Increase in food: Decrease in food:			
Shopping			
Sexual Activity			
Gambling Type: Type: Type:			
Increased Alcohol consumption			
Substance misuse			
Other			

Notes:



Module 2

The Role of Automatic Thoughts

Module 2: The Role of Automatic Thoughts

AIM

- Automatic thoughts are concerned current with situations, and are usually short-term fleeting thoughts or images. The aim of this module is to identify such thoughts, and explore the impact of that thinking on addiction/recovery and to challenge them.

The aim is not to 'teach' people to think as society would like them to, but for people to identify patterns of automatic thoughts and to look at alternative options to help them make decisions that they want.

MATERIALS NEEDED

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of **Handouts 2.1 & 2.2**
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of **Worksheets 2.1 & 2.2**
- Sign in sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)

Module 2: The Role of Automatic Thoughts

1. Grounding Exercise I

- 1.3 Guided grounding exercise
- 1.4 Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in Exercise (including review of last session's 'safe plan')
- 2.3 Group Rules – typed versions given back to group and reviewed
- 2.4 Commitment contract given back to each participant

3. Review of Emotions Diary (and drug/alcohol diaries)

- 3.1 Review Emotions Diary (and drug/alcohol diaries)
- 3.2 Any other homework
- 3.3 Emotions Board

4. Making the Link between Thoughts, Feelings and Actions

- 4.1 Opposite Emotions
- 4.2 Automatic Thoughts
- 4.3 Challenging Automatic Thoughts and Automatic Negative Thoughts

5. Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safe Plan

8. Feedback Form

1. Grounding Exercise I and Sign-in sheet:

1.1 Grounding Exercise

Grounding and meditation exercises can be found in Appendix 4. It is important that if you are going to lead a meditation to read over them first, so you will feel more comfortable. The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group, so that individuals are not sitting through the entire session without having spoken. Therefore a simple question that is asked to each group member will work best at this time. Specific feedback should be asked for in relation to the safe plan that was written at the end of the last session. Some people will choose not to answer questions but as long as they are asked and verbalise their desire not to answer, the purpose of the exercise has been achieved. It also alerts facilitators to the mood of the group and individual members.

For example:

- Can you tell us one positive thing that has happened for you this week?
- How did your safe plan turn out? Tell us one thing that worked well in keeping you safe.
- Was there one thing that you planned on doing since we last met and succeeded in completing?

2.2 Group Rules

Distribute the typed versions of group rules to the group; a flip-chart version is also helpful and can be displayed during all sessions.

A brief discussion on the group rules helps to confirm a commitment to them.

2.3 Commitment contract

Distribute the originals of the commitment contract back to the appropriate participant, having first photocopied them and stored them in the proper files. This is a contractual confirmation of each person's commitment to the group and should be respectfully treated as such by the facilitator.

3. Review of Emotions Diaries (and drug/alcohol diaries), any other Homework and Emotions Board

3.1 Review of Emotions Diary

Ask participants to reflect on their emotions diaries. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying emotions. Working even briefly with those who have completed the work can reinforce their efforts and also reduce some of the blocks others may be experiencing; it will also increase people's motivation to complete the work. Encourage each member to continue with their emotions diary throughout the duration of the programme.

You should expect that people will have difficulty in completing emotions diaries for the first few sessions. This will ease as participants begin to understand and recognise emotions better as RecoverMe unfolds.

It is important to mention that while participants are encouraged to share insights, such sharing must be fitting to the group. Therefore, facilitators are encouraged to ensure that participants share appropriately and that if they need to explore insights more deeply that they do so with the facilitator or their key worker/counsellor in another space.

We have found that if group members are frightened by in-depth sharing too early in the process, they are more likely to be anxious about the work. Good pacing when unearthing emotions is essential.

3.2 Any Other Homework

There is no other homework to review from Module 1

3.3 Emotions Board

Ask the group members if there are new words they would like to put up onto the emotions board. As any new emotions emerge within the group, they should be added to the board.

4. Making the Link between Thoughts, Feelings and Actions

4.1 Opposite Emotions: Worksheet 2.1

A goal that runs through the RecoverMe programme is to help participants to increase their emotional vocabulary and their understanding of what such emotions are/mean. It is therefore important to set the tone very early in the group to help participants to feel as comfortable as possible when discussing emotions.

As this is the first week that the group will have come back with their emotions diaries, a lot of questions may come up. Participants may be both unsure of what is expected and uncertain as to what words were suitable for the different situations. Some may have filled in the diary, several may not.

The following exercise is designed as a brief introduction to help participants become aware of how to use emotional vocabulary in everyday settings and help relieve fears that may arise with this work. This exercise will help participants to notice that emotions are a part of everyday life and do not always have to be associated with difficulty.

Give each participant a copy of **Worksheet 2.1**. Choose an example from the worksheet and write it on the board/flipchart.

Ask people if they agree with what is written on the board and from their Basic Emotions **Handout 1.5** and the '**Group Emotions Board**' what other words may be used to describe the sentence. Write up on the board all words that the group generate.

It is important to highlight that the same event can have different meanings for different people and that there are many different ways to explain the same event.

Ask the group to complete each statement. Please note that there are no right or wrong answers in this exercise but where participants write down unusual pairings (e.g. happy and sleepy) you will need to explore the meanings of the words or the specific setting the participant has in mind. This will help you to clarify the emotion being named and explore other names for that emotion.

When they have them filled in, ask the group to read out two of their completed sentences. Highlight any differences in how the event can be described by different participants. This is important as not everyone feels the same about events. Affirm variants in interpretations; it is important that we don't accidentally communicate that events have a 'correct way' to be understood.

Therefore, if everyone's answer is the same then you may need to offer a different response. This will highlight that not all people describe everything in the same way.

Affirm everyone for their effort and ask for feedback on what they have learned from the exercise: Relieve fears or doubts!

4.2. Automatic Thoughts:

Distribute **handout 2.1** to the group; the handout contains Automatic Negative Thoughts and thoughts associated with addiction. You will need to explain the following:

Automatic thoughts are brief thoughts or images that come to mind suddenly; they are the first step to processing and understanding an event. Although they are brief, they can have major influence on an individual's emotions and behaviours.

They may be related to positive rewards (immediate results) in engaging in addictive behaviour and ignore or discount potential negative consequences. This belief has been reinforced through repeated addictive behaviours.

They often arise when a person comes across a high risk situation. The person's automatic thought is that their addiction will help them cope better or avoid what they perceive to be difficult emotional states or conflict.

They are a learnt belief, which in turn means they can be unlearnt.



Automatic thoughts also take the form of **Automatic Negative Thoughts (ANTS)**. These can be negative thoughts aimed towards a particular event and/or people in your life and/or at yourself.



They can be associated with the inner critic we all have in our minds. ANTS multiply and get louder and if we let them. They can become a huge block to confidence and recovery. If you can imagine having a picnic and one ant runs across the table, that probably would not bother you too much; but if you have forty ants running across your picnic then it is a major problem.



ANTS have the same impact on our minds and can have a huge impact on our thinking. If left unchallenged they can become your reality and influence your emotional development. They serve as a negative messenger, 'if I keep telling myself I am worthless' I will feel worthless



They normally come into the mind as a statement of fact and occur in the 'here and now'. They can happen so quickly we are not even aware of them.



Distribute **Handout 2.2**

This handout is a Decision Making Diagram and is taken from the Reduce the Use 2 programme. Here we are focusing on the 'Automatic Thoughts' segment and how these influence behaviour.

Draw out the diagram on your whiteboard/flipchart:

On the handout, the situation described is that the individual meets a drug using friend. Using handout 2.1 as reference:

- Ask the group to identify some more thoughts (from the handout) they could associate with this situation which could lead to substance use or unhelpful behaviour.
- Ask them if they can identify any other thoughts (not on the sheet) that could lead to difficulty. If any new thoughts emerge, ask the group to record them on the sheet, as they can be used in the next exercise.
- The facilitator might now suggest other situations where these thoughts could also occur:
 - Sitting at home alone
 - A difficult day in work and/or recovery group
 - Being late for an appointment
 - An argument
 - Things going well in Recovery

It is always helpful to apply learning to the groups' current lived experiences.

4.3 Challenging Automatic Thoughts and ANTS Exercise :



Distribute **Worksheet 2.2**. Ask them to read through the list of automatic thoughts and to identify with any of the thoughts on the list. Explain and discuss that these thoughts are normal and with a bit of work and awareness they can be changed.

Then ask each individual to scale each statement from 0 to 10 where 0 = completely untrue 10 = completely true for them.

After completing the sheet, ask participants to choose one of the statements that they feel they might be able to let go of. We have found in our experience that if you pick a statement in the middle, meaning marked 4-6, it is easier for participants to do the exercise.

Participants may not believe that some of these statements can be challenged. They may have believed them for a very long time. As a facilitator it is important to support the individual and ask them to choose a statement they are willing to challenge which is not too difficult for them.

When they have chosen one statement, ask them to transfer it to **Worksheet 2.3**. You are now inviting them to explore the evidence for and evidence against this statement.

Useful Prompt Questions:

- What's the evidence for and against my thought?
- Am I focusing on the negatives and ignoring other information?
- Am I jumping to conclusions without looking at all the facts?
- Is this thought helpful?
- Am I being realistic?
- Is this an example of one of the common 'Automatic Thoughts'?
- If the individual is having trouble finding evidence on the against side, invite them to look for exceptions: has there ever been a time when this thought could not be 100% true?

When they have completed the worksheet, ask them to firstly read out the initial statement and then the new statement.

Reflection on the exercise:

Ask the group how they felt after challenging the thought.

Is the new statement believable?

Do they feel like they could challenge another one of their thoughts?

Could this be applied to other areas of their life?

Thoughts are not facts: Handout 2.3

"It is amazing to observe how much power we give unknowingly to uninvited thoughts: "Do this, say that, remember, plan, obsess, judge." They have the potential to drive us quite crazy and they often do!" Joseph Goldstein

The purpose of this handout is to help participants gain more insight into thoughts and how they can have a major influence on our behaviour. We often give too much attention to our thoughts; they often block or undermine the efforts we are putting in. The problem with them is that we do not have that much control over when they pop up in our minds. If we practice awareness, we will learn that all thoughts are mental events of the mind, and we can choose what we want to do with them. (Segal et al 2013)

This handout is to be read aloud with group

5. Review and preparation for next Session

5.1 Review of Session

Invite the group to settle back after all the learning from today's group.

It is important that you invite all members of the group to speak during this exercise.

Guide Questions:

- How are you as we come to the end of today's session?
- What is staying with you that is important to you?
- Is there anything that you didn't like? Are there any questions that you didn't get to ask?

When the group have finished, it is important to remind them about their homework for the week. In Module 2, this involves only the completion of the 'emotions diary' (and drug/alcohol diaries where appropriate).

Invite participants to use their supports in completing their diaries: key workers, family members and friends or whomever else they may have identified.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

- Helps to connects them with the 'here and now' before leaving
- Gives space for them to reflect on their safety plan for the time until the next session
- Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

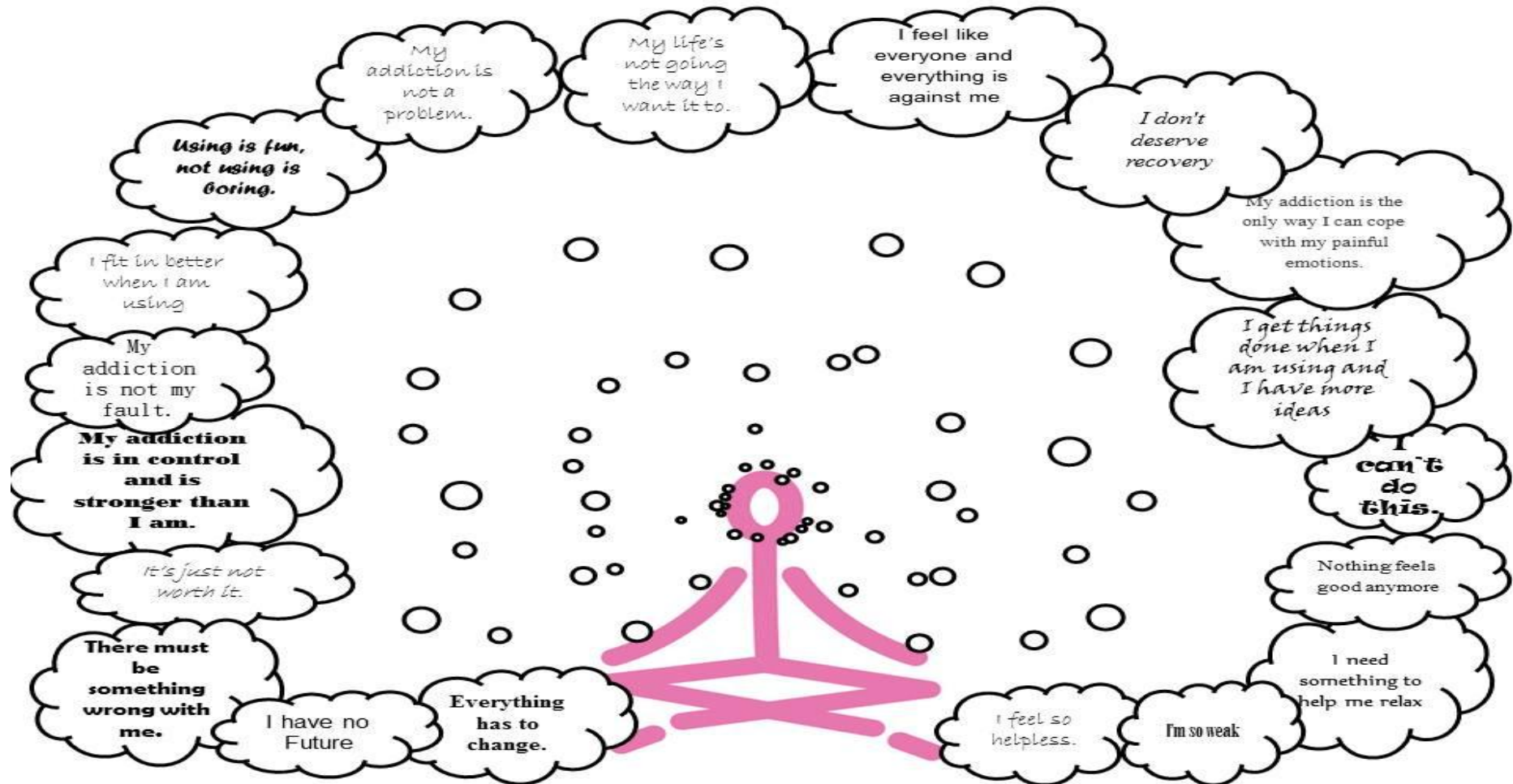
Explain to group members that each module will end with the participants taking a few moments to reflect on how they will commit to keeping themselves safe until we next meet. This may focus on 'maintaining recovery' for some groups or have a more general focus on ways to live happier lives that help cope with the challenges of recovery a little better. Therefore, safety plans could range from harm reduction techniques and drug avoidance techniques to managing leisure time and avoiding boredom.

Each person will have different aims. Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next session. A brief sharing of their commitment is useful at this point, as it can help other group members to come up with ideas for themselves. Note that it is not always necessary to go around the whole group.

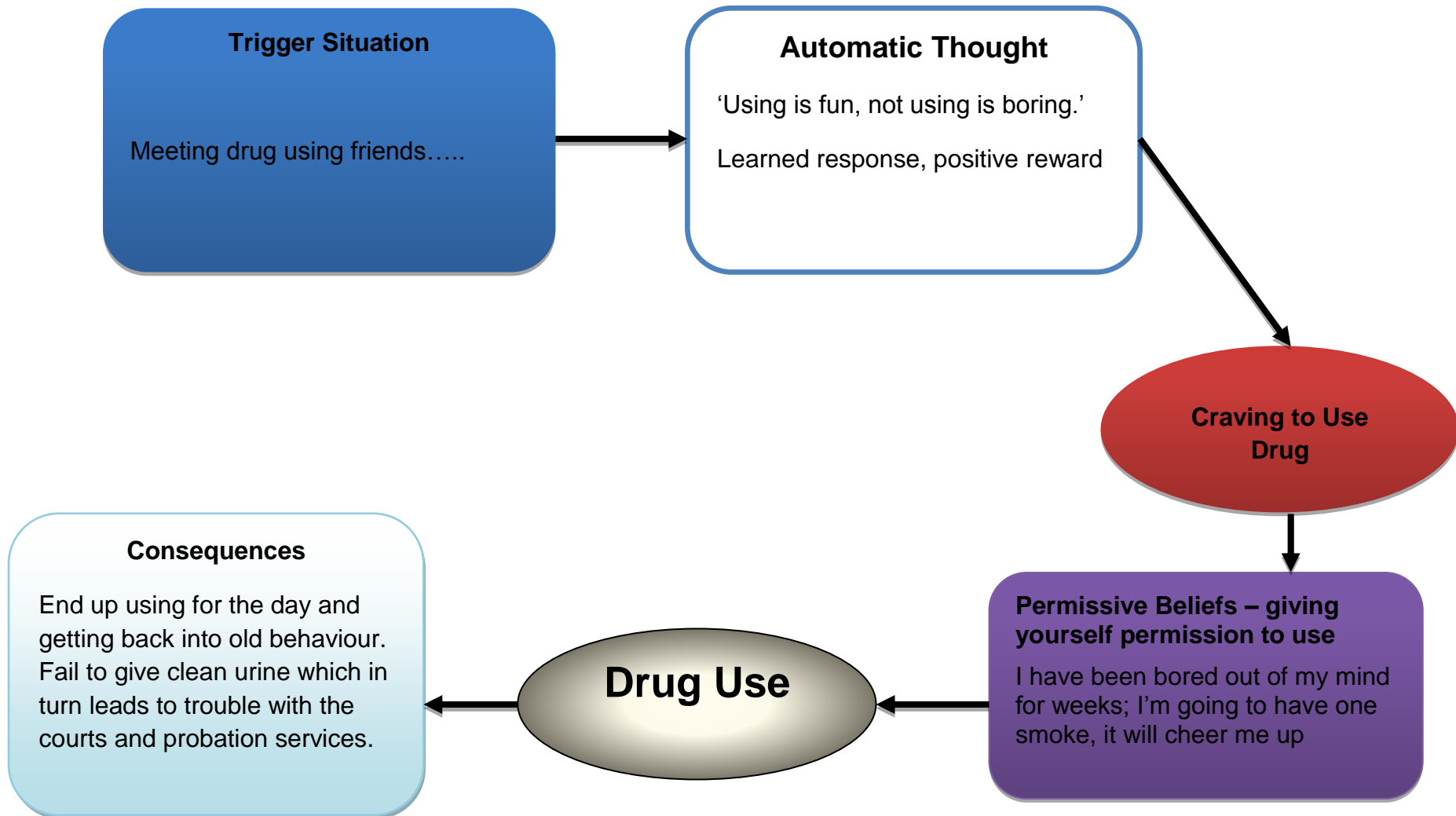
8. Feedback Form

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes. They do not have to sign this sheet.

Handout 2.1 Automatic Thoughts and Automatic negative thoughts



Handout 2.2 Decision Making Diagram RTU2



Handout 2.3

Thoughts Are Not Facts

"It is amazing to observe how much power we give unknowingly to uninvited thoughts: "Do this, say that, remember, plan, obsess, judge." They have the potential to drive us quite crazy, and they often do!"

Joseph Goldstein

- 'Automatic Negative Thoughts' and 'Addictive Related Thoughts' can have a very powerful effect on how we feel and what we do.
- It is important to be aware of our thoughts such as 'negative' and 'addiction related', so that we don't give up on our efforts to change.
- We cannot control what thoughts come into our mind, but we do have control over whether we believe them.
- We can begin to bring awareness to our thoughts, we can begin to challenge those thoughts that cause us most difficulty and learn to tolerate other ones.
- We can begin to see thoughts as mental events not always based on facts (EVEN THE ONE THAT IS NOW TELLING YOU THAT THIS IS NOT TRUE)
- Nothing is 100% true and nothing is 100% false
- When we become more aware of our habitual, automatic, unhelpful thinking patterns, we can begin to change our relationship with them and lessen the effects they have on us.
- Thoughts are normal but we can tend to pay too much attention and give them too much power.
- Thoughts are often associated to events that are outside of us and that we have no control over.

Adapted from:

'Mindfulness Based Cognitive Therapy for Depression' by Segal et al (2013)

Worksheet 2.1: Opposite Emotions

Name _____

Example: I feel **safe** when I am around positive people, and not **frightened**.

1. I feel _____ when I am alone, and not _____.
2. In the morning time when I leave my house I feel _____ and not _____.
3. When I visit my friends during the day I feel _____ and not _____.
4. When it's night time I feel _____ and not _____.
5. When I get stressed I feel _____ and not _____ about my recovery.
6. I feel _____ about planning my recovery and not _____.
7. When talking about my addiction I feel _____ and not _____.
8. I feel _____ and not _____ in my relationship with my partner.
9. Talking to doctors about making the right decision about my recovery I feel _____ and not _____.
10. At night, when I am going to sleep I feel _____ and not _____.

Automatic Thought	0	1	2	3	4	5	6	7	8	9	10
Everything has to change.											
I feel so helpless.											
I'm so weak											
I fit in better when I am using.											
I don't deserve recovery.											
I feel like everyone and everything is against me											
I need something to help me relax.											
It's just not worth it.											
I get things done when I am using and have more ideas											
There must be something wrong with me											

Automatic Thought	0	1	2	3	4	5	6	7	8	9	10
Using is fun, not using is boring											
My addiction is in control and is stronger than I am											
I can't do this											
My life's not going the way I want it to											
My addiction is my fault											
My addiction is not a problem											
My addiction is the only way I can cope with my painful emotions.											
I have no future											
Nothing feels good anymore											
Other:											

Worksheet 2.3

The following exercise is designed to get you challenging your Automatic Thoughts rather than just letting it dictate how you feel about yourself and/or your current situation. Start by writing down the automatic Thought you telling yourself:

- Consider the evidence to support this message
 - What supports this statement?
 - What truths are in this statement?
- Consider any evidence that goes against this message
 - Are there any other ways I could view this statement?
 - What do I know can go against this statement?
- Finally consider whether or not the original message needs to change
- Taking into account both the for and against, write down a more balanced message

Automatic Negative Thought or Addictive Thinking	Evidence for this statement	Evidence against this statement	Alternative message



Module 3

As Simple as ABC

Module 3: As Simple as ABC

Aims:

The aim of **module 3** is to help participants identify, how personal beliefs about events in life can influence our emotions and behaviours. The exercises will give participants awareness of the links between Thoughts, Emotions and Behaviours

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of **Handouts 3.1**
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of **Worksheets 3.1 & 3.2**
- Sign in sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)

1. Grounding Exercise I

- 1.5 Grounding exercise
- 1.6 Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in and review of Safe Plan

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

- 3.1 Ask participants to share emotions diaries
- 3.2 Any other homework
- 3.3 Emotions Board
- 3.4 Other New activities

4. As Simple as ABC

- 4.1 Understanding the influence of a Personal Belief
- 4.2 The ABC of Thinking
- 4.3 Applying Dave's story to our own lives

5. Review and preparation for next Session

- 5.2 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safety Plan

8. Feedback Form

Note to Facilitator:

The work in this module is based on the **ABC** model (Beck, A, 1979) which helps identify our limited thinking patterns; and takes its lead from Reduce the Use 2, **Module 3** 'The Role of Thoughts and Beliefs'.

'Unhelpful thinking' is thought patterns that have the potential to cause negative emotions and behaviours. They are learned, habitual styles of thinking that often arise when faced with difficult/stressful situations.

The ABC Model:

Activating event: what is the activating event? What happened? What did I do? What did others do?

Beliefs: what do I believe about the Activating event? What thoughts do I have about the event?

(N.B. Personal beliefs are expressed through ANTS (the work explored in Session 2) so it is helpful to explain to the group that changes to personal beliefs lead to changes in ANTS)

Consequences: What emotions am I feeling? How did I behave as a result of A & B? The **ABC model** also introduces two new ideas that will be introduced in **Module 4**

Disputing the belief: Identifying the Unhelpful Thinking style being used by the individual and involves two deeper ideas:

1. **Naming the thinking style:** 'black & White Thinking', Minimising, Catastrophizing (the distorted thinking associated with the response)
2. **Rational Response** (using everyday logic, what might a different response to the activating event?)

'Effect: which is a positive message or commitment that I can make to myself after having been through the above process; it is also one which I am able to create a different perspective on the original event.

1. Grounding Exercise 1 and sign-in sheet:

1.1 Grounding exercise

Grounding and meditation exercises can be found in **Appendix 4**. It is important that if you are going to lead a meditation to read over them first and feel comfortable leading meditations. The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (**See Appendix 1**).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through the session without having spoken. Key questions that you may find useful are:

For example:

- Can you tell us one positive thing that has happened for you this week?
- How did your safe plan turn out? Tell us one thing that worked well in keeping you safe.
- Was there one thing that you planned on doing since we last met and succeeded in completing?

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

3.1 Review of Emotions Diary (and drug/alcohol diaries)

Ask participants to reflect on their emotional diaries. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator.

You should expect that people will still have difficulty in completing emotions diaries but that this is beginning to ease for some.

3.2 Any other Homework

Module 2 did not have any other home work

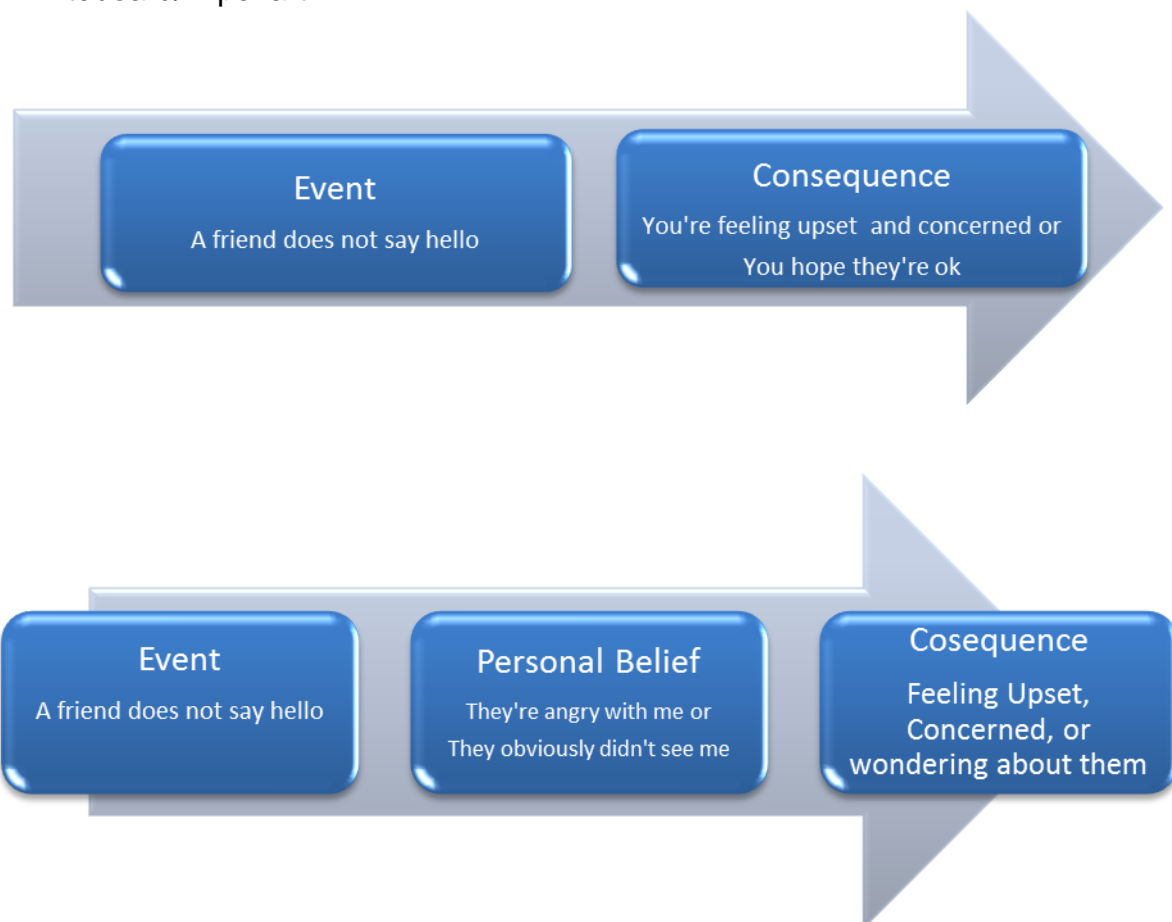
3.3 Emotions Board

Ask group members are there any other words that they would like to put up onto the emotions board. As new emotions emerge during the session they are to be recorded on the board.

4. As Simple as ABC

4.1 Understanding the influence of a Personal Belief

To be discussed with the group and laid out on the Whiteboard/Flipchart



The above example shows two different ways of viewing the same event. Emotions and behaviours do not happen in isolation; both have other influences. It is often the case that an outside event/trigger seems to cause the emotion and resulting behaviour. This is not so.

It is the personal belief, arising from the event that will determine what the subsequent behaviour or outcome:

EVENT + PERSONAL BELIEF = CONSEQUENCE

Sometimes we can change the trigger and it is a good idea to do so (Reduce the Use 2, Recognise, Avoid and Cope) but it is not always possible to do so. **For example**, I can't change the weather. It is, always possible to look at my beliefs and examine the possibility of changing them.

As a facilitator it is important throughout this module to help participants become aware of their beliefs and then to encourage them to look at the possibility of changing them.

One important element is to explore how helpful these beliefs are when trying to achieve recovery. Changing beliefs is not easy and as the facilitator you can help people by highlighting the difference between 'becoming aware of my beliefs' and 'changing them'.

It is helpful to help participants understand that these beliefs have been around for a long time; some are conditioned beliefs relating to addiction (e.g. I can't take this anymore; I need to engage in addictive behaviour or anticipating positive outcomes from addictive behaviour) and some are core beliefs (I am not important; I am easily forgotten; I'm not worth it).

4.2 The ABC of Thinking

A= Activating Event

The event that seemed to set off the mood I find myself in now

B= Personal Beliefs

My beliefs about **A**

C= Outcome

What emotions and behaviours occurred as a result of **B**?

Distribute **Handout 3.1** and get the group to read over it, and then have it read out to the group.

Ask the group if Dave's story is realistic:

- Can they identify any thoughts that he might be having?
- Can they identify any emotions that might be present?

Record information on the Whiteboard/Flipchart

Distribute Worksheet 3.1

Ask the group to read through the three possible 'personal beliefs' and ask are they realistic.

Then ask to identify the different emotions attached to each belief (or the different emotions attached to each personal belief they impose on the story). If they do identify any other emotions ask them to right them on their sheet.

Ask the group to scale the intensity of the emotion 0-10 (0 would not feel that emotion to 10 the intensity of emotion is very strong).

Ask the group to identify any behaviour that Dave may end up engaging as result of these thoughts and emotions.

Take two of the interpretations gained from examining Dave's story, and break them down into the component parts as shown in the table below: One where his interpretation might lead to drug use and the last one where he is confident of himself.

Work your way through the interpretation with the group, naming the event, belief and consequences.

This should help to highlight that the interpretation of an events can lead to many different (often negative) results and if left unchecked can lead to a downward spiral.

The above exercise is important to help participants identify the power thinking can have in their own lives and recovery.

Table: Facilitators guide: this is to be laid out on the whiteboard/flipchart to help the group.

A Activating EVENT Briefly describe the event leading to the unpleasant emotions	B BELIEF Write the automatic thoughts and belief about the situation	C CONSEQUENCES Emotional response Specify and rate the emotion	C Consequences Behaviours
Friend using at a party	‘I can’t believe this, I told her to support me, she set me up, she does not care and I should have known that I do not have a chance of staying clean’	Anger-10 Fear-7 Disappointment-8 Loneliness-7	Dave believes his initial thoughts and feels overwhelmed by the emotions that have come up for him. He ends up taking drugs that night
Friend using at a party	‘I can’t believe this, but I can handle it. I have done Reduce the Use and remember the steps. I need to ring someone to get me out of this. I will speak to her tomorrow’	Anger-6 Fear-4 Disappointment-8 Loneliness-3 Trust-6	Dave rings a another friend, who advices him to leave, to ring him again when he gets in and then again in the morning, he heads home that evening The following morning he still feels angry about the situation, he makes the follow up call and they meet up for coffee

4.3 Applying Dave's story to our own lives

Worksheet 3.2 has a number of different Activating events. The worksheet is laid out the same as the last exercise, but this time we are asking individuals from personal experience to identify Unhelpful Thoughts and beliefs that may have arisen about each event, that in turn lead to difficult emotions and unhelpful behaviour.

Exercise

Ask the group to recall from previous experiences, how their own belief about an event may have led into difficulty or if they have not had a previous experience can they identify thoughts that may lead to difficulty.

- Ask each participant to identify what thoughts had about the activating event.
- These can include ANT's and addiction related beliefs that have been identified in **Module 2** and are similar style to the thoughts that caused Dave difficulty.
- In the event of someone in the group not identifying with one or more of the events ask them, if they could think of any thoughts about the event that could lead to difficulty.
- The group are then asked to identify the different emotions attached to their belief about the event, they can also put down other emotions that they feel would describe how they felt more clearly.
- Ask the group to scale the intensity of the emotion 0-10 (0= would not feel that emotion, 10= the intensity of emotion is very strong).

Ask the group to identify any behaviour they may have engaged in as a result of the thoughts and emotions.

Ask two or three group members to feedback to the group. One situation that they feel comfortable talking about and outline the following.

- The activating event
- The thoughts/belief
- The consequences emotional/behavioural.

Discussion:

Can they see how these beliefs/interpretations can influence not only their emotions but also their behaviour?

Acknowledge and affirm everyone for doing this piece of work and explain that in session 4 we will be looking at exercise that will help to develop skills to work with these beliefs when they arise.

It is very important that Worksheet 3.2 is kept for the next module; the facilitator may collect and keep them for safety.

5. Review and preparation for next session:

Each participant to be given ample copies of **Appendix 2** for the week. Encourage them to continue with the emotions diaries and remind them to use **Handout 1.5** as a point of reference.

6. Grounding exercise

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

- Helps to connects them with the 'here and now' before leaving
- Gives space for them to reflect on their safety plan for the time until the next session and
- Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in **Appendix 4**, recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safety Plan

Explain to group members that each module will end with the participants taking a few moments to reflect on how they will commit to keeping themselves safe until we next meet. This may focus on 'maintaining recovery' for some groups or have a more general focus on ways to live happier lives that help cope with the challenges of recovery a little better.

Therefore, safety plans could range from harm reduction techniques and drug avoidance techniques to managing leisure time and avoiding boredom.

Each person will have different aims. Give everyone a copy of the Safe Plan (**Appendix 5**) and ask them to write at least one way in which they will work at staying safe until the next RecoverMe session.

A brief sharing of their commitment is useful at this point, as it can help other group members to come up with ideas for themselves. Note that it is not always necessary to go around the whole group.

8. Feedback Form

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (**See Appendix 6**). It will take no more than 2 minutes. They do not have to sign this sheet.

Worksheet 3.1

The following table has three possible 'personal beliefs' and you can guide the group in identifying the emotions that might be associated with them. There should be lots of answers (and all are correct) and positive associated feelings to negative interpretations regularly occur:

Examples of Interpretations	Some Associated emotions (The group will name more)		Behaviour
1. 'I can't believe this, I told her to support me, she set me up, she does not care and I should have known that I do not have a chance staying clean'	Angry	Scared	
	Sad	Disappointed	
	Anxious	Trust	
	Optimistic	Bitter	
2. 'Once an addict always an addict, don't think I will get through this night without something'	Angry	Scared	
	Sad	Disappointed	
	Anxious	Trust	
	Optimistic	Bitter	
3. 'I can't believe this, but I can handle it. I have done Reduce the Use and remember the steps. I need to ring someone to get me out of this. I will speak to her tomorrow'	Angry	Scared	
	Sad	Disappointed	
	Anxious	Trust	
	Optimistic	Bitter	

Worksheet 3.2

A Activating EVENT	B BELIEF	C CONSEQUENCES Emotional response	C Consequences Behaviours
Joined a recovery group and was welcomed openly		Angry Sad Anxious Trust Composed Disappointed Optimistic Bitter	
Job Interview a) Getting the Job		Angry Sad Anxious Trust Composed Disappointed Optimistic Bitter	
b) Not Getting the job		Angry Sad Anxious Trust Composed Disappointed Optimistic Bitter	
Row with a family Member		Angry Sad Anxious Trust Composed Disappointed Optimistic Bitter	

A Activating EVENT	B BELIEF	C CONSEQUENCES Emotional response	C Consequences Behaviours
Friend not saying Hello		Angry Composed Sad Disappointed Anxious Optimistic Trust Bitter	
Bad marks in an exam/test/essay		Angry Composed Sad Disappointed Anxious Optimistic Trust Bitter	
Bad night's sleep		Angry Composed Sad Disappointed Anxious Optimistic Trust Bitter	

Handout 3.1 Dave's Story

Dave has wanted to give up mixing coke and alcohol for a while and has been trying to stop, on and off it for a few months now.

He had also started to take some sleeping tablets that a friend had introduced him to because he hadn't been sleeping well.

However, it's now been a week since he last used coke or tablets and he is feeling really good about himself; he is even beginning to make some plans for the future.

He hasn't had a drink in the past week either and if you ask him, he will say there is no way he wants to go back using coke and alcohol together again and that he feels proud of himself.

He even feels he has been sleeping a bit better these past few days.

Dave decides to go down to his local pub where there is a party on for a friend of his. Dave is aware that there will be drink and drugs in the pub, but has asked a friend to support him.

Dave has a few drinks and he starts to feel a bit tired. He then notices that the friend he had asked to support him is taking coke.



Module 4

“I Disagree”

Module 4: 'I disagree'

AIM

The aim of module 4 is to build on the learning from Module 3. The exercises will help participants to understand how they can respond differently to their immediate beliefs; and even if they do respond negatively to their beliefs (resulting in negative behaviour), how such behaviour can be stopped and more helpful behaviour can be initiated.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of **Handouts 4.1 & 4.2**
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of **Worksheets 4.1 & 4.2**
- Sign in sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)

1. Grounding Exercise I

- 1.1 Grounding exercise
- 1.2 Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in and review of Safe Plan

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

- 3.1 Ask participants to share emotions diaries
- 3.2 Any other homework
- 3.3 Emotions Board

4. 'I disagree'

- 4.1 Dave's story Continued
- 4.2 Unhelpful Thinking patterns
- 4.3 Applying Unhelpful Thinking Patterns to the ABCDE Diagram
- 4.4 Applying Dave's story to our own lives

5. Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safety Plan

8. Feedback Form

Note to facilitator:

This exercise introduces the next two parts of the ABC model D and E (see **Worksheet 4.2**)

The **A = Activating event** or trigger leads to **B = Beliefs** which in turn results in **C = Consequences** (which in recovery can be a slip or relapse). We now want to introduce 2 new parts of the model, **D** and **E**:

D= Disputing. This is the point where we begin to question or dispute the thought process that arose at B. The reaction to the trigger (A) resulted in a set of beliefs (B) and we now want to dispute those beliefs. The intention is to either stop the beliefs moving on to (C) or to move the person out of (C) quicker than would normally happen.

(D) Is the point at which we ask, “Is you thinking a little limited there? Are your interpretations and/or beliefs a tad restricted? Are you missing some information or are you reading the situation in a limited way, a way that is restricting you and leading you to unhelpful behaviours?”

Unhelpful Thinking: *when our interpretations and beliefs about events becomes so narrow as to lead to unhelpful behaviour*

By exploring our beliefs, we can uncover the limits to our thinking and see how these restricted thoughts are unhelpful to us. The process of doing this and taking back control of the activating event (A) will lead to **E= Effect**.

(E) Is the effect of bringing awareness to our thoughts and the resulting feelings. Disputing our beliefs and uncovering new ways of interpreting events can lead to a positive response; suddenly, we are not trapped in one way of thinking about an event and new ways ahead become visible; self-efficacy can rise and new possibilities give energy and hope.

In Session 3, Dave’s interpretations of events led to three different outcomes. In this Session, we are going to look at Dave’s story again but this time examining his Unhelpful thinking patterns and the possibilities (and positives) of new interpretations.

1. Grounding Exercise 1 and sign-in sheet:

1.1 Grounding exercise

Grounding and meditation exercises can be found in Appendix 4. It is important that if you are going to lead a meditation to read over them first and feel comfortable leading meditations. The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through the session without having spoken. Key questions that you may find useful are:

- Can you tell us one positive thing that has happened for you this week?
- How did your safe plan turn out? Tell us one thing that worked well in keeping you safe.
- Was there one thing that you planned on doing since we last met and succeeded in completing?

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

3.1 Review of Emotions Diary (and drug/alcohol diaries)

Ask participants to reflect on their emotional diaries. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator.

You should expect that people will still have difficulty in completing emotions diaries but that this is beginning to ease for some.

3.1 Any other Homework

Module 3 did not have any other home work

3.2 Emotions Board

Ask group members are there any other words that they would like to put up onto the emotions board. As new emotions emerge during the session they are to be recorded on the board.

4. 'I disagree'

4.1 Dave's Story Continued:

Distribute **Worksheet 4.1**

This worksheet has an outline of one interpretation that Dave had about his situation. In the light of this interpretation, invite the group to help Dave in identifying patterns of thought that led to his unhelpful behaviour.

On the worksheet you will notice two broken arrows. The first arrow connects (B) to (D). It is asking 'Dave' to notice his immediate thoughts arising from the activating event (A), but instead of going straight to (C) and resultant unhelpful behaviour, to dispute these immediate thoughts (D) instead. At (D), Dave is asked to consider other interpretations of what has happened and, hopefully, identify a different interpretation than first emerged, and thereby, behave differently and gain different consequences.

The second broken arrow goes from (C) to (D). This is to acknowledge that even if someone responds negatively, they can still re-interpret their beliefs (B) by moving to (D) which will hopefully lead to new, more positive behaviour (E).

It is worth exploring with the group the consequences (C) on Dave of his unhelpful behaviour. Referred to by Marlatt et al as 'Abstinence violation effect', this is the disappointment you feel when you fail to stick with a plan you had set in place for yourself.

Such an effect causes a lot negative beliefs and these can lead to further unhelpful behaviours and, indeed, full blown relapse. Hence, it is important for the group to recognise how serious such thinking can be to your recovery, but also the power in learning skills related to broadening your interpretations.

4.2 Unhelpful Thinking Patterns:

Distribute **Handout 4.1** and participants to read through them. Then ask for volunteers from the group to read each one out loud.

It is important to read and then explain each one to the group. Then ask the group to apply these unhelpful thinking patterns to Dave's story. For example, is Dave guilty of too much 'black and white' thinking? Is he catastrophising or

even fortune-telling? Help the group to work out their interpretations. There is no right answer here as all new interpretations will have value.

Record all feedback on Whiteboard/flipchart and keep displayed along with feedback from the next exercise (Section 4.3)

While the group are exploring Dave's story it is very important to highlight that (B) may happen without Dave's permission; that is, he does not have full control of such immediate beliefs. But if he can begin to identify what thoughts are arising and redirects his beliefs (B) to dispute and debate (D), he will have more control over (C) and the ultimate outcome.

4.3 Applying Unhelpful Thinking Patterns to the ABCDE Diagram:

Distribute **Handout 4.2**

When the group have identified which pattern they think best describes Dave's unhelpful thinking, we will turn our attention to helping Dave to 'dispute' such thoughts.

Ask the group to approach Handout 4.2 and to examine the initial responses and then create a new response for Dave that may help him deal with this situation a little more clearly. It is useful to emphasise being kind when assessing Dave's initial responses. Participants can be very harsh critics when assessing their own behaviours; by offering kindness and compassionate responses to Dave, we can model more helpful responses to ourselves when we 'slip' in our thinking.

Ask the group to offer more 'thought-through responses' that might be helpful to Dave.

Record all feedback on whiteboard/flipchart

Following this, ask the group to complete Worksheet 4.1
Dispute Dave's unhelpful thinking (D) by

- Naming the unhelpful thinking style he is using
- Offering a new interpretation without dismissing Dave's original thought. Original thoughts hold great information even if ultimately they are unhelpful);
- Explore how he may feel and behave after identifying his unhelpful thinking patterns (E).

It is important that you help the group to acknowledge any negative feelings or thoughts that Dave may have but also that you emphasise the relief and energy gained as he takes back control from the original trigger.

4.4 'Applying Dave's story to our own lives':

Worksheet 3.2 (from Module 3) will help the group to apply this process to their own lives.

Distribute to each participant their completed copy of **Worksheet 3.2** and a copy of **Worksheet 4.2**

Returning to the Worksheet 3.2, the group are reminded about interpretations/beliefs regarding situations in their own life that they have identified as leading them to experiencing difficulties.

Now they are asked, individually, to apply (D) and (E) to these experiences by completing Worksheet 4.2. Ask them to choose one of the scenario's from their sheet, copying across the (A), (B) and (C) boxes from Worksheet 3.2.

Then ask them can they identify which unhelpful thinking pattern they may have been using when faced with that situation (see Hand-out 4.2 for help); and to then identify a more 'thought-through response' to this situation.

Again, encourage kindness as this is not an exercise in self-judgement. Remind the group that (B) is a strong response because it usually has had a long time to develop and introducing (D) can feel like folding your arms the other way around – very awkward!

Remind them also that it can be very empowering to realise that these beliefs are belonging to unhelpful thinking (often emphasised during my addiction) and are not actually based on truth or fact.

Finally for this exercise, ask participants to consider how they would feel and behave after identifying their thought pattern (E); you might need to help them to name both the awkward and the beneficial feelings that will come from such discovery. It will possibly also be helpful to ask them which thinking they would prefer.

Group Discussion:

After participants have completed their own piece of work, bring them back together. You may like to use some of the following questions as you get a group discussion underway:

- How may this be helpful to recovery?
- When faced with difficult situations, does your thought process sometimes become unhelpful?
- Can you see the direct links between your thoughts, emotions and behaviours?
- Can you see that we cannot control the initial thought process but we can begin to identify them and choose a different response to them?
- Do you agree that these thoughts and beliefs may have been around for a long time and it may take some time for them to change?
- Even if in (C) we behave in a way that is unhelpful, do you now think that if we can identify thoughts and behaviours, dispute them and then we then respond differently, that the outcome does not have to be the same as it always seems to be?

- If you can't change everything that happens to you in life, is it possible that you can change how you experience events?
- With practice can we become aware of our thinking and our thinking patterns that lead us into difficulty?

As a summary sheet to this session, **Handout 4.3**, 'Breaking the Chain of Unhelpful Thoughts' is a helpful way to close this discussion. It summarises that the movement from (A)-(B)-(C)-(D)-(E), highlighting the positive role of awareness building, acknowledging that although this is something that takes time to learn; as an affirmation, you can underline that change will not be "as long as you think".

5. Review and preparation for next Session

5.1 Review of Session

Invite the group to settle back after all the learning from today's group.

It is important that you invite all members of the group to speak during this exercise.

Guide Questions:

- How are you as we come to the end of today's session?
- What is staying with you as important to you?
- Is there anything that you didn't like? Are there any questions that you didn't get to ask?

When the group have finished, it is important to remind them about their homework for the week. In Module 4, this involves only the completion of the 'emotions diary' (and drug/alcohol diaries where appropriate).

Remind participants that they can use their supports in completing their diaries: key-workers, family members and friends or whomever else they may have identified.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

- Helps to connect them with the 'here and now' before leaving
- Gives space for them to reflect on their safety plan for the time until the next session and
- Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

Each person will have different aims for their safe plan. Nonetheless, do not be reticent about checking for relapse prevention ideas from the group.

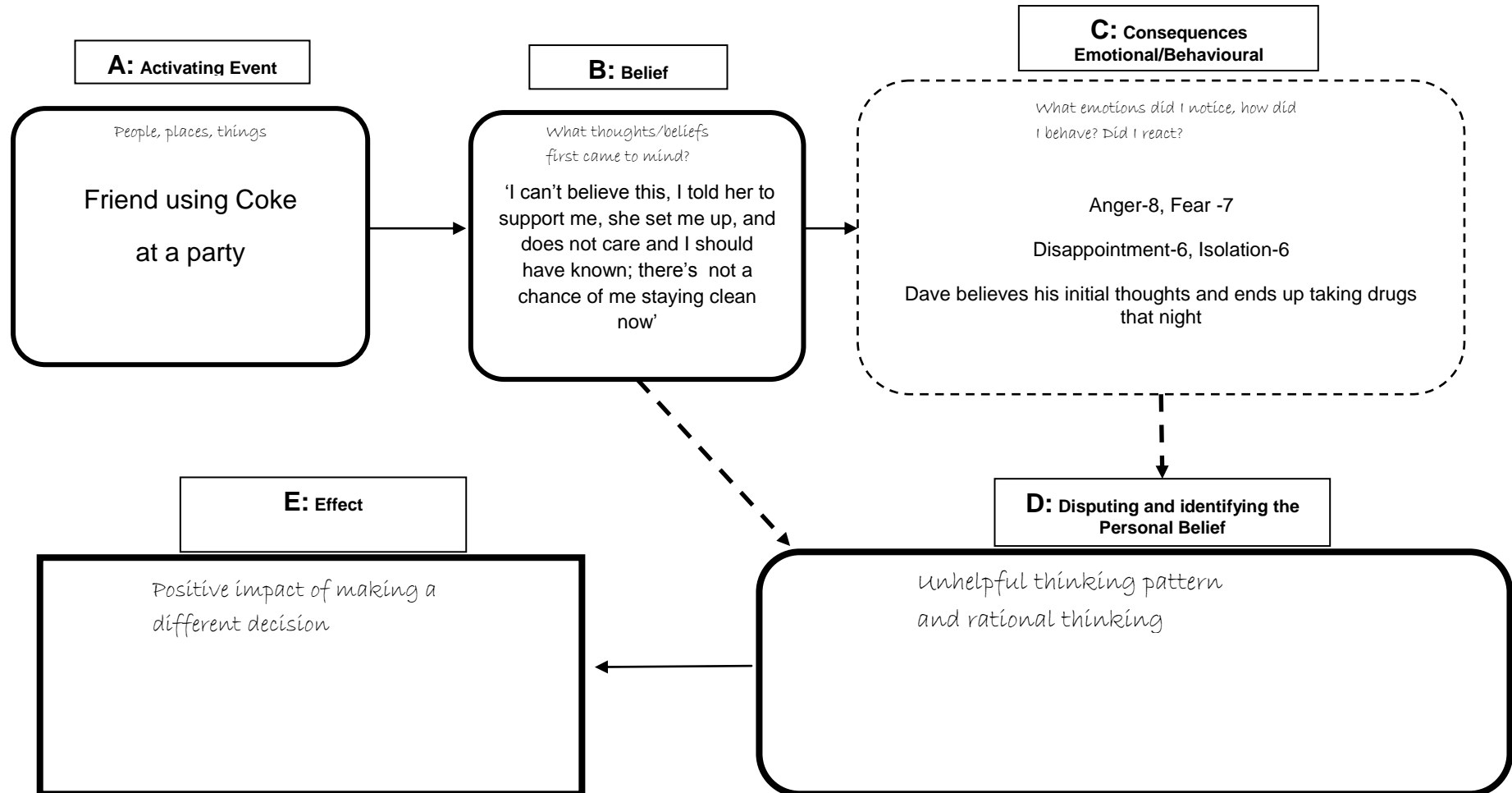
Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next session. A brief sharing of their commitment is useful at this point, as it can help other group members to come up with ideas for themselves. Note that it is not always necessary to go around the whole group.

8. Feedback Form

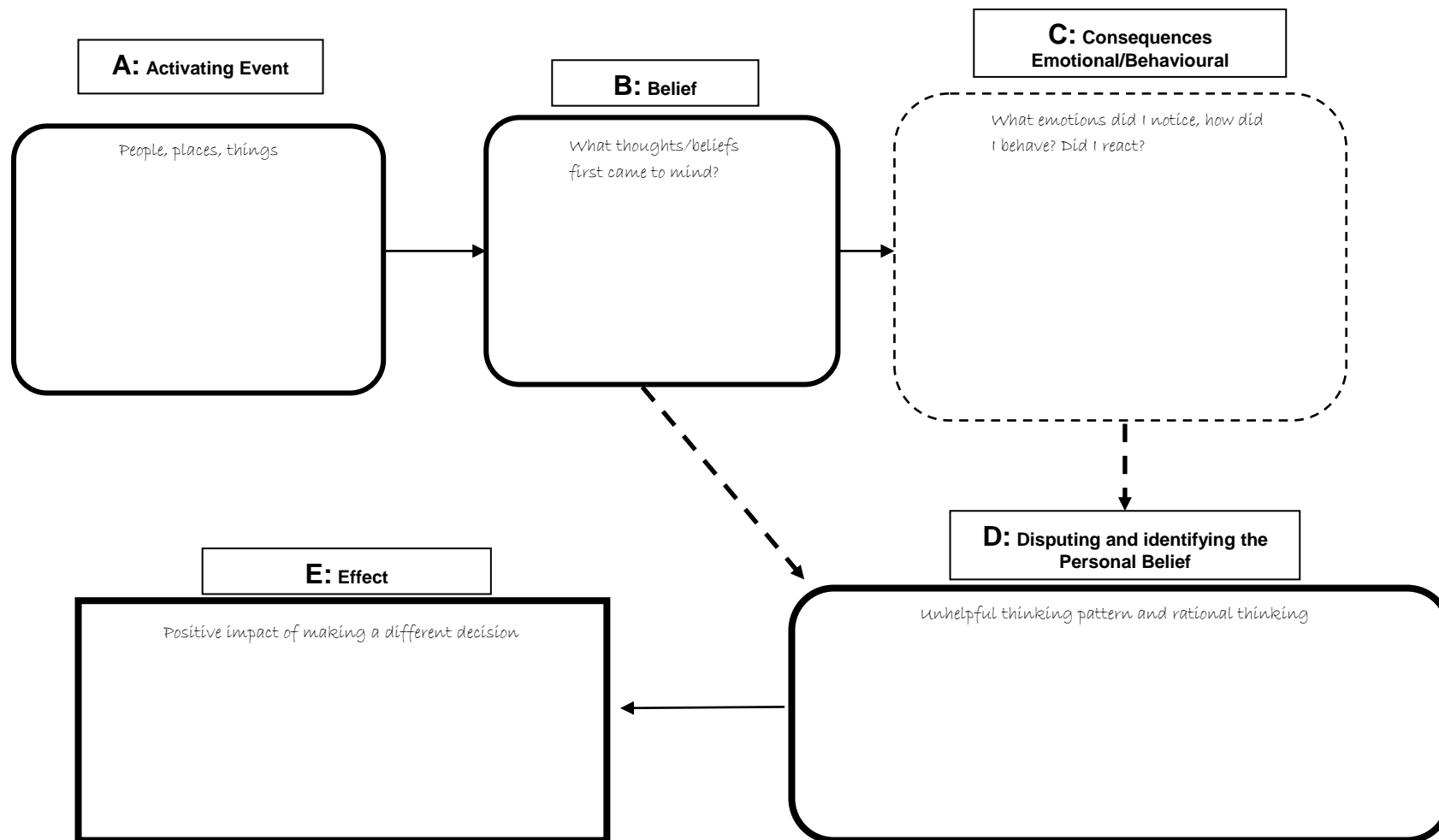
Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes.

They do not have to sign this sheet.

Worksheet 4.1



Worksheet 4.2



Handout 4.1: Unhelpful Thinking Styles

<i>Black and White Thinking</i>	<p>"I have to do things perfectly, because anything less than perfect is a failure."</p> <p>Known as the '<i>Granddaddy of all distortions</i>'. Things are black and white, good or bad. You have to be perfect or a failure. There is no middle ground and no room for mistakes. If it does not turn out the way I expected then I am a failure. I am either good or bad - no in-between and no room for negotiation. Also known as 'All-or-Nothing Thinking'</p>
<i>Disqualifying the Positives/ Filtering</i>	<p>"Life feels like one disappointment after another."</p> <p>You focus only on the negative details, ignoring all the positive aspects of a situation. Focus only on what is wrong and disqualifying our legitimate achievements and good qualities.</p>
<i>Negative Self-Labelling</i>	<p>"I feel like a failure. I'm flawed. If people knew the real me, they wouldn't like me."</p> <p>You assume that everything people say or do is some kind of a reaction to you. You compare yourself to others, trying to find out who is better in every aspect of life.</p>
<i>Catastrophising</i>	<p>"If something is going to happen, it'll probably be the worst case scenario."</p> <p>This is where we consider absolutely the worst outcome imaginable and become convinced of not only the possibility but the probability of it happening.</p>
<i>Fortune telling</i>	<p>Most of us find it hard to say what will happen tomorrow, let alone the rest of our lives. Yet we have a great ability to predict the future in negative terms and believe we know the outcome of everything that happens in our own future.</p>
<i>Mind Reading</i>	<p>"I can tell people don't like me because of the way they behave."</p> <p>Without their saying so, you know what people are feeling and why they act the way they do. You believe you know how people think and feel about you.</p>

Should Statements	<p>"People should be fair. If I'm nice to them, they should be nice back."</p> <p>You have a list of iron-clad rules about how you or other people should act. When people break the rules this angers you; and you feel guilty when you break the rules.</p>
Excessive Need for Approval	<p>"I can only be happy if people like me. If someone is upset, it's probably my fault."</p>
Disqualifying the Present	<p>"I'll relax later. But first I have to rush to finish this."</p>
Low frustration tolerance	<p>This is often missed. It is the thought and belief that "I can't stand it"; "I shouldn't feel this way", when in fact that, although it is unpleasant, we are quite able to stand it.</p>
Pessimism	<p>"Life is a struggle. I don't think we are meant to be happy. I don't trust people who are happy. If something good happens in my life, I usually have to pay for it with something bad."</p>

Black and white thinking is the most common type of negative thinking, and is the main cause of many problems including anxiety, depression, and addiction.

Black and white thinking leads to anxiety because you think that any mistake is a failure which may expose you to criticism or judgment. Therefore you don't give yourself permission to relax and let your guard down.

Black and white thinking can lead to depression because when you think you have to be perfect; you feel trapped by your own unrealistic standards.

Feeling trapped is one of the known causes of depression.

Black and white thinking can lead to addiction because anxiety or depression

Handout 4.2: 'When You Become Aware of Negative Thoughts or Unhelpful Thinking Styles'

(Adapted in part from "Depression" by Melanie Fennell, 1989)

When you become aware of negative thoughts and images in your mind, hold them in awareness, with an attitude of gentleness and curiosity, perhaps expanding awareness to include one or more of the following possibilities:

- Perhaps this is confusing a thought with a fact?
- Perhaps this is jumping to conclusion?
- Perhaps this is black-and-white thinking?
- Perhaps this is negative self-labelling and I am condemning myself over one thing?
- Perhaps this is concentrating on my weaknesses and forgetting my strengths, filtering?
- Perhaps this is self-blame, for something that isn't my fault?
- Perhaps this is self-judgement?
- Perhaps these are unrealistically high standards?
- Perhaps this is mind-reading or fortune telling?
- Perhaps this is expecting perfection?
- Perhaps this is overestimating disaster?

The guidance for this section is to approach your thoughts with an attitude of **gentle interest and curiosity**

Handout 4.3: Breaking the Chain of Unhelpful Thoughts

Automatic Negative Thoughts and personal beliefs which repeat and repeat often drive negative emotional states that can threaten our recovery.

(A): Something happens that triggers thoughts and memories

(B): Unhelpful thinking, ANT's and personal beliefs

(C): You become hijacked by this flare up, instead of having an open focus your thought process narrows, you are no longer focusing on your recovery and are lost in this thought/emotional state. This is now influencing you negatively and is impacting on your behaviour.

(D) By becoming aware of the thoughts and the flare-up in the second link (B), we realise that we have choices. We can begin to identify the thoughts that occur and begin to challenge them or just let them go.

(E) You notice it happening and you can begin to step out of the story that is being created. In doing this, you are breaking the chain of reactivity to thoughts

Will this take long to learn?

Yes, but not as long as we think!

Whenever the flare up comes back accompanied by the thoughts and it probably will, many times at first- we can keep bring awareness to the thought process, allowing us to step back and make good choices.

The next time you find the flare up happening in (B), you can remind yourself of automatic thoughts and personal beliefs.

With practice we can bring kindness to (B) and also if we end up in a difficult (C), this in turn will change the outcome.

“From thoughts come actions. From actions come all sorts of consequences. In which thoughts will we invest? Our great task is to see them clearly, so that we can choose which ones to act on and which simply to let be”. Joseph Goldstein

Notes:



Module 5

Being More Than 'Fine'

Module 5: Being more than FINE

AIM

Building on Module 4, where we identified the link between thoughts and emotions, the aim of this module is to help increase participants' awareness about emotions. This module also helps to identify false beliefs people may have about emotions. It also looks at how we know when we feel certain emotions.

MATERIALS NEEDED

- Flip chart paper & marker
- Participants folders and pens
- Copies of **Handout 5.1 & 4.2** for each participant
- Ample copies of the emotions diary (Appendix 2)
- Copies of **Worksheets 5.1, 5.2, 5.3 & 1.4**
- Sign- in Sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)

'Module 5': Being more than fine

1. Grounding Exercise I

- 2.1 Guided grounding exercise
- 2.2 Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in Exercise (including review of last session's 'safe plan')
- 2.3 Confidentiality

3. Review of Emotions Diary (and drug/alcohol diaries)

- 3.1 Review Emotions Diary (and drug/alcohol diaries)
- 3.2 Any other homework
- 3.3 Emotions Board

4. Being More than 'fine'

- 4.1 Emotions Questionnaire
- 4.2 Defining Emotions
- 4.3 Connecting Emotions with everyday life
- 4.4 How do you know when you're..?

5. Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safe Plan

8. Feedback Form

Note to Facilitator:

Module 5 introduces a lot of material on emotions and may take some time to work through. The quality of delivery is as important as the content within the module. It is important to move at the pace of the group, if you sense that this may take longer, this module can be delivered over **2 Sessions**.

1. Grounding Exercise I and Sign-in sheet:

1.1 Grounding Exercise

Grounding and meditation exercises can be found in Appendix 4.

The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through the session without having spoken.

Key questions that you may find useful are:

For example:

- Can you tell us one positive thing that has happened for you this week?
- How did your safe plan turn out? Tell us one thing that worked well in keeping you safe.
- Was there one thing that you planned on doing since we last met and succeeded in completing?

2.3 Confidentiality

It is timely to re-check that the group is clear about the limits of confidentiality within this group. Give space to this discussion and note that conversation about other rules may also arise.

3. Review of Emotions Diaries (and drug/alcohol diaries), any other Homework and Emotions Board

3.1 Review of Emotions Diary

Ask participants to reflect on their emotions diaries. The following 'guiding' questions can be useful:

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

It is useful to link any feedback to the exercises completed thus far; and to affirm examples where new thinking is emerging.

3.2 Any Other Homework

There is no other homework to review from Module 4

3.3 Emotions Board

Ask the group members if there are new words they would like to put up onto the emotions board. As any new emotions emerge within the group, they should be added to the board.

4. More than Fine

Recovery from active addiction involves a number of different elements, such as change in lifestyle, change in friendships, change in routine, change in thinking and changing the relationship developed with emotions.

People moving from active addiction towards recovery will develop different ways of dealing with emotions, some helpful and others not so helpful: self-medicating, pushing emotions down or looking for escape to help 'avoid or fix' their current emotional state. Some of the ways participants will have learnt to deal with emotions will have come through primary social settings i.e. family, school, peer groups. Over the course of their life and their addiction they may have developed some false beliefs about emotions.

4.1 Emotions Questionnaire Worksheet 5.1 and Hand-out 5.1

Before we get into discussing emotions and their impact on people, we are going to look at what beliefs participants have about emotions and maybe help them to change their thinking about what affect emotion has on them. Many will have learnt through primary social settings i.e. family, school, peer groups and over the course of their life and their addiction, they may have developed some beliefs about emotions that may not be true.

Distribute **Worksheet 5.1** and ask each group member to scale each statement: 0 being untrue to 10 being true

When they have finished, distribute **Handout 5.1** and ask the participants to read and mark which statements are relevant to them and then read the 'truth'.

Some of these beliefs have been around for a long time and they may not be ready to explore or change immediately. Safety can be found in picking a statement in the middle (meaning those marked 4-6). It can then be easier for participants to do the exercise.

Allow for a group discussion by asking each group member to choose one of the statements and share with the group how this may be helpful. Allow for feedback.

We are not looking to blame or find the source of these statements, but to find more about how they may use this learning moving forward.

4.2 Defining emotions

Group exercise:

We are going to ask the group to put their own definition on **the main emotions** that we feel. The group are to come up with their own definition of what the different words mean to them. Work from the sense that there is no 'right or wrong' answer and assist the group in finding their meaning for emotions.

Have the group to define Scared, Sad, Happy, Loved, Angry and Excited. The purpose of this exercise is not to find a dictionary definition but to allow the group to take ownership of each emotion. Using their own words will allow them to take ownership of the words, personally relate to the word and fully understand it's meaning.

The definition should include Body sensations (Where do I feel it in the body? How does the body respond?) and focus of attention (Does attention have a narrow focus or open focus; does this emotion close me down or open me up?)

As the facilitator you should write up all suggestions for each word and then with the group, break it down to a smaller more usable definition.

This will be recorded, typed up and given back to each group member. They can use it as a point of reference for future work.

4.3 Connecting Emotions with everyday life: Worksheet 5.2

The purpose of this exercise is to help connect emotions with everyday life situations. We have already done a similar exercise in Session 2 'opposite emotions'.

We are asking them to choose examples of times when they felt angry, sad, happy, scared, excited and loved.

Participants do not need to choose examples when their emotions were intense. For now, keep it simple. For example, they may have felt angry when

they were in a very slow queue or they may have felt sad when they watched a movie. They do not need to go into any great detail about the event, just a general description of what brought on the emotion.

When each participant has filled each one, bring the group back together and ask for feedback, again being supportive and keeping feedback brief. You may ask them to choose one and explain it to the group. Participants may want to share the same one, ask them to choose a different one as this helps the group to acknowledge that everyone will have felt these at some stage.

4.4 How do you know when you're..?

This exercise is designed to help participants to develop their lexicon of emotions.

Participants are asked to complete **Worksheet 5.3** and we suggest that you ask members to fill out one sheet for the six emotion: happy, sad, angry, excited, scared and love. You will need at least 6 copies of this worksheet for each participant.

Each feeling is to be accompanied by 2 physical, 2 behavioural and 2 external reactions – as 'proofs' that you are feeling that emotion. This will assist the participant to reflect on what happens when they are feeling a particular emotion.

We are also asking the group to reflect on when they feel certain emotions, and if their thought focus begins to narrow e.g. ANT's, addictive related beliefs, Unhelpful thinking styles, 'fix or avoid', reactive thoughts or does their focus stay opened e.g. acknowledging the emotion, not to wanting to 'fix or avoid', not reactive, thinking of goals.

Again we are not looking for blame here or self-criticism, if it does arise it is important to facilitate, that as we have learnt in the last 3 modules, these thoughts are learnt responses to the emotion.

You should not be limited to these particular emotions – if a participant has a recurring/important emotion, then that can be included in the exercise.

An example of a completed worksheet is presented in Hand-out 5.2. this is a good place to start before participants begin completing the sheets.

Discussion and Homework:

Leave space for the group to talk about what they wrote down in filling out these sheets. It is unlikely that participants will complete all sheets. Invite them to complete the worksheets as homework; even those who complete all six worksheets can be invited to see if their initial answers remain the same as they think about this between sessions.

5. Review and preparation for next Session

5.1 Review of Session

Invite the group to settle back after all the learning from today's group. It is important that you invite all members of the group to speak during this exercise.

Guide Questions:

- How are you as we come to the end of today's session?
- What is staying with you as important to you?
- Is there anything that you didn't like? Are there any questions that you didn't get to ask?

When the group have finished, it is important to remind them about their homework for the week. In Module 5, this involves only the completion of the 'emotions diary' (and drug/alcohol diaries where appropriate) and completion of Worksheets 5.3

Invite participants to use their supports in completing their diaries: key-workers, family members and friends or whomever else they may have identified.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

- Helps to connects them with the 'here and now' before leaving
- Gives space for them to reflect on their safety plan for the time until the next session and
- Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next session.

A brief sharing of their commitment is useful at this point, as it can help other group members to come up with ideas for themselves. Note that it is not always necessary to go around the whole group.

8. Feedback Form

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes. They do not have to sign this sheet.

Worksheet 5.1: Emotions Questionnaire

An important part of the work is to look firstly at how you relate to emotions, uncover any false beliefs and then look towards change. Here are some false beliefs you may have about emotions that may be relevant to you. Take a look at the list and see if any of these may have influenced you. As before, scale each statement:

0 being untrue to 10 being true and put the number beside each statement.

- I won't let myself be sad, as I will become depressed
- If I tell others how I feel, they won't like me.
- Other people will think I am weak if I let them know how I feel.
- In order to feel this emotion, I will have to put my life on hold.
- I am the only one who feels like this; there must be something wrong with me.
- Getting angry means I am not a good person.
- If I were strong and healthy I would not feel this way.
- Feeling anxious is not a natural response; I must get rid of it.
- A strong healthy person would not feel this way.
- My emotions are wrong, other people do not feel the same as I do about certain situations
- I cannot tolerate pain, it will kill me.
- Letting myself feel bad would mean falling to pieces
- Children get carried away with emotions; I should be in control and know how to express each one of them, at all times.
- I should not feel nervous, this is a sign that I have low self-esteem
- People will think I only focus on 'drama' if I express or talk about my emotions.
- If I feel these emotions, I will lose all self-control.
- I should not express emotions like hurt, fear and anger, if I do they will only cause more harm.
- I am stupid for feeling this way. There must be something wrong with me.

Other _____

Handout 5.1 A Different View

Handout (to be read in group)

1. **Belief Statement:** *I won't let myself be sad, I will become depressed.*

Truth: Feeling sad does not lead straight to depression. Depression is a severe and prolonged state of mind in which normal sadness grows into a state of hopelessness, listlessness, lack of motivation and fatigue.

2. **Belief Statement:** *If I tell others how I feel, they won't like me. Other people will think I am weak if I let them know how I feel.*

Truth: Nothing is 100% true, although there may be slight truths in the above. Depending on the person you are talking to; people will like you more if you tell them how you feel, will view your willingness to say how you feel, as strength and offer you support.

3. **Belief Statement:** *In order to feel this emotion, I will have to put my life on hold*

Truth: You may have to put some time aside to help you process emotions, but you do not have to put your life on hold. You actually prolong the emotion by not letting yourself feel it; difficulties arise as the emotion leaks out.

4. **Belief Statement:** *I am the only one who feels like this; there must be something wrong with me. Getting angry means I am not a good person.*

Truth: Emotions are healthy and natural. It is our attempt to stop feeling that is unnatural and leads us to unhealthy and addictive behaviours.

5. **Belief Statement:** *Feeling anxious is not a natural response; I must get rid of it.*

Truth: Your response is your response, getting rid of it will only heighten the anxiety when you face the situation again.

6. **Belief Statement:** *A good strong healthy person would not feel this way.*

Truth: Every human being will experience the full range of emotions at some time in their life. Don't compare, no one knows what is going on for someone else.

7. **Belief Statement:** *My emotions are wrong, other people do not feel the same as I do about certain situations*

Truth: Everybody reacts differently to situations, just because your emotional reaction is different, does not make someone else's right and yours is wrong.

8. **Belief Statement:** *I cannot tolerate feeling pain, it will kill me.*

Truth: Feeling pain can be difficult and most people naturally pain, but experience will have shown you that you won't die from emotions. Allowing yourself to connect with the pain and express it, will help it pass.

9. *Belief Statement: Letting myself feel bad would mean falling to pieces.*

Truth: Being human, means there may be times that you feel down; it does not mean that your life will fall apart, or that you are wallowing in it.

10. *Belief Statement: Children get carried away with emotions; I should be in control and know how to express each one of them, at all times.*

Truth: Emotions come and go; it is a very high expectation to put on yourself to believe that you can be in control of every situation and emotion. Trying to control your emotions can lead to unhealthy or addictive behaviours.

11. *Belief Statement: I should not feel nervous, this is a sign that I have low self-esteem*

Truth: Having good self-esteem does not remove feeling nervous, it may help you manage the nerves slightly better, but nerves **are a** natural and normal part of being human.

12. *Belief Statement: People will think I only focus on 'drama' if I express or talk about my emotions.*

Truth: Having emotions and expressing emotions in a healthy way means you are human.

13. *Belief Statement: If I feel these emotions, I will lose all self-control.*

Truth: Self-control is important but we cannot be in control of everything. Trying to control your emotions can lead to unhealthy or addictive behaviours. This type of thinking can lead to more difficulty.

14. *Belief Statement: I should not express emotions like hurt, fear and anger, if I do they will only cause more harm.*

Truth: Anger, hurt and fear are normal human emotions. No one is immune from them, and it is important that when they are expressed appropriately they are neither destructive nor dangerous.

15. *Belief Statement: I am stupid for feeling this way. There must be something wrong with me.*

Truth: How you feel is how you feel, you do not need to criticise yourself for feeling a certain way.

Worksheet 5.2: Connecting Emotions with life situations:

Using this worksheet, identify times in your past when you felt each of these emotions. Doing this will help you connect emotions with real life situations. You do not need to choose examples when your emotions were intense. For now, keep it simple, for example you may have felt angry when you were in a very slow queue or you may have felt sad when you watched a movie.

A time I felt **angry** was:

A time I felt **sad** was:

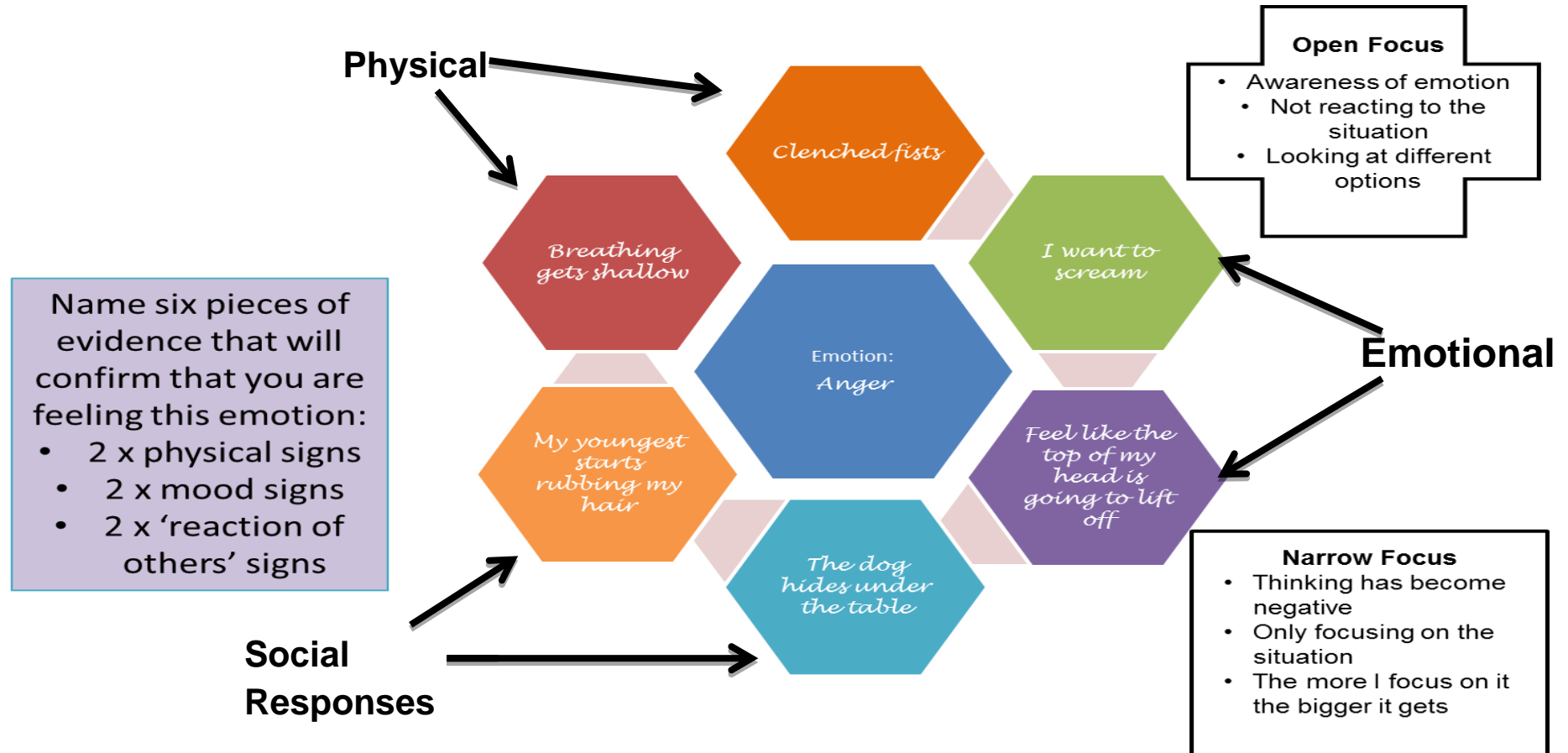
A time I felt **happy** was:

A time I felt **scared** was:

A time I felt **excited** was:

A time I felt **loved** was:

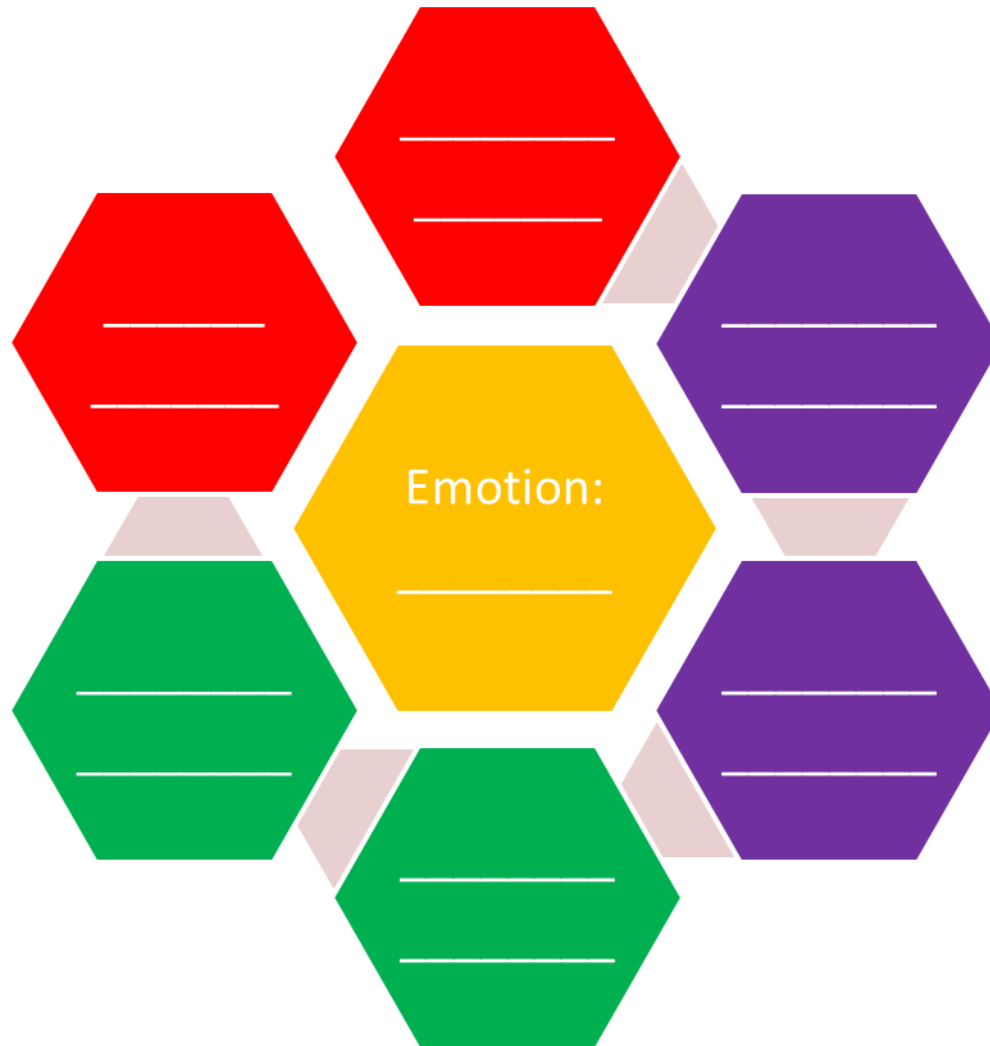
Handout 5.2: How do I know when I'm feeling ..?



Worksheet 5.3: How do I know when I'm feeling..?

Name six pieces of evidence that will confirm that you are feeling this emotion:

- 2 x physical signs
- 2 x mood signs
- 2 x 'reaction of others' signs



Thoughts: open focus
or narrow focus

Notes:



Module 6

More Than Words

Module 6: More than Words

The aim of module 6 is to build on the work from module 5. The exercises help participants increase their emotional vocabulary; understand how different emotions have different levels of intensity and to become aware of the process of emotion that may lead to a trigger situation.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of **Handout 6.1**
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of **Worksheets 6.1 & 6.2**
- Sign in sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)

1. Grounding Exercise I

- 4.1 Grounding exercise
- 4.2 Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 8.2 Check-in and review of Safe Plan

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

- 3.1 Ask participants to share emotions diaries
- 3.2 Any other homework
- 3.3 Emotions Board

4. More than words

- 4.1 Reflection on Module 5
- 4.2 Describing the same event differently
 - 4.2.1 Exercise 1: Intensity of Emotions
 - 4.2.2 Exercise 2: Rating Intensity
 - 4.2.3 Exercise 3: Performing Emotions for the Group
 - 4.2.4 Exercise 4: Rating the Emotions
- 4.3 What emotions are triggers?
 - 4.3.1 Exercise 1: What are Trigger Emotions?
 - 4.3.2 Exercise 2: Levels of Intensity
 - 4.3.3 Exercise 3: Getting to Know a Trigger emotion

5. Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safety Plan

8. Feedback Form

Module 6 introduces a lot of material around emotion and may take some time to work through. The quality of delivery is as important as the content within the module. It is important to move at the pace of the group, if you sense that this may take longer, this module can be delivered over 2 sessions.

1. Grounding Exercise 1 and sign-in sheet:

1.1 Grounding exercise

Grounding and meditation exercises can be found in Appendix 4. It is important that if you are going to lead a meditation to read over them first and to help you feel more comfortable the leading exercise. The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through the session without having spoken. Key questions that you may find useful are:

For example:

- Can you tell us one positive thing that has happened for you this week?
- How did your safe plan turn out? Tell us one thing that worked well in keeping you safe.
- Was there one thing that you planned on doing since we last met and succeeded in completing?

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

3.1 Review of Emotions Diary (and drug/alcohol diaries)

Ask participants to reflect on their emotional diaries. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator.

You should expect that people will still have difficulty in completing emotions diaries but that this is beginning to ease for some.

3.1 Any other Homework

Last week the group were asked to fill in Worksheet 5.3, ask the group if they have completed them as these are important for this module.

If some people do not have it completed, for whatever reason, allow time for them to fill it in.

3.2 Emotions Board

Ask group members are there any other words that they would like to put up onto the emotions board. As new emotions emerge during the session they are to be recorded on the board.

4. More Than Words

4.1 Reflection on Module 5

As module 5 had a lot of information in it, participants may have been left with questions about the work and how these topics are relevant to their recovery.

This exercise is going to give an opportunity for the group to discuss last week's module and give feedback on what they have learned.

Ask the groups to break up into pairs and spend 5 minutes discussing the topics from Module 5:

- False beliefs about emotions.
- Defining emotions.
- A time when you felt...
- How do I know when I feel.....?

Ask each pairing for feedback on the topics and put comments on a flip chart/whiteboard. Look for any themes in the feedback and give time for a group discussion to let participants process the information.

It can be helpful to ask the group if they recognised any elements of the learning during the week in their everyday life. Specifically, ask if they recognise any emotions they were feeling during the week? How did they know they were there? And how did they manage them?

If they did not recognise any emotions or learning or if they ignored them, did they notice any behaviours they engaged during the week that helped them to do this 'avoiding' or 'fixing' whatever was going on for them? Noticing our 'not engaging' is awareness that they may have never had before.

4.2 Describing the Same Event Differently

Last week we asked the group to define:

- Scared
- Sad
- Happy
- Loved
- Angry
- Excited

Each participant is to be given a copy of these definitions, as this week we are going to use them to help identify emotions that can act as triggers to substance use or other unhelpful behaviours.

We will also use the group emotions board and Worksheet 6.1 to create lists of words that describe emotions similar to the six named above. The emotions board should list a range of words that can be used to deepen the description of an emotion - or can be used to describe an event differently.

For example: If I describe my emotional reaction as 'angry' every time something happens to me and anger is a trigger for unhelpful behaviours, then anger is a problematic emotion in my recovery.

However, if I discover that there are a range of words that describe being angry and they are not all of the same intensity (and don't have the same meaning as 'anger' for me) then such feelings can be managed better. 'If the only tool I have in my toolbox is a hammer, I will end up smashing everything'.

Indeed, 'angry' is often a process, where I feel lots of emotions before I get to 'angry'; but I may not have the words or awareness to describe that development. Until today that is!

Maybe the next time I get angry, I might notice that I was annoyed or bored or irritated before I got angry – and if I can deal with those emotions, I might not have to get angry as often (and therefore not put my recovery at immediate risk). If I am not angry as often, I have reduced the number of trigger situations caused by that emotion.

It is important to note that 'anger' is an appropriate reaction in certain situations and it is not the purpose of this exercise to be suggesting that anger should be avoided. There are healthy times to be angry; this exercise is noting the times when the anger is 'unhealthy' for the individual and it is for these moments that we are encouraging change.

4.2.1 Exercise 1: Intensity of Emotions:

We have included a facilitator's handout, 'Intensity of Emotion'. This list contains 125 different emotions, broken into 6 different sections developing from the 6 emotions above. Each of these 6 key emotions has a variety of words that can be used to describe that emotion; and these have been further broken into categories with the aim of describing different levels of intensity. For example, if I describe myself as being irritated, the intensity of the emotion is not as strong as describing myself as furious.

We offer this list as a guide for facilitators, to support you in your work with the group. We hope that the emotions board will lead to similar lists being created and it is a much more powerful learning for groups to create their own list than to be handed one.

Give each participant a copy of **Worksheet 6.1**. The group is now tasked with coming up with as many other emotions that might appear in the section related to one of the 6 key emotions.

To help get you started, the worksheet has one word as an example for each section. The group might use the working definitions developed during Module 5 to help guide them through this process.

Record the lists on your whiteboard/flipchart as the words emerge.

The group's 'Emotions Board' can also act as a resource for this exercise. Invite the group to go through the words on the board and decide under which section on Worksheet 6.1 they should be placed. Remember, emotions can be placed under more than one section, e.g. 'valued' may be connected with Happy, Excited and Loved. Fearful may be connected to Angry and Scared.

If there is doubt about the meaning of any of the words, ask the group to refer back to the definitions they made in last week's session. While these definitions only describe the 'main 6', they will act as a sounding board for working out the type of emotion that is being decided upon.

As you are putting each word on the whiteboard/flipchart, ask the group to put the word in the appropriate column on the worksheet. The facilitators guide sheet can be useful if one of the columns needs more words. It can also help you to recall words that may be important for the group to consider but they haven't named it as yet.

4.2.2 Exercise 2: Rating Intensity

When the group has completed their list, ask them to rate each emotion in terms of its 'intensity'. Each emotion on the list will carry different levels of strength.

As facilitator you might give some examples to help with the discussion, showing the difference in expressing the emotions at different intensities. It is also worth noting that some people will already have these words in their lexicon but may not be feeling their differences. Some will both know and feel their differences, so as facilitator, it is helpful to present this exercise as something that is being explored rather than 'new' material being presented.

4.2.3 Exercise 3: Performing Emotions for the Group:

When giving examples to the group it is important to not only say the word but to also use voice tone and body language.

Examples:

- 'I am ANGRY because you are late'- body tense, shoulders back, voice louder
- 'I am annoyed because you are late'- body less tense, shoulders relaxed, voice same level
- 'I am scared about the news'- Body tense and/or shaking, voice lowers
- 'I am nervous about the news'- Body less tense, butterflies in stomach, voice same level

These are only examples and you will know the emotions that are more important for your group. It is important participants understand that each will experience emotions differently. So to one person 'Upset' might feel very strong but to another it may not.

Acting out the emotions can be done in a light-hearted way; the group can guess what emotion you are trying to 'perform'. When the group is relaxed with the exercise, invite group members to perform some emotions. As people express emotions differently, every performance can be explored as a new learning, highlighting for the group the need to absorb the range of expressions that people use to express the same emotion.

4.2.4 Exercise 4: Rating the Emotions

From the lists on **Worksheet 6.1** we are now asking group participants to rate each emotion in terms of intensity:

Beside each word they are to put:

- | | |
|--------------------------------|------------------|
| <input type="radio"/> H | High Intensity |
| <input type="radio"/> M | Medium Intensity |
| <input type="radio"/> L | Low Intensity |

This exercise is very personal and although there maybe similarities, each person will have different experiences; this is not a competition and no one can tell another person what way to feel. There are not right answers here; there are just right answers for each individual.

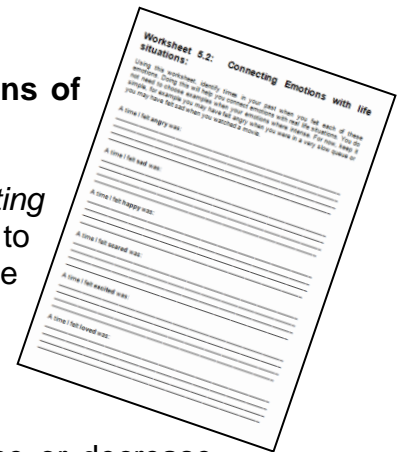
When they have completed this piece of work, generate a discussion around the lists.

Guide questions include:

- Were they aware that each emotion has so many different linked emotions?
- Is it challenging/ confusing to look at this list?
- Do they recognise the different emotions in themselves?
- Do they recognise the different levels of intensity of emotions? Are these levels easier to see with different emotions?

4.2.5 Exercise 5: Changing Last Week's 'Descriptions of the Same Event'

Then using the example from Module 5 (*Connecting emotions with life situations*), ask the group members to choose one word from each 'intensity' box to re-describe that same event.



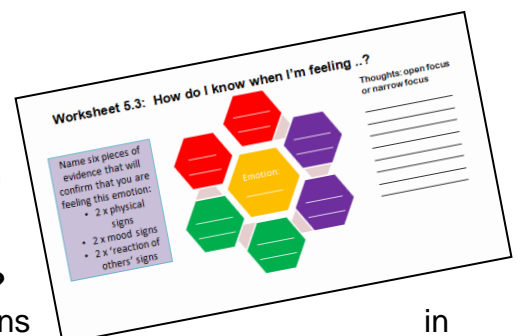
- Does the event sound any different using these different words?
- Does the level of intensity of the feeling increase or decrease when using these different words?
- Do these different words add or subtract from the truth of the description of the event?
- Do you use these words anyway? Had you ever noticed their differences?

4.3 What Emotions are Triggers?

This section will also require the work completed in **Worksheet 5.3** (How do I know what I am feeling?)

4.3.1 Exercise: What emotions are triggers?

Ask the group to pick from the list the emotions in **Worksheet 6.1** that they feel are triggers for them - the emotions diaries can be a resource in doing this and write them down on a page.



It is important to highlight that positive emotions can also be triggers - people have been known to use or engage in unhealthy behaviours when feeling good. In last week's session participants should have filled in Worksheet 5.3. (*How do I know what I am feeling?*) for six emotions. Ask the group if one of the emotions from last week's exercise is on their trigger list? In the event that it is not, you will need to give space in the group so they can fill in Worksheet 5.3 for the emotion.

Before moving on to the next exercise, leave room for a brief discussion on any insights gained during this piece for work. Note that a more detailed discussion will follow the completion of the next exercise.

4.3.2 Exercise: 'Levels of Intensity'

Give each participant a copy of **Handout 6.2**

Example: *Sad*

High	Miserable, Heart-broken
Medium	Alone, Let down
Low	Moody, Disappointed

The above example takes the words that describe SAD but would be considered to have different levels of intensity; some people may not agree with this and this is ok. Remember that each individual will feel each emotion differently and there is no 'right or wrong' emotional intensity level.

Discuss the handout with the group:

Note that:

- Each emotion on the sheet is a build-up to the trigger emotion.
- Each emotion will have a different level of intensity.
- Early warning signs are important as what may start off as disappointment over a situation, may build up to a strong feeling of sadness.

The example used shows all words connected to 'sad'. Emotions do not always have this straight path; sometimes what starts off as disappointment may end up as anger. Indeed, what starts off as content may end up as angry or sad if I am uncomfortable with 'being ok'. While acknowledging that emotions are neither right nor wrong, indicate that some emotions might act as early warning signs for triggers.

4.3.3 Exercise: 'Getting to know a Trigger Emotion'

We are now going to create a level of intensity for the trigger emotion. Give each participant a copy of Worksheet 6.1

Ask each individual to create their own high, medium and low 'intensity chart' for the emotion that they have chosen as a trigger for them. Put the trigger emotion at the top of the worksheet, and then start with emotions they experience as having low levels of intensity and working up to their trigger emotion.

They can pick emotions from the different lists created during the session; the starting emotions do not have to be obviously 'related' to the trigger emotion e.g. if 'anger' is a trigger, the first sign may be nervousness or if 'sad' is a trigger, the first sign may be 'insecure'.

Guide questions to help with this exercise:

- What emotion comes first?
- What is the build up?

It may be helpful to ask them about situations where this emotion has come up for them; remember, this does not need to be the most difficult emotion in their life and therefore the situations where the emotion emerges does not have to be linked to trauma/past difficulties.

- How do I know I am feeling this emotion?
- What are the signs that tell me, I am experiencing my trigger emotion?

This exercise will help participants to recognise their own 'early warning signals'; the more they become aware of the early signals, the better equipped they will be to intervene. The aim is help participants become aware of the process involved in reaching a trigger situation.

When participants have completed this exercise, you should facilitate getting feedback from everyone as to what they have learned about themselves and specific trigger emotions.

Be aware that some participants may say that they go to the trigger emotion straight away and there are no indicators along the way. This is an important point and will need a facilitated discussion. People will at times be in situations when they are right at the point where they feel the intensity of strong emotions. We are not trying to avoid these emotions, as being human means we will feel the full spectrum of emotions. However, this may not be the situation all the time and there might be indicators that could signal to them that they need to do something about their current situation.

Make sure to involve everyone. Be conscious that some people will want some 'settling time' before they are ready to discuss what they have learned and so once they have indicated that they are sufficiently 'good enough', move on to the next person.

5. Review and preparation for next Session

5.1 Review of Session

Invite the group to settle back after all the learning from today's group.

It is important that you invite all members of the group to speak during this exercise.

Guide Questions:

- How are you as we come to the end of today's session?
- What is staying with you as important to you?
- Is there anything that you didn't like? Are there any questions that you didn't get to ask?

When the group have finished, it is important to remind them about their homework for the week. In Module 6, this involves only the completion of the 'emotions diary' (and drug/alcohol diaries where appropriate).

Invite participants to use their supports in completing their diaries: key-workers, family members and friends or whomever else they may have identified.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

- Helps to connects them with the 'here and now' before leaving
- Gives space for them to reflect on their safety plan for the time until the next session and
- Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

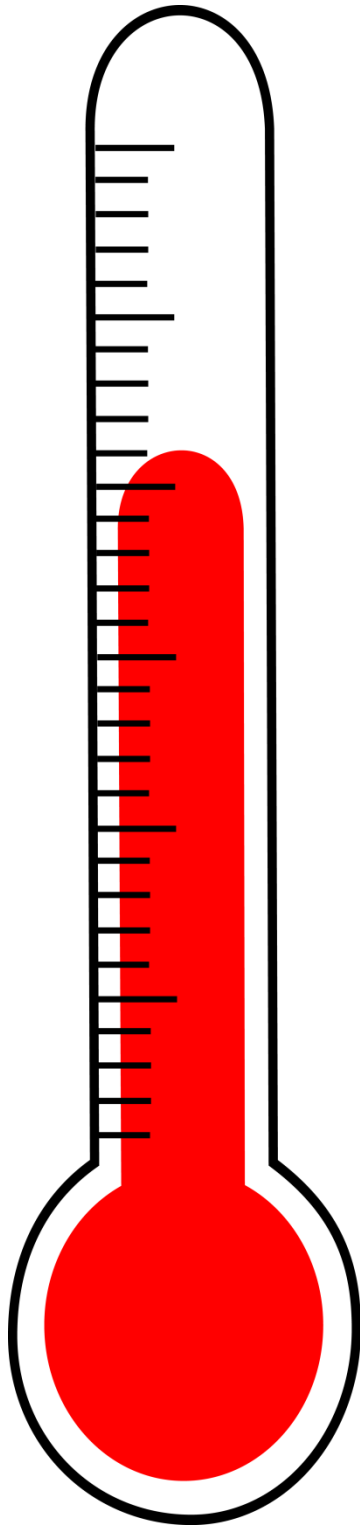
Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next session.

A brief sharing of their commitment is useful at this point, as it can help other group members to come up with ideas for themselves. Note that it is not always necessary to go around the whole group.

8. Feedback Form

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes. They do not have to sign this sheet.

Handout 6.1 'Levels of intensity'



Emotional trigger:

SAD

Emotion High intensity:

Miserable (H)

Heart-Broken (H)

Emotion medium intensity:

Alone (M)

Let Down (M)

Emotion low intensity:

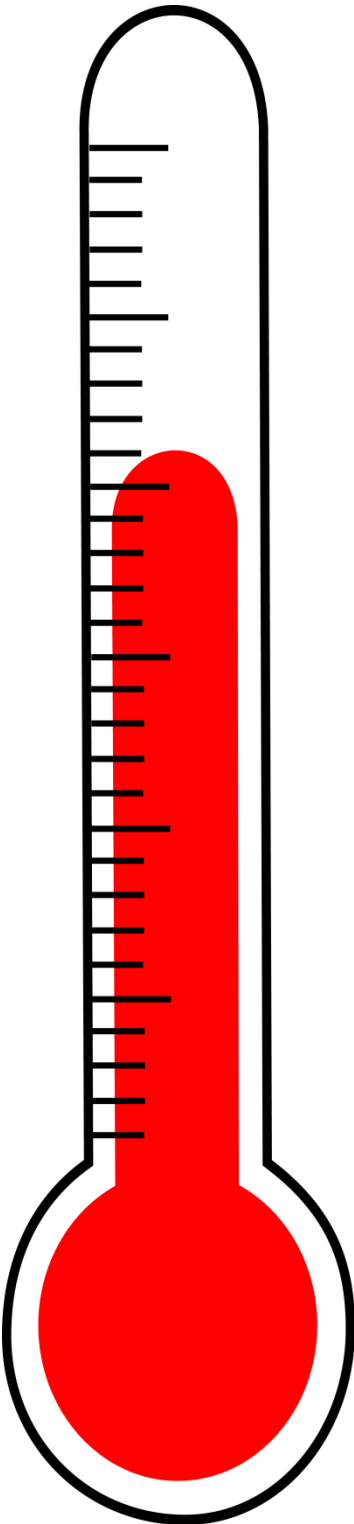
Moody (L)

Disappointed (L)

Worksheet 6.1 Intensity of Emotion

[illegible]

Worksheet 6.2 Levels of intensity



Emotional trigger:

Emotion **high** intensity:

Emotion medium intensity:

Emotion low intensity:

Facilitators Guide: for guidance purposes only

Intensity of emotion	Scared	Angry	Sad	Happy	Excited	Loved
High	Afraid Terrified Horrificed Petrified Fearful Panic Shocked	lonely Guilty Anxious Furious Enraged Outraged Boiling Irate Seething Betrayed Pissed off	Depressed Agonised Alone Hurt Dejected Hopeless Miserable Anxious	Elated Over joyed Thrilled Ecstatic Passionate	Valued Glad Hopeful Fired up Ecstatic Fired up Passionate Hopeful Glad Valued	Connected Wanted Valued Appreciated Cherished Confident Understood
Medium	Apprehensive Frightened Threatened Insecure Uneasy Intimidated Confused	Upset Mad Defended Frustrated Agitated Disgusted Resentful	Heart-Broken Sombre Lost Distressed Let down Melancholy Helpless	Cheerful Gratified Good Relieved Satisfied Glowing	Cheerful Gratified Good Relieved Satisfied Glowing	Beloved Valuable Acknowledged Grateful Respected
Low	Cautious Nervous Unsure	Worried Timid Annoyed Uptight Resistant Irritated Touchy	Unhappy Moody Blue Upset Disappointed	Glad Contented Pleasant Tender Pleased Mellow	Glad Contented Pleasant Tender Pleased Mellow	Regarded Needed Admired

Notes:



Module 7

Keeping the Wheels in Motion

Module 7: Keeping the Wheels in Motion

AIM

The aim of module 7 is to help participants to look at emotional 'stuck' points and how they may possibly change their current state or learn new techniques to cope differently. The exercises help participants create plans that they can use when they notice emotions that may cause them difficulties.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of **Handouts 5.2, 7.1 & 7.2**
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of **Worksheet 7.1**
- Sign in sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)

1. Grounding Exercise I

- 1.1 Grounding exercise
- 1.2 Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in and review of Safe Plan

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

- 3.1 Ask participants to share emotions diaries
- 3.2 Any other homework
- 3.3 Emotions Board

4. Keeping the Wheels in Motion

- 4.1 Programme review
 - 4.1.1 Continue discussion
- 4.2 Creating a plan
 - 4.2.1 Group Exercise: Creating a plan
 - 4.2.2 Individual Exercise: Creating a plan
- 4.3 How can I incorporate this plan into everyday living?
 - 4.3.1 Group Feedback
 - 4.3.2 Role Play

5 Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6 Grounding Exercise II

7 Safety Plan

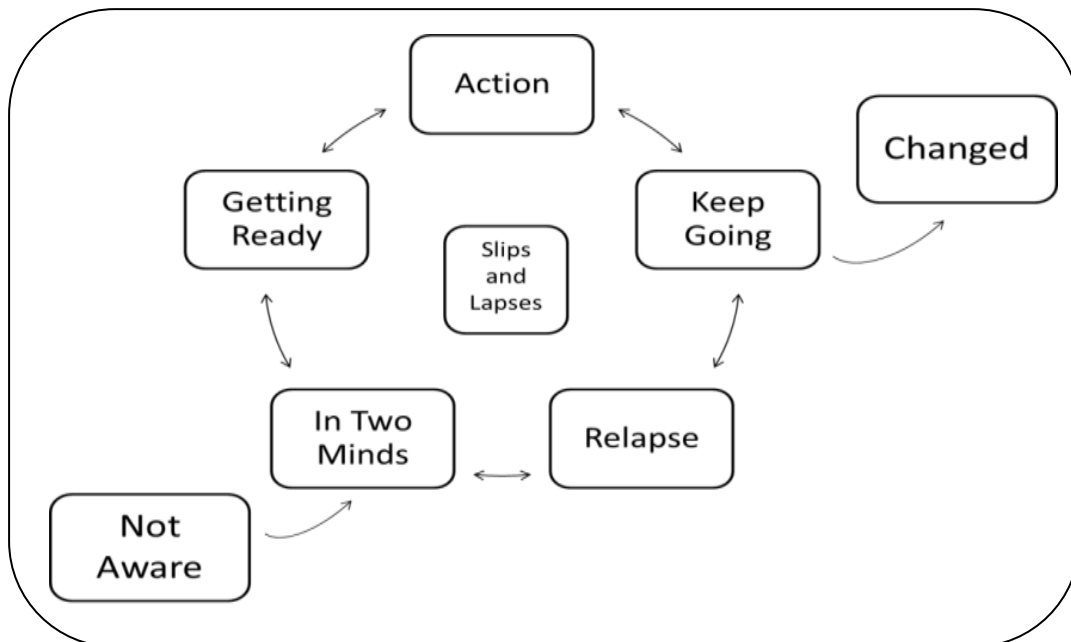
8 Feedback Form

Note to Facilitator:

During this module we will be making plans. This is a 'doing' module, that invites participants to create plans around their emotions.

It is likely to be strange for them to be thinking about making plans for coping with trigger emotions; therefore, you can expect that there will be ambivalence and sustain talk throughout the module.

It is therefore useful to be mindful of motivational interviewing techniques and the 'wheel of change' during this and Modules 8 and 9. For your assistance, we include our version of the wheel of change (adapted from Prochaska and diClemente, 1984) which might prove useful when you are drawing attention to such ambivalence and sustain talk with your group:



1. Grounding Exercise 1

1.1 Grounding exercise

Grounding and meditation exercises can be found in Appendix 4. It is important that if you are going to lead a meditation to read over them first and feel comfortable leading meditations. The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through the session without having spoken. Key questions that you may find useful are:

- Can you tell us one positive thing that has happened for you this week?
- How did your safe plan turn out? Tell us one thing that worked well in keeping you safe.
- Was there one thing that you planned on doing since we last met and succeeded in completing?

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

3.1 Review of Emotions Diary (and drug/alcohol diaries)

Ask participants to reflect on their emotional diaries. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator.

You should expect that people will be more comfortable with completing emotions diaries but some may still be finding it hard. They may require some extra support.

3.1 Any other Homework

There was no specific homework from Module 6 but some people may have continued working on some of the exercises from last week (e.g. 'getting to know a trigger emotions' and 'levels of intensity' exercises) .

3.2 Emotions Board

Ask group members are there any other words that they would like to put up onto the emotions board. As new emotions emerge during the session they are to be recorded on the board.

4. Keeping the wheels in Motion

4.1 How is it going?

Over the last six modules, group members have been engaging in a number of exercises. Each module has introduced new themes:

- Automatic thoughts
- Unhelpful Thinking Patterns
- Beliefs about emotions
- How do I know what I am feeling?
- Trigger emotions

This is an opportunity to discuss with the group the work they have been engaging with over the last number of weeks. It is important to highlight that this is not a test but a conversation to help each other to understand some of the themes a little more or fix any misunderstandings.

Allow time for this discussion. Some guide questions:

- As individuals and as a group, what has been like to engage in this work?
- What are we learning through this process?
- Do the exercises reflect everyday life? Where are we seeing the signs? What if anything has changed? How do we know if things have changed?
- Is there anything that you feel could be explained a little more?
- What does any of the group need that would help them engage a little more in the process?

4.1.1 Continue discussion

Having awareness is very important but it is not always enough. Having a plan in place will help each participant to be aware of early warning signs. It will also give them options that will help them respond to each emotion as it comes up.

The group have had a week to allow this work to settle and become somewhat familiar to them. We are now going to open up a discussion on the learning:

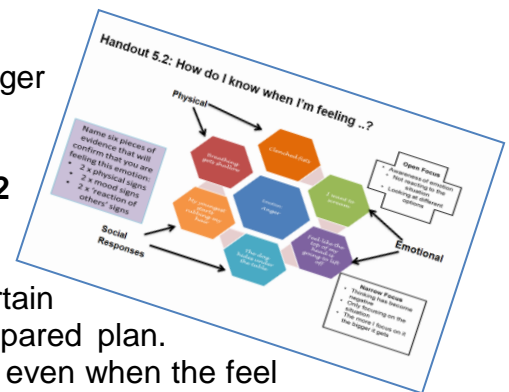
- What were your key thoughts over the week?
- Did you notice, at any stage, the different levels of intensity for any of the emotions?
- Once awareness was there, how did you manage the emotion or situation differently?
- Is there anything they can do when they notice the early warning signs?

Record all feedback on the flipchart/whiteboard and keep for later in the session.

4.2 Creating a plan

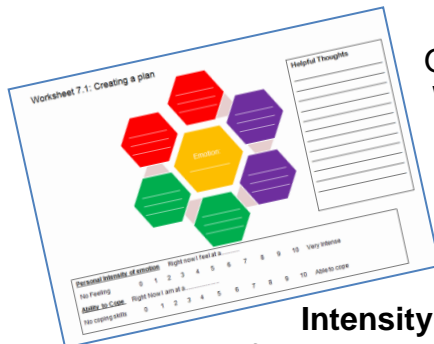
Create a plan to help you cope when trigger emotions arise.

Give each participant a copy of **Handouts 5.2** and **7.1**. The purpose of these handouts is to help participants think about doing something differently when they begin to notice certain emotions; this something might be this pre-prepared plan. Maintaining old behaviours is not necessary and even when they feel overwhelmed, they have options.



4.2.1 Group Exercise: Creating a Plan

Before asking individuals to try this exercise, work through an example with the whole group. Ask the group for one common emotion that they would all like to work on.



On the flipchart/whiteboard lay out the same design as Worksheet 7.1

The bottom part, 'Intensity of Emotion' and ability to cope should be filled in first.

Intensity of emotion: How strong, in my body, do I feel this emotion?

Ability to cope: How confident am I in my ability to cope with this emotion?

Ask the group to come up with coping strategies they can identify for the emotion.

We are trying to generate:

- Two physical responses
- Two behavioural responses
- Two social responses

Thoughts that might be helpful

Handout 7.2: Coping strategy prompts. This sheet has a number of suggestions that will help with this exercise and assists in encouraging the group to identify helpful responses.

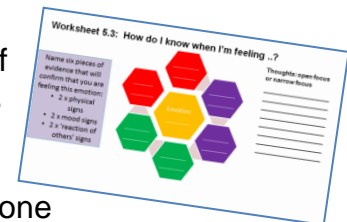
Allow for discussion in the group. Remember we are looking for two ideas but write up all the coping responses that are generated from the group. As facilitator you will need to classify them into the different categories (there may be some cross-over).

Once the group have created a plan and are happy with it:

Go back to the 'Intensity of Emotion' and 'Ability to Cope' at the end of the worksheet and ask the group if these figures have now changed. If they have, what has shifted and what has helped to shift up or down either scale? Allow time for the group to discuss the exercise.

4.2.2 Individual Exercise: Creating a Plan

The group have already completed a number of worksheets on emotional triggers, particularly 5.3. (which explored how we know when we are feeling particular emotions) We are now going to ask the group to create plans for two of their trigger emotions: one in the class and one for homework.



Using **Worksheet 7.1** ask the group to choose what emotions they would like to work on. Ask them to follow the steps already outlined in the group exercise. It is important to facilitate any questions at this point.

Important Note for Facilitator

- Make sure that plans are realistic and achievable for the individual.
- When making plans, individual safety is of prime importance.
- Some of the coping strategies may be repeated throughout.
- However, by asking them if they can come up with other coping strategies, you can assist them to find newer ideas for coping.
- When they are 'stuck' and can only name the same coping strategy, invite them to ground themselves for a moment and then to see if the same strategy can be used every time. They may not, at this time, be able to come up with a new coping strategy but naming the weakness of having only one strategy in place may create enough dissonance for a new strategy to emerge later.

Example:

Someone may put in 'remove myself from the situation' but it may not be appropriate to their living circumstances. If that is the case, what other coping strategies can they use?

Once they have completed a full plan, ask them to come back together and discuss their work. Invite the group to generate ideas for strategies for anyone who couldn't come up with ideas for new coping strategies.

Following the discussion, ask participants to revisit the 'level of intensity' and 'ability to cope' for a second time. Now that the plan is in place:

- Has either number shifted up or down the scale?
- If it did what has changed, what has been helpful?

Some people may feel that nothing has changed. When this arises, explore some of the following points/questions with the group:

- What parts of the plan may change that could help you to move up half a point or one point on the ability to cope scale?
- Acknowledging the difficulty of completing this work, could some of the wording change in the plan to make the plan more achievable?
- The intensity of emotion may stay the same, does this mean ability to cope stays the same? Remember, we are not trying to remove the emotion but make plans that will help us to deal with it.
- Reminding individuals that we do not always have control over the initial reaction and thoughts (as these are often learnt responses), we can however change the next piece and in doing so it gives us more choices.
- Ask if it is ok for the group to give some feedback to help with the plan?
- If an individual feels that they cannot put a plan in place that would increase their ability to cope with a certain emotion, would they be willing to work on a different emotion?

4.3 How can I incorporate this plan into everyday living?

As individuals and as a group they have just engaged in a lot of work, which needs to be acknowledged and affirmed.

4.3.1 Group feedback

On the flipchart/whiteboard write up separate headings for:

Emotion	Helpful Thoughts	Physical	Behavioural	Social Coping Strategies
---------	------------------	----------	-------------	--------------------------

Ask group members if they are willing to share their plan? If they do, record each emotion, coping strategy and helpful thoughts, and place it into its appropriate category. Display all feedback and retain for later.

Try to generate as many coping strategies as possible from the group.

Type these up later as they are to be used as a handout for the next module.

4.3.2 Role Play

Ask if anybody in the group is willing to do a role play for the emotion they have created a plan for?

*If no one volunteers to do one of their own, you will have to take the lead and start the exercise, using the example from **Handout 5.2**. Create a scenario where this emotion may emerge and ask two members of the group to volunteer to help you with this.*

There will be some planning in the beginning but each role play should take no longer than two or three minutes, so that, depending on the willingness of the group, it is possible to do quite a few role plays.

The role play is to include three people; the person who has volunteered should be the director and will watch their plan being played out by two other people. This should only occur if they feel comfortable; at any point, anyone involved in the role play can call a halt and, as facilitator, you lead the group on to the next role play or to the review of the session.

Those not playing characters will act as observers and give feedback.

Steps are as follows:

1. The director decides the emotion; they choose the scenario where this emotion may emerge and who would be there and what might be said.
2. One person is playing the part of the person who wrote the plan and is trying to implement it.
3. The other person plays the part of someone who would be there when this emotion emerges e.g. partner, friend, dealer, police, doctor, boss or parent.
4. The director directs the characters by telling them what to do and say. (The Facilitator should prompt the director by asking questions such as 'is this how the character sounds and acts?' The more realistic it is, the more they will learn from the experience).
5. The role play begins once the director is happy with how the characters are playing the roles.
6. The role play should play out as naturally as possible with the safety plan being implemented as realistically as they can.

When finished, the facilitator asks the actors to 'come out of character' and 'back into the room'. The actors are given an opportunity to give feedback on how the role play was for them. Then the director is asked about how it was to observe their own plan being played out.

- Was it real enough for them?
- What positives do they take from watching the role play?
- Was there anything they would change?

Then if the director is comfortable, would they now re-play the scene but this time, the director plays their own role? If they would like to do the exercise themselves, allow a minute to run through it.

5. Review and preparation for next Session

5.1 Review of Session

Invite the group to settle back after all the learning from today's group.

It is important that you invite all members of the group to speak during this exercise.

Guide Questions:

- How are you as we come to the end of today's session?
- What is staying with you as important to you?
- Is there anything that you didn't like? Are there any questions that you didn't get to ask?

When the group have finished, it is important to remind them about their homework for the week. In Module 7, this involves the completion of the 'emotions diary' (*and drug/alcohol diaries where appropriate*) and completion of Worksheet 7.1 as well as any other worksheets that they didn't complete to their satisfaction from today's session.

Invite participants to use their supports in completing their diaries: key workers, family members and friends or whomever else they may have identified.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

Helps to connects them with the 'here and now' before leaving

Gives space for them to reflect on their safety plan for the time until the next session and

Offers people the chance to affirm themselves and acknowledge the work that they have done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

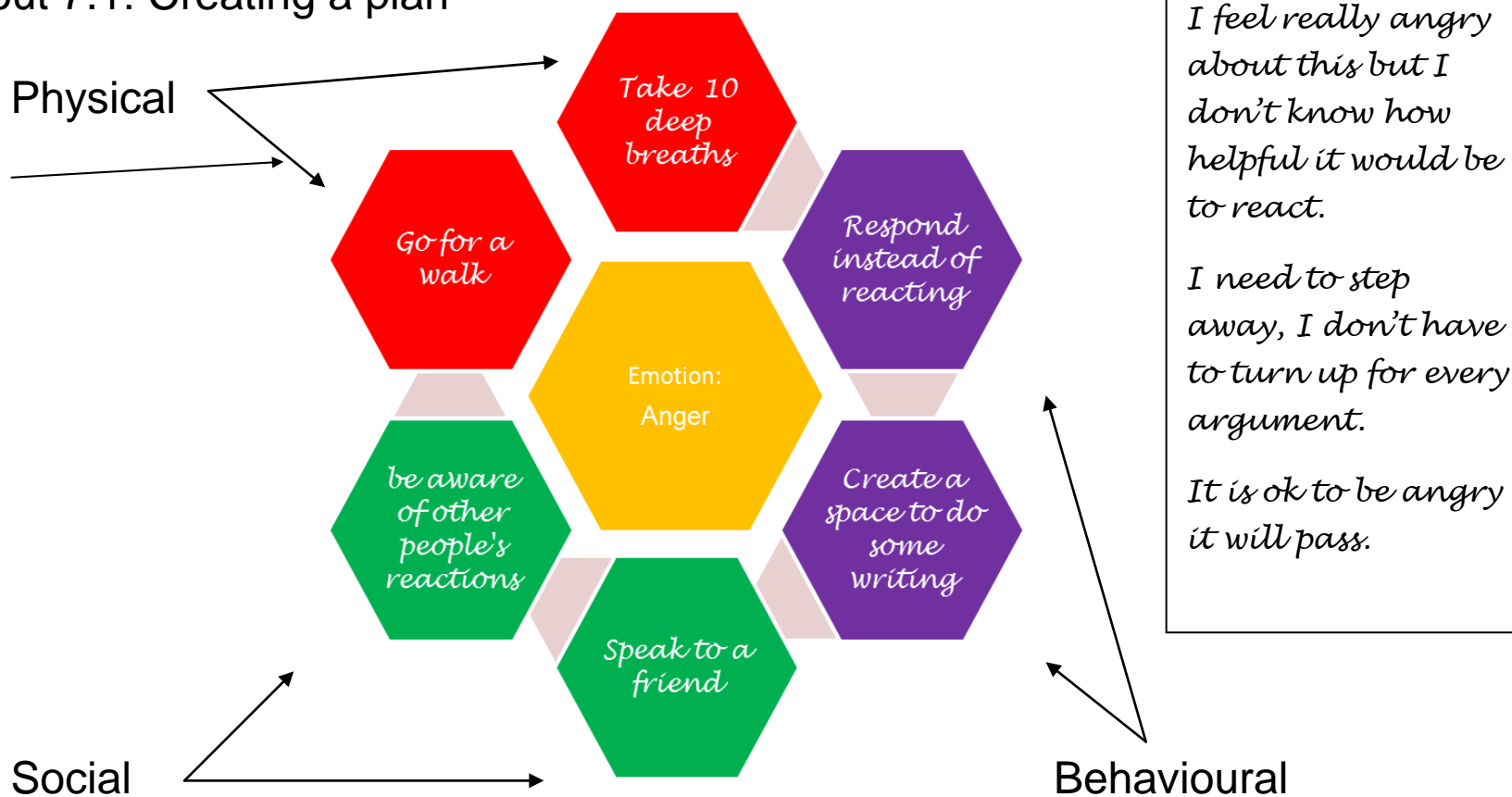
Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next session.

A brief sharing of their commitment is useful at this point, as it can help other group members to come up with ideas for themselves. Note that it is not always necessary to go around the whole group.

8. Feedback Form

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes. They do not have to sign this sheet.

Handout 7.1: Creating a plan



Personal Intensity of emotion

Right now I feel at a.....

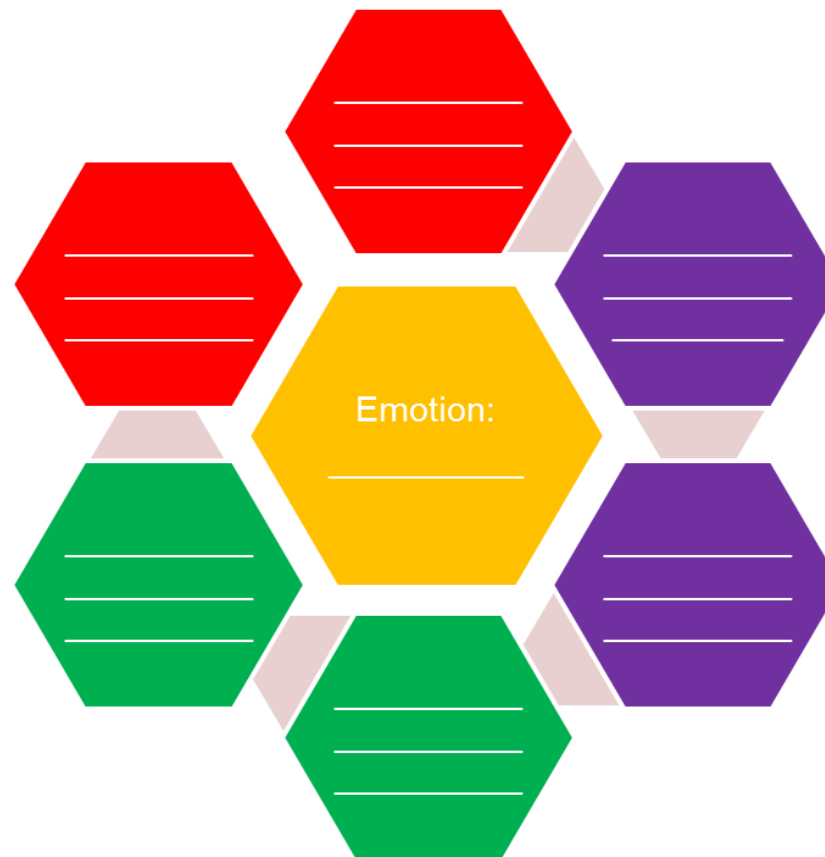
No Feeling 0 1 2 3 4 5 6 7 8 9 10 Very Intense

Ability to Cope

Right Now I am at a.....

No coping skills 0 1 2 3 4 5 6 7 8 9 10 Able to cope

Worksheet 7.1: Creating a plan



Helpful Thoughts

Personal Intensity of emotion

Right now I feel at a.....

No Feeling 0 1 2 3 4 5 6 7 8 9 10 Very Intense

Ability to Cope

Right Now I am at a.....

No coping skills 0 1 2 3 4 5 6 7 8 9 10 Able to cope

Handout 7.2: Coping strategies

PHYSICAL	BEHAVIOURAL
<ul style="list-style-type: none"> • Go for a walk. • Stretch. • Go to gym. • Engage in exercise. • Massage. • Deep breaths. • Remove yourself from the situation, if you can. • Be aware of the emotion in your body. • Dance. 	<ul style="list-style-type: none"> • Respond instead of reacting. • Try to look at it from the other person's point of view. • Don't judge the emotion. • How much of the emotion do I need to express now? • Do some writing. • Do something you enjoy doing. • Acknowledge the emotion; where it is on the thermometer? • Pull back from people who are not healthy for you right now. • Sing. • Play, have fun.
SOCIAL	THOUGHTS
<ul style="list-style-type: none"> • Phone a safe friend. • Meet a safe friend. • Speak to a friend. • Attend a support group. • No matter what is going on, attend your support services. • Be around people that are healthy for you. • Do something positive for someone else. • If possible remove yourself from the situation. • Engage in a positive activity. 	<ul style="list-style-type: none"> • Positive self-talk. • Do you need to sort this situation out right now? • Can I come back to it? • I can deal with this? • I have a plan in place, I know what to do. • I have the ability to cope. • As difficult as this feels, it will pass.

Notes:



Module 8

Embracing Success

Module 8: Embracing Success

Aim:

The aim of Module 8 is to build awareness around success in recovery and how that can sometimes be difficult to deal with. The exercises help to identify successes already achieved in life and in recovery, while also acknowledging the role of fear.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of Handouts 8.1 & 8.2
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of Worksheets 8.1, 8.2 & 8.3
- Sign in sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)

1. Grounding Exercise I

- 1.1 Grounding exercise
- 1.2 Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in and review of Safe Plan

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

- 3.1 Ask participants to share emotions diaries
- 3.2 Any other homework
- 3.3 Emotions Board

4. Embracing Success

- 4.1 Creating a plan (homework)
- 4.2 Daves' story continued
 - 4.2.1 Exploring Daves' Story
- 4.3 Moving towards success
- 4.4 What happens when I have success?
 - 4.4.1 What does success look like?
- 4.5 This is my life
- 4.6 Home work

5. Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safety Plan

8. Feedback Form

1. Grounding Exercise I

1.1 Grounding exercise

Grounding and meditation exercises can be found in Appendix 4. It is important that if you are going to lead a meditation to read over these first and ensure you feel comfortable leading meditations. The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and Review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through the session without having spoken. Key questions that you may find useful are:

For example:

- Can you tell us one positive thing that has happened for you this week?
- How did your safe plan turn out? Tell us one thing that worked well in keeping you safe.
- Was there one thing that you planned on doing since we last met and succeeded in completing?

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

3.1 Review of Emotions Diary (and drug/alcohol diaries)

Ask participants to reflect on their emotional diaries. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator.

You should expect that people will still have difficulty in completing emotions diaries but that this is beginning to ease for some.

3.1 Any other Homework

Last week the group were asked to fill in **Worksheet 7.1** 'Creating a plan'. If some people do not have it completed, for whatever reason, allow time for them to fill it in.

3.2 Emotions Board

Ask group members are there any other words that they would like to put up onto the emotions board.

4. Embracing Success

4.1 Creating a Plan (Homework piece):

At the end of last week's session, participants were asked to create a plan for one of their emotional triggers. This is an opportunity to open up discussion about the work and explore what it is like to approach this work at home.

This can be opened up to the group with two questions, remembering that this is exploration.

- What went well?
- What was it like to engage in the work?

This is a real opportunity to explore how participants are feeling about engaging in the work. During the last number of sessions we have been creating lists and plans; now we are asking them to discuss what goes on in their own lives. We are trying to elicit themes from the group here. As they are talking, notice if any of the following themes arise:

- It does not always feel right when we do the right thing.
- Some people are unwilling to engage in the process, for their own reasons.
- A sense of people wanting to leave well enough alone, 'its grand' no need to start creating something when things are going well enough.
- What are the emotions that arise when we talk about things going well?

Ask the participants if it is ok to stop for a moment and record the themes in the group. Ask if it is ok to enquire of the group if anybody identifies with what is being written on the board. If the group do not identify the themes, it is important for the facilitator to explain what they have written on the board in more detail. Then re-ask the group if they identify with the themes and discuss why it is that we might be finding it difficult to embrace change.

This discussion will help with the rest of the session on embracing success.

4.2 Daves' story continued:

Distribute a copy of **Handout 8.1** to each participant. Ask the group to take a couple of minutes to read over it and then ask someone to read the story

aloud (or indeed ask several people to read a paragraph each). It is important that each individual gets a sense of the story.

Daves' story is not untypical of how someone in recovery can be doing really well in many areas of their life, setting goals, achieving positive outcomes and then, seemingly out of the blue, they seem to self-sabotage and return to old behaviours.

4.2.1 Exploring Daves' Story

The facilitator re-reads Daves' story out loud. As they do this, the group highlight as many of the following as they can identify:

- Automatic Negative Thoughts (ANTS)
- Limited Thinking Patterns
- Different Emotions
- Emotional Intensity Levels
- Emotional Triggers

All of the above are to be discussed with the group but it is more effective to allow the group to find these issues within the story rather than the facilitator identifying them.

Questions that will help create this exploration:

- What happened for Dave?
- When did things begin to change for Dave in relation to the visit?
- How was Dave handling success?
- Is Daves' story realistic? If so, why?
- Had Dave set a goal that was unachievable?
- Could it be that Dave really didn't want the responsibility of his child?
- Can anybody identify with Dave?
- What changes could Dave have made?
- What can we learn from Dave?

What happened on that night?

As a way of completing this discussion, allow the group to create an ending for Daves' story. It is important to nudge them towards creating a positive ending, one wherein Dave does not have a drink. This is important as it gives a sense of hope, that even at the point of a slip, we still have options and things can go well.

4.3 Moving Towards Success

'Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us. We ask ourselves, who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be?'

Marianne Williamson (1992).

As stimulus for a group discussion, write the above quote on the board or you can print off a copy for each participant. Ask the group if they identify with the quote. It is important to ask the group what it means to them.

- What is the quote saying to us?
- How powerful are you?
- What is power?
- What stops me noticing my power?

To follow on from this discussion:

Display the following on the whiteboard/flipchart

If we visualise recovery as a 'train journey with a number of different stations along the track', could each station be a marker of recovery?

Station	Action
Engaging Station:	Engaging with a service
Ready to Change Station:	Stable on prescribed medications
Dealing with Struggles Station:	Did you get off the train? NO
Stabilising 2 Station:	Getting 'takeaways' from the clinic.
Slip Station:	Did you get off the train? YES
Stabilising 3 Station:	Get back on track; engage with support.
Making a Mistake Station:	Did you get off the train? NO
Personal Development Station:	Work on building relationships
Slip Station:	Did you get off the train? NO
Education Station:	Receiving awards for courses completed
Thinking I was fixed Station:	Did you get off the train? NO

These stations continue along the journey from active addiction into recovery.

Ask the group:

- What has been your experience at each station on the journey?
- Do you ever notice the successful stations?
- If we sit back and reflect, what is the next station you are aiming for?
- What will the station look like? Who will be there?
- Does anything hold you back from achieving your dreams?
- Are you ever afraid?

At the end of this reflection, return to Williamson's quote and ask the group:

- At which stations can we find Marianne Williamson's quote?

Encourage the group to find it at every station.

4.4 What happens when I have success?

As we have already noted, there is more to an emotion than the feeling in our body. There are also behavioural signs, physical signs and other people's reactions that accompany the emotion.

The same can be said for success. When we do well in recovery, it involves more than just the success itself; there are also physical, emotional and behavioural responses accompanying it.

A Question for group: What is success in recovery?

Record the answers on the whiteboard/flipchart. This is an important piece of the exercise, people may see the only success as being drug free, but if we view the only success in recovery as being drug free, we miss the important success stations along the recovery train journey.

Helping the group to clarify the successes along the journey is very helpful, particularly as it affirms the work that they have done so far. As the discussion progresses ask the group questions, such as:

- Do we minimise our success? If so, why?
- What is it like 'here and now' to discuss success?
- Do we shy away from it?
- Do we believe that we do not really deserve success?

4.4.1 What does success look like?

Distribute **Handout 8.1**. This handout is to be discussed with the group. Draw this diagram out on the whiteboard/flipchart as a visual aid for the group. Record any key points made as this will be helpful for the next part of exercise:

- Is this what success can feel like?
- Do people identify with success in this way?
- Are these responses normal?
- Do we notice the conflicting pieces that are going on? Happy and shy emotions; some people patting me on the back while others are jealous; holding my head up high while my face is going red.
- Do we notice the conflicting thoughts that can accompany success? 'I did really well there and I am very proud' to 'I don't deserve this, somebody will find me out.'

Now distribute **Worksheet 8.1**. Ask each participant to reflect on a time when they achieved success during their journey of recovery.

- What was it like?
- What else was going on while you were being successful?
- What does success look like to you?
- What thoughts accompany success for you?
- Do you tend to have a narrow focus or an open focus with success?

When they have filled in their individual sheets, ask the group if there is any part of success that may be a trigger for them and if they need to put a plan in place around that trigger? This may seem like a strange question for some participants, so be prepared to discuss how success is a trigger and what a plan for coping with success will look like.

4.5 This is my Life

We are now going to ask participants to write themselves a letter: see **Worksheet 8.2**. Instruct the group that this letter will be a thank you letter from the future you to the current you. They are being asked to imagine themselves in 12 months' time and to include in the letter:

- Thanks to the current you for starting out on this journey
- Thanks for achieving your goals
- Thanks for all the hard work that they have put in throughout the year.
- A statement of what has been achieved.
- And acknowledgement of any difficulties faced bravely along the way.

Once everybody has completed their letter, we are going to ask each participant to read it out to the group if they feel comfortable doing so.

At the end affirm each participant for their effort.

4.6 Home Work

Distribute **Worksheet 8.3**

As part of their work at home, ask each participant to think about and write down goals they would like to achieve within the next year. This is to include

- short-term goals (3 months),
- medium-term goals (6 months) and
- longer-term goals (12 months)

These can be in relation to anything but are often linked to: health, education, social life, children, addiction, legal issues, relationships and their emotional life.

5. Review and preparation for next Session

5.1 Review of Session

Invite the group to settle back after all the learning from today's group. It is important that you invite all members of the group to speak during this exercise.

Guide Questions:

- How are you as we come to the end of today's session?
- What is staying with you as important to you?
- Is there anything that you didn't like? Are there any questions that you didn't get to ask?

When the group have finished, it is important to remind them about their homework for the week. In Module 8, this involves the completion of the 'emotions diary' (and drug/alcohol diaries where appropriate) and completion of worksheet 8.3

Invite participants to use their supports in completing their diaries: key-workers, family members and friends or whomever else they may have identified.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

- Helps to connects them with the 'here and now' before leaving
- Gives space for them to reflect on their safety plan for the time until the next session and
- Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

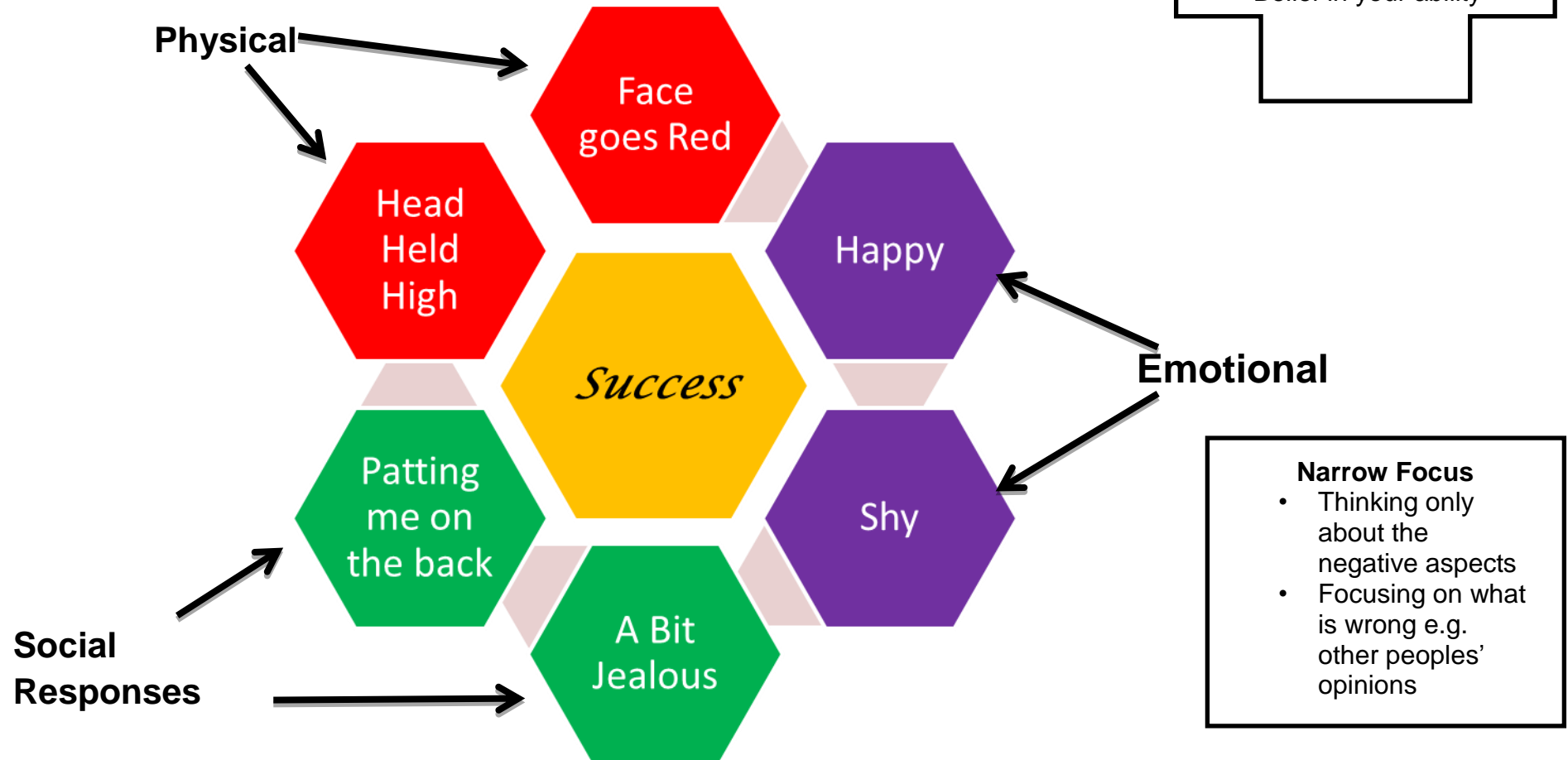
Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next session.

A brief sharing of their commitment is useful at this point, as it can help other group members to come up with ideas for themselves. Note that it is not always necessary to go around the whole group.

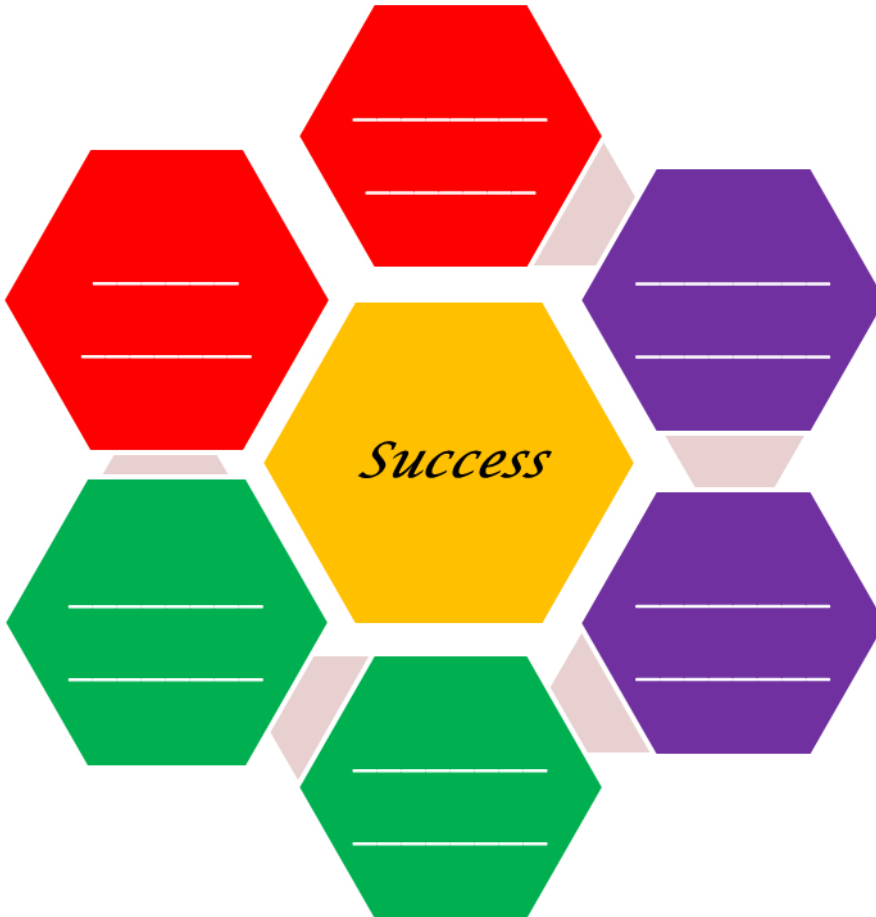
8. Feedback Form

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes. They do not have to sign this sheet.

Handout 8.1 Dealing with Success



Worksheet 8.1 Dealing with Success



Thoughts: open focus or narrow focus

[illegible]

[illegible]

Worksheet 8.3: What do I want to change? Short-term (3 months), medium-term (6 months) and long-term (12 months)

Write down goals that you would like to achieve over the next year, in the following areas:

HEALTH:

EDUCATION:

SOCIAL LIFE:

ADDICTION/RECOVERY:

LEGAL ISSUES:

CHILDREN/RELATIONSHIPS:

EMOTIONAL LIFE:

Handout 8.2: Daves' Story

Since we last met Dave in Session 3 a lot has changed in both his life and recovery. He engaged with a local community drugs team and has been with them for 9 months. Dave has not gone near cocaine in 6 months, has not drunk alcohol in 4 months. He is now on 55mls of methadone and is on twice weekly 'takeaways'. He is now prescribed a sleeping tablet.

After the last relapse, Daves' girlfriend broke up with him. Dave had to move out and was not allowed to see his son (7). When Daves' girlfriend said that she could no longer put up with his behaviour, he slipped further but he quickly made the decision to engage with services. This decision was based on a number of factors but one of the main ones was he wanted to see his son.

Dave met with his ex-girlfriend and told her he was now engaging with services. She told him that in order to see his son again he needed to make changes and over the last couple of months Dave has been working hard on making the changes she had asked for.

On Monday last, Dave received a phone call from his ex, asking him if he would take his son out for a few hours over the weekend - but warned him not to let her down! Dave said 'yes' straight away and was really delighted to be asked. After the call, he sat back in his chair and reflected, realising that all the recent hard work he had put in was now paying off. He felt like a success. He was feeling good and confident all through the week. But as Saturday was getting closer, he began to feel a bit nervous.

On Friday evening Dave received a phone call from his partner, just making sure he was still available to look after their son. He also spoke to his son – the first proper chat in nearly 9 months. As Dave was talking, he felt really happy and proud of his son but a bit guilty that he hadn't been around or available to his little boy for so long. He finished the phone call and went upstairs. His thoughts stayed with his son and he wondered what his son would look like tomorrow? How would he react to him? And how reliable Dave would be for him?

The words of his ex-partner 'do not let me down' became even louder and he began to wonder if he was setting his son up for another big let-down because he wasn't sure if he could be trusted not to let him down. Dave was unsure what he felt, but the feeling of happiness had definitely been replaced. He began to wonder 'was this a goal too far?' and 'am I moving too fast?'

Dave started having thoughts 'I can't do this'; 'what if something goes wrong?'; 'I have messed up my ex's and my son's lives' and he began listing all the proof of what a bad father he was. It was as if the last 9 months of hard work were of no importance; he had been selfish and ignored his son, the one who needed him most. By now Dave was feeling irritable; all his thinking was directed towards himself and everything he had done wrong.

Dave was trying to stop the thoughts but each time he did, another one came. Dave was now feeling angry with himself; he could not sit easy; his heart was pumping and his flatmate had gone into his own bedroom.

Dave had now begun to think of drinking alcohol 'a pint now, would make me feel better'.



Module 9

Facing Fear

Module 9: Facing FEAR

Aim

The aim of module 9 is to put a new action plan in place regarding recovery. Building on the work of session 8, the exercises help participants to set short-term, medium-term and long-term goals. They also help participants to develop a vision of what the next year may look like, acknowledging the success and also being aware of the problems that they may face.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of **Handout 9.1 & 9.3**
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of **Worksheets 9.1, 9.2 & 9.3**
- Sign in sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)
- Sufficient amount of A3 sheets and colouring pencils

1. Grounding Exercise I

- 1.1 Grounding exercise
- 1.2 Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in and review of Safe Plan

3. Review of Emotions Diary (and drug/alcohol diaries), **any other homework and emotions board**

- 3.1 Ask participants to share emotions diaries
- 3.2 Any other homework
- 3.3 Emotions Board

4. Facing Fear

- 4.1 What do I want to change? Short-term, medium-term and long-term
- 4.2 Current Lifestyle Balance
- 4.3 Setting Realistic Goals
- 4.4 NCT 'Nifty Care Tactics' for action plan

5. Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safety Plan

8. Feedback Form

1. Grounding Exercise I

1.1 Grounding exercise

Grounding and meditation exercises can be found in Appendix 4. It is important that if you are going to lead a meditation to read over them first and feel comfortable leading meditations. The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through the session without having spoken. Key questions that you may find useful are:

For example:

- Can you tell us one positive thing that has happened for you this week?
- How did your safe plan turn out? Tell us one thing that worked well in keeping you safe.
- Was there one thing that you planned on doing since we last met and succeeded in completing?

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

3.1 Review of Emotions Diary (and drug/alcohol diaries)

Ask participants to reflect on their emotional diaries. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator. You should expect that people will still have difficulty in completing emotions diaries but that this is beginning to ease for some.

3.1 Any other Homework

Participants were asked to complete **Worksheet 8.3** for homework and sufficient time should be given to reviewing this work. If anyone has not completed this homework, time now or before the group started could be made available. It is important not to leave anyone out of the process, particularly as this work is needed later.



3.2 Emotions Board

Ask group members are there any other words that they would like to put up onto the emotions board. As new emotions emerge during the session they are to be recorded on the board.

4. Facing Fear

4.1 What do I want to change? Short-term, medium-term and long-term goals

Distribute **Handout 9.1**: The handout shows how each area of our lives is intertwined and suggests that how we behave in one area of our lives can have a direct impact on other areas of our lives.

Ask the group to choose three areas of their lives, from Handout 9.1, that they want to make changes in. It can be useful here to ask participants why they have chosen these as more important than the other areas. This is not to question the decisions or to criticize; it is to draw out from the participants statement of values important to them.

Then distribute 3 copies of **Worksheet 9.1** and a copy of **Handout 9.2** to each participant.

Ask participants to fill in Worksheet 9.1 for each of the three areas that have been chosen. Hand-out 9.2 offers an example of what a completed sheet might look like.

This exercise asks participants to name the changes they are going to make. Some things they are going to name are already being enacted so they are asked to name what else they are changing with regard to these actions. Recognitions concerning the 'speed' of change need to be explored and what can realistically be expected to happen in a given time frame.

In Discussion:

After participants have completed the worksheets, the facilitator should ask each participant to outline what they have decided to do. They should be encouraged by the group in undertaking these important endeavours.

The facilitator might ask:

- Why did you choose those specific areas of life to work on and how are they inter-linked?
- What does each action mean to the participant? Specifically, actions will have an impact on the person's life – how life-changing is this choice?
- Why is it important? Who else will notice the change?

- What will you look like when the change is achieved?

If it emerges during the discussion that a participant has created unrealistic goals and actions, the facilitator should encourage the creation of a more realistic objectives and action plan. This should be done with an emphasis that everybody in the group will be adjusting something in their plans.

4.2 Pie Chart: Current lifestyle balance

If I do make these changes, what parts of my current lifestyle will have to change in order to achieve my goals? Hand out **Worksheet 9.2**: it contains a blank pie chart.

Participants are asked to divide up their current lifestyle in terms of length of time spent on each activity or area of responsibility in their life. For example, family may take up a significant portion of the chart and everything else is squeezed into the remaining time.

Discussion:

- If this is my current division of my time, how will I be able to make room for all my plans for change? What will have to give way? How do I feel about this?
- As these questions are being asked, how am I feeling and what is happening to my motivation?
- Does it feel like change is so awkward, to be 'more trouble than it is worth?' Or do I feel that I have areas in my life that I could spend differently? Maybe I just hadn't considered that it was something that I could adjust (example, watching television or time asleep)?
- Does any of this change the plans outlined in the previous exercise?
- What is it like to look at my life in this way?

And as I make changes:

- What would I like my chart to look like in 3 months, 6 months and 12 months?
- Will the plans I have outlined earlier allow this to happen? (If not, is there need for adjustment to the plan or adjustment to the time-frame before you achieve your goal?)
- What are the pros and cons of setting these goals? In what other areas of my life do I need to make sacrifices, in order to achieve these goals?

As facilitator, manage these discussions carefully and read the comfort of the group carefully throughout. When discussions regarding change are happening, even among very motivated groups, 'sustain' talk is likely to emerge.

4.3 Setting realistic Goals

When you are in addiction recovery, you make goals all the time. But they are not always carefully thought through. They don't always take into account the number of things that you will have to adjust to make way for change.

Taking one of the action plans briefly outlined in **Worksheet 9.1**, ask each participant to create a MAPP (*My Action Plan Predictions*) outlining all of the points along the journey in relation to achieving that goal.

Facilitator's handout shows a very simplified way of laying out a MAPP. It is an example of what someone's goal plan may look like in terms of recovery. It is important to note that it is very rarely a straight process; there are many different turns, bumps with some straight sections along the journey. As facilitator it is helpful to draw this up on the board, along with the different stations, asking the group the following:

- What emotions are present at the different stations?
- What might change biologically, psychologically, emotionally and socially at each station?
- What supports will be there along the way?
- At Stabilisation Station 2 put in a slip and ask what might have happened at Station 2 (Here you are looking for answers relating to thoughts, emotions and social influences). At the 'slip station', how might the person have got back on track?
- What difficulties do you think they have faced in the past? And what supports can be put in place this time?
- How would you know you have reached your goal?

On their MAPP, participants should be asked to include any differences in themselves (biologically and psychologically/ emotionally) and in others around them (social changes) as a result of their change. It can also include important values for them that are influencing their decisions for change (e.g. being more present with family; wanting to be in recovery; getting a job or new course).

Changes should be both positive and negative and they should indicate all of the trigger moments they predict.

How this MAPP looks depends on the individual and their comfort with drawing and visual presentations. To help, facilitators should have some:

- Coloured pencils/pens/markers
- A3 sheets for those who want to create a larger image.

Rivers, roads and train tracks are useful pathways for participants to explore for their presentations. But any pathway/journey will do.

Facilitators should encourage participants to be as detailed as possible when drawing their MAPP; and their work in the group may require further reflection and work at home.

Attention should be paid to what the person has experienced before, when attempting similar changes and building these experiences into their MAPP.

Emotions and feeling should also be included. What changes will happen to each participant as they journey through this change? Will their confidence

increase? Will they become shy and reserved because of changes to drug use? Will family and friends be supportive or annoyed by their changes? When will this happen and what will be their impact? When slips and lapses are likely and how are they to be handled when they arise?

Each participant will be asked to show their MAPP to the group – and they should be asked to talk about:

- Points where their goals are being achieved.
- Points where slips, lapses, triggers and potential disasters exist and what they have in place for these times.
- Any emotions they noticed while drawing their MAPP.
- How they predict they will be different after this plan has been achieved?

4.4 NCT ‘Nifty Care Tactics’ for my action plan

Group discussion:

This has been a busy session. Some work will need to be completed at home and participants should be encouraged to think about their plans and how they can become stronger and even more effective for their goals.

To help with this, the group should be asked to come up with a list of ‘Nifty Care Tactics’ for making a plan for change stronger, more flexible and ultimately more effective.

In effect, can we create a list of tactics that will give everyone’s plan for change its own NCT?

Explain to the group what is meant by ‘NCT’ and answer any questions that may arise. Each ‘NCT’ should include Fun, Support, Power (self-determination and self-autonomy) and Awareness.

Examples that might begin the list include:

- Having a list of supports that are up to date and useful.
- Eating regularly.
- Taking exercise.
- Having fun by ...
- Avoiding old using buddies.
- Monitoring my stress levels.
- Keeping busy and having a regular timetable.
- Paying attention to my emotions.
- Responding to loneliness by making contact with people.
- Keeping to and reviewing my plan and making changes to it when necessary.
- Admitting my limitations and embracing my strengths.

Distribute **Worksheet 9.3** and ask the group to complete this work at home.

5. Review and preparation for next Session

5.1 Review of Session

Invite the group to settle back after all the learning from today's group.

It is important that you invite all members of the group to speak during this exercise.

When the group have finished, it is important to remind them about their homework for the week. In Module 9, this involves the completion of the 'emotions diary' (and drug/alcohol diaries where appropriate) and completion of Worksheet 9.3. Some people may also want to complete their MAPP at home.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

Helps to connects them with the 'here and now' before leaving

Gives space for them to reflect on their safety plan for the time until the next session and

Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next session.

A brief sharing of their commitment is useful at this point, as it can help other group members to come up with ideas for themselves. Note that it is not always necessary to go around the whole group.

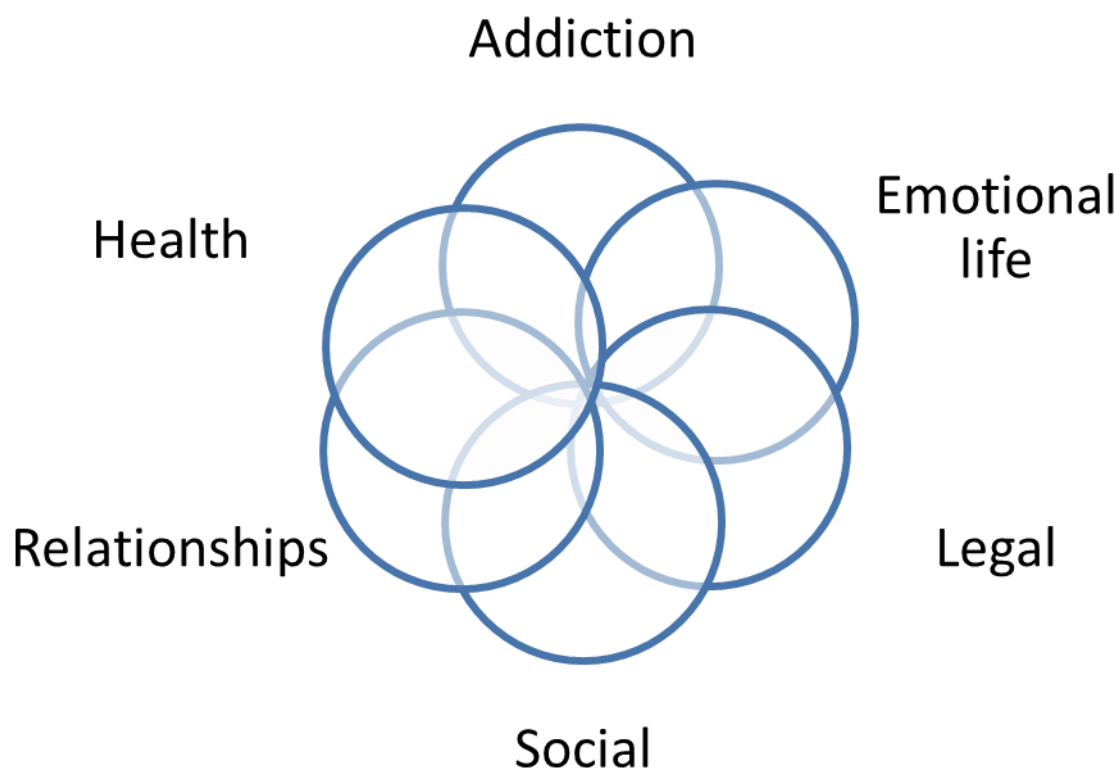
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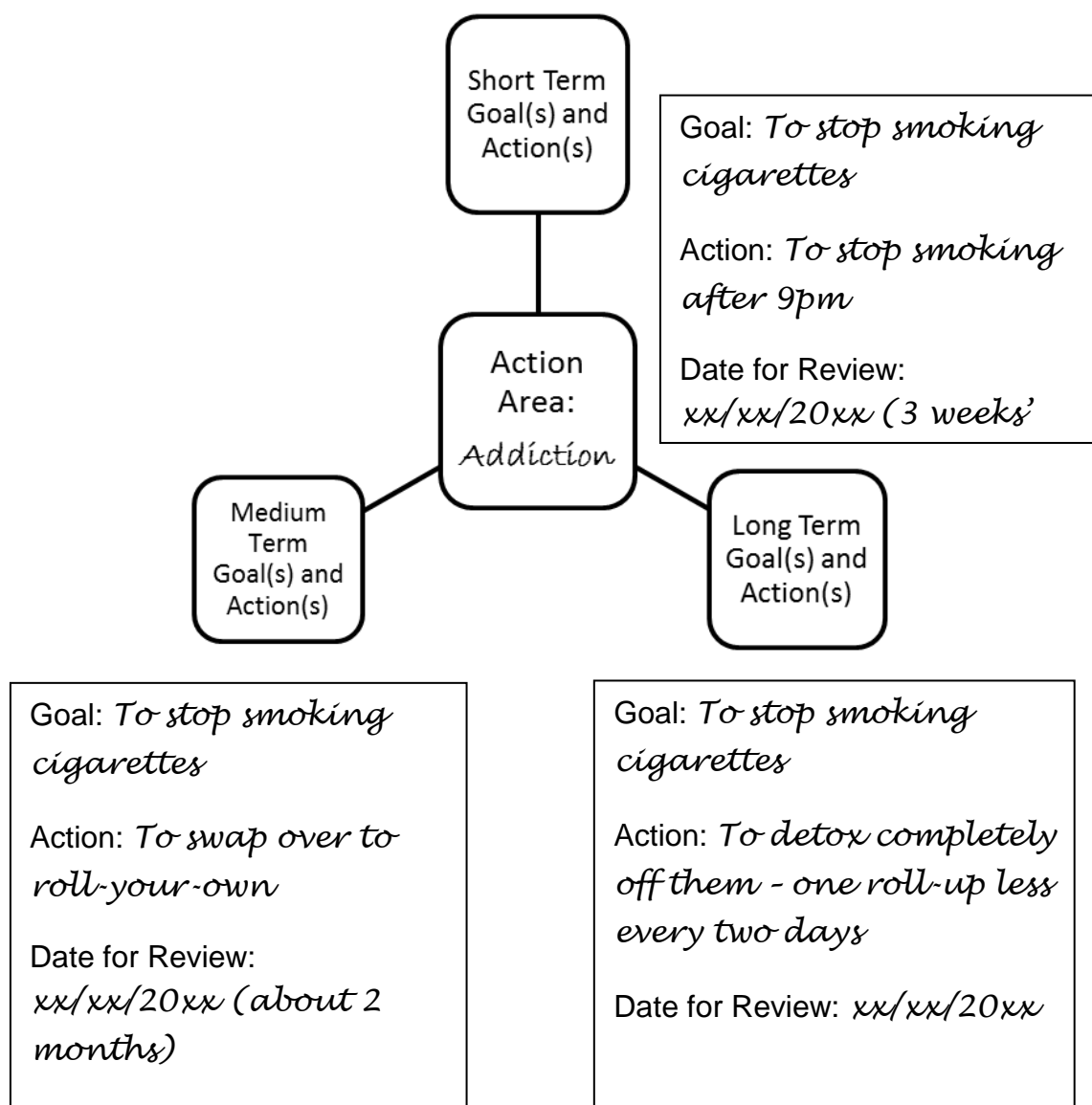
Handout 9.1:

Every part of our lives is intertwined – but which parts are you going to commit to doing something about. Choose three areas of your life for which you will make new changes (three of the following or any area you wish to name for yourself):

After deciding, move your attention to **Worksheet 9.1**



Handout 9.2

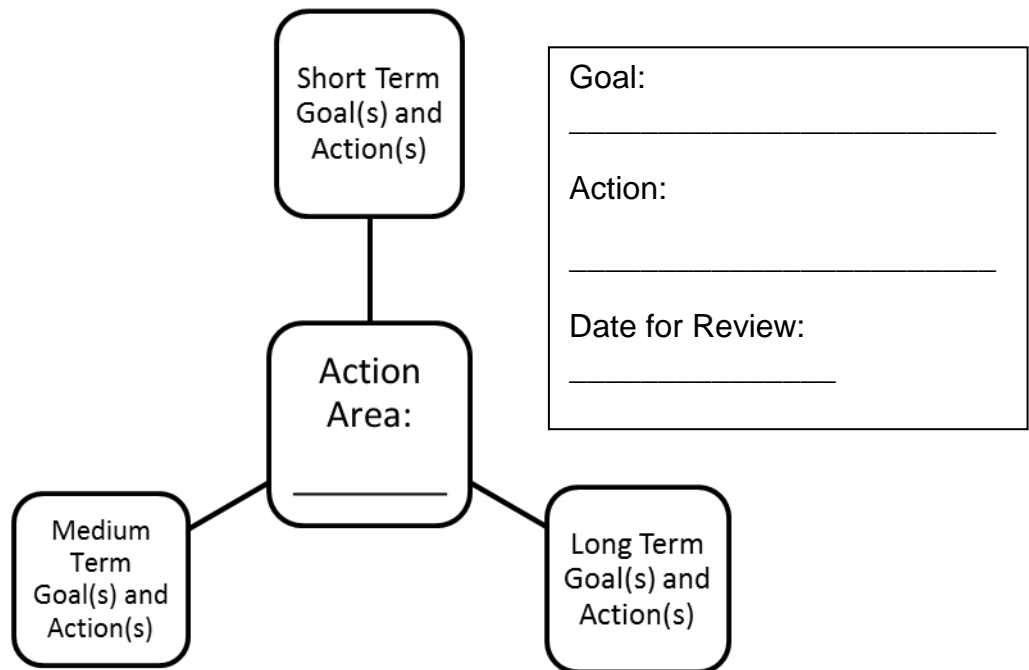


Note: you choose your own time frame – so short term might be a week or a month or 2 months; medium term might be 6 months; long term might be 1 year to 18 months.

But if you find yourself pushing the date as far away as possible, then that might be telling you that the goal/action you are choosing is a bit too difficult for you at this time.

Worksheet 9.1

Fill out one of these for each of the areas you are committing to work on.
Handout 9.2 gives an example of one that is filled out.



Goal: _____

Action: _____

Date for Review: _____

Goal: _____

Action: _____

Date for Review: _____

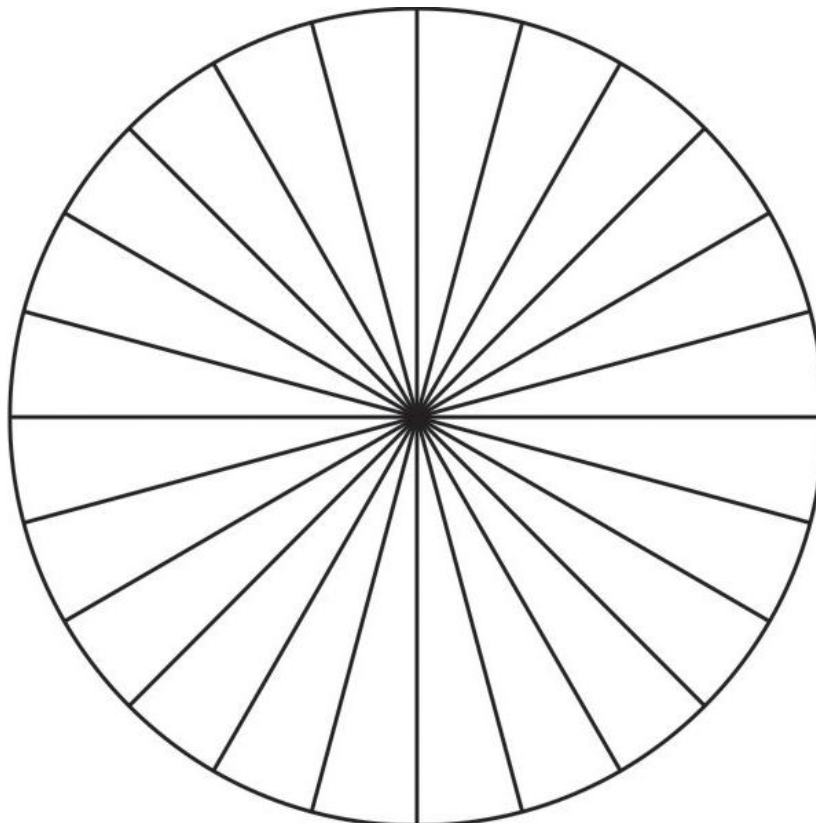
Worksheet 9.2:

This is your Pie Chart (or your 24 Hour Clock)

How do you fill it in? How many hours do you spend on the following?

Family:	_____
Work:	_____
Exercise:	_____
Watching Television:	_____
On the computer:	_____
Playing/Having fun:	_____
Hobbies:	_____
Reading:	_____
Addiction related activity (Good or bad!):	_____
Prayer/Religious activities:	_____
Other:	_____
Other:	_____
Other:	_____
Sleeping:	_____

Now fill in your 24 hour clock – each division line represents one hour. You might wish to use different colours/patterns to represent each area listed above.



Worksheet 9.3: NCT: Nifty Care Tactics

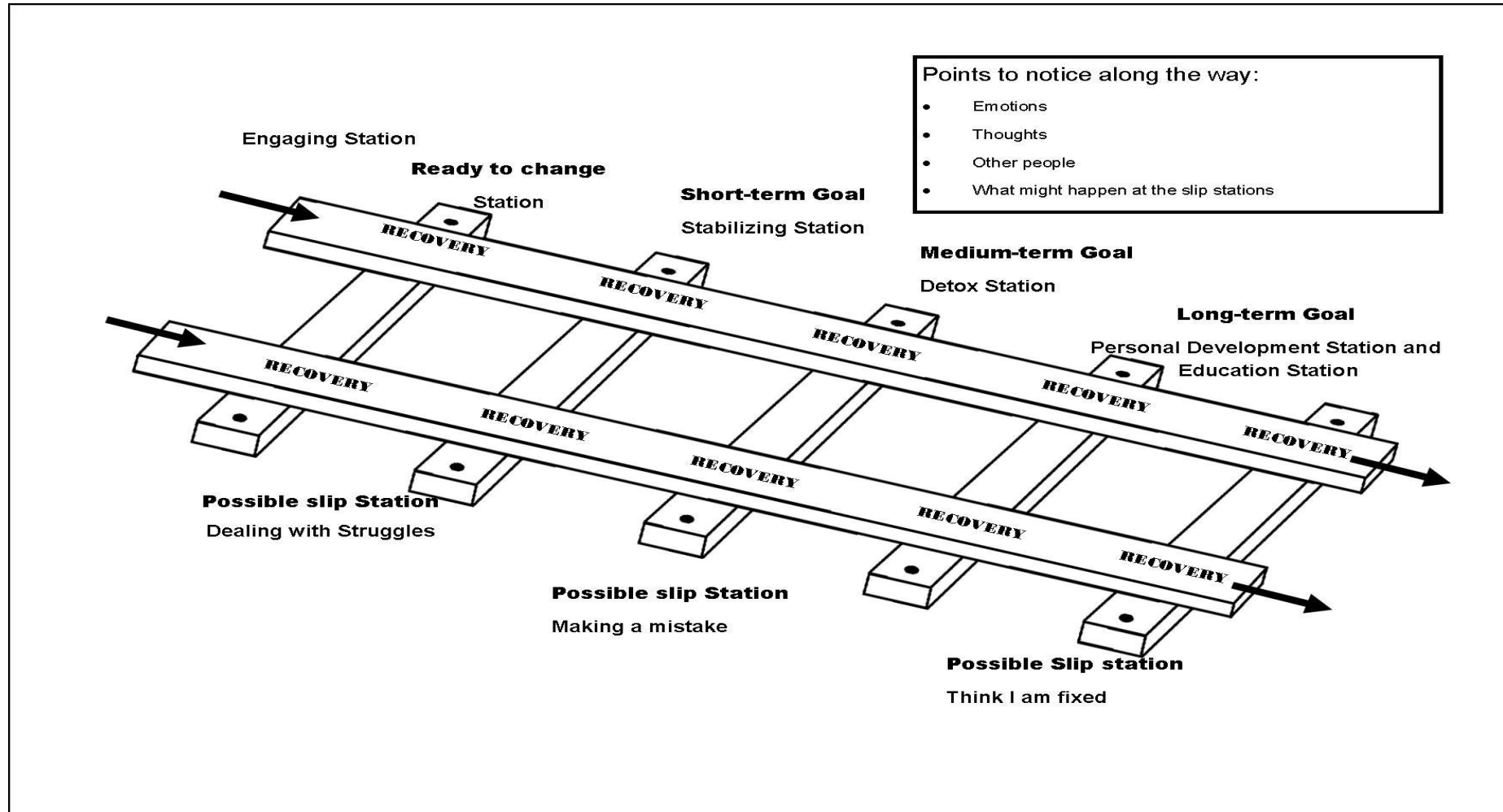
Over the next week, write down some ideas that will help your goal plan become more concrete. By having a list of 'Nifty Care Tactics', you will make your plan for change stronger, more flexible and ultimately more effective.

This could include some, if not all, of the following:

- Having a list of supports that are up to date and useful.
- Eating regularly.
- Taking regular exercise.
- Having fun by ...
- Avoiding old using buddies by...
- Monitoring my stress levels by...
- Keeping busy and having a regular timetable.
- Paying attention to my emotions by...
- Responding to loneliness by making contact with people.
- Keeping to and reviewing my plan and making changes to it when necessary.
- Admitting my limitations and embracing my strengths.

This image shows a single sheet of white paper with horizontal blue or grey 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.

Facilitator Handout: An Example of a MAPP





Module 10

Becoming my own Lighthouse

Module 10: Becoming my own Lighthouse

Aim

The aim to module 10 is to help participants identify skills already learnt in RecoverMe, that may help them deal with lapses and relapses. The exercises help to identify high risk situations and looks at where does relapse really begin.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of **Handouts 10.1, 10.2, 10.3, 10.4 & 10.5**
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of **Worksheets 10.1, 10.2 & 10.3**
- Sign in sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)

1. Grounding Exercise I

- 1.1 Grounding exercise
- 1.2 Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in and review of Safe Plan

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

- 3.1 Ask participants to share emotions diaries
- 3.2 Any other homework
- 3.3 Emotions Board

4. Becoming my own Lighthouse

- 4.1 NCT 'Nifty Care Tactics' for action plan
- 4.2 Individual and common relapse risks
- 4.3 Where does relapsing really begin?
- 4.4 Getting stuck in recovery
- 4.5 Emotional, Cognitive & Behavioural warning signs

5. Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safety Plan

8. Feedback Form

1. Grounding Exercise 1 and sign-in sheet:

1.1 Grounding exercise

Grounding and meditation exercises can be found in Appendix 4. It is important that if you are going to lead a meditation to read over them first and feel comfortable leading meditations. The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through without having spoken.

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

3.1 Review of Emotions Diary (and drug/alcohol diaries)

Ask participants to reflect on their emotional diaries.

3.2 Any other Homework

Last week the group were asked to fill in worksheet 9.3, 'NCT 'Nifty Care Tactics' for action plan' and some will complete their MAPP

3.2 Emotions Board

Ask group members are there any other words that they would like to put up onto the emotions board.

4. Becoming My Own Lighthouse

4.1 NCT 'Nifty Care Tactics' for action plan

At the end of the last module the group were asked to work on their 'NCT' for their own action plan.

This is an opportunity for participants to name what tactics they are going to utilise as they head towards setting goals for themselves in their recovery.

Below is the list of what they may incorporate into their plan to help them as they move towards their goals.

Examples that might begin the list include:

- Having a list of supports that are up to date and useful
- Eating regularly
- Taking exercise
- Having fun by ...
- Avoiding old using buddies
- Monitoring my stress levels
- Keeping busy and having a regular timetable
- Paying attention to my emotions
- Responding to loneliness by making contact with people
- Keeping to and reviewing my plan and making changes to it when necessary.
- Admitting my limitations and embracing my strengths

Each participant can read out their own 'NCT' to the group if they feel comfortable. As a facilitator it is important to encourage and support every effort that is being made along with making sure that it is realistic. Also making sure that the 'NCT' should include Fun, Support, Power (Self-determination and self-autonomy) and Awareness. It is very unlikely that no one will read out their work, if they do as facilitator you can lead an example on the board highlighting Fun, Support, Power and Awareness.

It is also important to highlight that this NCT can be brought by participants to their sessions with case managers and key-workers. This can be added to care plans and these sources of support can be brought fully on board with goals being targeted.

4.2 Individual and common relapse risks

One of the primary goals of this session is to encourage awareness around relapse situations.

Each one of us of us has situations where we react in ways that are unhelpful: whether it is reaching for a substance, lashing out at someone or withdrawing/isolating. This exercise highlights areas that are risky for the individual while also highlighting reactive behaviours common to all of us.

Ask the group to identify and share some recent or typical relapse risks. They can use their emotional diaries as a point of reference to help (which might also identify commonalities in their triggers) or they can reflect on past lapses or regular difficult situations.

We are asking the group for general experiences rather than story telling (i.e. conflict within relationships, situations or settings where substances may be used or difficult emotions)

Write all responses on the whiteboard/flipchart; as the group generates examples common risky situations often emerge. It can be useful at this stage to highlight the shared experiences within the group.

It is also important to highlight the 'top three' risky situations; research indicates that when groups are asked about common risky situations three situations reliably emerge: (see Bowen et al (2011)):

1. Difficult/challenging emotional states
2. Social pressure (including social situations associated to substance misuse that does not involve direct peer pressure e.g. Dave's first story)
3. Interpersonal conflict (often arising in family or partner relationships).

Highlighting these can help bring awareness to both individual risk patterns and to common risk patterns among us all.

Distribute Handout 10.1 and Worksheet 10.1

Discuss Handout 10.1 with the group, asking them do they identify with the information on the hand-out?

Then, using Worksheet 10.1, ask the group to choose a trigger/risky situation from the previous exercise:

- Ask them to identify the belief associated with the trigger event
To begin, invite the group to start at the bottom part of the worksheet at the trigger that could lead towards a reacting/lapse
- Generate group discussion about the process, especially directing the discussion towards the decisions being made along this relapse cycle.
- Notice any 'believing of the thoughts'
- Ask about where focus narrows towards addiction (as the only way of dealing with the trigger)
- Highlight any negative behaviour changes
- How they may intervene at different stages?
- Discuss what they do and do not have control over?

Also, that after a lapse or relapse remind the group that we still have a decision to make. As Handout 10.1 shows, we don't have to stay in the cycle of lapse/relapse. We can dispute what is happening and make a decision to stay with these behaviours or look for alternatives.

Ask the group then to fill in the top part of the worksheet, identify skills already learned from previous experience and from the learning on this programme, which may help them respond differently to the situation.

4.3 Where does relapsing really begin?

RELAPSING IS A PROCESS NOT AN EVENT

Here we are being asked when relapsing/lapsing actually begins. What gives power to the trigger that we have identified in the previous exercise as a risky situation? A lot of relapse prevention can centre on risky situations that can lead to relapse. This is important but it is also important to admit that relapsing begins before the risky situation occurs. Relapsing can start days, weeks or months before the event of engaging in the behaviour and taking the substances.

For example, a person has an argument with their partner **Handout 10.1**. On a particular day, although challenging, they may be able to handle this situation. It still triggers emotions and thoughts associated with addictive behaviours but they are able to step back, be aware of what is going on and use their resources to help them through the situation.

On another day they may encounter the same trigger situation, get caught up in the emotion and thoughts, and use it as a reason to engage in addiction.

Group Discussion:

- Why, given the same trigger event, can an individual end up either dealing with the situation as best they can without lapsing/relapsing or end up using or engaging in unhelpful behaviours?
- What is it that increases our vulnerability to trigger/risky situations?
- Are there personal warning signs that they can be aware of on the way that indicate the beginning of relapsing?

Relapse prevention considers the risky situation as the immediate relapse trigger; it is actually the person's response to the situation that determines whether he or she will experience a lapse (i.e. engage in addictive behaviour). A person's ability to cope in a risky situation is particularly important as to the likely outcome.

A person who can engage in effective coping strategies (e.g., a behavioural strategy, such as leaving the situation, or a cognitive strategy, such as positive self-talk) is less likely to lapse/relapse compared with a person lacking those skills or a person who has over a period of time begun disengaging with their recovery, (Marlatt, 2011)

Building awareness from previous lapse/relapse experiences can enable the individual to gain more insight as to what their own warning signs are.

4.4 Getting Stuck In Recovery

Many people decide that addiction whether substance misuse or behavioural is a problem and put together some kind of a recovery plan to help themselves achieve their recovery goals. Initially we do fine. At some point, however, we hit a problem that we are unwilling or unable to deal with. We

stop in our tracks. We are stuck in recovery and don't know what to do. Distribute **Handout 10.2** and ask the group if they identify potential sticking points in recovery?

Some pointers for facilitators:

- Feeling like recovery is pointless
- No direction in recovery
- Feeling overwhelmed in recovery
- Things not happening as fast as they would like them to happen
- Loss of options
- Family and/or Relationship difficulties
- Record all feedback on whiteboard/flipchart; also ask the group to record them on the sheet. This is really important information as it can help participants to identify potential sticking points in the future.

4.5 Emotional, Cognitive & Behavioural relapsing warning signs:

When identifying our warning signs, (that may indicate a lapse/relapse) it is helpful to break them into 3 different categories:

- Emotional relapsing warning signs
- Cognitive/Mental relapsing warning signs
- Behavioural relapsing warning signs

Distribute **Handout 10.3** and invite the group to identify, from the 3 different sections, warning signs that are relevant to them from the 'past', in the 'here and now' and likely for 'moving forward'. Are there any others that they would add to the list?

Distribute **Handout 10.4** and **Worksheet 10.2**. Using Worksheet 10.2 ask the group to identify potential sticking points in recovery (these will have already been recorded in a previous exercise). Then ask participants to choose one potential sticking point and place it in the centre of the diagram (similar to Handout 10.4). Participants are challenged to identify 2 emotional, 2 behavioural and 2 cognitive signs that are associated with the sticking point.

When they have filled in their worksheet, ask them to come back together and discuss the exercise.

Distribute **Worksheet 10.3** and **Handout 10.5**.

Begin by examining 'Handout 10.5' with the group exploring the strategies they would use when applying it to the information they recorded on Worksheet 10.2? What strategies they will use in the future when dealing with (similar) sticking points?

Are there any strategies they would add? Record any additional strategies on whiteboard/flipchart

Finally, invite the group to fill in the coping strategies that they have identified for themselves on Worksheet 10.3.

5. Review and Preparation for Next Session

5.1 Review of Session

Invite the group to settle back after all the learning from today's group.

It is important that you invite all members of the group to speak during this exercise.

Guide Questions:

- How are you as we come to the end of today's session?
- What is staying with you as important to you?
- Is there anything that you didn't like? Are there any questions that you didn't get to ask?

When the group have finished, it is important to remind them about their homework for the week. In Module 10, this involves the completion of the 'emotions diary' (and drug/alcohol diaries where appropriate). You can invite the group to re-read all of the handouts and worksheets from this Module to help embed the learning.

Invite participants to discuss their work during this session with their supports: key-workers, family members and friends or whomever else they may have identified.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

- Helps to connects them with the 'here and now' before leaving
- Gives space for them to reflect on their safety plan for the time until the next session and
- Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

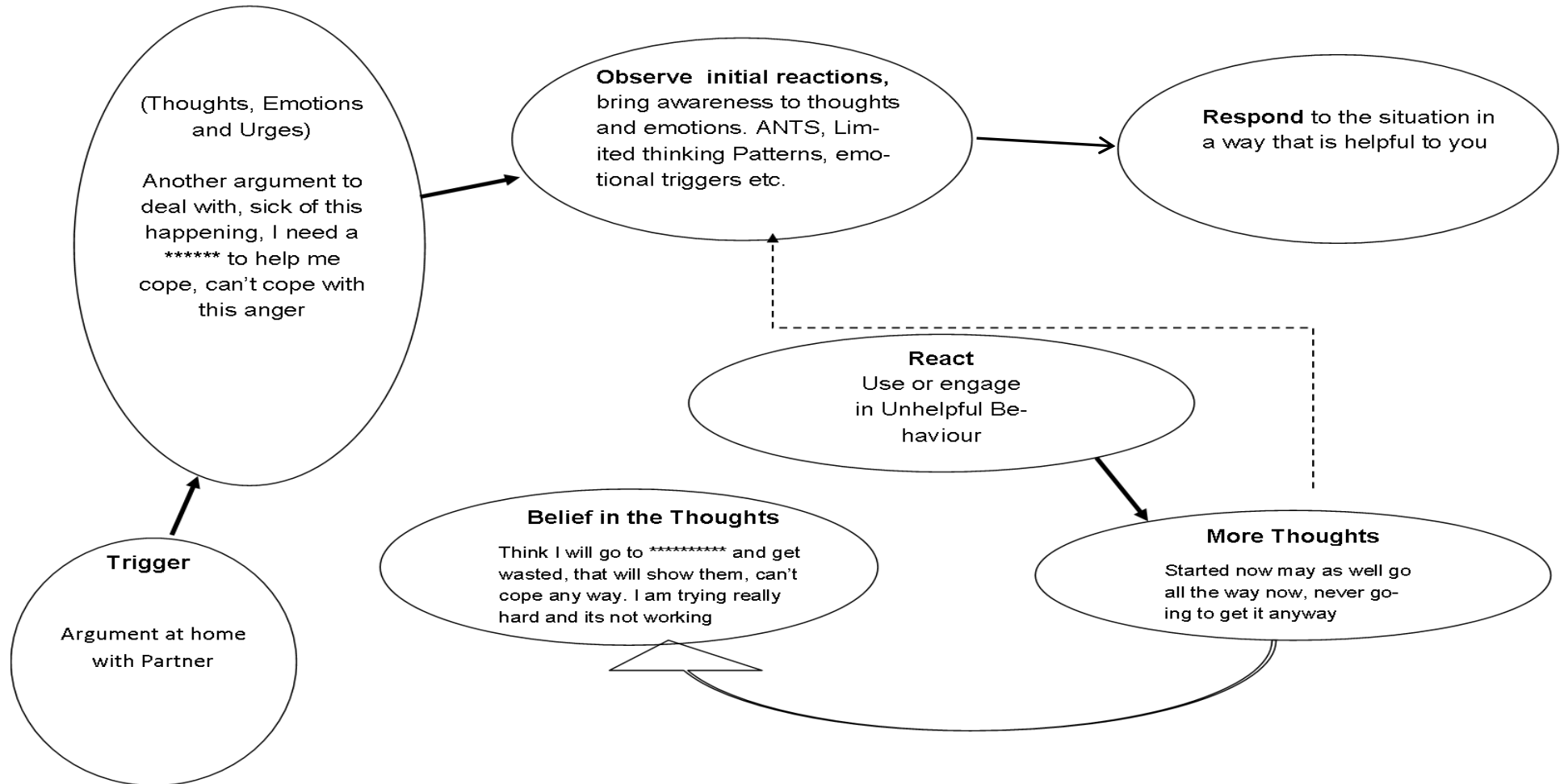
Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next session.

8. Feedback Form

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes. They do not have to sign this sheet.

Handout 10.1

RELAPSE CYCLE Hand-out



Adapted from Mindfulness-Based Relapse Prevention for Addictive Behaviours (2011)

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Handout 10.3 Relapsing/Lapsing warning signs

[illegible]

Handout 10.4 Lapsing/Relapsing warning signs



Handout 10.5 Coping strategies

EMOTIONAL RELAPSING WARNING SIGNS

With emotional relapsing warning signs, the thoughts of using are not necessarily present. It is not necessarily the emotion itself that causes the problem, but the sense of not being able to cope or unwillingness to deal with the emotion that can cause the problems

What to do when dealing with emotional warning signs;

- First is to identify that you are in emotional difficulty and identify the emotion
- Use your 'Creating a Plan' for the emotion
- Remember that you can ask for help and that isolating is not helping.
- Practice relaxation
- Recognize that your behaviour may be changing
- Practice self-care

COGNITIVE/MENTAL RELAPSING WARNING SIGNS

Cognitive/mental relapsing warning signs we may start to think about ways of dealing with the emotional difficulty, thoughts may become very negative or a lot of addictive thinking. It can start off as an isolated thought but if left unchecked it will fester and grow.

ALSO REMEMBER THAT THOUGHTS ARE NOT FACTS

- Identify your Automatic negative thoughts
- Challenge the thought if you need to (Evidence for/evidence against)
- Limited thinking patterns
- Talk to someone you trust about the way you are thinking
- Does it fit with the situation?
- Just watch them come and go without feeling like you must follow them.

BEHAVIOURAL WARNING SIGNS

There can also be behavioural warning. A person may start to behave in a way that is no longer helpful and may indicate to them that they are setting themselves up for a lapse/relapse.

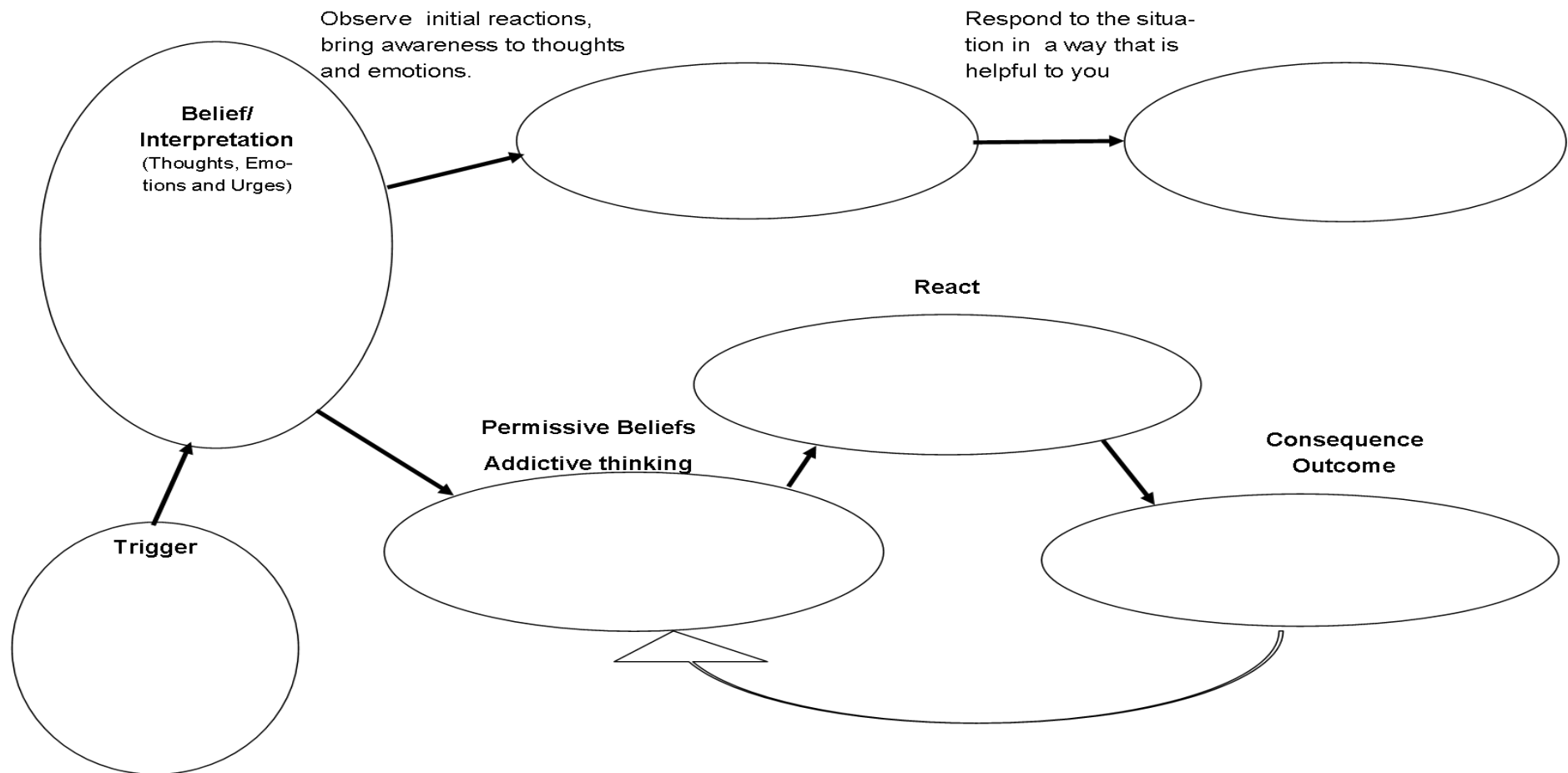
What to do if you notice behaviours:

- First is to acknowledge the behaviour
- Get to your support meeting/group
- Be honest about the behaviour
- Do the opposite (if you're not eating, eat small amounts more often)
- Do something that will help you not to focus on the difficulty

Worksheet 10.1

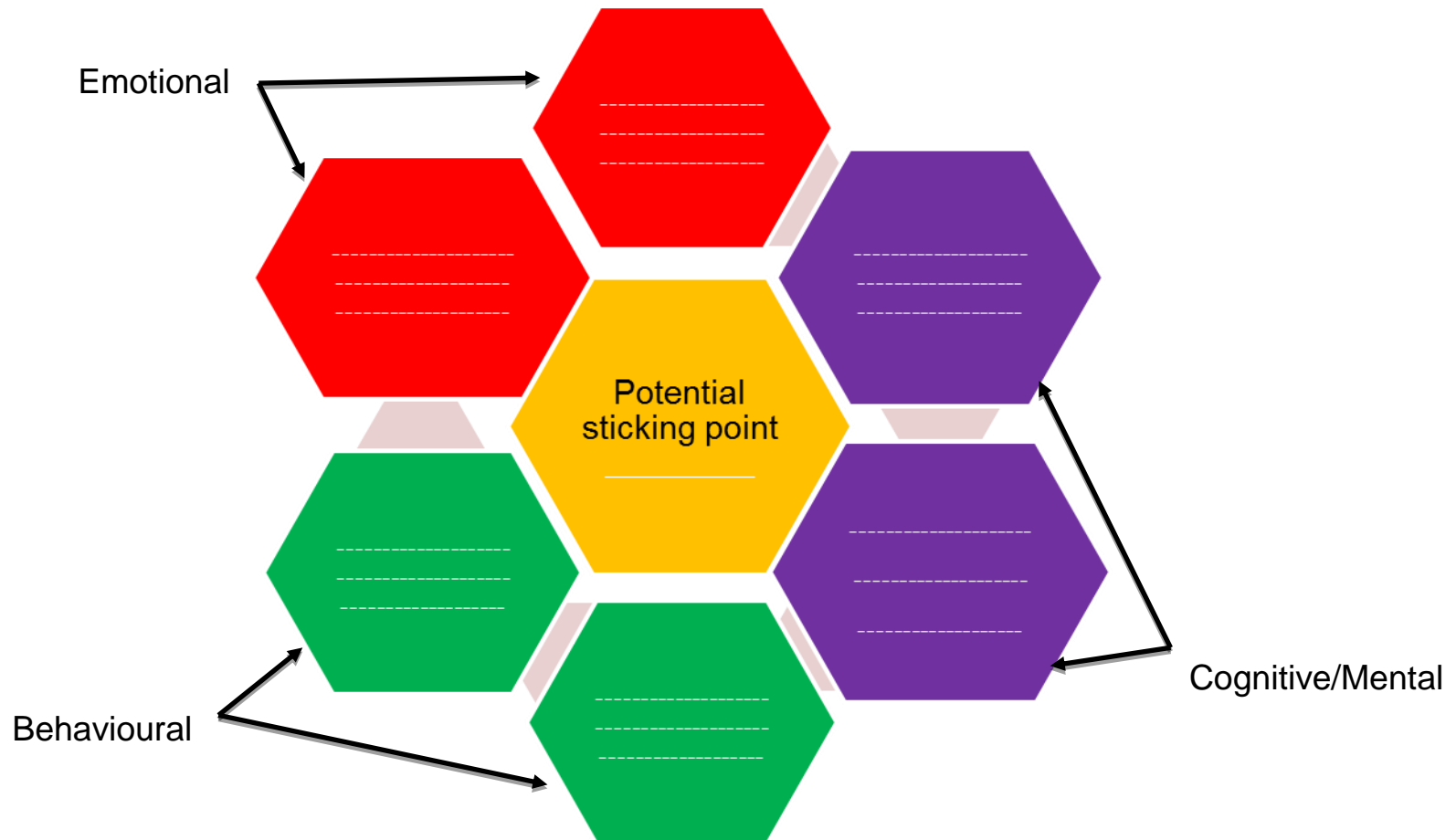
RELAPSE CYCLE WORK SHEET

Think of a situation that has led to relapse in the past or a situation that might be risky for you. Write the trigger, the belief/interpretation that followed, and the events along each possible path in the circles below. What are the different ways that you might respond?



Adapted from Mindfulness-Based Relapse Prevention for Addictive Behaviours (2011)

Worksheet 10.2 Lapsing/Relapsing warning signs



Worksheet 10.3 Coping Strategies

[illegible]



Module 11

The Middle way

Module 11: The Middle Way

AIM:

The 'middle way' acknowledges the need for flexibility in recovery. A word often used in recovery is 'Balance', finding a balance; in recovery, emotions, thoughts, behaviours, supports, social activities and family. It also understands there are areas in the individual's recovery where being flexible is not an option or they may have or feel restriction in certain areas.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of **Handouts 11.1 & 11.2**
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of **Worksheets 11.1 & 11.2**
- Sign in sheet (Appendix 1)
- Copies of the Feedback sheet (Appendix 6)

1. Grounding Exercise I

- Grounding exercise
- Sign-in sheet

2. Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in and review of Safe Plan

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

- 3.1 Ask participants to share emotions diaries
- 3.2 Any other homework
- 3.3 Emotions Board

4. The Middle Way

- 4.1 Finding my Middle Way
- 4.2 Acceptance

5. Review and preparation for next Session

- 5.1 Planning Homework: Emotions Diary

6. Grounding Exercise II

7. Safety Plan

8. Feedback Form

1. Grounding Exercise I

1.1 Grounding exercise

Grounding and meditation exercises can be found in Appendix 4. It is important that if you are going to lead a meditation to read over these first and ensure that you feel comfortable leading meditations. The purpose of meditation is to bring people's focus into the room and to let go (as best they can) of what is going on outside of the group.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through the session without having spoken.

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

3.1 Review of Emotions Diary (and drug/alcohol diaries)

Ask participants to reflect on their emotional diaries. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

3.1 Any other Homework

There was no specific homework at the end of the last module. However, the group was invited to re-read the work they completed during Module 10 and so room should be given for anyone to discuss such reflection.

3.2 Emotions Board

Ask group members are there any other words that they would like to put up onto the emotions board. As new emotions emerge during the session they are to be recorded on the board.

4. The Middle Way

A word often used in recovery is 'Balance'. The challenge is to find a balance in recovery, emotions, thoughts, behaviours, supports, social activities and with family. Finding a sense of balance is important; recovery can often lead to a very 'thin line' which the person must walk. The achievement of recovery can end up leading to the creation of a very rigid plan in which there is little (or no) room for manoeuvring.

RECOVERY 

This exercise will try to help group members to identify areas of their recovery where they can find a 'middle way'; to discover an approach in their own recovery journey that will not demand that everything must be done perfectly.

Emotion, thoughts, behaviours, life in general does not tend to flow in a straight line. We will meet many different challenges, both helpful and unhelpful, on our journey. Recovery needs a flexibility that will allow for the movement of living.

Certainly, there are parts of our recovery that does not have much flexibility. This may be because of personal beliefs and motives and/or due to outside influences. Some of our decisions have to be strict. For example, if we are stopping substance use, we might have to impose strict rules on not taking that substance. If courts demand attendance at a programme, then maybe there is no flexibility there either.

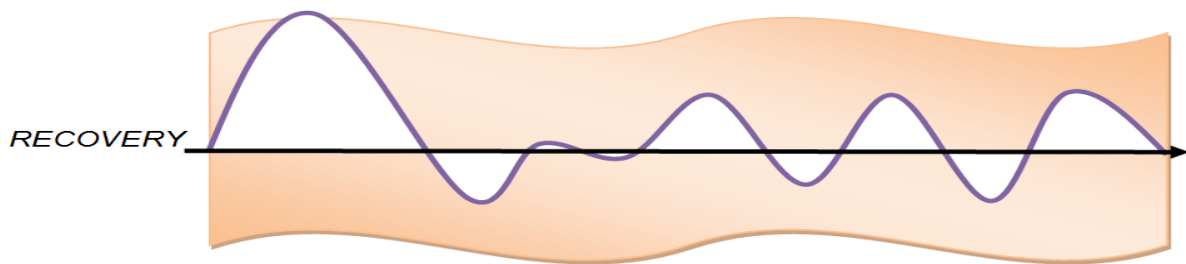
But maybe, in other parts of our recovery, we can introduce flexibility. Being flexible may present us with an opportunity to remove any unhelpful/unnecessary demands we place on ourselves. If I have to be good all of the time, I might become a very inflexible person.

Being 'human' does not equate to being 'perfect'. Neither does being in recovery!

If we can allow room for life's 'ups and downs' we may discover a new path for recovery. If I don't have to do recovery perfectly every day, maybe I will find that recovery has a 'middle way', a flexible space where I can be safe but have room for manoeuvring and adapting to the changes everyday life brings.

For example, I might like to attend a lunch time meeting every day but today my friends are having lunch together. Do I have enough flexibility in my recovery plan to permit me to go to lunch with my friends?

As you introduce this idea to the group it is helpful to draw an illustration. Begin with a straight line; then, show the movement and flexibility of a recovery plan by drawing a wavy line; one with differing heights and depths as in the diagram below:



Where the wavy line moves furthest away from the straight centre line, indicates the points where there is most flexibility within a recovery plan. Where the wavy line is closest to the straight centre line indicates the points where there is little flexibility within the plan.

The 'middle way' acknowledges the need for flexibility in recovery. It also understands there are areas in an individual's recovery where being flexible is not an option.

This idea invites group members to examine a 'middle way' for their recovery; to see if there is 'wiggle room' that can be built into their plans – particularly in the areas of emotions, thoughts, behaviours, family and expectations.

The 'middle way' is different for everyone. Some people will be able to give themselves a lot of leeway; others will have to keep things tighter. But the purpose of this exercise is to open members' minds to the fact that a plan without any 'middle way' is more likely to fail. We all need room to manoeuvre from time to time.

Group members need to be encouraged to be honest; but group members also need to be encouraged and be open to the fact that what is right for them may not be right for the person sitting beside them and vice versa. For example, one person may be able to miss some Fellowship meetings whereas another may not; one person may be able to accept their angry feelings whereas another may find such feelings to be too much of a trigger for them at this point.

However, it is important that the facilitator emphasises that while we are encouraging finding the flexibility within all plans, it is important that the group understand that we are not encouraging reckless behaviour!

4.1 Exercise: Finding my Middle Way

We are asking the group to look at areas of life/recovery where there is room for manoeuvring (as opposed to having only strict rules for recovery). We are going to examine the following areas in detail: emotional, cognition, behavioural, family and expectations.

Give **Handout 11.1** to group members. This handout includes examples of what a 'middle way' might sound like in terms of emotions, cognitive and behaviour. The hand-out might alert the group member to areas where 'wiggle room' exists for them.

Ask group members to read through each sheet and mark which examples are relevant to their recovery and life. The example given may prove to be exactly what they need and in such cases they can simply use this for their list.

Distribute **Worksheet 11.1** and **Handout 11.2**

Each person is asked to create a list of 'middle ways' for each of the five areas listed and they are asked to find three 'middle ways' under each heading. To assist in this, they can use Handout 11.2 as a reference as to what their middle way might look like. You might like to read through this handout with the group, discussing it with the group before participants try to fill out Worksheet 11.1

When filling in Worksheet 11.1 the following questions need to be highlighted with the group; it may be helpful to write these up on the whiteboard/flipchart:

- Emotional: Can I allow some flexibility in my emotions?
- Thinking: Can I allow some flexibility in my thoughts?
- Behaviours: Can I allow some flexibility in my behaviours?
- Family: Can I make room around my current family circumstances
- Expectations: Am I putting pressure on myself to achieve goals within very strict time frames?

Is there room for the possibility that my goals may not always turn out the way I want them to? Do I have enough flexibility in my plan that, if my goals don't always turn out the way I want them to this does not result in me giving up?

The goal never needs to change but maybe the plan needs to be altered a little.

4.2 Acceptance

*'God grant me the serenity to accept the things I cannot change;
The courage to change the things I can
And the wisdom to know the difference'*

[Above is the 'Serenity Prayer' that is well known in the fellowships. You can choose whether or not to put in God at the beginning, as you will know your group best].

Write the Serenity prayer on the whiteboard/flipchart and also on the board draw a circle and a star similar to **Worksheet 11.2**.

- Firstly put up "The things I can change" inside the Star
- Secondly put "The things I cannot change" outside the star

In a general free-association discussion with the group, name some of the things that can be changed and some of the things that cannot.

Group discussion:

The discussion of acceptance in relation to change is extremely important; facilitators are encouraged to elicit themes from the group rather than 'teaching' a concept.

For many, acceptance can feel like a passive stance; that if I accept things, then I am doing nothing. This stance ignores the 'wisdom' that the prayer requests. There is a difference between what I must accept and what can be changed; and therein lies the energy and excitement of personally driven change. The intention of this exercise is to help participants recognise what they cannot change but also to embrace what can be changed; and to challenge them to know the difference so that they do not waste lots of energy chasing after the wrong changes.

Distribute Worksheet 11.2

Ask the group to fill in the things they can change and then the things they cannot change. It is useful to ask the group if there anything they would or could move from outside star to inside and vice-versa.

When this work is done, invite further discussion on this matter.

A lot of what goes on in a person's life and on the journey of recovery is outside of the individual's control. Over the last 10 sessions we have been working on changing the parts of us that we do have control over.

As part of the 'journey of recovery' it is important to acknowledge that there are things that go on in our life that we have no control over. When we see things really as they are, we give ourselves a genuine choice as to how we respond. We do not sit back and permit the world to go by, or allow people or circumstances to walk over us. We are actually learning to respond, to know our world and to be at peace with our own limitations.

By gaining acceptance we are actually gaining back our power.

5. Review and Preparation for Next Session**5.1 Review of Session**

Invite the group to settle back after all the learning from today's group.

It is important that you invite all members of the group to speak during this exercise.

Guide Questions:

- How are you as we come to the end of today's session?
- What is staying with you as important to you?
- Is there anything that you didn't like? Are there any questions that you didn't get to ask?

When the group have finished, it is important to remind them about their homework for the week. In Module 1, this involves the completion of the 'emotions diary' (and drug/alcohol diaries where appropriate)only.

6. Grounding Exercise II

This exercise is designed to help signal to the group that the session is ending and assists them in making the transition back into their 'everyday life'. It also:

- Helps to connect them with the 'here and now' before leaving
- Gives space for them to reflect on their safety plan for the time until the next session and
- Offers people the chance to affirm themselves for the work that they've done during this session

Examples of grounding exercises with full instructions can be found in Appendix 4. Recordings of grounding exercises are available from the SAOL website should you prefer to play the exercise rather than lead it yourself.

7. Safe Plan

Give everyone a copy of the Safe Plan (Appendix 5) and ask them to write at least one way in which they will work at staying safe until the next session.

8. Feedback Form

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes. They do not have to sign this sheet.

Hand-out 11.1

Emotional: can I allow myself to feel the good emotions in recovery, while understanding that I will also feel difficult emotions?

Feeling angry on occasions is not the end of the world and I have plans to make sure that such feelings don't take over.	I feel lonely some of the time and I have plans to make sure that such feelings don't take over.
Feeling anxious is sometimes good and I have plans to make sure that such feelings don't take over.	I often feel like a failure and so when I feel this, it is not the end of the world – but it is also not fact!
I don't have to feel happy all of the time	It is ok to come back to this feeling later – I don't have to feel my current feeling for the rest of the day
My current good emotions will change, but I invite them to come back	Being sad is ok some of the time and I have plans to make sure that such feelings don't take over.
My current difficult emotions will change and I will cope when they come back	Feeling awkward is usual for someone in recovery; I know I will not feel awkward all of the time.
It is ok to express my negativity every so often	I am ok with being bored some of the time.
It is ok to not like my current feeling – but it's also good to stay with it.	Feeling nervous at times is natural and important and although I might prefer to not have to feel it, I'm ok with being nervous some of the time.
I can remind myself that emotions are not facts.	Being furious or full of rage or pissed off or highly stressed is ok, some of the time and I have plans to make sure that such feelings don't take over.

Hand-out 11.1 continued

Thinking: Allowing room for ANTS and other thinking styles that can happen – exploring the analytic/academic thoughts that plague recovery. Can I be flexible with certain thoughts?

<i>I must do ...</i>	<i>I should not ...</i>
<i>I have to ...</i>	<i>If I don't...then...</i>
I must not think about drugs	I can't go there
I must not have an argument	I should not be too happy
I should not be thinking negatively	I can't talk to that person
If I don't attend all of my meeting, then I will fail	I have to do everything perfectly
If I don't do everything that is in my plan then I will fail	I must achieve my goals or everything is gone
I must do everything in my power to make sure everybody likes me	I must listen to everybody else because they know better than me
I should exercise every day or else I will not be putting enough effort into my recovery	I have to do better – all the time.
I have not make mistakes	I should not be eating this

Hand-out 11.1 continued

Can I allow flexibility within my behaviour? There can be group pressure to answer a certain way for some of these – so each individual has to be given the space to explore their own answers:

Do I have to be completely drug free?	Do I have to be completely alcohol free?
Relationship: Can I allow room for mistakes in my relationship?	Treatment plan: Can I miss any appointments?
Social activities: Can I go out safely?	Exercise: Do I have to work-out every second day?
Responsibilities: Do I have to get it right on every occasion?	Health: Do I have to eat healthily all of the time?
Daily routine: Do I have to get up at the same time every day?	Legal: Can I afford to pick up any (more) charges?
Places: Can I stay living in my area? (Many people have to stay living in the same area that was once central to their addiction, so how will I manage this if I chose to or have to stay?)	Places: Can I avoid certain places?
People: Do I have to stay in contact with everyone?	Family: (see below for more) Do I have to be available to my family all of the time?
Things: Are there things that I like that I need to cut back on but don't need to stop completely? (e.g. TV, internet use, gambling)	Annoying people: Do I have to react all of the time?

Handout 11.2: The Middle way

Emotions

I can sometimes feel anxious without getting too worried about it.

I can feel a failure sometimes - about twice a week is ok!

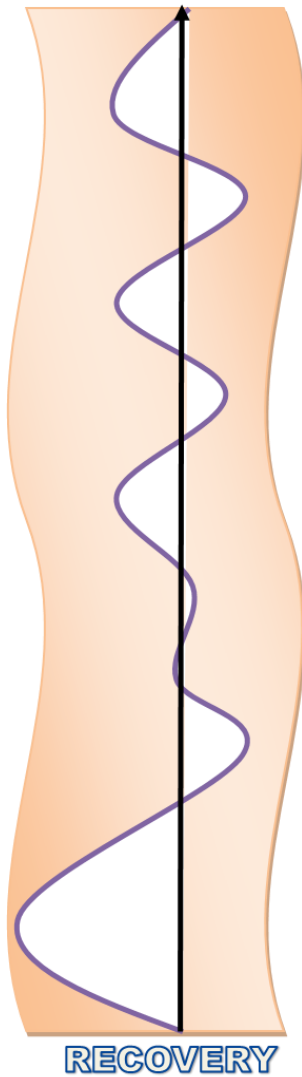
I will not let my negative emotions destroy my day - they are ok but they are not taking over.

Cognitive

I might find myself thinking about drugs and if I do, I will become aware of it and move on - without worrying too much that such natural thoughts come to my mind.

If I have an argument, I will try to keep my head but accept that arguments happen in daily life.

I know that I struggle with success and that I will start worrying about failing. When this happens I will try to talk it over but not to give myself a hard time about it.



Behavioural

Sometimes my relationship will be good; sometimes not so good. I'm ok with this as this is normal in relationships

Avoiding people is necessary in recovery but avoiding everybody is unhelpful. I can be alone some of my week but if I have nothing planned for more than three nights of the week; I will do something about this.

Reacting to things all the time is not good; not reacting to things all the time is not good either! I will try to find a middle way.

Family

Sometimes I will not be a great parent. I am doing my best and keeping an eye on my responsibilities.

Sometimes I will visit my extended family and sometimes I will not. I can put myself first when needs be.

Having fun is as important as recovery meetings and treatment exercises. Fun with kids, with partners (or new people) is allowed.

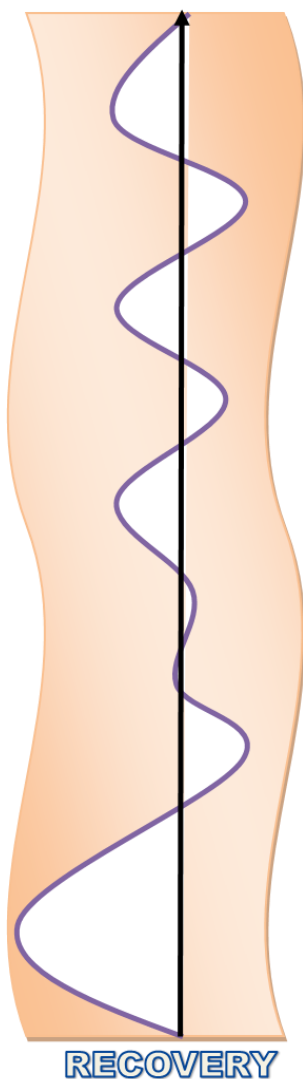
Expectation

Perfection suits nobody and it isn't possible anyway! When I find myself expecting perfection I will take a step back - while not being too self-critical

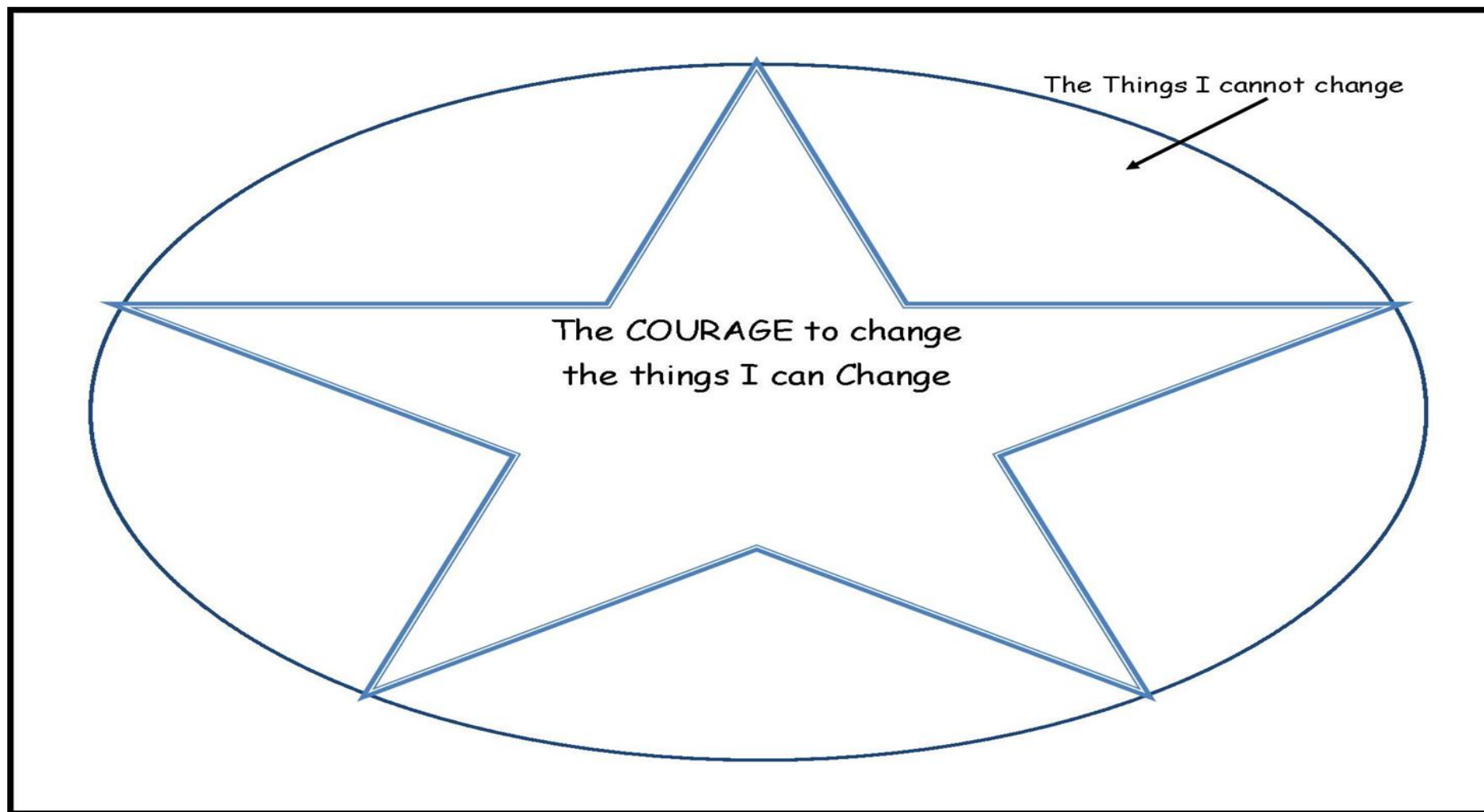
If things don't go to plan, that's ok - I can adjust.

I will live from where I am at in my recovery and not from where I want to be. If I do this, they will soon be the same thing.

Worksheet 11.1: The Middle way

[illegible][illegible][illegible][illegible][illegible]

Worksheet 11.2: The courage to change





Module 12

I'm On My Way

Module 12: I'm on my Way

AIM:

As the RecoverME programme comes to a close, this is an opportunity to acknowledge the courage of each participant engaging in the programme. The programme ends with a reflection of the work and awarding of certificates for each participant.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Sufficient copies of **Handouts**
- Ample copies of the emotions diary for participants (Appendix 2)
- Sufficient copies of **Worksheets**
- Sign in sheet (Appendix 1)
- Copy of Snakes and Ladders board and cards and dice
- Copies of the Feedback sheet (Appendix 6)
- Certificates for each participant (Appendix 7)

1 Grounding Exercise I

- 1.1 Grounding exercise
- 1.2 Sign-in sheet

2 Check-in

- 2.1 Introduction to today's session
- 2.2 Check-in and review of Safe Plan

3 Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

- 3.1 Ask participants to share emotions diaries
- 3.2 Any other homework
- 3.3 Emotions Board

4 I'm on my Way

- 4.1 Courage Statement
- 4.2 RecoverMe Snakes and Ladders
- 4.3 Review and Evaluation of Programme

5 Grounding Exercise II

6 Final check-out & Course Certificates

7 Safety Plan

8 Feedback Form

1. Grounding Exercise I

1.1 Grounding exercise

Grounding and meditation exercises can be found in Appendix 4.

These exercises are by no means exclusive to the programme; if you have other ones that you prefer to use, feel free to use them. The purpose is that the group members are given time and space to ground themselves.

1.2 Sign-in sheet

Send around the sign-in sheet (See Appendix 1).

2. Check-in

2.1 Introduction to today's session

Give a brief overview of what the focus of today's session will be about

2.2 Check-in Exercise and review of Safe Plan

It is important to get everybody to say something at the beginning of the group so that individuals are not sitting through without having spoken.

3. Review of Emotions Diary (and drug/alcohol diaries), any other homework and emotions board

3.1 Review of Emotions Diary (and drug/alcohol diaries)

Ask participants to reflect on their emotional diaries. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their emotions?
- Which emotion was most prominent throughout the week?
- Which emotion surprised you this week?

3.1 Any other Homework

There was no specific homework at the end of the last module.

3.2 Emotions Board

Ask group members are there any other words that they would like to put up onto the emotions board. As new emotions emerge during the session they are to be recorded on the board.

4. I'm on my Way

4.1 Courage Statement

The last module finished with the 'courage to change' exercise. Over the last 11 modules of RecoverMe, the group members have been working hard on making changes in their recovery.

They have agreed to put together a plan and built it on:

- Embracing their emotions, doubts, and successes

- While acknowledging their 'middle way'.

This is brave stuff. Therefore, it is helpful to name this by proudly announcing our individual courage.

"I am courageous because..."

Group members are invited to write a courage statement. They might include parts of their plan, naming the things that they are brave enough to change and the things that they know they can't change but are willing to accept.

A courage statement might sound like...

"I am courageous because I have tried before but I am willing to try again. I am courageous because I want to be drug free and am willing to take a risk to achieve this. I am courageous because I know this will take time - probably over a year. I am courageous because I know I can't change my past or the things I have done but I want to change to make my future better. I am courageous because I am willing to change my favourite behaviours because they are no longer doing me any good. I am courageous because I am willing to ask for help".

The facilitator may have to help individuals as self-esteem issues may emerge, making it difficult to speak positively about themselves, particularly so publicly. If this is a big block for some people, do not ask the group to read their statement out aloud but save it for their own folder.

If there are no such issues within the group, invite the group members to read their courage statement out loud. Invite each person to stand proudly and to announce their courage statement with a smile on their face and in their voice. This will help to enhance the ownership of their statement.

4.2 RecoverMe Snakes and Ladders

As a summary game, of all of the learning the group has experienced during the last 11 modules, invite the group to play 'RecoverMe Snakes and Ladders'.

We have included a copy of a snakes and ladders board at the back of the module. If you are going to use this we would recommend that you photocopy it onto an A3 size

sheet. Better still is to create your own boards on a big sheet of card. Depending on the size of your group, you may need more than one board.

The only changes to the rules of a usual game of snakes and ladders are:

- Do not go up a ladder without first taking a 'ladder card'. If the card permits you to go up the ladder, go up. If not, stay where you are – or do as the card instructs.
- Do not go down a snake without first taking a 'snake card'. If the card permits you to go down the snake, go down. If not, stay where you are – or do as the card instructs.
- Players can use a 'skills card' whenever they want. Players are given 4 skills cards at the beginning of the game. These cards counteract the instruction given on the ladder or snake card – so you can use the card to avoid going down a snake or use another card that permits you to go up the ladder.

[The skills cards are so called as a way of highlighting that each individual can have their own personal skills that push past a current difficulty and makes recovery more possible].

We have found it more useful to play this game by dividing the group into two teams; however, if there is a large group, it might be useful to have two games going at once.

All the hand-outs are attached.

4.3 Review and Evaluation of Programme

Facilitator asks each group member to gather their folders together for a reflection on the programme.

Using **Worksheet 10.3** 'Review and Evaluation', ask each participant to complete the worksheet. When all have finished, ask them to come back together and encourage them to share their findings with the rest of the group, e.g. what part of the course they found least beneficial, what part they found most beneficial etc.

Write the key points up on the whiteboard/flipchart for evaluation purposes. Reinforce the learning by encouraging group discussion.

If there are any participants who feel they would benefit from another opportunity to re-do the course, take their details and arrange a follow up appointment with them. Retain the worksheets for your own review and evaluations.

5. Grounding Exercise II

Just before the final checkout it is helpful to get everybody to ground themselves, so that they can have a few moments to reflect on the programme.

The second grounding exercise in Appendix 4 encourages participants to reflect on their safety plan.

For this exercise you can change the **end instruction** to 'what did I find most useful about the programme, how has it helped me?'

6. Final Check-out and course certificates

Ask each person to name one thing from the course or that happened during the course that stands out for them. It could be a new insight or learning; perhaps a new support that they have identified; or a new strength they have found. Give sufficient time to each person and affirm all comments.

Each Participant is given a certificate of completion.

If you choose to you may also make a certificate of attendance for individuals who did not complete RecoverMe, but attended part of the programme. The certificate of attendance is given to acknowledge the work the participant achieved and may encourage them to engage with programme in the future.

The Facilitator should finish the session by affirming everyone for their participation and, once again, reminding them of the supports available to them from the project or agency.

We also find 'I'm on my way' by the Proclaimers makes great theme music during this event.

7. Safe Plan

As this is the end of the programme we are not asking participants to fill in a Safe plan within the group but it is useful to ask the group to think about continuing the practice of making a safe plan for their coming week in their own recovery work.

8. Feedback Form

Each participant is asked to complete a Feedback Sheet, an evaluation of the session, before leaving the group (See Appendix 6). It will take no more than 2 minutes. They do not have to sign this sheet.

Worksheet 10.3: Review and Evaluation

You have now completed the RecoverMe course and we would like you to take a few moments to reflect on the learning and to give us some feedback.

Please circle the statement that suits best.

I am more aware of the link between thoughts, emotions and behaviours	True	False	Neither true nor false
I am more aware of ANT's and addiction related beliefs and how they can lead to addictive behaviour	True	False	Neither true nor false
I am more aware of limited thinking patterns and how my interpretation can lead to emotional difficulties.	True	False	Neither true nor false
I have gained new skill and strategies to help me deal with my thinking	True	False	Neither true nor false
I am more aware of false beliefs I may hold about emotions	True	False	Neither true nor false
I have increased my emotional vocabulary	True	False	Neither true nor false
I am more aware of my emotional triggers	True	False	Neither true nor false
I understand that I can put in a plan to help me with difficult emotions and emotional triggers	True	False	Neither true nor false
I have learnt to recognise the different levels of intensity that are associated to emotions	True	False	Neither true nor false
I feel more comfortable about discussing my emotions	True	False	Neither true nor false
I have created a realistic plan for my future that incorporates challenges that I have identified	True	False	Neither true nor false
I am more aware of the process of lapse/relapse	True	False	Neither true nor false
I understand the need for flexibility 'the middle way' in my recovery	True	False	Neither true nor false
I am more aware of the things that I can change	True	False	Neither true nor false

RecoverMe Snakes and Ladders

(These will need to be photocopied and cut up individually)

Ladders:

Go Up

Don't Go Up

You call on the support of a friend – climb the ladder	You keep stopping to say hello to a person you used to hang around with who is still active in a addiction – don't go up this ladder
You are facing a difficult decision and you have made a plan to help work out what to do – climb the ladder	You are worried about a family party that is coming up and you don't know what to do. You just feel terrible – don't go up this ladder
Today is a good day and you noticed! Climb the ladder	Today is a good day but you didn't notice – don't go up this ladder
You have been invited to a party with family – there will be drink – so you have declined the invite, without causing an argument. Climb the ladder	You didn't go to your class today, you felt too tired and didn't want to face people – so you stayed in bed – don't go up this ladder
You're not sure how you're feeling – so you take a break from what you are doing to work out what's going on for you. Climb the ladder	You are all mixed up in your feelings. So you make a sandwich and watch TV to try and block it all out – don't go up this ladder
A friend notices you're a little down – and you let them help. Climb the ladder	A friend asks if you are ok – you pretend that everything is grand and walk away – don't go up this ladder
You keep an appointment – climb a ladder	You miss another appointment – don't go up this ladder
You have a bad attack of cravings – but you remind yourself that they will pass and you put one of your support plans into action	You have a bad attack of cravings. You grab your money and call a taxi – don't go up this ladder
Someone passes you a compliment; you are embarrassed but you thank them and you let the embarrassment pass and enjoy the happy feeling the good words give. Climb the ladder	Someone passes you a compliment. You wonder what they're after and get annoyed – don't go up this ladder

A neighbour does not answer your hello when you see them in town. Although you are annoyed at the start, you decide to let it pass. Climb the ladder.	A neighbour doesn't answer when you say 'hello'. You shout after them that they are '****ing ignorant'. You can't get them out of your head for the rest of the day – don't go up this ladder
An official behind a desk refuses to help you. You decide to talk it over with someone else and try a new approach for what you need. Climb the ladder.	An official behind a desk refuses to help you. You curse them from a height and get asked to leave the building – don't go up this ladder
Things are going really well for you; so you stop to check that you are coping well with success and update your goals and plan. Climb the ladder	Things are going really well for you – but you start to worry that a problem is probably only around the corner. You cannot stop worrying about what it might be – don't go up this ladder
You are not well – coughing and sneezing and running a temperature. You ring someone for help and get extra sleep. Climb the ladder	You are not well – coughing and sneezing and running a temperature. You start believing that the whole world is against you – don't go up this ladder
You are eating a good, balanced diet and you are eating at regular times. Climb the ladder.	You have started missing breakfast and eating a lot of fast food in the evening – don't go up this ladder
You spent the evening laughing with friends. Climb the ladder	You spent the evening reading all the negative comments you could find about people on Facebook – don't go up this ladder
You went out for a walk to clear your head. Climb the ladder.	You didn't speak to anyone all day – don't go up this ladder

Snakes

Go down

Don't go down

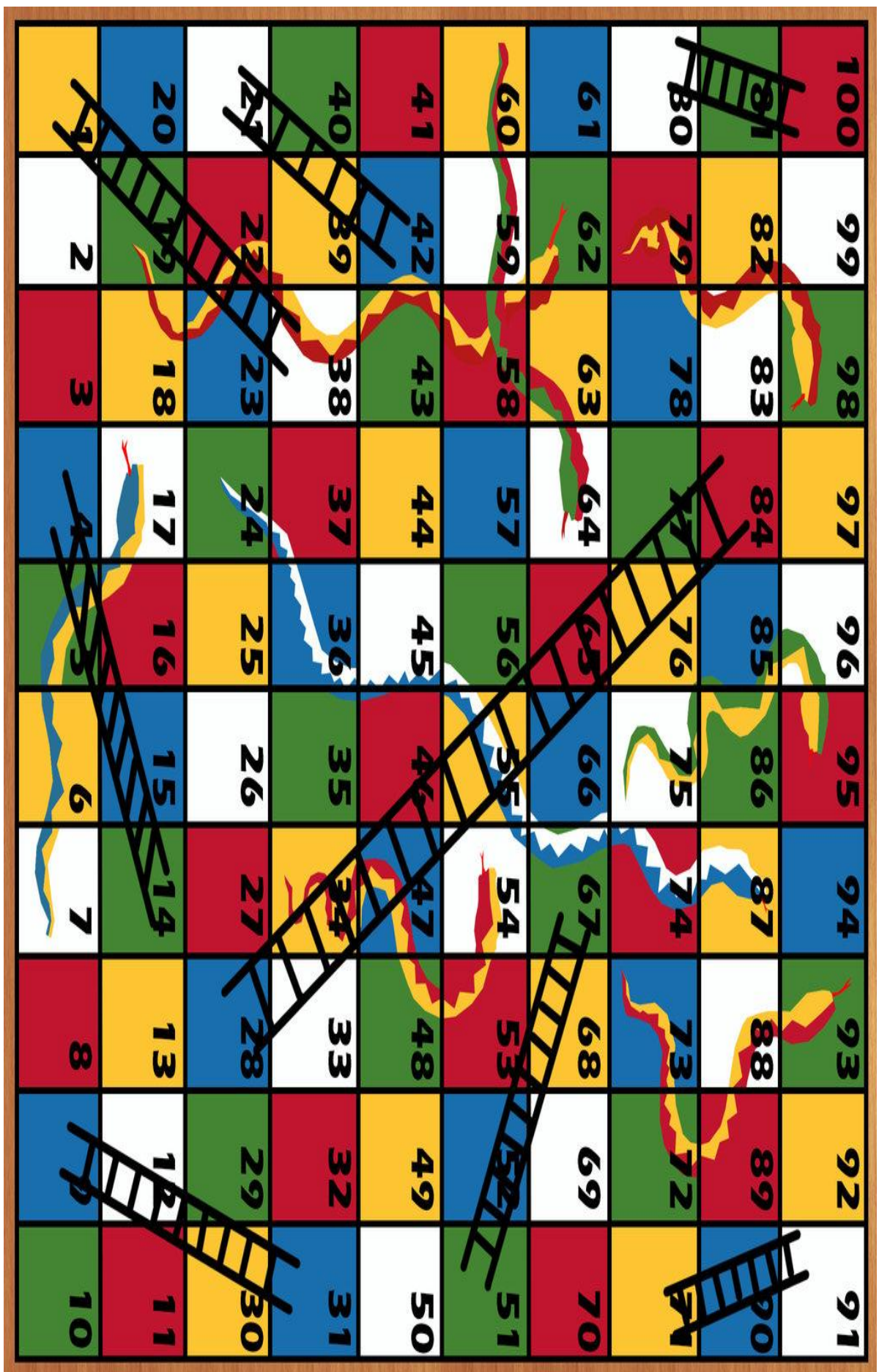
You spend the night partying and doing all the things you used to do. Go down the snake.	You go out partying but realise half way through that you need to go home. Don't go down the snake.
You start a row with someone close. There was no obvious reason for the argument – you just wanted to shout. Go down the snake.	You start a row with someone close. Even though you feel you are right, you apologise for arguing and go for a walk. Don't go down the snake.

You keep going home past your dealer's place. You could go another way but you want to test yourself. Go down the snake.	You keep going home past your dealer's place. You could go another way but you want to test yourself. You ask yourself why you are doing this and find a new way home. Don't go down the snake.
You can't seem to pass the slot machines without trying them out. Go down the snake.	You can't seem to pass the slot machines without trying them out. You ask the arcade to ban you from coming in – which they do. Move two squares forward.
Your counsellor/key worker is driving you mad – you've decided you're not going to work with them anymore. Go down the snake.	Your counsellor/key worker is driving you mad – you've decided to tell them how you're feeling before deciding what to do. Move two squares forward.
You can't stop wondering if the people you used to party with are having a better time than you. Go down the snake	You wish you could still party but you know the time for change is now. You plan to do something nice so that recovery isn't just hard work. Move forward two more squares
You believe that you have done too many things that hurt too many people and that you can never make that right. Go down the snake.	You believe that you have done too many things that hurt too many people and that you can never make that right. But you are willing to try. Do not go down the snake.
You have stopped looking at yourself in the mirror. Go down the snake.	You have stopped looking at yourself in the mirror. You decide to work out why. Move three squares further.
You haven't paid your rent for the last two weeks and you have to avoid the landlord. Go down the snake.	You haven't paid your rent for the last two weeks and have been avoiding the landlord. You talk your situation through with your key-worker to come up with a plan. Go back one square.
You get into a physical fight and need to go to hospital to check out an injury to your head. You refuse to go. Go down the snake.	You get into a physical fight and need to go to hospital to check out an injury to your head. You go. Don't go down the snake but move two squares back.
You are not sleeping very well but you are not resting during the day either. You have stopped doing relaxation exercises or going for holistic treatments. Go down the snake	You are not sleeping well. You plan for what you will do if you wake up and can't go back to sleep. Move another square forward.

A friend was telling you about what someone else said that their sister was saying about you. You are furious even though you are not sure who they are talking about. Go down the snake.	A friend was telling you about what someone else said that their sister was saying about you. You laugh it off and tell them you're not interested in silly talk. Don't go down the snake.
You miss the mad old days and tell yourself that one more time won't do any harm. Go down the snake	You miss the mad old days and tell yourself that one more time won't do any harm. Then you remember some of the real mad old days and are happy that you lived to tell the tale. Don't go down the snake
You remember that your aunty said that you'd never get a day's peace after all you'd put the family through. You think she was right. Go down the snake.	You remember that your aunty said that you'd never get a day's peace after all you'd put the family through. You decide to do the exercise where you write her a letter and then burn it. Don't go down the snake.
You go back to the pub where you used to go – just to meet the old crowd and have a coffee. Go down the snake.	You go back to the pub where you used to go – just to meet the old crowd and have a coffee. As soon as you walk in, you walk out again and go home. Don't go down the snake.
You miss an important appointment about one of your main goals. Go down the snake.	You miss an appointment about one of your main goals – so you phone immediately to make an new appointment. Go back one square.

Antidote for snake bite card (Allows holder to avoid going down one snake that you have been told you must go down)	Ladder holder card (Allows holder to go up one ladder that you have been told you cannot go up)
Snake basket card (Allows holder to avoid going down one snake that you have been told you must go down)	Shoe glue card (Allows holder to go up one ladder that you have been told you cannot go up)

Antidote for snake bite card (Allows holder to avoid going down one snake that you have been told you must go down)	Ladder holder card (Allows holder to go up one ladder that you have been told you cannot go up)
Snake basket card (Allows holder to avoid going down one snake that you have been told you must go down)	Shoe glue card (Allows holder to go up one ladder that you have been told you cannot go up)



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On-line supports

CBT

<http://www.youtube.com/watch?v=IbQkUJaE4d0>

http://www.youtube.com/watch?v=Rpvgy-lS_zM (Beck, model, cue exposure and response inhibition)

<http://www.youtube.com/watch?v=LaiwKasS8bI> (Beck, multiple problems related to case conceptualizations)

http://www.youtube.com/watch?v=aWyg_bhSxOc (Beck, negative core beliefs)

http://www.youtube.com/watch?v=Nk59lutY_E4 (Beck, case formulation, belief/ behaviour/ focus)

<http://www.youtube.com/watch?v=WXxxcEIL7Cs> (The science of relapse: Behavioural treatments with Baclofen)

MI

- <http://motivationalinterview.org/> *
- <http://motivationalinterview.net/>
- Some MI Videos
- <http://vimeo.com/20901845> (Prof William Miller, +/- 8 minute overview) *

OR

- http://motivationalinterview.org/quick_links/about_mi.html (Prof William Miller, +/- 8 minute overview)
- <http://vimeo.com/56949751> (A short overview by a number of experts) *
- <http://vimeo.com/84162625> (MI: STD) *
- <http://vimeo.com/57164576> (MI and Psychiatry +/- 9 minutes) *
- <http://vimeo.com/12523252> (What makes it MI- Miller and Rollnick, 26 minutes)
- <http://vimeo.com/61673511> (Webinar +/- 50 minutes)



Appendices

Appendix 1



MODULE SIGNING IN ATTENDANCE SHEET

Date: _____ **Facilitator(s)** _____

Name

Emotions Diary-By filling out this diary sheet you will begin to see patterns in how your feelings/emotions connect with your drug use and what triggered them. It also reminds us how we coped, what we did, what we felt after our actions (e.g. when we make good decisions we don't always feel good afterwards). This information will help in your self-awareness and prompts us in taking control of our actions

Day and Time	Trigger Was there an event/situation or thought that made me want to drink/user/ or behave negatively?	Immediate Thought What where the first thoughts that accompanied the trigger?	Emotion What was the emotion I felt?	Body Sensation Where do I feel the emotion in the body?	Behaviour What did I do? Did I respond positively or react negatively to the trigger or thought?	Emotion What emotion was I feeling afterwards?	Consequences What were the consequences of your actions – both good and bad?

Appendix 3: Drug and Alcohol Diary. By filling out this diary sheet you will begin to see patterns to your drug or alcohol use, what triggered it, the feelings associated with those triggers, the actions you took and the consequences of those actions. You should record every trigger regardless of whether you ended up using drugs or not. This information will help you to become more self-aware around your drug or alcohol use. Record as many situations as possible in between each module of the course and bring your Journal with you to each module.

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

Here are some risky situations. Mark them from 1 to 3 as you see fit (1 = no temptation to use; 2 = slight temptation to use; 3 = strong temptation to use):

Risky situation	1	2	3	Risky situation	1	2	3	Risky situation	1	2	3
When I am angry				When I feel bored				When I feel happy			
When I feel sad				When I feel lonely				When I do feel good about myself			
When I'm around others who are using				When I feel guilty				When I am offered other drugs			
When I have money worries				When I don't feel good about myself				When I have money to spend			

Appendix 4

Start of session

Grounding Meditation: 10 mindful breaths

If there is a table in the room ask the group to move their chairs back a little

1. Coming now to sit, feet flat on the floor; back is straight but not stiff, head and neck balanced on the shoulders. Allowing the shoulders to relax a little, resting your hands comfortably on your lap. Closing your eyes if that feels comfortable, if not allowing a soft gaze onto the ground a few feet in front of you, as best you can allowing the mind to settle
(Allow 3 in and out breaths, before next instruction)
2. Become aware of physical sensations throughout body, especially sensations of touch: Feet on the floor, body making contact with the chair. Allowing the body to become comfortable on the chair, finding your own balance.
(Allow 3 in and out breaths, before next instruction)
3. Letting the sensations of touch fade into the background of awareness and bring your attention to the breath, breathing in-breathing out, bringing awareness to wherever you notice the breath most, this maybe at the tip of the nose, or the rise and fall of the stomach. 'Nowhere to go, nothing to do'
(Allow 3 in and out breaths, before next instruction)
4. Following the full cycle of each in breath and each out breath, nowhere to go nothing to do
(Allow 2 in and out breaths, before next instruction)
5. Now bringing your awareness to the breath right down in the abdomen, stomach area. It may be helpful to put your hand on your stomach to help notice the rise and fall with each in breath and each out breath.
6. Now staying with the full cycle of each in breath and each out breath, counting 10 in breaths and 10 out breaths.
After 5 breaths give following instruction
(If you notice your mind wandering off into thoughts, acknowledging where the mind has gone and gently bringing yourself back to the next in-breath or next out-breath)
Continue to 10 breaths
7. Now expanding your awareness around the breath to the whole body sitting here, becoming aware of the feet on the floor, the chair supporting you
(Allow 3 in and out breaths)
8. And now opening your eyes whenever you are ready and as you begin to open your eyes, becoming aware of your space in the room and the other people in the room.

End of session Grounding Exercise: the Body Scan-5 minutes

If there is a table in the room ask the group to move their chairs back a little

1. Coming now to sit, feet flat on the floor; back is straight but not stiff, head and neck balanced on the shoulders. Allowing the shoulders to relax a little, resting your hands comfortably on your lap. Closing your eyes if that feels comfortable, if not allowing a soft gaze onto the ground a few feet in front
(Allow 3 in and out breaths, before next instruction)
2. Become aware of physical sensations throughout body, especially sensations of touch: Feet on the floor, body making contact with the chair. Allowing the body to become comfortable on the chair, finding your own balance.
(Allow 3 in and out breaths, before next instruction)
3. Letting the sensations of touch fade into the background of awareness and bring your attention to the breath, breathing in-breathing out, bringing awareness to wherever you notice the breath most, this maybe at the tip of the nose, or the rise and fall of the stomach. 'Nowhere to go, nothing to do'
(Allow 3 in and out breaths, before next instruction)
4. Now letting the breath fade into the background of awareness and bringing the focus of your attention to your feet, Becoming aware of the feet making contact with the floor. (Allow 2 in and out breaths between each instruction)
 - Letting go of the feet and moving your awareness up to the lower legs
 - Letting go of the lower legs and moving your awareness up to the Knees, the upper legs and hip area
 - Letting go of this region and moving your awareness up to the lower back and around to the stomach
 - Letting go of this region and moving your awareness up to the upper back and chest area
 - Letting go of this region and moving your awareness to both hands, moving up the to the wrists, lower arms, elbows, upper arms, up to the shoulders
 - Letting go of this region and moving your awareness up to the neck, head and face
 - Letting go of this region and bring your awareness to the body sitting here as a whole, feet on the ground, body making contact with the chair.
5. Now bringing your awareness back to your breath-breathing in breathing out (4 in and out breaths)
6. As this grounding exercise comes to an end congratulating yourself for the work you have put into today in group.
And asking yourself how will I keep myself safe this week? (Repeat question)
Allowing an answer to form in the mind
7. Allow 3 or 4 in and out breaths and ask the group to gently open their eyes and come back into the room.

Appendix 5



My Safe Plan

Between now and the next session of RecoverMe, I will keep myself safe from harm by:

Name at least one way in which you will reduce the harm to yourself from drug/alcohol use or avoid high risk situations. You don't have to stick with one – you can name as many as you want.

Appendix 6: Group Topic Evaluation Scale

This survey is for programme evaluation purposes only. Your answers are confidential and anonymous.

Today's topic was: _____ Session Number: _____ Date: _____

Please respond to the following questions in a thoughtful manner.

Today's group topic	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. Was relevant to my life					
2. Increased my confidence to utilize positive skills					
3. Will help improve my relationships					
4. Has Given me a sense of optimism or wellbeing					
5. Will influence how I communicate and interact with others					
6. Helped me identify areas I want to change in my life					
Total:					

Higher scores denote higher relevance or meaningfulness of the group topic.

DiStefano, G., Hohman, M., & Barker, M. (2013). The Group Topic Evaluation Scale: Preliminary validity, reliability, and use in psychoeducational groups. *Journal of Social Work with Groups*, 36, 292-303.

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Appendix 7



This certificate is awarded to

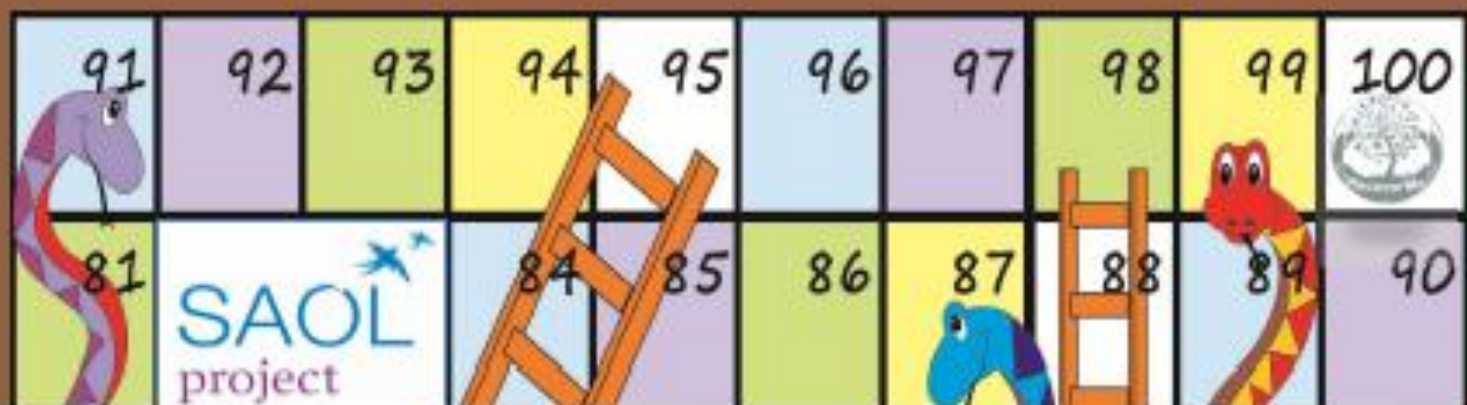
On Completion of the RecoverMe Programme

'Between stimulus and response there is a space. In that space is our power to choose our response.

In our response lies our growth and our freedom.' Viktor E. Frankl

Signed: _____

Date: _____



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City of Dublin Education and Training Board



Freidhseamacht na Seirbhíse Eiliméire
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