

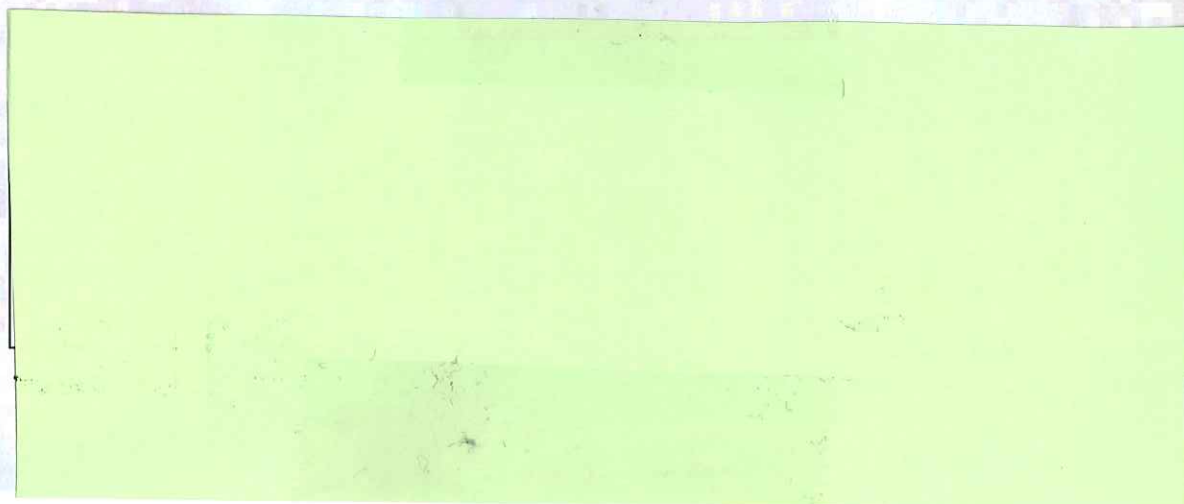
# 'SCRAP Book'

## SELF CONDUCTED RECOVERY & PREVENTION PROGRAM



A series of six self-conducted home-based education sessions  
for people who wish to explore and change  
their use of alcohol or other drugs.

Based on 'Back in Control' written by Dennis Parrish  
Gold Coast Health Alcohol and Other Drugs Service, Queensland





## How to use 'SCRAP Book'

### Resources included:

- 'Education Program' Registration Form
- The 'SCRAP Book'
- AODS Pamphlet
- 'SCRAP Book' Program Evaluation Form
- 'SCRAP Book' Participant Checklist

1. Check to ensure you have all of the resources listed above in your SCRAP Book pack. If not, contact AODS on (07) 568 79119 and request these be forwarded to you.
2. Complete the 'Education Program' registration form and return it to AODS, Southport Health Precinct, Level 4, 16-30 High Street, Southport 4215 if you haven't already done so, in order to guarantee you are registered for SCRAP Book.
3. Ensure you have paper to work on the exercises with and photocopy the worksheets in your SCRAP Book for back up copies should you need them.
4. Keeping your SCRAP Book deadline in mind (on the front of your book) work through each session in order, completing the worksheets, exercises and Checklist as you go.
5. Contact the SCRAP Book facilitator at [AODSCentralGC@health.qld.gov.au](mailto:AODSCentralGC@health.qld.gov.au) or by phone on (07) 568 79119 during working hours if you have any queries or require further help or information.
6. Ensure you have support networks in place in addition to the SCRAP Book program to assist you with your recovery and prevention goals. Refer to the 'Other Services' list on the back of your AODS pamphlet for these contact details.
7. Post a copy of your exercises & worksheets by your deadline, including the evaluation form and your current address to: SCRAP Book Facilitator, AODS, Southport Health Precinct, Level 4, 16-30 High Street, Southport 4215.
8. Complete any additional exercises and worksheets if deemed necessary and return them to AODS within one month. Contact AODS if you haven't received a Statement of Completion a month after posting us all required worksheets.

---

*Thank you for your cooperation*





## 'SCRAP Book' Checklist

- ☐ Completed and returned Education Program registration form
  - ☐ Marked the SCRAP Book deadline on my calendar
  - ☐ Organised an exercise book and copied the worksheets if needed
- Completed required written exercises and worksheets as follows:

### Session 1

- ☐ Signs of Substance Use Disorder (pg.4)
- ☐ Severity of Substance Use Disorder (pg.4)
- ☐ Stages of Change (pg.5)
- ☐ Recording Drug Use (pg. 5)
- ☐ Drug Use Diary worksheet (pg.6)

### Session 2

- ☐ Levels of Drug Use exercise (pg.7)
- ☐ Reason for Using Drugs exercise (pg.7)
- ☐ Drug Refusal exercise (pg.8)
- ☐ Lifestyle, Environment & Supports exercise (pg.9)
- ☐ Alternatives to Drug Use worksheet (pg.10)
- ☐ Decisional Balance worksheet (pg.11)

### Session 3

- ☐ High Risk Situations, Triggers, Strategies exercise (pg.13)
- ☐ Managing Urges & Cravings exercise (pg.13)
- ☐ Seemingly Irrelevant Decisions exercise (pg.15)
- ☐ Urges & Cravings Diary worksheet (pg.16)

### Session 4

- ☐ ABC Model exercise (pg.18)
- ☐ Monitoring thoughts, feelings & behaviour worksheet (pg.20)

### Session 5

- ☐ Anxiety, Anger, Depression exercise (pg.22)

### Session 6

- ☐ Problem Solving Process exercise (pg.26)
- ☐ SMART Goals (pg.29)
- ☐ Action Plan & Obstacles/Challenges (pg.30)
- ☐ Goals worksheet (pg.32)

- ☐ Completed the Evaluation Form
- ☐ Posted copies of the written exercises and worksheets & the completed Evaluation Form to AODS with my name & current address details - by the deadline
- ☐ Completed any further exercises and worksheets as required
- ☐ Received my Statement of Completion



## CONTENTS

Page

<b>Session 1: Understanding drug use</b> .....	<b>1</b>
Types of psychoactive drugs	
Depressants, Stimulants, Hallucinogens	
Effects of drugs	
Tolerance, Withdrawal	
Recording drug use	
Substance Use Disorder	
Causes of Substance Use Disorder	
Signs of Substance Use Disorder, Severity of Substance Use Disorder	
Stages of Change	
<i>Worksheet: Drug Use Diary</i>	
 <b>Session 2: Making a change</b> .....	 <b>7</b>
Levels of drug use	
Reasons for using drugs	
Cost/benefit analysis - <i>Worksheet: Decisional Balance</i>	
Drug refusal	
Lifestyle, environment and supports	
Healthy activities	
Alternatives to drug use	
 <b>Session 3: Staying on track</b> .....	 <b>12</b>
High-risk situations and triggers	
The nature of urges and cravings	
Managing urges and cravings - <i>Worksheet: Urges and Cravings Diary</i>	
Lapses and relapses	
Seemingly irrelevant decisions	
 <b>Session 4: Changing ways of thinking</b> .....	 <b>17</b>
Expectancies	
Cognitive functioning	
The A-B-C model - <i>Worksheet: Monitoring Thoughts, Feelings and Behaviour</i>	
Dealing with negative thoughts	
 <b>Session 5: Dealing with difficult emotions</b> .....	 <b>21</b>
Stress	
Emotional Unrest	
Self-esteem	
Managing stress & Mindfulness	
 <b>Session 6: Problem solving and goal setting</b> .....	 <b>26</b>
Problems, The problem-solving process	
Goals and goal setting,	
SMART GOALS - <i>Worksheet: Goals.</i>	

## SESSION 1: UNDERSTANDING DRUG USE

### TYPES OF PSYCHOACTIVE DRUGS

- A drug is a substance that changes the functions or structures of the body in some way.
  - A psychoactive drug alters perception, mood or other aspects of mental functioning. It changes the way you think, feel or behave.
  - Psychoactive drugs include alcohol, psychiatric medication and the so-called recreational drugs.
  - Psychoactive drugs are classified according to their effects on the brain and central nervous system (CNS). There are three main categories of psychoactive drugs: the depressants, the stimulants and the hallucinogens.
- *It is important to understand how the three types of drugs are different and how they interact with one another.*

### DEPRESSANTS

- Depressants dull the CNS. They may cause euphoria (a sense of wellbeing) and make you feel relaxed. People often use them to reduce anxiety, stress or inhibition.
  - Depressant drugs include:
    - alcohol
    - opioids such as heroin, morphine, codeine, methadone, pethidine, oxycodone and fentanyl
    - tranquillisers and sleeping tablets such as the benzodiazepine family of sedatives
    - antipsychotics in the form of short-acting tablets or long-acting depot injections
    - 'club drugs' or 'party drugs' such as ketamine and GHB
    - cannabis (marijuana), which is also an hallucinogen
    - inhalants/solvents such as petrol, glue and paint thinners
  - Because depressants slow down body systems, they impair coordination, concentration and judgement. This makes driving and operating machinery hazardous.
  - An overdose of depressants reduces breathing and heart rates and can lead to unconsciousness and death. Using two or more depressants simultaneously or within a short timeframe increases the danger of overdose and has the potential to be lethal.
- *Any combination of depressants such as alcohol, heroin or pills can be extremely dangerous and should be avoided.*

### STIMULANTS

- Stimulants (also known as psychostimulants) speed up or stimulate the CNS and make you feel more awake, alert and confident.
- Stimulants include:
  - cocaine
  - the amphetamines ('speed')
  - 'ecstasy' (MDMA), which has hallucinogenic properties but is basically a stimulant
  - caffeine, in the form of coffee, tea and cola drinks
  - ephedrine, which is used in medicines for bronchitis, hay fever and asthma.



- Large doses of stimulants can over-stimulate you, causing anxiety, panic, headaches, stomach cramps, seizures, aggression and paranoia.
  - Stimulants can mask the effects of depressants such as alcohol, thereby increasing the potential for aggression and accidents.
  - Prolonged use of amphetamines or cocaine can cause paranoid thinking. In susceptible individuals this can develop into a full-blown drug-induced psychosis.
- *Even relatively low-level use of speed can trigger severe mental health problems.*

## HALLUCINOGENS

- Hallucinogenic drugs alter thinking and perception, distorting your perception of reality. Their effects may include euphoria, visual and auditory hallucinations, and irrational or bizarre thoughts. Hallucinogens include:
    - LSD (lysergic acid diethylamide)
    - psilocybin ('magic' mushrooms)
    - mescaline (peyote cactus)
    - cannabis in its stronger forms (though it is primarily a depressant).
  - Negative effects such as those experienced in a 'bad trip' include panic, paranoia, loss of contact with reality, and sometimes dangerous risk-taking behaviour. These effects can persist long after the drug has worn off.
- *Using hallucinogens can bring on a psychotic episode if you are susceptible to psychosis.*

## EFFECTS OF DRUGS

It is impossible to predict exactly how a drug will affect you. However, the following factors will influence the outcome:

### ♦ Dosage and tolerance

The quantity you consume and your degree of tolerance are major factors influencing how a drug affects you. The higher the quantity and lower the tolerance, the greater the effect.

### ♦ How the drug is taken

Drugs that are injected, smoked or inhaled act very quickly and the effects are more intense. Snorting is the next fastest-acting method of administration. The effects of ingested (eaten/drunk) or inserted drugs take longer to come on.

### ♦ Physical characteristics

Height, weight, sex, rate of metabolism and stage of the menstrual cycle can all influence the intensity and duration of drug effects.

### ♦ Mood and environment

Drug effects are influenced by your state of mind and the setting in which you use. If you feel relaxed in a comfortable social atmosphere you are more likely to have a good time, but if it is a threatening environment or you feel alienated from the group, you may become fearful, anxious, paranoid or depressed.

- *Take into account the above factors when deciding (a) whether you should use a drug, (b) when you should use it, and (c) how much of it you should take.*

## TOLERANCE

- When you first use a drug, you feel the effects of it strongly because your tolerance is low.
  - The more often you use the drug, the less intense the effects will be. This is because your responsiveness or sensitivity to the drug decreases as your body adapts to the regular presence of it in your system. This is known as drug tolerance.
  - As your tolerance increases, so does the amount you need to take to get the desired effect.
- *Remember that if you stop using for a while you will need less of the drug when you re-commence using. Many people have overdosed because they miscalculated their tolerance.*

## WITHDRAWAL

- If you suddenly stop taking an addictive drug you may experience the withdrawal syndrome. This is the discomfort that occurs while your body and mind readjust to functioning without the drug. The severity of your withdrawal symptoms depends on your level of drug consumption, tolerance, dependence and general health.
  - Withdrawal symptoms vary with different types of drugs but are usually the opposite of the intoxication effects. Common symptoms include anxiety, irritability, agitation, insomnia, confusion, tremors, sweating, nausea and loss or increase in appetite. In severe cases withdrawal may cause cramps, vomiting or convulsions and be life-threatening, e.g. alcoholic delirium tremens (the 'DTs').
  - Withdrawal symptoms can be avoided or minimised by the process of detoxification. This consists of reducing dosage over a period of time so that your body can gradually readjust to the absence of the drug.
- *Always get professional advice before attempting to withdraw from high-level drug use. It may not be safe or advisable to do it without assistance.*

## RECORDING DRUG USE

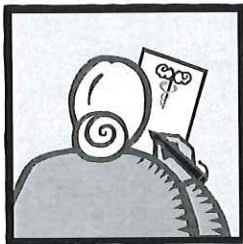
In order to be able to effectively control and manage your use of drugs it is necessary to understand the pattern that it follows. Monitoring and keeping a record of your drug use may reveal some helpful information about it so to help you might answer these questions:

- What drug(s) do you most often use? .....
- Do you usually mix drugs or take one at a time? .....
- How much money do drugs cost you per week? .....
- Do you usually use alone or with other people? .....
- Do you use every day, on some days or only occasionally? .....
- At what time of the day do you usually start using? .....
- What is usually going on around you when you start using? .....
- Does this type of situation tend to make you want to use whenever it occurs? .....



## SUBSTANCE USE DISORDER

- A substance use disorder is a disorder in which the use of one or more substances leads to a clinically significant impairment or distress. The condition refers to the overuse of, or dependence on, a drug leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others.
- The disorder is characterized by a pattern of continued pathological use of a medication, non-medically indicated drug or toxin, which results in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems. The DSM 5 categorises the disorder as mild, moderate or severe, based on the presence of symptoms experienced.



## CAUSES OF SUBSTANCE USE DISORDER

- It is often claimed that substance use disorder (including alcoholism) is a 'disease' that a person is born with. However, there is no evidence that this is true, though it is possible that a predisposition or vulnerability to addiction is genetically inherited.
  - It is also unhelpful to think of a drug habit as being due to an unchangeable 'addictive personality'. The problem is not the way the personality is structured but the way it operates - in other words, how the person has learned to behave.
  - Try to understand your drug use by looking at factors such as the pattern of use, your reasons for using, the way you regard yourself, how you handle your emotions, how you deal with stress, how you get along with others and how you spend your time.
  - You are less likely to develop drug dependence if you are involved in activities that promote positive values and if you have a supportive family and social environment. Without these anchors you may be more prone to low self-esteem and feelings of worthlessness, powerlessness and hopelessness resulting from the stresses in your life, and you may tend to use drugs to cope with these feelings.
  - Drugs offer a short-term solution by suppressing or reducing unpleasant emotions such as anxiety, anger and depression. However, it is really a *false* solution. Drugs do nothing to truly solve your problems or improve your situation and only cause long-term harm.
- *Are there risk factors present that make you prone to addiction? If so, what can you do to reduce the risk?*

.....

.....

.....

.....

## **SIGNS OF SUBSTANCE USE DISORDER**

### **Impaired control**

- ☐ Cravings or strong desire to use
- ☐ Drugs used in larger amount/ for longer than intended
- ☐ Persistent desire/unsuccessful attempts to cut down
- ☐ Great deal of time spent obtaining, using and/or recovering from using

### **Social Impairment**

- ☐ Recurrent use resulting in failure to fulfil major obligations, i.e. work
- ☐ Continuing use despite having persistent/recurrent social/interpersonal problems
- ☐ Social, occupational or recreational activities given up/reduced due to drug use

### **Risky Use**

- ☐ Recurrent hazardous use and in physically hazardous situations
- ☐ Substance use continued despite persistent physical /psychological problems

### **Pharmacological criteria**

- ☐ Tolerance
- ☐ Withdrawal

➤ *Tick the ones you believe may be relevant for you in the last 12 months.*

## **SEVERITY OF SUBSTANCE USE DISORDER**

Symptoms experienced over previous 12 months determine the Substance Use Disorder as:

- ☐ **Mild** severity - presence of 2-3 symptoms
- ☐ **Moderate** severity - presence of 4-5 symptoms
- ☐ **Severe** severity - presence of 6 or more symptoms

➤ *Check your level of substance use disorder & consider if this is acceptable to you?*

## **STAGES OF CHANGE**

- ☐ Pre-contemplation - Unconcerned about the drug use. Positives or benefits outweigh hazards or harmful behaviours.
- ☐ Contemplation - Considering change. Experiencing or recognising adverse consequences including personal, psychological, legal, medical, social or family problems. Recognise the benefits of the behaviour but am worried about the increasing consequences.
- ☐ Preparation - Ripe for behaviour change. Believe change is necessary and that the time for change is imminent. Planning how this will happen but not necessarily doing anything.
- ☐ Action - Resolved to change and committed to the process. Actively making changes.
- ☐ Maintenance - Generally occurs after 6 months or so of changing behaviour. Becoming more emotionally and physically detached from old patterns.
- ☐ Relapse - Recommencing old patterns of behaviour. Return to a previous stage.

➤ *Where are you currently on the Stage of Change with your substance use? What does this mean for you? What could you do if you wanted your drug use to change?*

Use the Drug Use Diary attached to monitor your drug use over a period of a few days or a week, then review it. What does it tell you? Does any kind of pattern emerge?



**SESSION 1 WORKSHEET: DRUG USE DIARY**

Date/time of day	What I was doing prior to using	Thoughts and feelings I had prior to using	How I thought and felt after using	Drug used, quantity and cost

## SESSION 2: MAKING A CHANGE

### LEVELS OF DRUG USE

There are different levels or types of drug use. One does not necessarily lead to the next. The drug use continuum is as follows:

**1. Abstinence**

For personal, cultural, religious or health reasons a choice is made not to use drugs.

**2. Experimental use**

Drugs are tried out to experience their effects. Usage may be only minimal and may end after curiosity has been satisfied.

**3. Social/recreational use**

Drugs are used as a means of easing social interaction or enhancing the enjoyment of some activity. There may be little impact on lifestyle.

**4. Regular/symptomatic use**

Drugs are used to reduce unpleasant emotions, symptoms or experiences. A pattern of regular use is established.

**5. Dependent use**

Drugs are used with a sense of compulsion in order to feel well or 'normal'. Responsibilities are neglected and personal functioning is disrupted.

➤ *Which category are you in? Is this a healthy level of drug use for you?*

### REASONS FOR USING DRUGS

Drug use has been a feature of every society in human history and people use drugs for many reasons. Consider whether you use drugs to achieve any of the following:

- Satisfy curiosity
- Feel good, increase enjoyment and have fun
- Enhance creativity
- Increase energy
- Alleviate boredom
- Be sociable or accepted by a peer group
- Be rebellious and assert independence
- Increase self-esteem and confidence
- Reduce anxiety
- Relax and unwind
- Temporarily escape from problems or emotional pain
- Avoid withdrawal symptoms if drug-dependent.

➤ *How many of the above boxes could you tick? Do you think these are valid reasons for using drugs?*

### COST/BENEFIT ANALYSIS

- Behaviour change tends to occur when the pros and cons (benefits and costs) of doing a particular thing are weighed up and the costs are seen to be too high. But if the benefits outweigh the costs, the behaviour continues.

- Sometimes a decision or resolution to change behaviour is difficult to make and keep because of ambivalence (i.e. the scales are evenly balanced and you are 'in two minds' about it). This ambivalence can easily lead to relapse.
  - The cost/benefit analysis, or decisional balance, is helpful as it:
    - shows clearly the balance between what you gain and what you lose
    - helps to clarify and strengthen a resolution to change a habit or behaviour
    - enables you to make better decisions about drug use when urges or cravings occur.
  - Ask yourself the following questions about your drug use:
    - *What are the benefits, advantages or payoffs? Why am I doing this?*
    - *What are the costs, disadvantages or drawbacks to my health and well-being?*
    - *How does each of these make me think and feel?*
    - *How do they affect me in practical terms?*
    - *On balance, are the benefits greater than the costs? Is the price worth paying?*
- *Use the Decisional Balance worksheet to help you weigh up the pros and cons of drug use. This will enable you to view it in a balanced and realistic way.*

## DRUG REFUSAL

- Body language and tone of voice are very important when dealing with offers of drugs. If you feel unsure or anxious about refusing an offer, you may slouch, avoid looking at the other person or sound uncertain. This will make the other person question or disbelieve your refusal. It will also lower your self-confidence and make your "no" message unconvincing even to yourself.
  - There are three simple drug refusal rules:
    - Stand or sit straight - this helps to create an air of confidence.
    - Maintain good eye contact - this helps to make refusals 'stick.'
    - Speak firmly - this helps to prevent your refusal being challenged or doubted.
  - Plan your verbal responses in advance to make situations easier to cope with when they occur. Consider and practise the following:
    - Say "no" first of all. Be clear and direct. Avoid excuses and vague answers.
    - Suggest an alternative such as having coffee or something to eat instead.
    - Ask the other person to do you a favour and stop offering you drugs.
    - Change the subject to avoid getting into a discussion or debate about using.
- *How many other ways of saying "no" can you think of? What would you feel comfortable actually saying? Make a note of a couple of things you plan to say.*

.....

.....

.....



## LIFESTYLE, ENVIRONMENT AND SUPPORTS

- Drug dependence arises from the interaction of the drug, personal characteristics and lifestyle. There are factors about the drug (e.g. how addictive it is), factors about you (e.g. your temperament) and factors about your lifestyle (e.g. how you spend your time) that may combine to promote dependence.
  - You may need to make changes to your lifestyle and/or social environment in order to keep your vulnerability to drugs at a low level. Identify what sort of lifestyle you wish to have and what you need from your environment. Think about what changes may be necessary and set some yourself goals.
  - Make a list of individuals and organisations you could utilise to help you achieve the lifestyle changes you seek.
  - Get information about services, providers, access, costs, etc. Consider the different kinds of support obtainable from relatives, friends, mental health services, alcohol and drug services, counselling services, GPs, self-help groups, church groups, sports clubs and welfare agencies. Visit a public library or Centrelink office for information sheets and brochures detailing resources available in your local area.
  - Be patient and persistent in seeking the assistance you need from organisations and individuals.
  - Think about how drug use has affected your lifestyle. What activities or interests have you stopped or failed to develop as a result of drug use?
  - Brainstorm healthy alternatives to drug use. Consider what you could do instead of using drugs. Look at all areas of life including the following:
    - Family/social activities
    - Hobbies/pastimes/entertainment
    - Sports/exercise
    - Cooking/eating
    - Personal development/study/intellectual pursuits
    - Work
  - Cross off the list any alternatives that might actually increase the risk of relapse. Then choose those that you think are appealing, affordable, and achievable.
- *Consider what activities and supports would help you to create a healthier, drug-free lifestyle.*





## ALTERNATIVES TO DRUG USE

Consider how you could adopt a healthier lifestyle by dealing with your needs in alternative ways such as those listed below.

<i>Reason for drug use</i>	<i>Desired effect</i>	<i>Alternative healthy activity</i>
Excessive physical energy. Suffering physical pain.	Use up energy. Pain relief.	Jogging, bushwalking, bike riding, dancing, football, aerobics, yoga, relaxation Investigate and treat causes of pain. Herbal remedies, acupuncture, hypnotherapy, massage.
Rebelliousness.	Separateness from parents/authority figures.	Adopt different dress, hairstyle, leisure activities, musical tastes and political affiliations.
Need for 'kicks'.	Excitement, sharpening of experience.	Surfing, skateboarding, rock climbing, ballooning, parachuting, go-kart racing, trail bike riding, skiing, gliding, survival courses, Army reserve.
Curiosity.	Discovering new things.	Meet new people, explore new places, change job, do a course.
Spiritual/philosophical.	Spiritual experiences, discover meaning of life.	Meditation, yoga, theology, literature, study Eastern religions, join a church or community service group.
Desire for altered state of consciousness. Anxiety/fear.	Experience another reality Relief of symptoms to enable coping with life.	Meditation, chanting, dancing, sex, listening to music with headphones. Relaxation, meditation, cognitive interventions, problem-solving techniques, counselling, self-help or therapy groups.
Conformity.	Sense of belonging to a group.	Join a drug-free group such as a bushwalking, youth, sports or service club.
Creativity.	Enjoyment of imagery.	Take up creative arts such as painting, screen printing, batik dyeing, sculpture, pottery, music, cookery, photography.
Political disenchantment.	Make political statements, promote social change.	Join political party, lobby group, local community action group or trade union. Go on protest marches. Contribute to political press.
Loneliness.	Have friends, a partner, companionship.	Join a club or self-help group, get a pet, share accommodation. Dating agency, classified ads, penfriends.
<i>Your reasons for drug use:</i>	<i>Desired effects:</i>	<i>Your alternatives:</i>

SESSION 2 WORKSHEET: DECISIONAL BALANCE (Cost/benefit analysis) Date ...../...../.....

Continuing Drug Use Pattern		Stopping/Reducing Drug Use	
Costs (What do I lose?)	Benefits (What would I gain?)	Costs (What do I lose?)	Benefits (What would I gain?)



## SESSION 3: STAYING ON TRACK

### HIGH-RISK SITUATIONS AND TRIGGERS

- You may find yourself tempted to use drugs or unable to control your drug use in some situations. These are known as high-risk situations. They include times, places and social settings that you associate with drug use. Common high-risk situations include:
  - Being exhausted or fatigued
  - Suffering physical pain or health problems
  - Experiencing tension or conflict with others
  - Having a spouse or partner who continues to use drugs
  - Experiencing relationship problems
  - Attending social or recreational events where drugs are used
  - Being offered drugs by others
  - Being isolated, lonely and lacking support.
- The specific factors that prompt urges to use drugs are known as triggers. These cues or pressures may be internal (e.g. certain thoughts, feelings or moods) or external (e.g. events such as being offered drugs, getting paid, coming home from work).
- The following thoughts are known to be strong triggers for many people:
  - Thinking about how good it would be to use a drug
  - Being overconfident and thinking you no longer have a drug problem
  - Believing you deserve drugs as a reward for staying clean/sober
  - Thinking it's OK to use another drug instead of the one you have given up
  - Having disturbing or painful thoughts or memories
  - Losing your commitment to the goal of stopping drug use
  - Negatively viewing the lifestyle changes you need to make
  - Thinking you need drugs in order to have fun or celebrate.
- The following emotions are known to be strong triggers for many people:
  - Feeling sad or depressed
  - Grieving for a 'lost' lifestyle based on drug use
  - Feeling hopeless and helpless
  - Feeling anxious, worried, nervous or fearful
  - Being resentful, frustrated or angry
  - Feeling bored and under-stimulated
  - Feeling guilty or ashamed
  - Being mistrustful of others.
- Monitor your thoughts and emotions. Be vigilant and watch out for warning signs of high-risk situations. Remember, lapses and relapses do not usually just happen 'out of the blue' but can often be anticipated. They occur because people either fail to recognise or choose to deliberately ignore the warning signs of an approaching high-risk situation.
- Avoid high-risk situations if you can. It is not always possible to avoid some situations, e.g. feeling upset, having money worries, being present at social occasions where drugs are used, etc. Be prepared to intervene with problem-solving strategies and, if necessary, take action to prevent triggers being activated.

- Anticipate problems and plan ahead. Think about possible difficulties or pitfalls that might arise and work out ways of coping with them in advance.
- *What are your high-risk situations? What are the triggers that have led you to use drugs in the past? What can you do to reduce your vulnerability to high-risk situations and triggers? Make a list and regularly review it in order to minimise the likelihood of falling into these traps.*
- *High-risk situations:* .....  
.....
- *Triggers:* .....  
.....
- *Strategies to reduce vulnerability:* .....  
.....

## THE NATURE OF URGES AND CRAVINGS

- An urge is the motivation to use a drug and a craving is the intense desire to give in to the urge to use the drug.
- Urges and cravings are a normal part of the withdrawal process. Almost everyone experiences them after giving up drug use. Having urges and cravings does not indicate a lack of motivation or willpower on your part.
- People do not relapse because they have urges and cravings but because of the way they deal with their urges and cravings.
- Urges/cravings are often triggered by physical or psychological discomfort. You can therefore expect to have them if you experience withdrawal symptoms. They become fewer and easier to deal with after getting through the withdrawal phase.
- You are more likely to experience urges if something/someone upsets you or you are presented with the opportunity to use. It is therefore advisable to avoid situations in which you will be vulnerable to relapse.
- Cravings are time-limited. They usually peak for a short time before dying down and becoming easier to deal with. Coping is all about getting through the difficult peak period.
- The longer you go without using, the less severe your urges and cravings will become. In time they will disappear completely.
- *A craving is like a stray cat. If you feed it, it will come back again and again. If you ignore it, it will eventually go away.*

## MANAGING URGES AND CRAVINGS

- Think about a situation where you have experienced an urge or a craving and ask yourself the following questions about it:
  - *Where were you at the time?* .....
  - *What were you doing?* .....



- *Who were you with?* .....
- *What was your emotional state beforehand?* .....
- *How severe was the urge/craving on a scale of 1 - 10?* .....
- *How long did it last?* .....
- *What did you do to deal with it?* .....
- *What was the outcome?* .....
- Use the Urges and Cravings Diary to ask yourself the same questions about all the urges and cravings you experience in the next week. Keeping a record of your urges and cravings whenever they occur will help you to understand them better and make it easier to recognise the factors that trigger them. It will also allow you to evaluate the effectiveness of particular ways of coping with urges and cravings.
- Urges and cravings are bound to occur, so anticipate them and be prepared to handle them positively.
- When an urge or craving strikes, use the '5 Ds' technique: Delay, Distract, Dispute, Decatastrophise and De-stress.
  1. **Delay** for half an hour the decision as to whether or not to use drugs. The more you struggle with the competing desires of wanting to use but also wanting to remain abstinent, the more anxious you will get and the more severe the craving will become. So, instead of deciding now whether or not to use, delay it and decide later.
  2. **Distract** yourself from the craving. Redirect your attention and energy into something else such as watching TV, going for a walk or talking to someone 'safe' (but not about drugs). Your concentration may be temporarily impaired, so don't try anything too complicated.
  3. **Dispute** the expectancies and beliefs you have regarding what the drug will do for you and why you need it. For example, you may believe that the drug will put you in a good mood or help you to cope with your stress. Challenge these thoughts rather than just accepting them as true. Think about alternative ways of achieving the same effect.
  4. **Decatastrophise** the situation. Remind yourself that the urge or craving is not intolerable or unbearable, just temporarily uncomfortable. Think about how your mental and physical discomfort compares to other unpleasant feelings such as severe pain, anxiety or grief. Reassure yourself that it is not so bad and will soon pass.
  5. **De-stress** yourself. Use breathing exercises, relaxation techniques, massage, a hot bath or physical exercise to help you bring down your level of stress and relieve tension.
- Try 'urge surfing'. An urge/craving will always rise, peak and then fall like a wave. Instead of fighting against it, ride the wave like a surfer and go with it. First, make yourself comfortable and do some breathing exercises. Then concentrate on the different sensations in your body and describe them to yourself. Do some relaxation exercises. This technique will not get rid of the urge/craving but you will experience it in a way that is easier to cope with.

- Devise a contingency plan for dealing with the danger of lapsing back into drug use. Decide what you will do if you find yourself about to give in to urges or cravings. Your plan should be detailed and specific, not vague or general. It should list a few strategies such as what to do, where to go and who to call for support. Write it down and keep it handy at all times. Use it in emergency situations to remind yourself of what you need to do to stay on track.
- *Different people have different ways of coping with urges and cravings. Figure out what works best for you and do that when necessary.*

## LAPSES AND RELAPSES

- In the context of substance use, the term *relapse* refers to a 'bust', or return to heavy, constant drug use after a period of abstinence. A *lapse*, in contrast, is merely a 'slip'. This is defined as a relatively minor or isolated use of drugs after quitting.
- Lapses and relapses are a common, even normal, part of the process of giving up drug use. They 'go with the territory' and are therefore to be expected.
- A lapse does not necessarily lead to a relapse. Whether or not it does depends on how you think and feel about it.
- Try to avoid the extremes of the 'all or nothing', totally in control or totally out of control view of drug use and abstinence.
- Willpower alone is not enough - you also need 'skill power' to recognise and deal with the factors that trigger relapses.
- *Lapses and relapses can be valuable learning experiences that prepare you for your final, successful attempt to quit. So make them work for you - analyse and learn from them.*

## SEEMINGLY IRRELEVANT DECISIONS

It is important to recognise how decisions that seem unimportant can contribute to a chain of events leading to drug use. This is illustrated by the following scenario:

John, an ex-drug user/drinker, walks past a pub where he used to hang out with his former drug-using/drinking mates. He sees Mary, an old friend, leaving. He says hello, stops to chat and is invited back to Mary's house. He goes, and while he is there some people drop by to see Mary. They have just bought some dope/booze. Before long, John is getting stoned/drunk with Mary and the others.

- *Consider the following questions:*
  - *Did John need to consume drugs/alcohol or did he just drift into making bad choices?*
  - *What other choices could John have made?*
  - *Would it have been easier for John to make different choices early in the sequence of events compared with later?*





### SESSION 3 WORKSHEET: URGES AND CRAVINGS DIARY

Date/time	Situation (location, activity, company, your emotional state at the time)	Urge strength (1 - 10)	Urge duration (minutes)	Coping strategy and outcome (what you did and whether it worked)



## SESSION 4: CHANGING WAYS OF THINKING

### EXPECTANCIES

- Expectancies are the beliefs that a person has about the outcome of behaviour such as drug use. If you believe that a drug will help you in a particular way, you will be more inclined to continue using it than if you do not have that expectation.
  - Expectancies greatly influence behaviour but they are not always realistic or true. It is therefore necessary to examine and challenge your expectancies regarding drug use. What do you expect the drug to do for you? Does it *really* have this effect? Has it *always* helped you in this way in the past? What could you do instead of using the drug to get the same benefit? These are important questions.
  - People also have expectancies about their refusal self-efficacy, or ability to say "no" to drugs. If, for example, you see yourself as someone who can never turn down drugs when they are offered, you never *will* be able to turn them down. The same goes for handling stress, being able to sleep, feeling confident in social situations, etc. If you believe you can't do it, then you won't be able to. Your belief will become a self-fulfilling prophecy.
- *Think about the expectancies you have with regard to both drug use and your ability to turn down drugs. Are your beliefs realistic, appropriate and helpful or do you need to change them to prevent them working against you?*

### COGNITIVE FUNCTIONING

- Emotions and actions are based on thoughts. How we feel and behave depends on what we think. This thinking is often automatic, i.e. we don't consciously control it and it happens so quickly that we may not be aware of it.
- A series of automatic thoughts is known as self-talk. Self-talk is how we interpret the situation we are in and what we say to ourselves about it.
- Self-talk determines our emotions and behaviour. It forms the basis of what happens next in any situation. It may appear that the situation itself is making us feel and act the way we do; however, it is really our interpretation and self-talk that determine our responses.
- Negative thoughts and self-talk may result from thinking errors or faulty thought processes such as unrealistic or illogical thinking. These are bad habits that develop during childhood - we learn to think that way.
- Common thinking errors include:
  - Black and white thinking ("it's either all good or all bad")
  - Selective thinking (looking on the dark side)
  - Overgeneralising ("because one is bad, they are all bad")
  - Catastrophising (expecting the worst-case scenario)
  - Unrealistic expectations (having fixed ideas of how to behave)
  - Personalising (blaming yourself for negative events)
  - Emotional reasoning (it must be true because you 'feel' it is).

- Negative thoughts and self-talk lead to negative mood states (e.g. anxiety, anger or depression). This constitutes a problem, and a solution is required. Dysfunctional behaviour such as drug use is an attempt to solve the problem.
- *Think about your thinking. Do you have any bad thinking habits that lead you into negative self-talk and uncomfortable emotions?*

## THE A-B-C MODEL

- The A-B-C model is helpful as it clarifies the relationship between thoughts, feelings and behaviours. It describes a chain reaction of events in the following way:  
**A-Antecedent event:** the event or stimulus that triggers automatic thoughts, e.g. a friend offering drugs, someone taking your parking space, spilling your coffee.  
**B-Beliefs about the event:** the automatic thoughts or self-talk (what you say to yourself) e.g. "I can't turn down a free drink", "This is too difficult", "I'm a loser".  
**C-Consequences:** how you feel or what you do as a result of what you are saying to yourself, e.g. feeling depressed or angry, using drugs, getting into a fight.



- The A-B-C model can help you to identify, challenge and control the negative or unwelcome thoughts or feelings that lead to relapse or other behaviour that is at odds with the goals you have set. This is known as cognitive restructuring.
- *Think of an occasion when you used drugs. Apply the A-B-C model to the situation. Ask yourself the following questions:*  
*A: What caused or triggered the episode?*  
*B: What did I tell myself about myself or the situation?*  
*C: How did this self-talk make me feel? What did I do about it?*

## DEALING WITH NEGATIVE THOUGHTS

- Learning to recognise and counter harmful ways of thinking helps in coping with negative emotions such as anxiety, anger or depression. This in turn helps to reduce the risk of relapse.
- When bad feelings or urges/cravings start up it is necessary to do something about the automatic thoughts and beliefs that lie behind them. This is the first step in breaking the chain reaction that leads to drug use. Unless negative thoughts are stopped, identified, challenged and countered they will have negative emotional and behavioural consequences.
- There are several techniques for dealing with negative thoughts:
  - **Thought stopping** - at the first hint of a negative thought or feeling, take time out to analyse what is going on in the situation.



- **Thought challenging** - review a negative thought by asking yourself:
  - *Is it helpful to think this way?*
  - *What evidence is there to support this thought?*
  - *Could I have made a thinking error?*
  - *What other ways of thinking about this situation are there?*
- **Countering** - argue against your negative thoughts and feelings using rational statements that have a positive message. Use coping statements, or positive affirmations, to strengthen your self-talk. Remind yourself that although you may see the glass as half empty, you can choose instead to see it as being half full.
- **Distraction** - turn off the stressful, negative thoughts by concentrating your attention on some sort of mental activity.
- The **'tape recorder'** technique is a helpful approach once your automatic thoughts and self-talk are recognisable. It involves visualising a cassette tape recorder whenever you identify negative self-talk (e.g. "I feel bad because...").
  - First, hit the stop button to stop the 'message' playing.
  - Consider what is wrong with the message and rewind the tape.
  - Record a new, positive message to replace the negative message.
  - Play back and listen to the positive message.
- ***Practise the different ways of dealing with negative thoughts. Decide which ones work best for you, then use those techniques when the need arises.***





## SESSION 4 WORKSHEET: MONITORING THOUGHTS, FEELINGS & BEHAVIOUR

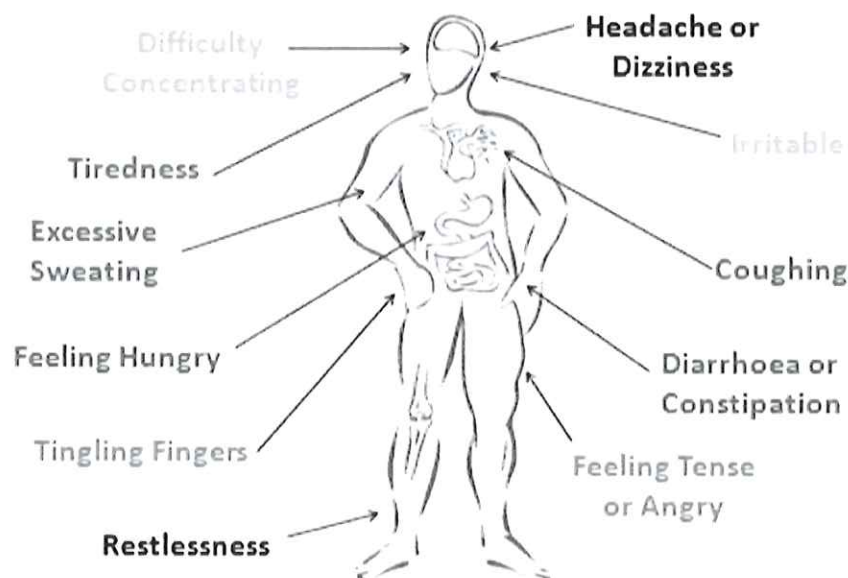
*Think of occasions when you used drugs and apply the A-B-C model to the situation. Ask yourself the following questions:*

Trigger: <i>What caused or set up the episode?</i>	Thoughts/Self-talk: <i>What did I tell myself about the situation?</i>	Feelings: <i>How did my self-talk make me feel?</i>	Behaviour: <i>What did I do about it?</i>	Outcome: <i>What positive or negative things happened?</i>

## SESSION 5: DEALING WITH DIFFICULT EMOTIONS

### STRESS

- A stressful situation is one in which your wellbeing is threatened. A stressor, or stress factor, makes a demand upon you that you cannot easily meet. As a result, you experience uncomfortable feelings or symptoms. These are commonly known as 'stress' but they are actually your *response* to the stressor.
  - Stress responses occur in four ways: through your thoughts, feelings, physical sensations and behaviour. Thoughts may include believing you are losing control, unable to cope, having a heart attack or going mad. Feelings may include fear, panic, sadness, guilt, annoyance or anger. Physical sensations may include sweating, tremor, dizziness, dry mouth, heart palpitations or lack of energy. These responses interact with one another to bring about behavioural consequences, i.e. what you do to deal with the situation.
  - There are many ways of dealing with excessive stress. Drugs provide an immediate solution to the problem as they relieve the feelings caused by stress. However, although they may help in the short term, on a long-term basis they invariably make it worse.
  - If you are - or have been - a heavy drug user you may have excessive and unhealthy levels of stress in your life. You may find that you have become so used to relying on drugs to help you manage stress that you now have few, if any, alternative means of coping with it.
- *Think about the stress in your life, how it affects you and how well you cope with it. Add any signs or symptoms you experience in addition to those below:*



### EMOTIONAL UNREST

- Emotional unrest (feeling bad or upset) is a response to stress. It occurs when you encounter situations that you find difficult or demanding. The negative feelings that you experience are based on thoughts, or self-talk, arising from the situation you are in. Everyone has certain 'buttons' (sensitive areas) that, when 'pushed' in stressful situations, trigger a stream of negative self-talk and arouse unpleasant feelings.



- There are three main types of emotional unrest: anxiety, anger and depression. These responses are interrelated and may all be experienced at various times. Anxiety and anger are both characterised by an excess of emotional energy whereas depression (which is the other side of the same coin) is characterised by a depletion of emotional energy. People who have problems with one of the three usually also have difficulties with the other two.
- Whether you intend it or not, drug use has the short-term effect of damping down uncomfortable emotions. When you stop the drug use, a rebound effect tends to occur. Feelings that you have suppressed or controlled with drugs may return with a vengeance.
- Any kind of chronic emotional unrest can disrupt your functioning, reduce your wellbeing and affect your quality of life.
- Nearly everyone who uses drugs encounters some degree of emotional unrest while they are using and after they cease using. Negative feelings should therefore be anticipated and strategies planned to deal with them. The important thing is to prevent them from worsening to the point where you become seriously affected. Be patient and persistent. Accept that these feelings will take time to get over and they will not last forever.
- When you become angry, anxious or depressed examine your feelings. Are you correctly interpreting the situation? Is your reaction justified? What has set you off? Look for the trigger, including physical discomfort, tension, pressure, criticism and guilt.
- Try to get in touch with your feelings and deal with them appropriately. Don't bottle them up - express them calmly as they occur. Share what you are feeling with friends or family and discuss any emotional unrest or mood changes that they may have noticed.
- Use the following checklist to recognise whether you are experiencing any emotional unrest due to stress.
  - ♦ **Anxiety/feeling 'stressed'**
    - Worrying a lot
    - Feeling stressed out, edgy, uptight or overwhelmed
    - Ruminating about little things
    - Having repetitive or intrusive thoughts
    - Thinking that something terrible is going to happen
    - Feeling unable to handle a situation well
    - Having tense muscles a lot of the time
    - Headaches
    - Insomnia.
  - ♦ **Anger/frustration**
    - Feeling irritable or easily annoyed
    - Getting unduly angry over minor annoyances
    - Throwing, hitting or breaking objects
    - Thinking that a person or a situation is not living up to your expectations
    - Feeling resentful over real or imagined injustice or unfair treatment
    - Feeling hostile or acting aggressively towards others.
  - ♦ **Depression/grief/guilt**
    - Feeling 'down in the dumps', frequently crying or feeling tearful
    - Eating less and losing weight or eating more and gaining weight
    - Sleeping too much, having difficulty falling asleep and/or waking up early
    - Not enjoying usual activities or believing you don't deserve to enjoy yourself



- Lacking motivation or energy to do things & becoming socially withdrawn
- Finding it difficult to think straight or concentrate
- Having a painful sense of loss related to something that is important to you
- Grieving over changes in your relationships, social life or career goals
- Feeling guilty about something you have done or not done
- Thinking you should have been able to prevent or overcome your problems
- Feeling bad about thoughts and feelings you are having
- Feeling powerless to change your situation and hopeless about the future
- Feeling that it's all too much and you just want to give up.

➤ *What do you think helps you when you are experiencing emotional unrest?*

.....

.....

• **Gratitude List**

The aim of a gratitude list is to ensure people focus on the good things that are in their life. Humans have a tendency to take things for granted so this type of journaling can help remind us of all the positives we actually already have. By keeping a record of the things that you feel grateful for it can encourage a more hopeful outlook on life.

MY GRATITUDE LIST	

• **Happiness Therapy** - "you are where your attention takes you" (Hindu Proverb)

There is evidence to suggest that our mood is influenced by what we are paying attention to, whether it is an event in the past, present or future. Therefore it may be worthwhile to intentionally focus on the positives that occur in our daily life. You can do this by considering 3 things that happened yesterday & 3 things today that are positive, enjoyable or even just made you smile. For best results do this at the start & end of each day:

Yesterday	Today
.....	.....
.....	.....
.....	.....

- **Miracle Question** - imagine a miracle happened overnight and you woke up to your perfect life. How would you know? What does it look like? What is present? Think about what you could be doing now that brings you closer to this perfect life you imagine?

.....

.....

## SELF-ESTEEM

- Self-esteem is one of the most important factors in determining how happy and successful we are as human beings. People who have low self-esteem do not cope as well with stress and are more prone to emotional disturbance than those with high self-esteem.
- Self-esteem is:
  - Feeling confident, trusting your own judgement, being able to cope.
  - Approving of yourself, feeling good about the person you are.
  - Being able to produce desirable results and outcomes.
  - Accepting full responsibility for your own actions and for what happens in your life.
  - Having the courage to be open and honest - to allow your real self to be seen.
  - Being able to love and accept others.
  - Knowing you deserve to have fun and being able to enjoy yourself.
- Your self-esteem is reflected in the way you treat yourself and the way you allow others to treat you. How you live your life is a measure of your self-esteem - you only let yourself have what you think you're worth.
- You may be in the habit of blaming others or circumstances for what you lack. However, what you lack (material or emotional) is directly related to your level of self-esteem.
- *Remember you need to actively enhance your self-esteem. Write some strategies here you can do regularly to increase your self-confidence and faith in your abilities:*

.....

.....

.....

## MANAGING STRESS

Think about the stress in your life and how it affects you. Do you tend to become anxious, angry or depressed when you are stressed? To manage stress, identify your stressful situations. Consider which strategies below that you could use to deal with these situations:

**Read self-help books or attend a stress management course.**

**Don't push yourself too hard.** Frequently assess whether you can handle everything you are taking on before you continue. Slow down if you feel you are doing too much. Try not to let yourself feel bad as a result of thinking negative thoughts. **Challenge and change negative self-talk.** Use the techniques of thought stopping and positive reframing to address negative, self-defeating thinking. Defuse bad feelings in stressful situations by using affirmations or coping statements, e.g. "this situation is difficult but I can handle it".

Let go of any guilt you feel and **accept that you are doing the best you can** in the circumstances.

**Keep yourself occupied.** Spend some time each day in meaningful, rewarding activity.

Improve your decision making and problem solving. **Break problems down into their component parts and take one thing at a time.**

**Set yourself some appropriate, achievable goals** to improve your situation and take steps towards bringing about positive changes in your life.

**Take breaks from your usual routine, reward yourself with treats and enjoy yourself.** This will help you to avoid the depression and 'burnout' that comes from having to cope with too many difficulties.

**Strike a balance between chores and fun.** Make lists of the things you *have* to do and the things you do because they are enjoyable. Try to include more of the latter.

**Identify spirit-lifters, i.e. the things that give you pleasure and good feelings.** Allow more time to enjoy these things.

**Work out tension constructively.** Instead of just blowing off steam, work out anxiety or anger on some activity that will not only relieve your tension but give you a sense of achievement, e.g. gardening, home improvements, bushwalking, etc.

**Manage your time effectively.** Think of what your priorities are - what is most important. Remember to make time for yourself.

Develop an effective support system. **Build relationships.** Talk to positive, helpful friends and relatives. Join a local support group or internet chat room and talk to others who are in a similar situation.

**Take the time at least once a day to relax and get your mind off your problems.** Read a book, watch TV, listen to music or do something that will give you a break from the demands of your situation. As little as ten minutes of relaxation a day can help to make you feel more calm, rested and able to cope with stresses.

**Control your breathing** using breathing exercises. When you experience acute anxiety or panic, your breathing becomes rapid and shallow. This is known as hyperventilation. The amount of carbon dioxide absorbed into your bloodstream from your lungs is reduced, leading to unpleasant bodily sensations. You can stop this process if you **take slow, deep, full breaths.**

**Practise relaxation techniques** such as progressive muscle relaxation. This consists of actively tensing and relaxing your muscles in sequence. Breathe in as you tighten up the muscles, then breathe out while releasing them slowly. Do this twice for each group of muscles in your body. Start with your toes, then work your way up through your feet, legs, thighs, buttocks, stomach, arms, hands and shoulders to your face. This is a healthy and effective way of reducing tension & induce a state of calmness.

**Use meditative relaxation involving mental imagery** as a method of dealing with psychological tension. One such technique is to breathe deeply and at the same time focus on silently repeating a word (e.g. "relax") to yourself. Another is to combine controlled breathing with pleasant or calming images in your mind. The images may be of a place or situation that you have found relaxing in the past, or alternatively, it may exist only in your imagination. Make the relaxing scene as realistic as possible and use all of your senses (i.e. imagine what can you see, hear, feel and smell).

Ensure that you **get enough sleep.** When you sleep poorly for an extended period of time you lose energy, have trouble concentrating and remembering things, and generally feel fatigued. Sleep restores the body and mind and is necessary to maintain proper physical and emotional functioning. Avoid daytime naps and mentally stimulating activities at bedtime. Drink herbal infusions instead of coffee or tea.

**Keep yourself physically active.** Aerobic exercise lowers blood pressure, relieves negative emotions, and decreases physical and mental tension. It can help to clear



your mind, give you a break from your normal routine and keep you in shape. Exercise is one of the best ways to prevent stress building up and overwhelming you. Choose a suitable exercise activity that is convenient and enjoyable, and try to work out at least three times per week for at least 20 minutes each time. If possible, work out with a partner who can help to keep you motivated.

Your body needs nutritious meals as fuel to keep you going, so **pay attention to what you eat**. Every day have three well-balanced meals that include bread and cereals, milk and cheese, fruits and vegetables, and lean meat, poultry, fish and eggs. Cut down on fatty foods, sugar and alcoholic beverages. Drink plenty of water (6-8 glasses per day).

**Get professional assistance if necessary.** See a doctor, therapist or counsellor. Take medication if required.

❖ *What are your top 3 coping techniques to help you deal with stressful situations?*

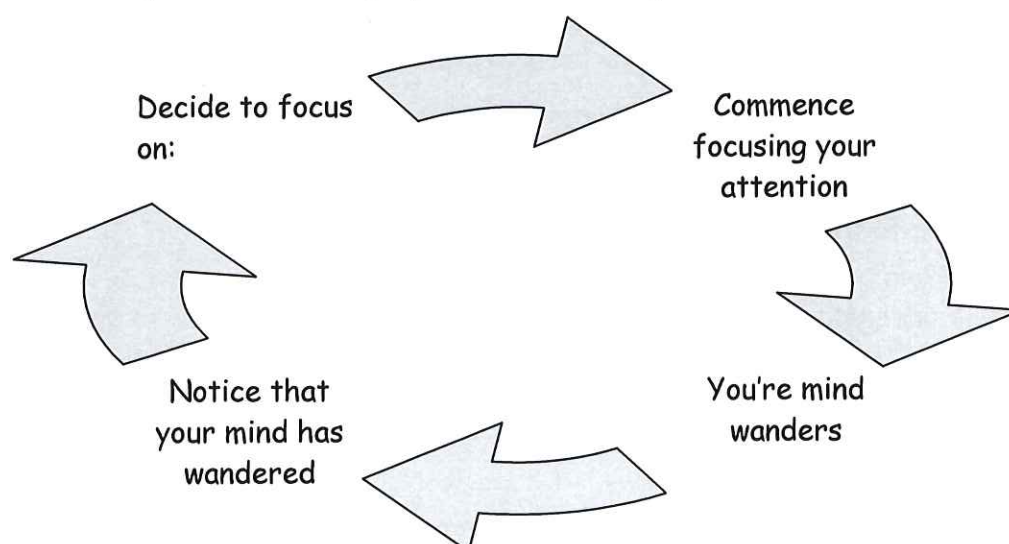
.....

.....

.....

## MINDFULNESS

- Mindfulness is paying attention to present moment experience with open curiosity and a willingness to be with what is. **Informal mindfulness practice in everyday life** includes mindful showering, mindful eating, mindfulness on the telephone, etc. When you get home, do a 'mindful check-in' before you walk in the door, noticing if your body is tense. If it is, try to soften those muscles, breathing into them with awareness, just let be.
- For **formal mindfulness practice** build up to 30 - 45 mins per day, with a particular intention in mind eg. mindfulness of breath, body scan, mindfulness of emotions. Try the following exercise to begin your mindfulness practice:



- For more information and an online mindfulness based stress management program go to: [www.palousemindfulness.com](http://www.palousemindfulness.com)
- Jon Kabat-Zinn for guided mindfulness at [www.mindfulnessscds.com](http://www.mindfulnessscds.com)
- 'The Happiness Trap' by Dr Russ Harris

## SESSION 6: PROBLEM SOLVING AND GOAL SETTING

### PROBLEMS

- Difficult situations are a common occurrence in life. They arise from our thoughts, feelings or interaction with others. If not dealt with effectively they become problems.
  - When problems occur, many people ignore them or impulsively go for the easiest solutions. Using drugs is a common way of dealing with the negative feelings caused by problems. Of course, this never actually *solves* problems and in the long run only makes them worse.
  - Stress from an unsolved or poorly managed problem can cause you to get 'stuck' in a problem situation. The more the stress builds up, the harder it is to find a solution to the problem. This may trigger drug use.
  - Problem-solving skills provide a framework for coping with problems. They also help to minimise the stress caused by these situations.
  - People who have good problem-solving skills are usually better able to change their behaviour. They are more likely to stay clean/sober and less likely to relapse back into drug use.
  - How you first react to a problem influences the way you deal with it. If you feel negative, this may magnify the problem or lead to failure in solving it. It is therefore important to reframe a problem in positive terms, e.g. as a challenge or learning opportunity.
- *Think of a problem you have faced in the past. How did you cope with it? Did your initial reaction assist you in solving the problem or did it make things worse?*

### THE PROBLEM-SOLVING PROCESS

To manage problems effectively it helps to have a structured approach as well as sufficient time, energy, patience and persistence. The basic steps of the problem-solving process are as follows:

#### 1. Assess the situation

Don't rush into anything. Avoid making impulsive decisions or rash moves. Take the time to identify and acknowledge whatever thoughts and feelings you have. Consider how your emotional reaction to the problem could affect your ability to solve it.

#### 2. Define the problem

If a problem is understood only in vague terms, it is almost impossible to solve. Spend some time working out exactly what the problem is. Large problems are usually made up of several smaller, easier-to-solve problems. Break these down and focus on them separately.

#### 3. Brainstorm alternatives

See how many different ways of solving the problem you can think of. Having a long list of options increases your chances of finding a suitable one. Be imaginative and think freely. What would you suggest to a friend facing the same problem?

#### 4. Choose an option

Work through the list of possible solutions, considering the pros and cons of each one. Think of what might help or hinder you in putting each option into practice. After



weighing up all the factors select the option that looks the most effective and achievable. Pick the second best option as well - this can be your 'Plan B'.

**5. Generate an action plan**

Formulate a detailed and specific action plan for putting your selected option into practice. Plan exactly how, where, when, and with whom you will implement your solution. If necessary, break it down into achievable steps.

**6. Implement the plan**

Before putting your plan into effect, think it through or mentally rehearse it. Then, get out and do it!

**7. Evaluate the results**

Consider whether the option you selected solved the problem. If it did, congratulate yourself! If it didn't, try Plan B or return to the brainstorming process.

- *Think of a problem you are currently facing and apply the problem-solving process to it.*

## GOALS AND GOAL SETTING

- A goal is a statement of what you want to achieve. It is a positive step that helps you to effectively manage a problem, need or desire. It is based on an intention to do something or change your behaviour in order to improve yourself or your life.
- Changing your behaviour or lifestyle can be difficult. Goals help by establishing a sense of purpose and direction. They create realistic expectations and provide a framework for action when managing difficult situations. They enable you to move from vague ideas about what you want towards more concrete aims.
- Achieving a goal involves more than simply deciding to do something. It also involves committing yourself to it, making a positive change and working to maintain the change.
- There are several aspects to goal setting including the following:
  - **Decision:** what you have decided to change or achieve
  - **Rationale:** the reasons why you want to make this change
  - **Strategies:** the steps necessary to make it happen
  - **Support:** the assistance forthcoming from others
  - **Obstacles:** things that could interfere with your plan.
- Ensure that your goals are realistic and achievable. Think about what you need, e.g. time, money, space, equipment, facilities, etc. Make sure you have the necessary knowledge, skills and resources. Be aware of any obstacles that might make goals difficult to achieve. Consider ways of getting over or around these obstacles.
- Set goals that are clear, specific, measurable and able to be visualised. For example, don't say "I want to do more exercise". Instead, say "Within six months I will be swimming ten lengths of the pool twice a week".
- Ensure that your goals are adequate, i.e. neither too easy nor beyond your reach. Achieving a goal should contribute in some substantial way to managing a problem or need.
- Give your goals a reasonable time frame. When something is planned for "some time or other", it never seems to get done. So, when setting goals, include a time limit or completion date.



- Negotiate goals with other people to obtain their agreement if they are likely to be affected. A goal that is supported by significant others is more likely to be achieved. Take into account what help or hindrance you might receive from others. However, set goals that *you* want rather than what other people want.
- Write down the goals you set. This will allow you to prioritise them so that you can focus on the most important ones first. Refer back to your list or plan when necessary to keep yourself on track.
- Periodically, review how you are going. Decide what your criteria for success will be. When evaluating your progress, judge success or failure in terms of these criteria rather than what others think. Remember to give yourself credit and feel good when you achieve a goal.
- It is important to have short-term goals in addition to long-term ones as they give immediate feedback and allow you to see improvements. They raise your self-esteem, increase your confidence and encourage you to continue making achievements. Without short-term goals, it is possible to lose sight of long-range goals and what needs to be done to achieve them.
- Think of a major, long-term goal (e.g. having a drug-free lifestyle) as being like a room at the top of a staircase. In this room you will be comfortable and feel 'at home'. Before you can enter the room you must first climb the stairs. These stairs represent short-term goals associated with lifestyle issues such as employment, relationships, accommodation, etc. You can only get to your primary, long-term goal by achieving these secondary goals first. Climb the staircase by taking one step at a time, accomplishing a progression of inter-related short-term goals to achieve your long-term goal.

## SMART GOALS

- Goals that are specific, measurable, attainable, relevant and time-bound are more likely to be achieved. A tool that works well for goal setting is the SMART goals system.

<b>Specific</b>	Does your goal clearly & specifically state what you are trying to achieve? To really be specific you might need to break a big goal into smaller SMART goals.
<b>Measurable</b>	How will you & others know if progress is being made on achieving the goal? Can you quantify or put in numbers the outcome?
<b>Attainable</b>	Is achieving the goal dependent on anyone else? What factors may prevent or limit you accomplishing the goal?
<b>Relevant</b>	Why is the goal important? What values in your life does this goal reflect? What effect will this have on your life or others in your life?
<b>Time-bound</b>	When will you reach the goal? Break it down into smaller goals if necessary.

## SESSION 6 WORKSHEET: SMART GOALS

SMART GOALS
Date:
Date by which I plan to achieve my goal:
What is my goal?
<p>Check it's a SMART Goal</p> <ul style="list-style-type: none"><li>▪ Specific:</li><li>▪ Measurable:</li><li>▪ Attainable:</li><li>▪ Relevant:</li><li>▪ Time-bound:</li></ul>
What are the benefits of achieving this goal?

## SESSION 6 WORKSHEET: SMART GOALS cont'd

<b>ACTION PLAN</b>		
To do list/tasks	Expected completion	Actual completion



<b>OBSTACLES/CHALLENGES</b>	
Obstacles	How I will address the challenges if & when they arise



- *Another tool you can use is the Goals worksheet to set some long-term and short-term goals related to your drug use. Refer to it periodically to help keep yourself on track and prevent yourself losing sight of what is important to you.*



SESSION 6 WORKSHEET: GOALS

To help you succeed, work out a plan for each major thing that you wish to achieve.

- 1. Primary, long-term goal to be achieved within the next 12 months: .....
- 2. Secondary, short-term goals to be achieved within the next 3 months (complete table below)

Decisions - the things I plan to do in the near future:	Rationale - the reasons why I want to make these changes:	Strategies - the steps I will take to make it happen:	Support - the ways other people can help me:	Obstacles - some things that might interfere with my plans:

# 'SCRAP Book' PROGRAM

## EVALUATION FORM

*This questionnaire is used for the purpose of program evaluation.*

Name: ..... Date:...../...../.....

Please circle a number between 1 and 5 to indicate whether you agree with each of the following statements. The more you agree with a statement, the higher you should score it.

	<i>Disagree</i> → <i>Agree</i>				
1. Information given in the program was relevant and useful.	1	2	3	4	5
2. The SCRAP Book was clear and easy to understand.	1	2	3	4	5
3. The self-conducted format was satisfactory.	1	2	3	4	5
4. The program's six home-based sessions was suitable.	1	2	3	4	5
5. I found the individual exercises useful.	1	2	3	4	5
6. It was easy to access the facilitator for assistance.	1	2	3	4	5
7. I benefited from being able to do the sessions in my own time.	1	2	3	4	5
8. Participating in the program has been a worthwhile experience.	1	2	3	4	5
9. I currently have enough information about drugs and related issues.	1	2	3	4	5
10. I have more confidence in my ability to deal with my situation.	1	2	3	4	5

**General comments about the program (optional):**

.....

.....

.....

.....

.....

*Thank you for your cooperation*







