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IMAGINE

Learn
DREAM

One to One
Worksheets

for

Reducing the Use

LIVE

www.saolproject.ie

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With the support of

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We invite you to use our worksheets free of charge requesting that you acknowledge SAOL Project when discussing work related to the use of this manual.

We also ask that you let us know that you are using them and welcome any suggestions for improvement.

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Foreword

Foreword

I am delighted to be able to present a new and improved manual of worksheets for individuals using 'Reduce the Use'.

SAOL first published free resources, for usage when responding to cocaine, in 2007. Since then the publications have become a popular resource with the individual worksheets downloaded nearly 10,000 times, and 'Reduce the Use 2', a 10-module manual for use with groups, downloaded more than 6000 times since being first published in November 2011.

It is vital that there are reliable resources for work with our clients and we are thrilled to be able to add to the growing list of supports that SAOL is producing and sharing with our colleagues throughout Ireland and beyond.

In a world where capitalism and neo-liberalism are dominant, the model of sharing and 'free-ware' confuses the 'market-place'. In SAOL we believe that a more feminist way of "doing business" is to give our work away. Its value is found by those who use it; its impact is understood by those it is used with. By sharing our work we reach more women and men than we could do alone. For this, we thank all of the projects and workers who use our resources and hope you will continue use our work in the future.

In this publication you will find a reflection on the process of our work which we hope encapsulates a very positive way to think about and respond to people with substance use issues. The word 'recovery' carries with it the baggage of illness and medicalised intervention. While SAOL fully supports the work of our medical colleagues in the addiction field, we think the term 'recovery' is too limiting and fails to capture the adventure and bravery that is required when one sets out to change an old, unhelpful pattern of behaviour.

Therefore, we have coined a new term. It is 'Re+discovery'. It contains 'recovery' but adds the elements of rediscovering old parts that were lost and the discovery of the brand new that was not expected. This is how we in SAOL see the process of work that our clients undertake (physical and mental recovery + rediscovering old parts lost + discovery of brand newness) and we hope that the platforms of this process that are discussed within this publication help you to understand better the journey you are taking with your clients.

Many thanks to Gary and all the staff in SAOL for their work on this set of worksheets. My thanks too to the participants of SAOL who worked through the worksheets to check their validity. Grateful appreciation to the staff of Addiction Response Crumlin, Ballymun STAR, RedDoor Project, Drogheda and the Crinan Project for their help in editing and clarifying the content of this work.

Finally, thanks to all who fund SAOL. You make the work possible.

Catriona Crowe,
Chairperson,
SAOL Project

Overview

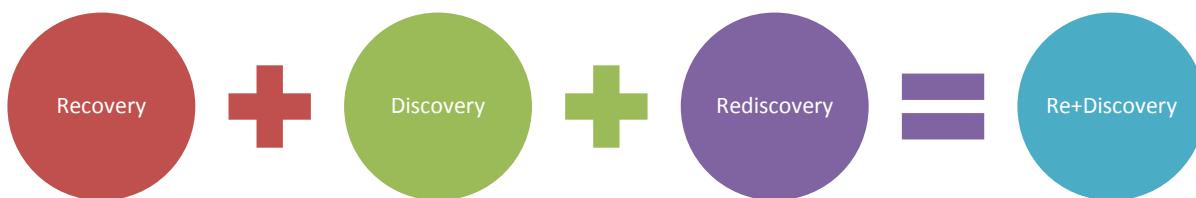
In 2007, SAOL prepared ‘Cocaine Relapse Worksheets’ as part of a package of resources responding to the need for rehabilitative responses to cocaine in Dublin and beyond. The worksheets were developed in consultation with local drug projects and services in the Dublin area. The original print-run of 400 ‘sold out’ quickly; we were able to make it available on-line from 2011 and since then it has been down-loaded nearly 10,000 times.

The need for relapse intervention tools for cocaine use was identified by projects in the North Inner City Drugs and Alcohol Task Force area in the mid-2000s. Since then cocaine has become a ‘regular’ part of working with addiction-related issues in the area and ‘poly-drug’ use is the norm for our work. Therefore, we decided to up-date the worksheets to reflect this change and adjust some of the exercises, so that the resource is more fitting for our work in the mid-teens of this century.

The worksheets are part of a range of practical responses to poly-drug use, now including a 10 module **Reduce the Use 2** course for groups and a 12 module **RecoverMe** course responding to the need for deeper use with groups when understanding emotions and their impact on the recovery process. The original CD (a recording of reflections for people thinking about changing their cocaine use) remains untouched and available for download from our website.

The new poly-drug use worksheets are designed to be used in one to one sessions between a participant and Case Manager/Key Worker. They are a practical, brief intervention tool and not a replacement for counselling or a longer term therapeutic relationship. A Case Manager/Key Worker with good inter-personal skills, experience and training in addiction work should be well-equipped to work through them with their client. Many projects are helping clients through drug and alcohol relapses on a regular basis by providing support, guidance and advice. These worksheets simply provide the worker and client with a practical framework to address their slips, lapses and goal-planning.

They are built around a philosophy, a set of practice beliefs that help us understand the process that people go through when making big changes in their lives. This understanding encompasses change in general and is not specific to addiction (though it of course includes change related to reducing/stopping substance use and other behaviours), so it is helpful when approaching any change that a participant is embracing. It is largely informed by Prochaska and diClemente’s ‘Transtheoretical Model of Change’ and Maslow’s ‘Hierarchy of Needs’. However, after 20 years working with women and addiction, we have combined these two models, creating our own ‘**Process of Re+discovery**’ (see Overview Worksheet A, B, C and D).



We accept that it is a grandiose title! But we kept it because it's a huge thing to change your life and when you 're+discover' without adding a defined destination, then you remain open to the positive possibilities that the more negative experiences of life have taken away. This is more than becoming drug free or becoming alcohol free (or becoming a worker in SAOL!). I can name all those things as goals. But this is a 'Process of Re+discovery' and the work might lead to more exciting places than I believe are possible right now.

The five platforms of the 'Process of Re+discovery' are:

- **Positioning:** "Naming and Claiming"

Here one has to work out 'where you are'; you position yourself in relation to your goals and wants and values. "I am drinking too much alcohol. I like drinking too much alcohol but I have to make an adjustment".

It can be helpful to hear what others (including the Key Worker) has to say about 'where you are at', but ultimately, this is about the individual honestly naming and claiming where they are, in as much as they can, at this time.

- **Compositioning:** "Dreaming and Scheming"

Here one 'writes' a new image of themselves. They compose a new way of being, allowing for pressures from outside, dreams from inside and realistic schemes to create a new idea of 'me'.

- **Transitioning:** "Moving and Shaking"

This is when I begin the journey of changing. Of course, that journey began when I asked the question, "Who am I?" in relation to this problem, but this platform is the point where I can say that I have started to do things differently. For some, this will be lengthy, for others, brief. Time-frame is relevant only in that it must be realistic: long enough for real change to happen; quick enough so that I am really changing. This initial change can be exciting but also tough, hence 'moving and shaking'.

- **Evolutioning:** "Seeing and Believing"

When important change happens, we 'become' something different, something new. We adapt, we grow, we evolve. It's rarely easy; sometimes we don't like this 'new me' that's appearing; we will miss parts of the past me. But with change comes new opportunity and new possibility. We just need time to see it and believe it. Evolutioning is that part of the process where I'm getting something different to what I expected. I'm no longer transitioning but rather, I'm getting to know the unexpected parts of me.

- **Actualising:** "Living and Learning"

Who knows what this new me can be? As I get used to this new me, I am becoming more than I thought could happen; I am exposed to new experiences and new ways to be in those experiences: I am living, not existing or surviving, but embracing life and letting life teach me. For example, I thought I would do this for my recovery. Now I am parenting/loving/working/learning/achieving in ways that I didn't think I could.

Actualising isn't an end point. It is really an expression of the 'new me' for whom the problematic behaviour (like smoking or internet use) is no longer experienced in the same way. I may be choosing to 'not engage' in the behaviour anymore and can do this better than ever before because of my 're+discovery' more than I expected; that the behaviour that once was problematic use is now because of significant changes,

merely recreational use. Or I can interpret this as a place where the problem no longer exists for me. Re-positioning is always possible;

We think it is a very positive and optimistic way of approaching change. But this ‘straight’ line of ‘becoming’ is rarely the road we travel. There are bumps and reversals and pauses. So while Worksheet A shows the basic, almost ‘unrealistic’ process of becoming (Worksheet B and C offers a less jingoistic translation), Worksheet D shows an example of what a unique ‘Process of Re+discovery’ can look like.

Worksheet C shows that the individual was transitioning and needed to step back into positioning (or re-positioning); had to re-write their composition about their journey in the light of what they had experienced; and then took on the transition again.

At the point of getting used to the ‘new self’, this individual found that another ‘re-positioning’ was necessary and they re-processed all of the platforms again. This time, for this problem/issue, they have arrived at ‘actualising’. That is the now.

This process is unique. Worksheet D is written for an imaginary participant. When working with an individual, you can create a unique ‘Process of Re+discovery’ with them. Together, you can plot their path to ‘now’, examining previous experiences that have led to now. This is very important as it can help to ensure than plans are ‘past-proofed’, in that you don’t assist the participant in setting plans that have already been tried and proved less than effective.

You will find that in the early parts of the journey, ventures into ‘transition’ were either rare or done so without awareness of ‘compositioning; and may have lasted a short period of time, without ever reaching ‘evolutioning’ (seeing and believing).

You will also find that people found themselves in ‘evolutioning’ and didn’t like what they found! It was not what was imagined when ‘compositioning’ and the reality of the new me was not deemed desirable (re-dreaming and re-scheming is now necessary).

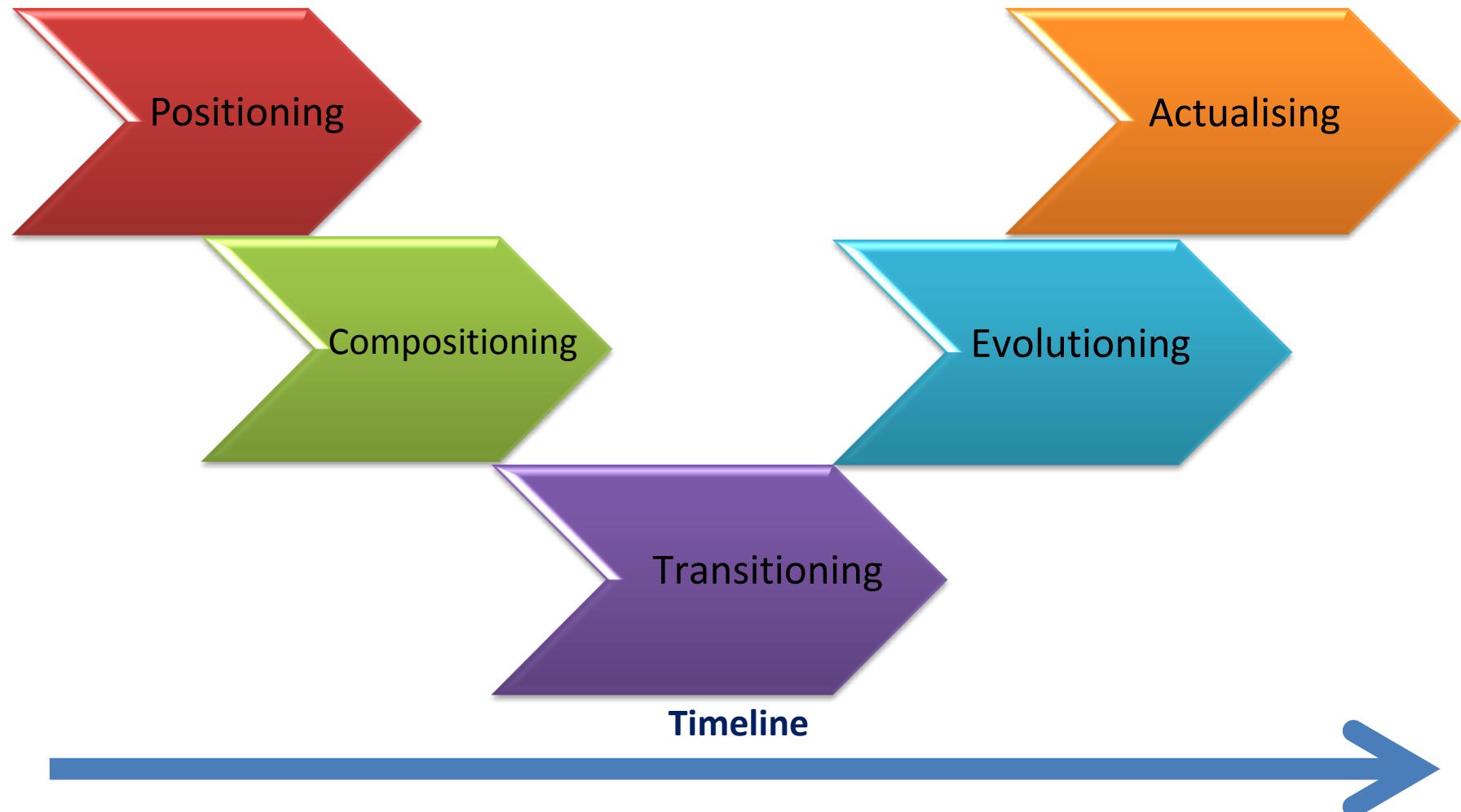
All of this is important for this next step in the process. The participant is examining change again and therefore, they need to reflect deeply on where they are now (positioning) and where they really want to be (compositioning). Participants will read your reactions, body language, questions and determine what the correct answer is ‘for you’. It is very important that you help them find their new dreams and schemes.

That answer can be “I don’t want to change but the consequences of not changing are too big, so I better change”. In real life, change may be necessary rather than desired. Often, when I change, it is because the stars have aligned, not because I am ready. I become ready as I move through each platform. It is our task as workers to accompany someone through this process, nudging where helpful, supporting when necessary and empathising always.

This is the approach that helps us in SAOL. We hope it is useful as you utilise these worksheets.

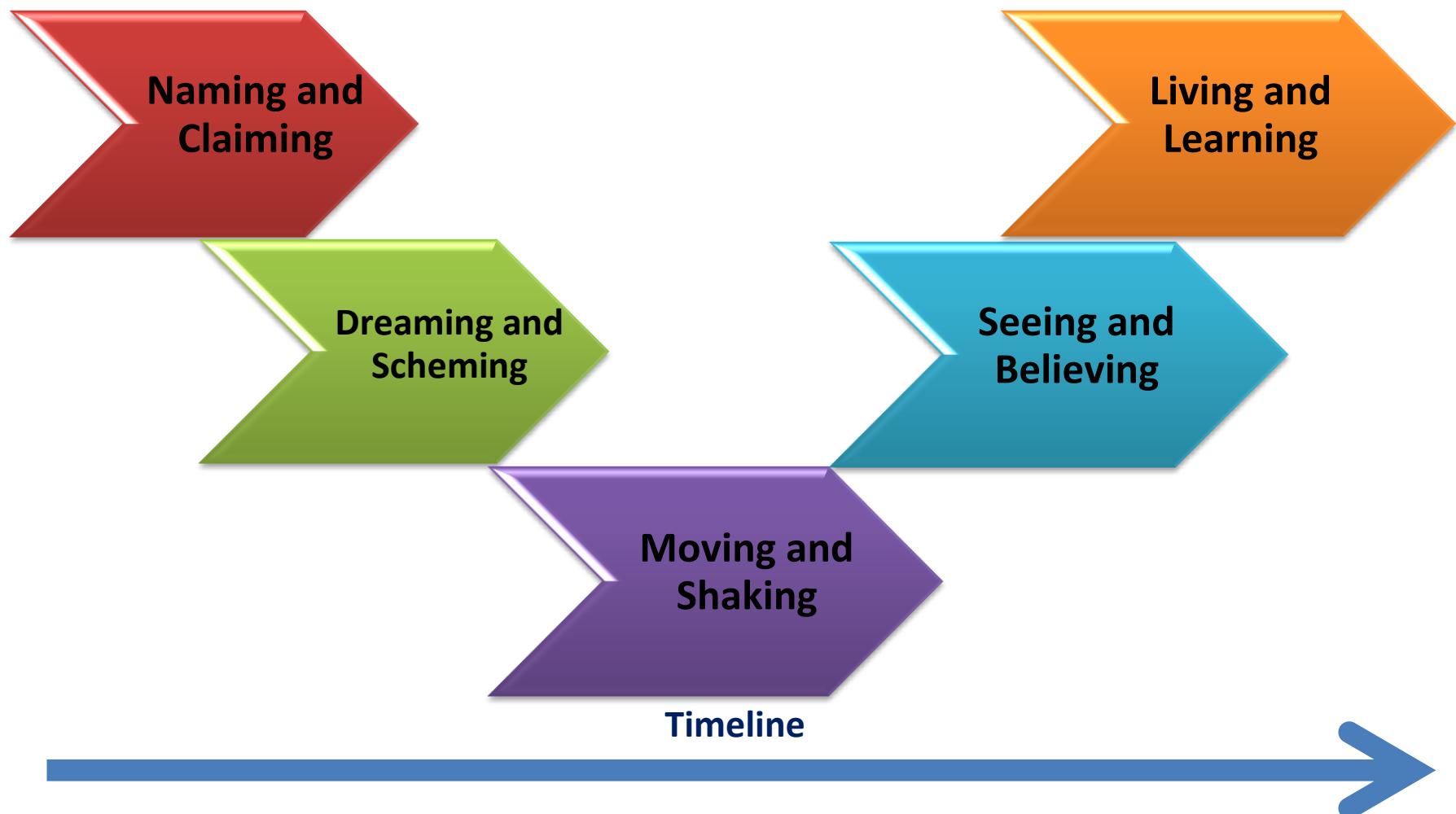
Worksheets Overview A:

The process of Re+discovery

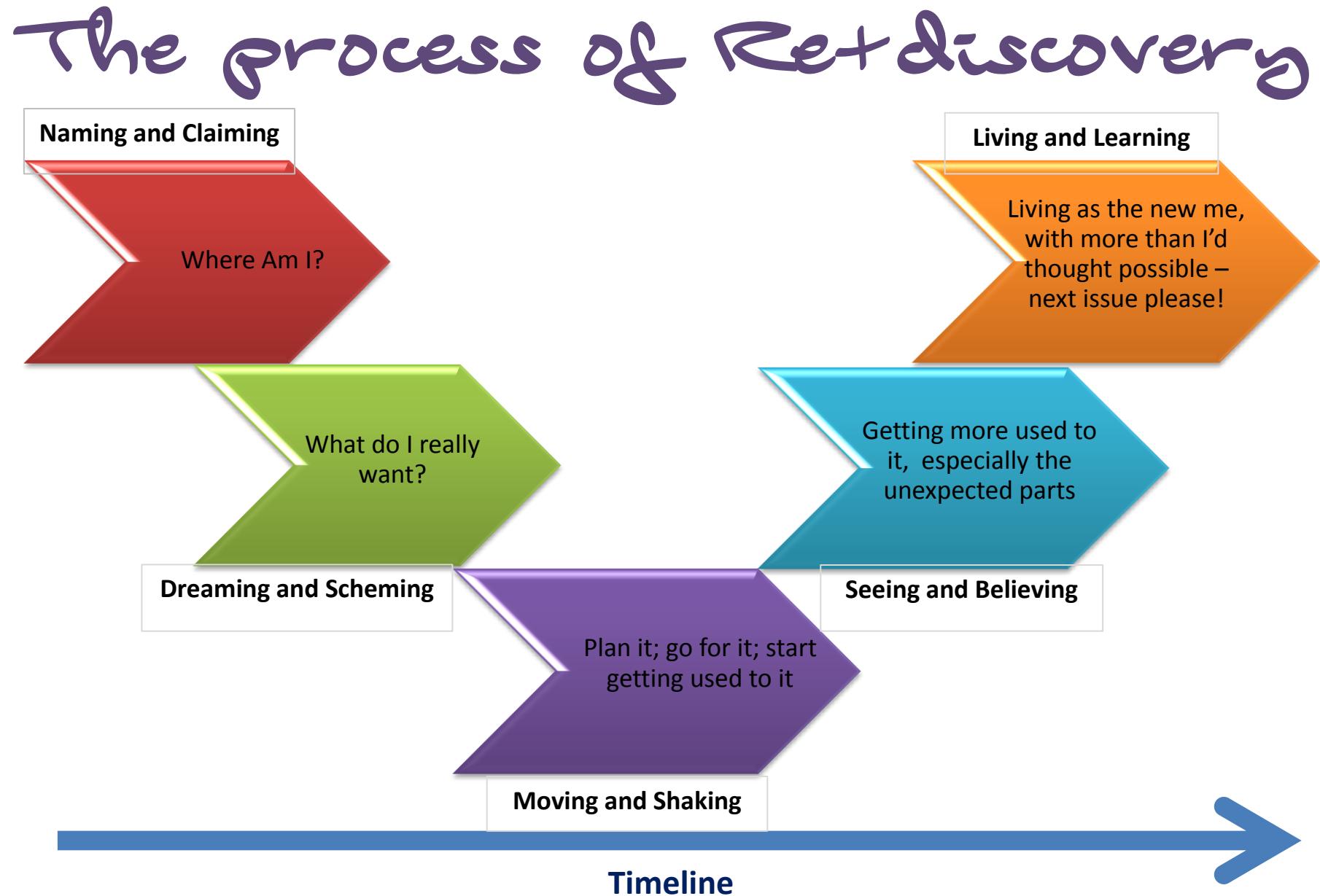


Worksheets Overview B:

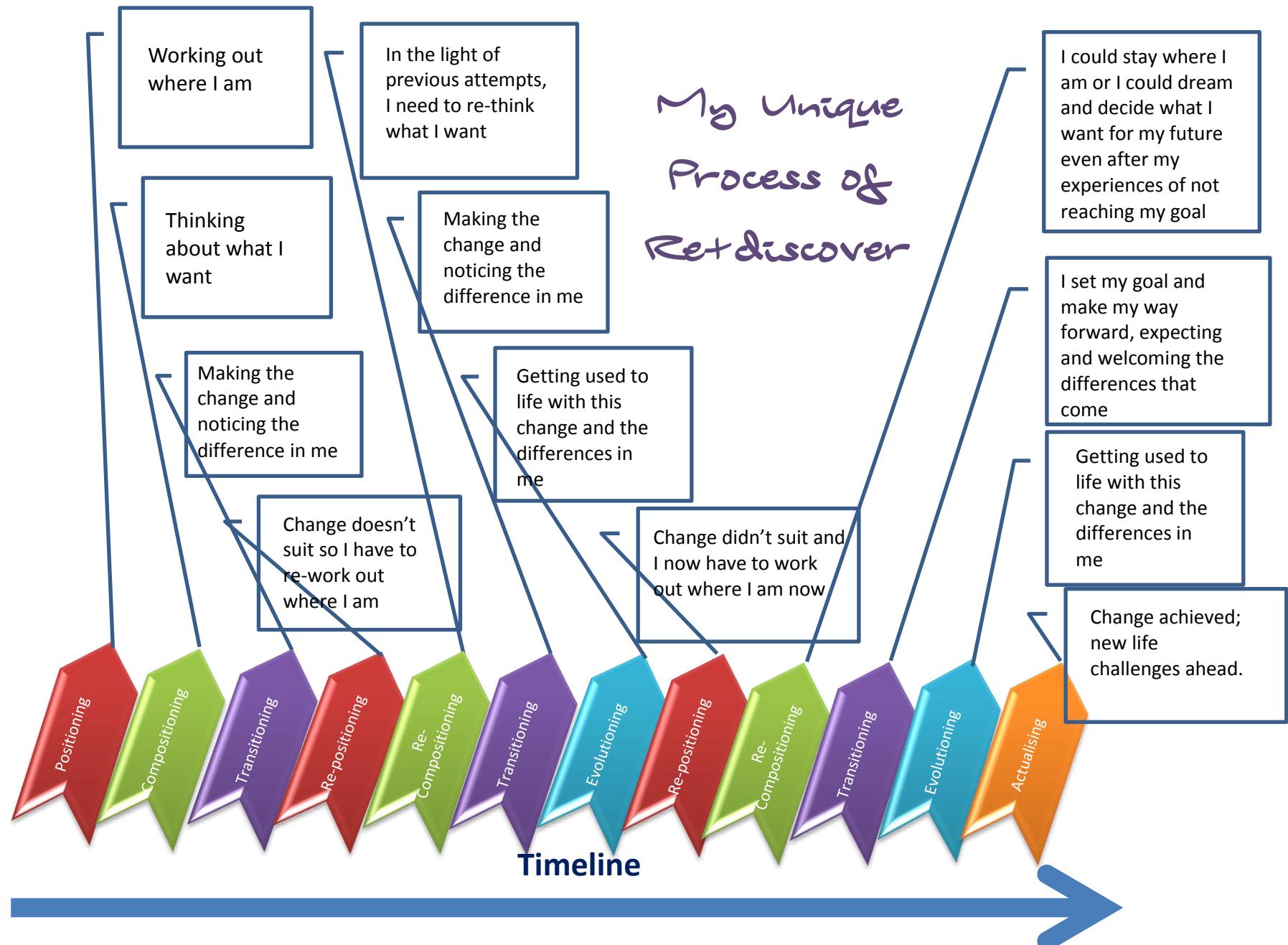
The process of Re+discovery



Worksheets Overview C:



Worksheets Overview C: An Individual Story



Acknowledgements

It takes a lot of people to write a set of worksheets and we would like to thank those involved wholeheartedly.

Particular thanks to the staff and particularly Gary for heading up this piece but also to Ger (congratulations on your new husband) and Barry and Belinda and Michelle and Rose and Nicola and Rachel and Joanne (congratulations on your new daughter) and Kirsty and Nicola and Lisa and Laura and Aisling (congratulations on your new son) and Monika.

We would like to thank the Board of the SAOL Project for steering the ship so effectively; special thanks to Cathleen O'Neil who has given so much hands-on support to the project over the last three years.

Our continued thanks to the funding agencies who support our work. Our opinions are not necessarily theirs and for the support of difference, we thank you even more. The agencies that support us are:



Finally, we would like to thank our colleagues in the other agencies who reviewed, analysed, practiced and reported back to us on this set of worksheets, making them more effective even before publication. To the staff and participants of the following agencies, we express our thanks:



Introduction to the Worksheets

This publication contains guidelines and worksheets for the Key Worker and participant.

What will these Worksheets do?

- They will provide worker and participant with helpful, structured intervention tools to address poly-drug use.
- They will help worker and participant to identify what problems poly-drug use is causing; and indeed, which drug(s)/behaviours are more problematic.
- They will help worker and participant recognise what triggers the participant into using different substances; and indeed which substances trigger the use of other substances.
- They will help worker and participant plan a response to these triggers.
- They will assist worker and participant to gain a better understanding of why poly-drug use/behaviour is happening and begin the conversation as to what role each substance/behaviour plays in the participant's life and what response is required for each substance.
- They will assist worker and participant in discussing refusal skills and planning for the avoidance of future relapses where new action plans are initiated.
- They will assist in the development of a care plan and up-dating care plans.

Why use Worksheets?

- Using pre-formatted worksheets helps to focus both worker and participant on the task in hand.
- They focus on the more immediate problems faced by the participant who is having difficulties with more than one substance/behaviour.
- They are a brief intervention tool and better suited to working with immediate problems in a solution-focused manner. They have been created using guidance from Cognitive Behavioural Therapy, Motivational Interviewing, Community Reinforcement Approach, Brief Solution Focused Therapy and Mindfulness.
- They are practical and easy to understand.
- They are gender-proofed.
- They are compatible with a range of other treatments which your client may be receiving (including opioid replacement therapies and preparation for detoxification)
- The worksheets provide a written record for later reflection by your client in times of crisis or relapse.

What is expected of you – the Key Worker?

- That you have the addiction skills and experience to work with participants through this process.
- That you have fully familiarised yourself with the worksheets and instructions before using them. Indeed, it is helpful to use the worksheets yourself, examining one of your own issues for change to better prepare yourself for using them with another person.
- That you have developed a respectful relationship with the participant and have asked permission to do this work with them.
- That you have allocated the appropriate time and space to do the work; this should include knowing any literacy issues or privacy issues facing the participant:
 - Literacy issues include a range of matters relating to a participant's ability to manage the writing and reading demands of these worksheets and how/if you can help overcome any blocks;

- Privacy issues include a range of matters relating to the safety of written material being ‘discovered’ by a third party. Where significant risk exists, these worksheets may have to be completed and stored in the care of the Key Worker.
- That all sessions end with a Safety Plan for the immediate day(s) ahead. This can be done by completing the basic Safety Plan Sheet (2b). We have not introduced the safety plan in the first set of worksheets because there is so much to do but we encourage workers to get a verbal safety plan until you introduce the safe plan worksheet.
- That you are positive and affirming and understand that slips and relapses are part of the ‘tapestry of Re+discovery’!
- That you have adequate information and resources to support this process when necessary (e.g. referrals to other agencies/counselling etc.). This helps to ensure that the participant does not feel isolated in the work and that plans have a good chance of success.
- You should ensure that you are available to the participant for a reasonable amount of support and follow-up work during and after completing the worksheets.
- The awareness that emerges for people can be unsettling and they may need more time with you to process this learning. Workers will need to be extra vigilant for this as these insights gained may seem ‘obvious’ to an external eye but are brand new to the participant.

What is expected of the participant?

- That you want to take part in this process. You might be a bit afraid of it, but behind it all, you want to take part.
- That you agree to see the process through without any pre-commitment expected on any aspect of change – just a willingness to ‘take a look’.
- That you work towards honesty – both in relation to your substance use/addiction issues but also in your relationship with the worker. If the working relationship is not working or you feel that their approach is not what you would have hoped for, it is hoped that you communicate this to the worker concerned; or to some other staff member within the organisation.
- That you help the worker to understand your world view and not just expect that they can guess this or know this instinctively. It can be helpful to approach this work with the goal in mind of making this Key Worker much better at their job; that their work with you will change them and make them a more effective key-worker.
- That you slow things down or speed things up depending on your needs.
- That you are respectful and kind in the work, especially to yourself.
- That if you cannot attend appointments that you let your key-worker know. After all, they are only human and might think that you are in relapse rather than just have ordinary, everyday blocks to getting to the session.
- That said, you are expected to try not to miss sessions!
- Although the work can be challenging, try to keep a smile in your heart and an element of fun during sessions. This journey may change your life!

A Guide to Worksheets Set 1: Diverse Dealings with Drugs, Drink, Downers and Dope (and anything else you're having)

Aim:

To help worker and participant explore the problems that poly-substance use is causing the participant.

Step 1:

The participant fills in worksheet 1a: 'Diverse Dealings with Drugs, Drink, Downers and Dope (and anything else you're having)'.

The participant might look at this sheet and find it difficult to acknowledge the positives and negatives of their substance use. Some of the following questions might trigger ideas for the participant:

Positives relating to substance use	Negatives relating to substance use
Are they relaxed and at peace when they use substances?	Do they owe money? Is their home under threat because of substances?
Are they able to 'forget' with substances?	Have they picked up any new charges?
Does their substance use give them a daily routine that they like?	Has their physical health worsened recently?
Does their use of some substances reduce their use of other substances?	Has their use of other drugs (including alcohol) increased?
Is substance use easing family and/or relationship problems?	Are they having family and/or relationship problems because of their substance use?
Are some of the substances they use helping their mental health: do they help them to sleep? Do they reduce their worries? Do they help them cope?	How is their mental health? Are they paranoid or aggressive? Are they sleeping too little/too much? Are they depressed? Are they de-motivated?
Is their use of substances making them happy?	Is their use of substances making them unhappy?

Remember that, as a Key Worker, it is your task to help the participant find their answers. Therefore, we should not be 'afraid' of the positive reasons that people use substances. Indeed, if we are to find a workable plan for change, these positive reasons for continuing to use substances have to be discussed.

Discussing the positive reasons a participant has for using substances does not mean that you have to agree with them. Understanding and acceptance by a Key Worker is a necessary part of the therapeutic alliance that assists change; it does not require agreement. So if the participant states that their substance use is helpful, you can explore this

conclusion and appropriately challenge their position. This may lead to some of the conclusions changing places on their worksheet.

All such discussions should be respectful and appropriately challenging; confrontation is counter-productive.

Step 2:

Discuss the Wheel of Change (Worksheet 1b) with the participant. Explain each of the six stages and explore with the participant where they might place themselves on the wheel in relation to their key issues.

They are likely to see themselves at different places depending on the substance discussed, e.g. "I am in contemplation regarding my drinking but am in maintenance regarding my prescribed medication. I do not think my weed use is problematic at the moment". This is normal but may be a surprising discovery for you and the them.

We have added a table so that they can write in the substance or behaviour that is being discussed and where they are on the Wheel of Change in relation to each one. This might look something like Table 1 when completed:

Table 1:

Substance and/or Behaviour	Where am I on the Wheel of Change?
Alcohol	Maintenance: only drinking a little at weekends
Cannabis	Action: I've reduced down to one joint a night.
Cocaine	Contemplation: not sure how serious it is
Valium	Pre-contemplation: I don't think I've any problem with them.
Gambling	Preparation: I'm worried about this and need to do something quickly
On-Line	Preparation: I might have to give up my computer its so bad

As well as highlighting issues that require action, this awareness can allow a discussion on the participants values to emerge and this can be very beneficial in discovering how current substance use/behaviours might be compromising the values they hold as important.

This exercise will also help to determine the participant's readiness for change.

Remember that readiness for change is a combination of:

- The importance of this change for the person
- Their confidence at making this change
- Their support-network for making this change achievable

All of the above should be explored throughout this process so that inappropriate plans are not put in place.

Step 3:

When your client has completed Worksheet 1a and considered the Wheel of Change, 1b, encourage further discussion on the issues that are most important to them and might indicate a need for change. It is more helpful to draw this information from the participant than impose a discussion on the behaviour that concerns you the most. However, during the session you can put forward your thoughts, if invited by the participant.

Useful prompt questions include:

- Are you happy that things continue this way?
- How would you like things to be different?
- What would you be willing to do differently to get some change started?
- Are they ready to make these changes now?

If you are satisfied that you have reached a point where the participant wants to address an aspect of their substance use, then proceed. Remember that doubts are normal and ambivalence should be part of the process. But if there is energy for change, however strong, then this is a time when you can begin to explore plans for change.

Plans should be achievable and realistic but also aspirational.

If, however, there are serious doubts about readiness or commitment to change, it is more useful to adjust expectations and explore smaller goals that can be achieved (e.g. changing times of the day when you drink, employing harm reduction strategies and addressing other aspects of the participant's life other than substance use).

Continue to meet; further discussion and encouragement in a respectful relationship will lead to greater reflection and more accurate, effective and desired plans to emerge.

Worker and participant may find the recorded reflections on changing substance use available on our website and SoundCloud a helpful addition at this time (www.saolproject.ie for more).

Step 4

Invite the participant to fill in the 'Substance Use Diary' (Worksheet 1c) before your next meeting. You will have to go through the diary with the participant as it may look intimidating at first glance! An example of what a drug diary might look like is included below.

(At the back of this manual are a selection of Substance Use and Behaviour diaries specific to particular substances/behaviours should the participant prefer to focus on one substance/behaviour).

This can help to identify patterns of substance use and recurring trigger situations. It asks the participant to 'work' between sessions, thereby highlighting the solution-focused nature of your work together.

Diaries are notoriously difficult for people to complete, with even the most motivated people struggling to keep them up to date. You should expect that many of the participants you

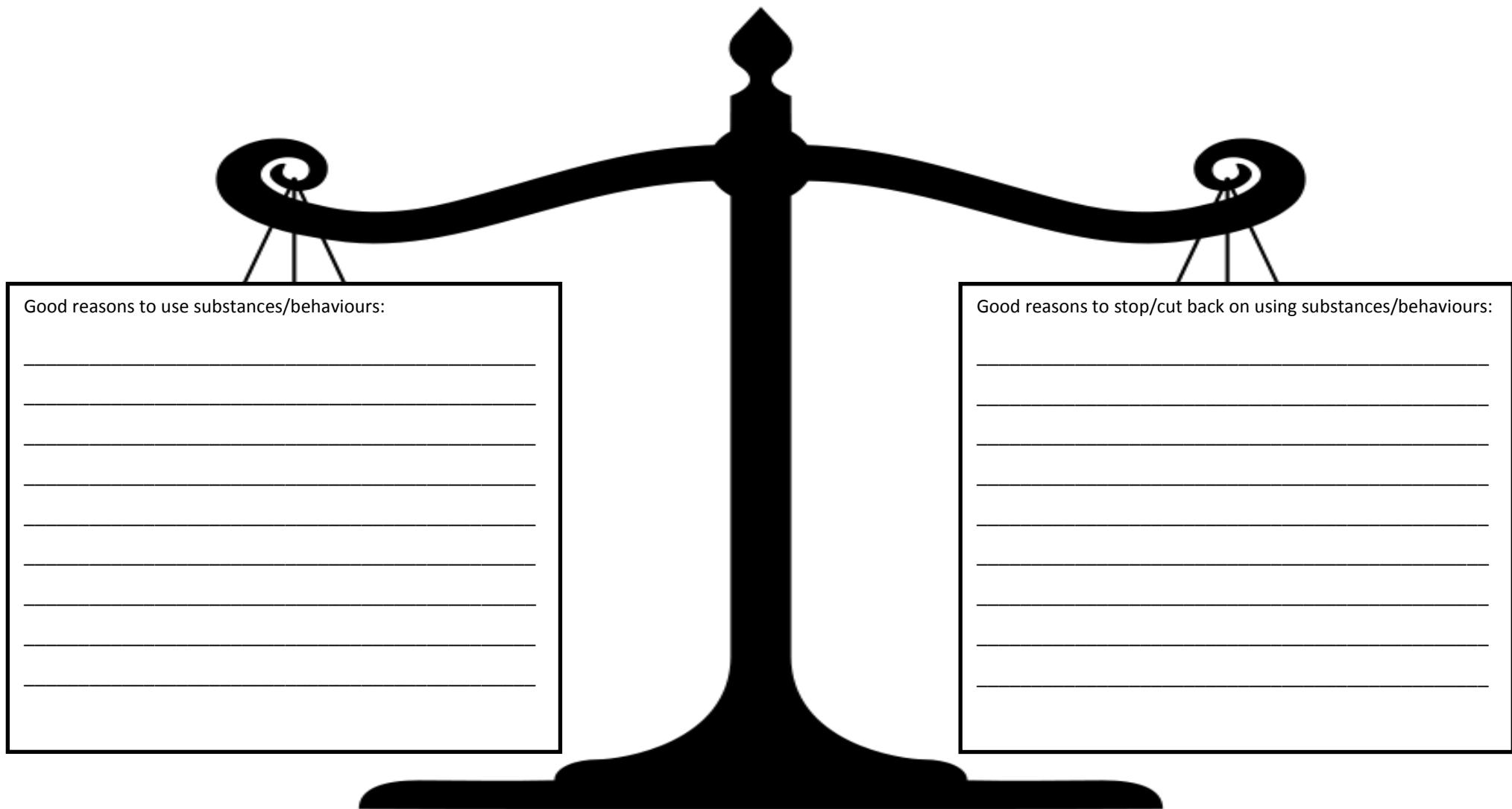
work with struggle to keep their diaries. This should not be understood as unwillingness to change or a lack of motivation.

Workers should be mindful of the fact that some participants will not feel safe recording substance use on paper where such records could be discovered by a third party.

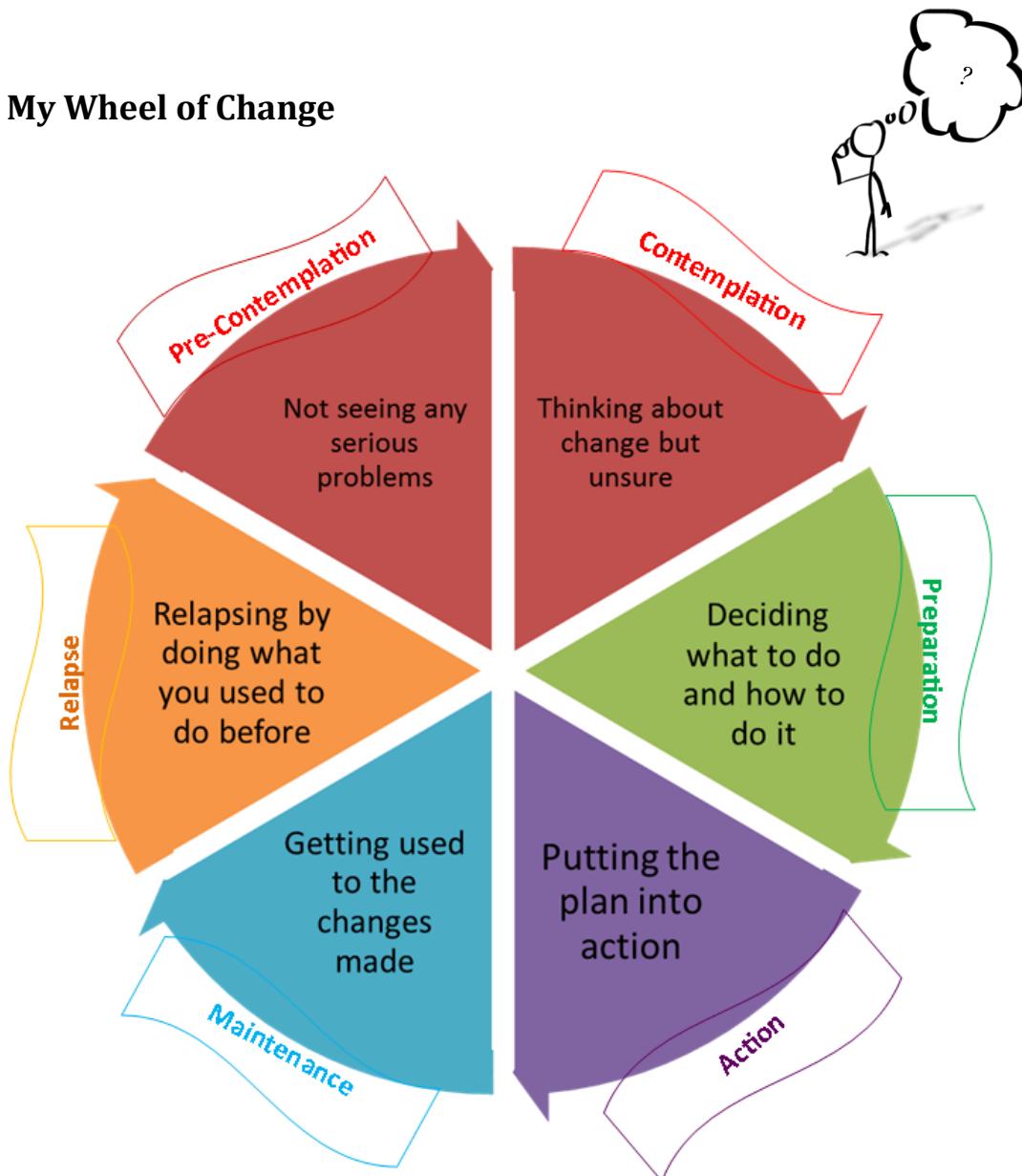
Where diaries are not filled or incomplete, workers can create a space at the start of a session to fill in the diaries for the previous week. This creates a written record of substance use that can be stored safely by the worker but it also grounds the session into focusing on substance use matters.

Close the session by asking the participant how they will stay safe between now and the next time you meet. Help them, in the light of the session you are ending, to identify achievable safe-plans for the days ahead.

Worksheet 1a: Diverse Dealings with Drugs, Drink, Downers and Dope (and anything else you're having)



Worksheet 1b: My Wheel of Change



Substance and/or Behaviour	Where am I on the Wheel of Change?

Worksheet 1c: Substance Use Diary

Day & Time	Trigger What made me want to use?	Thoughts and Feelings What was I thinking? What was I feeling?	Behaviour Did I take something? If I didn't, what did I do instead?	Good Consequences What good things happened?	Bad Consequences What bad things happened?

Here are some **risky situation and emotions**. Mark them 1 to 3 as you see fit: 1= not a trigger; 2 = slight trigger; 3 – strong trigger to use.

Risky Situation	1	2	3	Risky Emotions	1	2	3	Add your own particular risky situations/emotions	1	2	3
Being around others				Feeling angry							
Having money worries				Feeling happy							
Being bored				Feeling sad							

Worksheet 1c: Substance Use Diary - Example

Day & Time	Trigger What made me want to use?	Thoughts and Feelings What was I thinking? What was I feeling?	Behaviour Did I take something? If I didn't, what did I do instead?	Good Consequences What good things happened?	Bad Consequences What bad things happened?
Monday morning	Woke up with a headache	Felt rough and just wanted to feel better	Took one Valium (DS) instead of drinking	Relaxed me and headache went	Felt guilty all morning
Afternoon	They were drinking on Eastenders	Wanted to be drinking with them	Didn't drink. Switched the TV off and rang my mother	Felt great	-
Evening	Kids in bed	My usual time for a smoke (weed)	Had my usual joint and felt sleepy	Didn't think about it too much	Feel bad now that I'm writing this

Here are some **risky situation and emotions**. Mark them 1 to 3 as you see fit: 1= not a trigger; 2 = slight trigger; 3 – strong trigger to use.

Risky Situation	1	2	3	Risky Emotions	1	2	3	Add your own particular risky situations/emotions	1	2	3
Being around others	✓			Feeling angry		✓		When kids go to bed			✓
Having money worries	✓			Feeling happy		✓		Seeing others drinking			✓
Being bored			✓	Feeling sad			✓				

A Guide to Worksheets Set 2: “How you going, Dave?” aka When a Trigger says “Hello”

Aim:

The aim of this session is to help worker and participant better understand triggers and assist the process of identifying important triggers for this person.

Step 1

Explore the Substance Use Diary. It is important that ‘homework’ is treated as important and discussed. If you do not look at the diary and reflect upon it, the participant will interpret this as meaning that it is unimportant and is less likely to fill it in in the future.

Some helpful questions that can get reflection going include:

- What was it like keeping a record of your substance use?
- Did you notice anything particular?
- What were the common consequences of substance use/not using substances?
- Are there any triggers that came up regularly during the last week?

It is helpful if a review of diaries is conducted at the start of all sessions and they then become a natural part of your sessions together.

Step 2

Worker and participant should explore together the meaning of the term ‘trigger’. Draw out as many details as you can and ask for any practical examples of trigger situations that have happened in the past. In exploring the term some of the following might be helpful:

- Describing a trigger as being like the spark that lights a flame.
- Seeing a trigger as the starting point where thoughts of taking a substance/startng behaviours are initiated without conscious invitation.
- While thoughts of using a substance or engaging in problematic activity that might have been around for a while, a trigger tips the (naturally shaky) balance in the ‘wrong’ direction.

Triggers are often categorised into 3 or 4 subdivisions:

- People: partners, family members, friends, neighbours...
- Places: streets, buildings, pubs, cafes, houses, parks...
- Things: songs/music/sounds, clothes, tinfoil, smells, times of the day...
- Feelings: loneliness, happiness, grief, anger, boredom...

Invite the participant to fill in Worksheet 2a. This might be done quietly with the participant working alone or completed together, ‘filling-in’ the sheet with the information that has arisen during the session so far.

When the sheet is filled, check-in as to how the participant is feeling and ask if they are seeing anything differently now that it is written down in front of them.

Step 3:

Building on information learned over the past two sessions you will both know the areas that

1. Are of most concern
2. Are further along the wheel of change for the participant

It is now time to begin nudging for small, achievable actions. As a start to this process, it is helpful to ask whether the participant would like to do something about these triggers. One easy way to introduce small changes is through the creation of a Safe Plan – that is, a plan for the coming week (or the duration of time between sessions) where the participant commits to implementing behaviours that add to their safety.

These changes may seem small but are an active help in promoting changes that can be made.

Ask the participant to fill in the Safe Plan, Worksheet 2b

Things one might include in a safe plan include:

- I will delay substance use/drinking until a later hour in the day.
- I will avoid going to (certain place/person) as this usually leads to substance use/unhelpful behaviours.
- I will commit to doing certain things (e.g. phone my sponsor, commit to going to specific fellowship meetings) in order to better improve my supports.
- I will keep my appointment(s) with (designated person).
- I will cope with being paid by giving my bank card to person A or agreeing to meet with person B and going to pay my bills.
- I will have fun by doing a specific activity (or set of activities) agreed in this safe plan.

It can be useful for you as a Key Worker to keep a record of the ideas that emerge in a Safe Plan so that you can draw on these ideas when supporting the people you are working with. Safe Plans get easier as participants get used to writing them. But much like care plans, they are less useful if they are vague.

Like the Substance Use Diary, it is important that you refer to the Safe Plan at the start of the next session you have with the participant.

Worksheet 2a: Naming my Triggers

My Trigger People

- 1.
- 2.
- 3.
- 4.

My Trigger Places

- 1.
- 2.
- 3.
- 4.

My Trigger Times

- 1.
- 2.
- 3.
- 4.

My Feelings Triggers

- 1.
- 2.
- 3.
- 4.

My Things Triggers

- 1.
- 2.
- 3.
- 4.

Naming my Triggers: Example

My Trigger People

1. My partner
2. Next door neighbour
3. My mother: I need a drink after talking to her
4. My kids - during school holidays they wreck my head

My Trigger Places

1. Local Bar
2. Corner Shop - where I buy drink and groceries
3. Betting shop - celebrate a win with a drink
4. Next door - drinking buddy

My Trigger Times

1. 9pm every weekday evening
2. Long weekends
3. Pay day
4. Christmas

My Trigger Feelings

1. Boredom
2. Being lonely or on my own
3. When I'm really happy
4. When I'm chilled

My Trigger Things

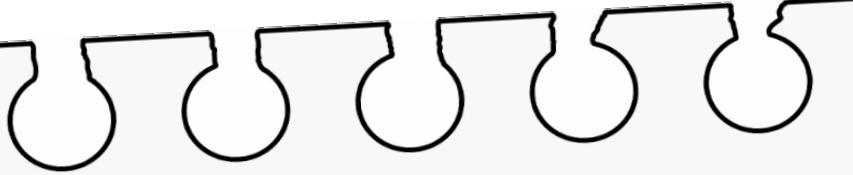
1. Ads on the TV
2. Pay day - money in my pocket
3. Smell of weed
4. 9 o'clock news - I always get thirsty when I hear the headlines

Worksheet 2b: **Safe Plan** - Things I'll do between now and the next time we meet that will keep me safer.

This is a worksheet template for a 'Safe Plan'. It features a decorative border at the top with seven rounded rectangular shapes. Below the border are five horizontal lines for writing. The entire template is enclosed in a large rectangular frame.

This is a second worksheet template for a 'Safe Plan', identical in layout to the first, featuring a decorative border with seven rounded rectangular shapes and five horizontal lines for writing, all enclosed in a large rectangular frame.

Worksheet 2b: **Safe Plan** - Things I'll do between now and the next time we meet that will keep me safer. **Example**

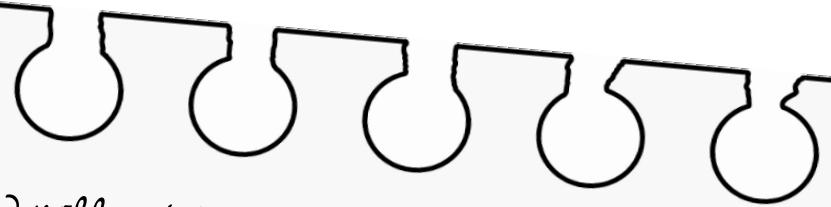


I will go to three meetings this week - on each of the days of the weekend.

I will definitely keep my dentist appointment on Tuesday

I will do 10 minutes of exercise each day

I will buy my favourite magazine and read it from cover to cover!



I will not drink during the week and will try to drink only on Friday and Saturday

I won't take cocaine this week

I will not meet up with Johnny this week but I will ask my brother to meet me for coffee

A Guide to Worksheets Set 3: What's your Jackie Chan?

Aim: To help worker and participant plan how to avoid participant's key triggers and to put an action plan into place

Step 1:

Review both the Substance Use Diary and the Safe Plan. Identify insights and possible patterns in the diary; and explore how well the short term goals were achieved over the past week.

Workers should learn from these interactions. A person may have a strong desire for change but things may not be aligned in the 'background'. The diary and safe plan can offer a good insight into what the participant is able for at this stage.

Even though there is much work to be done during this stage of the workbook,, take your time and help the participant to explore all issues. There is no point developing plans that are unrealistic and unhelpful.

Review the information already written about triggers. Invite the participant to talk about the various triggers they have identified and to see which triggers are expected and which are unexpected; which are stronger and which are easier to handle.

Starting with the expected/easier to handle triggers and using Worksheet 3a prompt a naming of a trigger and a plan to cope with it. Whenever you are working on a plan with someone, remember the Goldilocks principle: actions shouldn't be too big (they'll be too daunting) or too small (they become insignificant), they need to be just right. These are the actions that you should be looking for as you create a Trigger Action Plan with someone.

Step 2:

Talk over what has been written on worksheet 3a. Some of the triggers will have clear actions and some will have no actions or unrealistic actions. From the **example sheet**, you can see that there are some actions that there is no obvious action coming to mind ("I don't know what I can do about this"); and some have a clear statement of action ("I have to give up all my numbers and maybe get a new SIM card").

You may want to talk about these differences between obvious triggers and unexpected triggers; you might also need to respectfully challenge your client if they are putting themselves in the way of their triggers and allowing themselves to believe that they don't have any control over this.

Then invite the participant to choose one of the actions that they feel they can commit to doing something about. Then fill in Worksheet 3b (together or just the participant). This worksheet should help to break down the decision-making process into manageable and important segments:

- I. Naming a trigger they can do something about.
- II. Calling-out what needs to be done but also what is blocking me from addressing this trigger.
- III. Identifying external evidence of the need for action. Remember that sometimes we have to undertake changes even when we don't really want to but if we can identify why they are necessary, we can implement them because the 'uncomfortable'

change is necessary. Many people learned the mantra ‘there’s no point doing it if you’re not doing it for yourself’. In fact, many people only own the action as being for themselves long after the action is completed, with the initial drive for the action coming from the need to avoid something bad happening. In our book, this is a good enough reason for actions to be attempted.

- IV. Clarifying what are the main reasons for changing (including reasons that are necessary rather than wanted). Included here are the reasons that the worker thinks action is needed. As workers we often withhold our opinions but at this stage of planning a set of actions, it is important that your voice is included clearly in the discussion.

We should not use this as a chance to de-rail a process or force our opinion onto the participant; rather it should be used as an opportunity to name how worker and participant thinking coincide. If your thinking is very different from that of the participant then you should not embark on this worksheet yet; there is space to explore these differences in thinking when examining Worksheet 3a.

- V. The statement of ‘What I’m going to do’ moves the discussion from problem-naming to problem-solving and asks the participant to begin to accept that change needs to be entered into.
- VI. Often at this point people can introduce new information that puts a different spin on the problem. If this happens, it is important that the worker welcomes the new information and examines with the participant what impact this has on the plan for action. If it completely changes things, worker and participant should restart the worksheet with a new name for the trigger being worked with.

If the new information makes addressing the trigger impossible/improbable, you might suggest that you should change to address another of the triggers.

Sometimes a participant may want to put a plan into action but does not have enough information to know what is possible (e.g. services that are available to them, timescales for waiting lists etc.). This is the space for this information to be shared.

- VII. Clarifying the goal and asking for the ‘when’ and ‘who’ of the plan and how you will know it is working, helps to make the goal SMART (specific, measureable, achievable, realistic and timed). Road-test the plan with the client to ensure it is clear, realistic and achievable. Do these by asking questions or role play some situations if you think it would be helpful.

This part of the process should not be rushed and both of you should be clear about what is meant by each part. You may need more paper than the small box provides, so do not be shy and add other sheets of paper!

- VIII. Signing off on the process makes it an agreement and hopefully helps the participant to understand that they are committing to something and the worker to confirm that this is a piece of work that will expect outcomes.

Step 3

Encourage the client to fill out their Safe Plan. They may be less willing to do so because of the intensity of the work during this session, but it is important that a safe plan is in place throughout this work.

Worksheet 3a: TAP, 'Triggers Action Plan' (Link with Worksheet 2a)

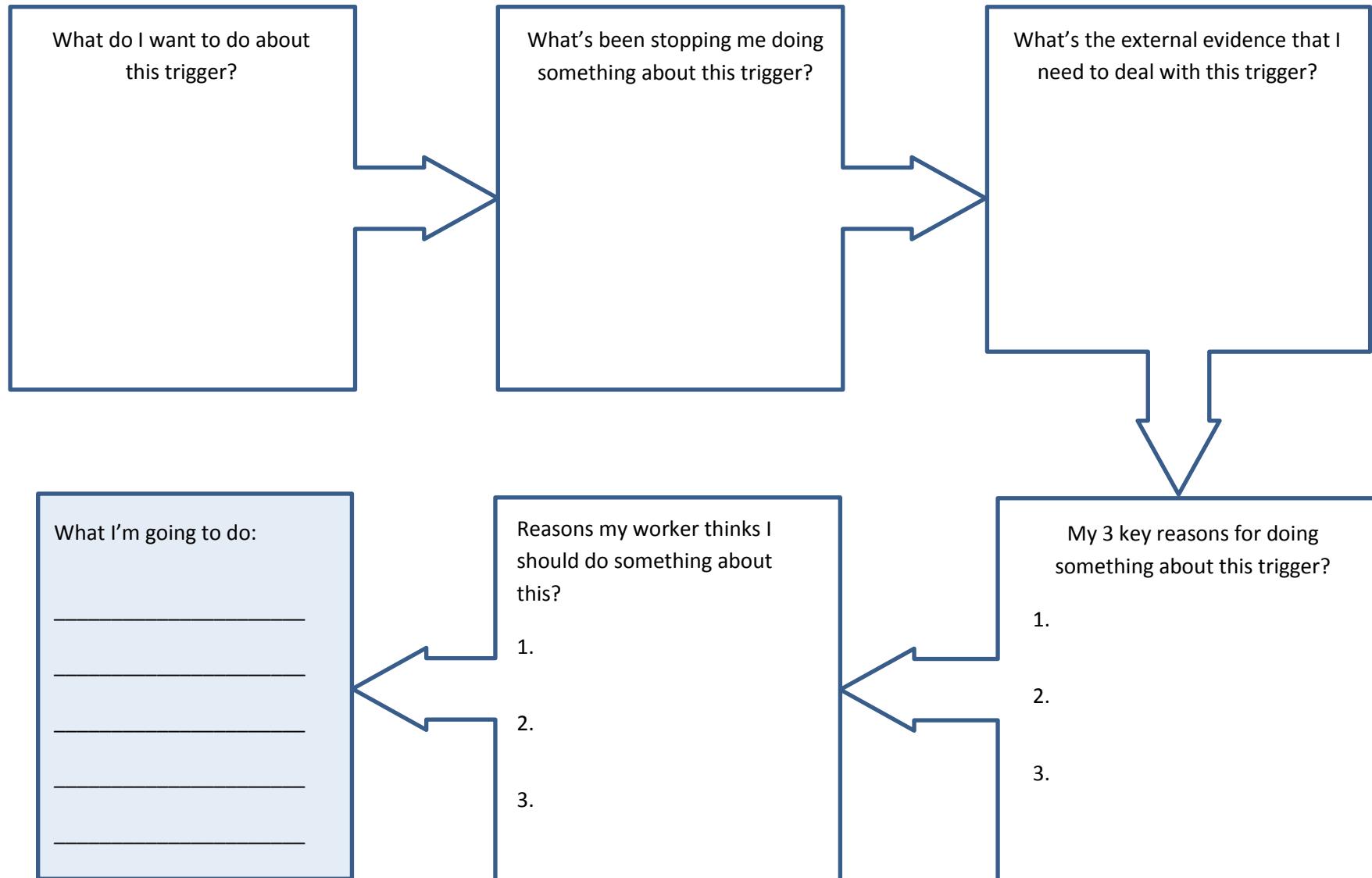
What's the Trigger?	What's my plan to cope with this trigger?

Worksheet 3a: TAP, 'Triggers Action Plan'- Example

What's the Trigger?	What's my plan to cope with this trigger?
My partner is a trigger	I'm not ready to split up but I will try and talk it over
I can contact my dealer too easily	I have to give up all my numbers and maybe get a new SIM card.
Every time I pass the pub I want to go in for a drink	I'm going to have to stop going past the pub
Once I know the kids are asleep I automatically start thinking of tablets	I don't know what I can do about this
Whenever I have money in my pocket I start thinking of smoking. I can't stop myself.	My dad said he'd come with me to the bank to withdraw the money and he'll give it to me as I need it and I trust him to do that.
Every time I have to go and get my methadone, I get offered anything I want.	I'll talk to my doctor and see if there's a way to get my prescription somewhere else.
My mother just winds me up and I have to drink after spending any time with her. She minds the kids, so I see her almost every day.	Maybe I need to re-think my relationship with her but I need her to mind the kids, so I'll just have to suck it up

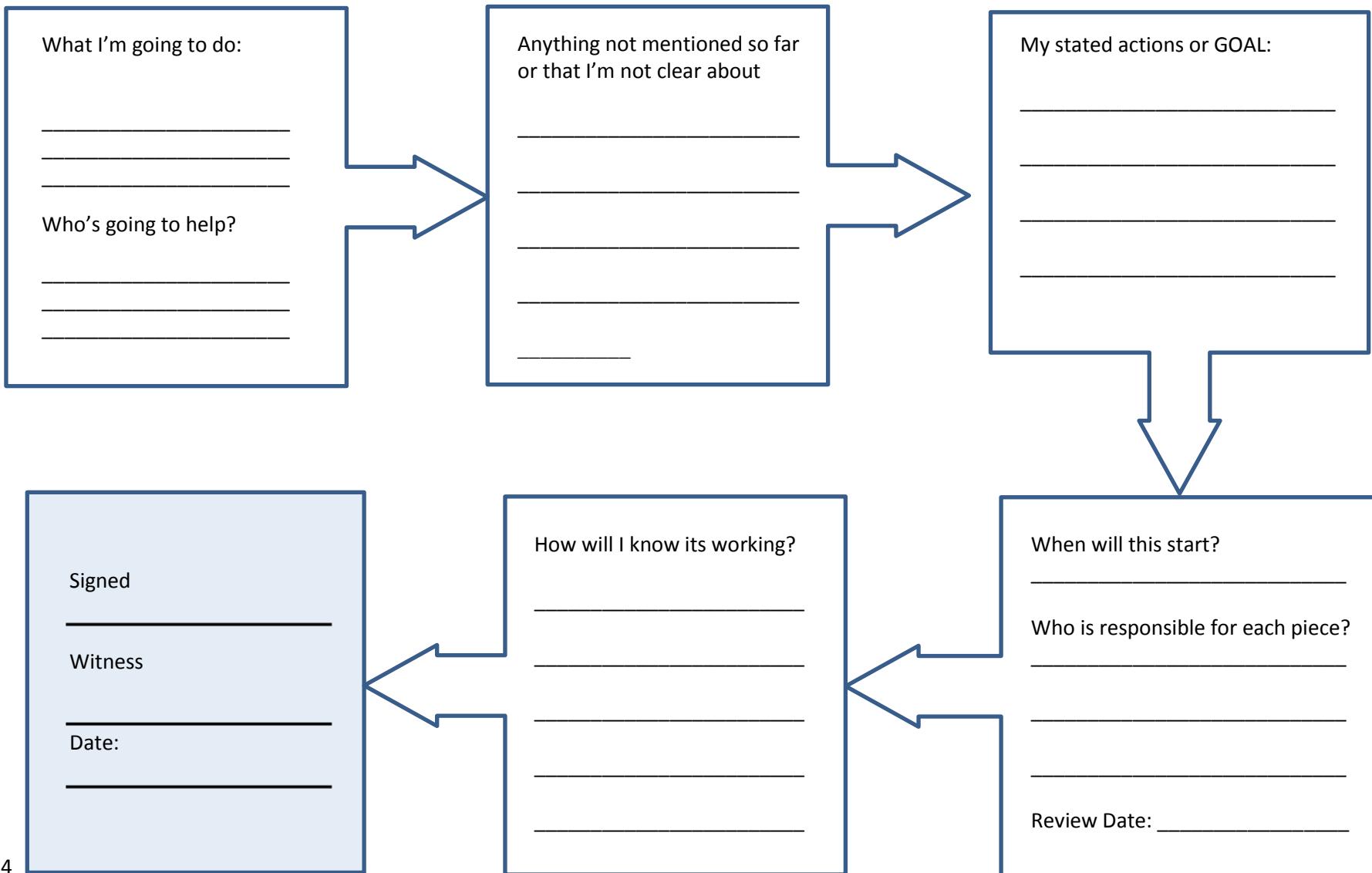
Worksheet 3b: Getting Specific, Part 1

Trigger: _____



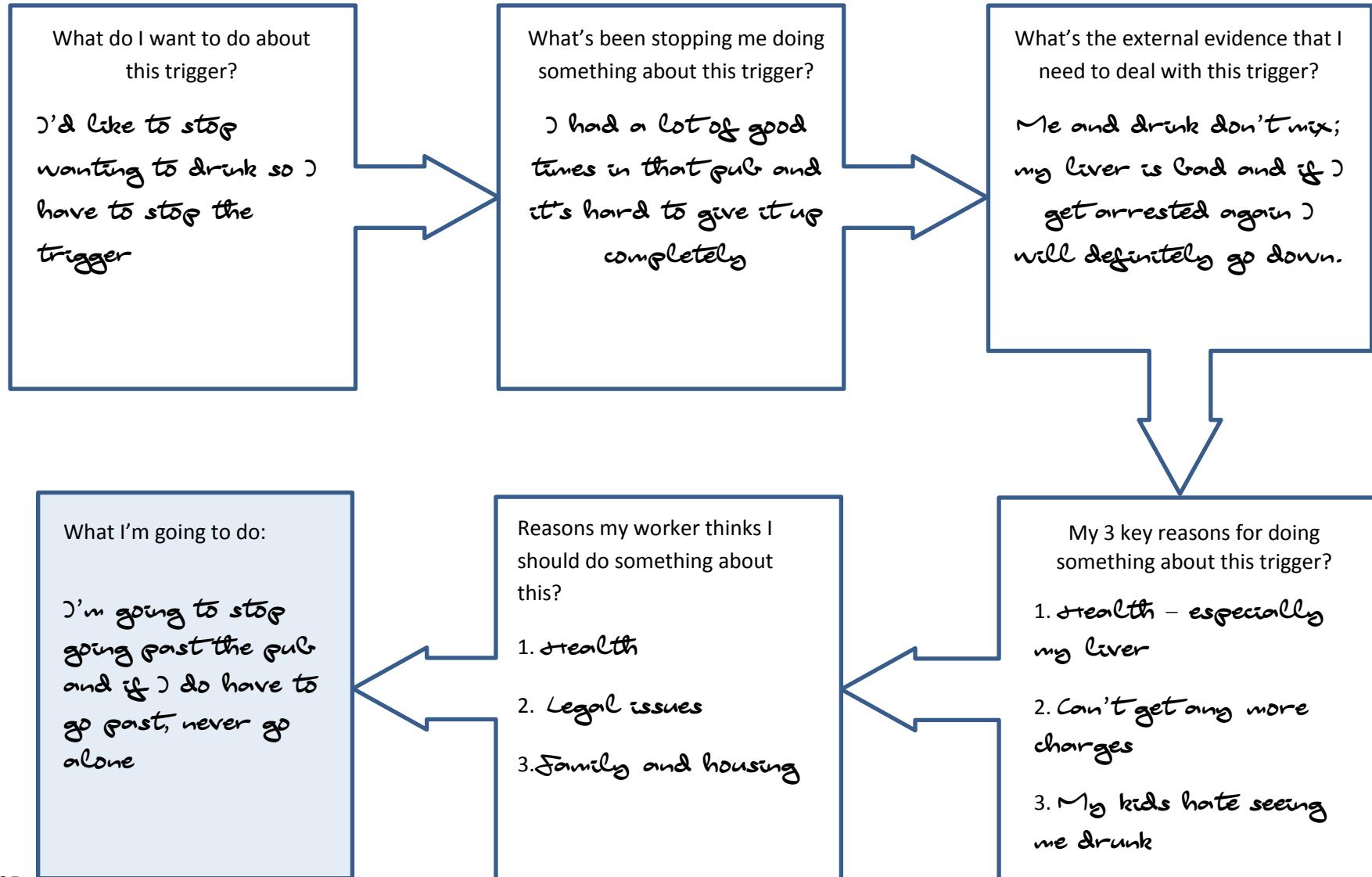
Worksheet 3b: Getting Specific, Part 2

Trigger: _____



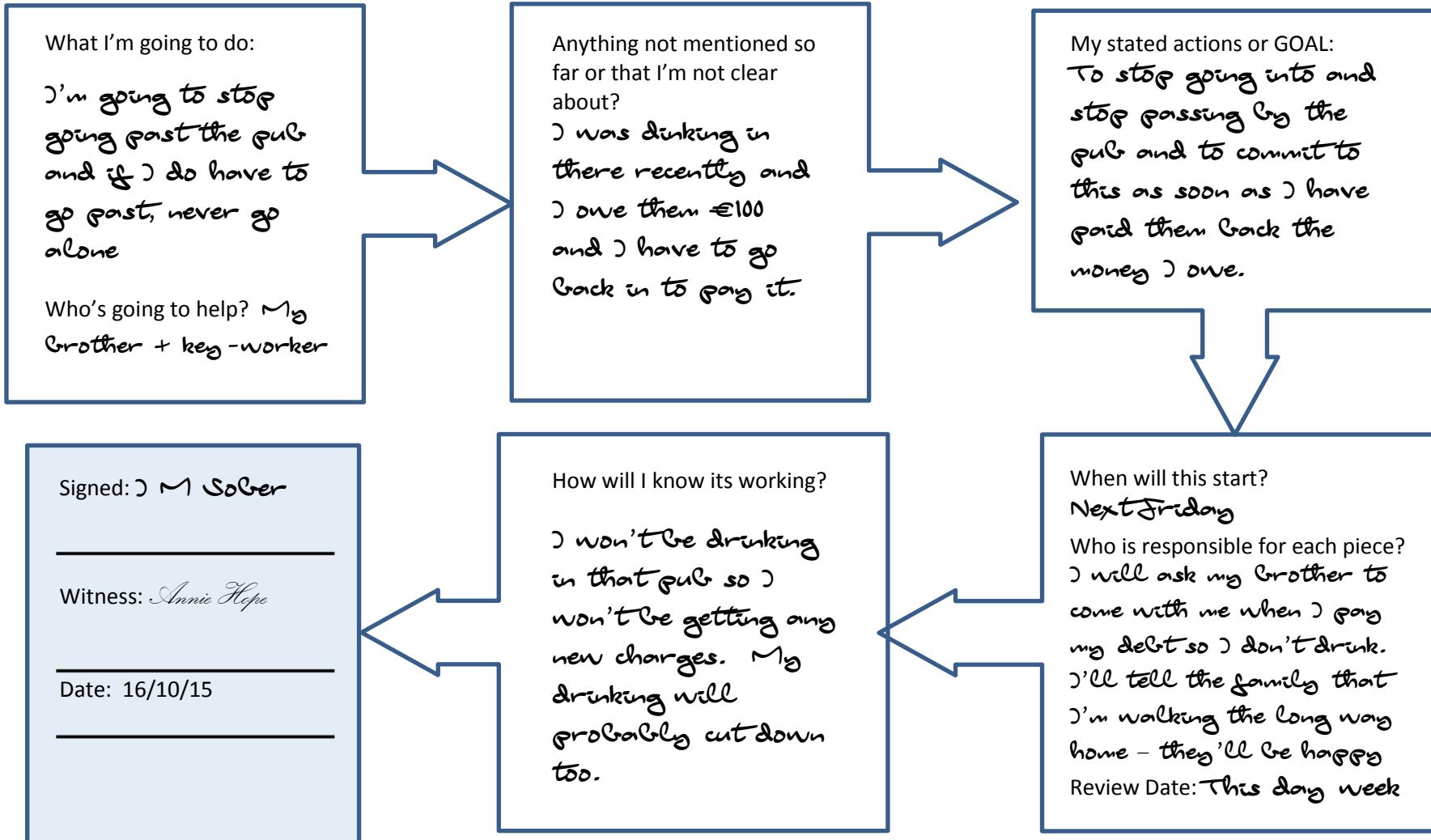
Worksheet 3b: Getting Specific, Part 1 - EXAMPLE

Trigger: *Every time I walk past the pub, I want to drink*



Worksheet 3b: Getting Specific, Part 2 EXAMPLE

Trigger: Passing the pub makes me want to drink



A Guide to Worksheets Set 4: “Go on, go on, go on. Ye will, ye will, ye will!”

Aim: To help your client identify, learn and practice refusal skills.

Step 1

Review the drug diary and the safe plan. Leave plenty of time to explore patterns and events; and compare this diary/safe plan to previous ones.

Review the plan that was set at the last meeting. How are things progressing? What's going well? What are the difficulties? Note the difficulties that were expected and explore their severity. Affirm and positively re-frame where possible. Re-negotiate the plan if it is proving unrealistic but be aware that any change is difficult and difficulty does not always mean that the plan is not working.

Worksheet 4a is an action/goal review sheet. This may be useful at this time but can also be used on the stated review date. If there is a major change to be made to the plan it will be more helpful to fill out worksheets 3b (parts 1 and 2) anew.

Step 2

It can be hard to imagine saying no and we are not born with naturally-occurring refusal skills. Therefore, it is important that we help people to skill-up in relation to saying ‘no’. Often participants will find it difficult to imagine refusing substances/behaviours. To work through this, invite them to think about any situation from the past when they refused a substance or behaviour; even if a practical example is difficult to remember, ask them if they have used drugs or gambled (etc.) every time they had a craving to do so? Saying ‘no’ is a skill within us all, many of us just don’t use it enough!

Handout 4a offers 8 examples of such skills using the mnemonic ‘REFUSING’. If you have a more useful list of refusal skills, please use it. Discuss each skill and work out what it would sound like and which situations/people it will work better with; some of the following won’t suit the participant and it is important that this is named and respected.

- **Reading the environment:** Encourage the participant to be more aware of new environments they are walking into and to start planning their escape straight away.
- **Excuses:** Develop a list of excuses that they can use in different situations. Worksheet 4c can help here or this sheet can be given to the participant to fill in for themselves.
- **Friends:** Name the supportive people they can lean on in particular situations or bring with them when having to go into difficult situations (e.g. family events, weddings, funerals etc.).
- **Using humour:** Discuss the funny replies they might like to use in specific situations or with particular people.
- **Suggesting something else:** How might the suggestion of an alternative action work for them and can they create a list of examples. It is worth noting that alternatives may be time limited and therefore can be used to buy time so that they can create a ‘way out’ of the situation.
- **Ignoring the suggestion:** Pretend you didn’t hear the offer/idea and keep going with the conversation. This again, can buy time and you can be preparing your excuse for the next time the person re-suggests the idea.
- **‘No’:** This can be a difficult word to say and so practice is needed. Role playing all of the above, including saying ‘no’ is a useful practice to try with a participant. Take a

real situation that has already arisen or is very likely to arise and role-play the better scenarios. Always include the example of saying ‘no’ as this can be the most honest and direct skill for the future.

- ‘Go’: Talk over the scenarios where going from the situation might be an effective option. This can be as simple as ‘going to the toilet’ to ‘leaving the event’ or even leaving home and going to another place to stay for that day/night. Some people will find it difficult to imagine going from a situation, so this is worth talking over in-depthly.

Practical application is most helpful, so following this it is useful to explore the need for refusal skills in relation to their current action plans for triggers (that are already changing) and exploring which specific refusal skills will help in particular situations. Role-play and discuss various situations thoroughly until the participant feels more comfortable with their ability to refuse in those situations.

Refusal skills should also follow the SMART mnemonic, they should be specific, measureable, achievable, realistic and timed.

For example, if you decide to ‘Read the Environment’ – what are you reading (specific), what are you looking for (measureable); is it achievable? (can it be done, can I do it); is it realistic? (is it possible for me in that situation?); and timed (how long will I read the situation?)

“When I go to my friend’s home I will check if Johnny and Sarah are there (specific) and if there is drinking happening or talk about drinking happening (measureable). I can do this as I know them well and know the atmosphere that will lead to drink (achievable). It will be hard for me to leave the situation (realistic), but I will have an excuse ready and just go. This will have to happen in the first few minutes (time-aware/realistic) otherwise I won’t get away”.

A ‘senses’ response to each of the skills can also be helpful. How will it sound, feel, smell when I implement these skills? What will I hear and how will I respond? What will I see and how will that impact on me? Often we can talk through the process without connecting with the reality of what we are asking from ourselves. By deepening our awareness of the immediate aftermath of implementing a refusal skill, we can strengthen our chances that it will work. Worksheet 4d may help worker and participant to explore this more deeply.

When you have completed this discussion, ask for a commitment from the participant to try out the skills and report back on their successes the next time you meet. This can be included as part of their safe plan.

Step 3:

Sometimes working on issues around change and adjusting substance use related behaviour and other behaviours can focus on the negative or become ‘burdensome’. Taking a little time to record the things that are ok with life, the things that I am happy with and thankful for can be a great way of lifting a person and reminding them that, although they are changing something really big in their life, they still have a few good things around! They might lose sight of them every now and then, but that doesn’t mean that they are not there.

It is also true that people can have a tendency to want for something big to happen before they notice or are grateful for the smaller things in their lives. If we miss the smaller things in life, we will miss the smaller things in change and recovery. Getting used to noticing them can be very helpful.

Worksheet 4d ‘What I’m thankful for’ is a way for you to introduce positive talk and write down things that the participant is grateful for under the headings:

- The people I love
- People who have helped me
- Positive things about my health and body
- My strengths
- The things I love to do

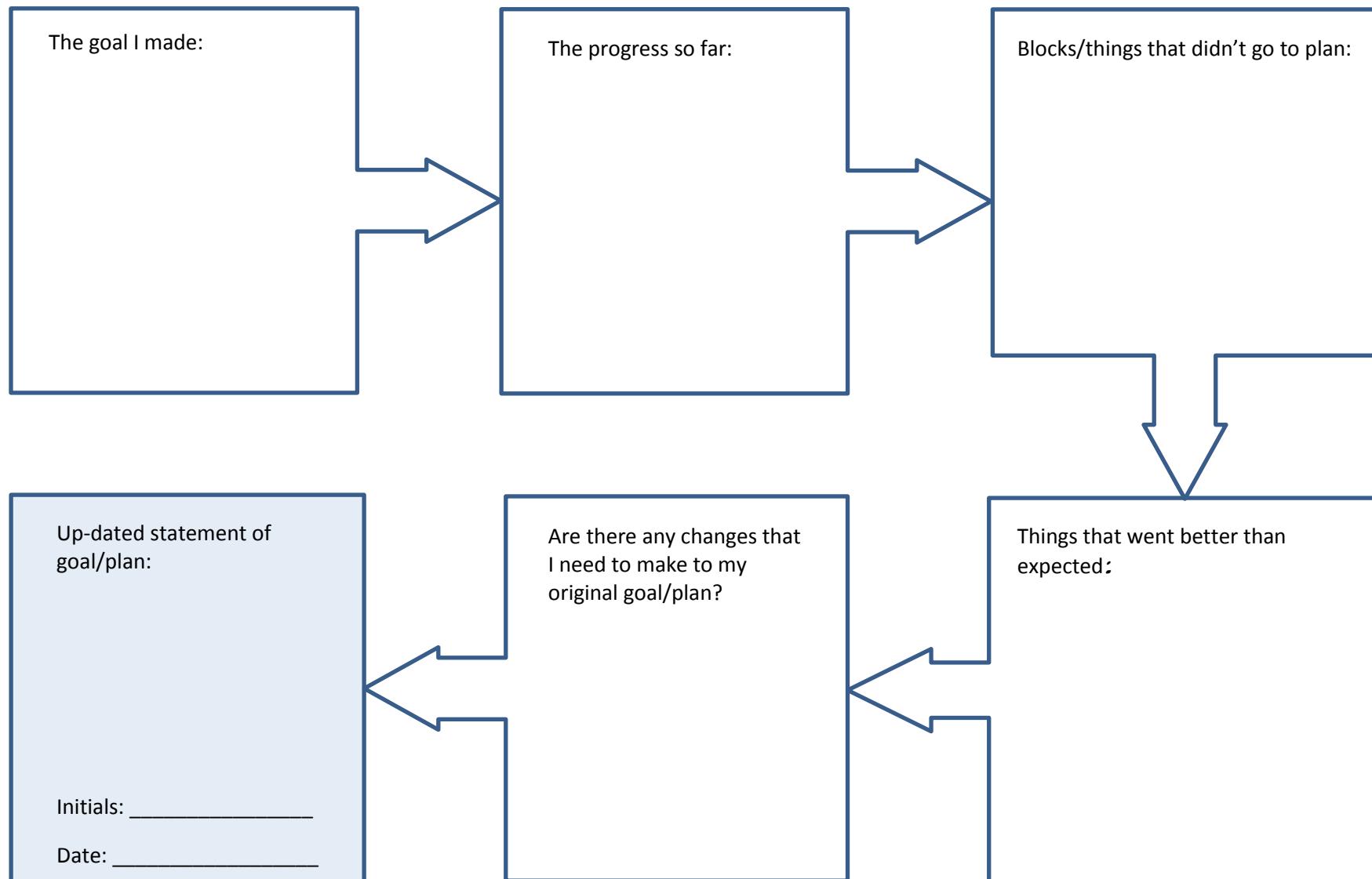
This sheet might look at little bare at the start but can be something that can be added to throughout your work together. Or, for those who are able to fill it out easily, it can be something that is attended to anew each week.

It is worth noting that when a participant is able to easily fill-in a sheet like this they are likely to have a higher degree of self-efficacy and hope. When sheets like this get filled in without resistance you know you should be exploring action plans.

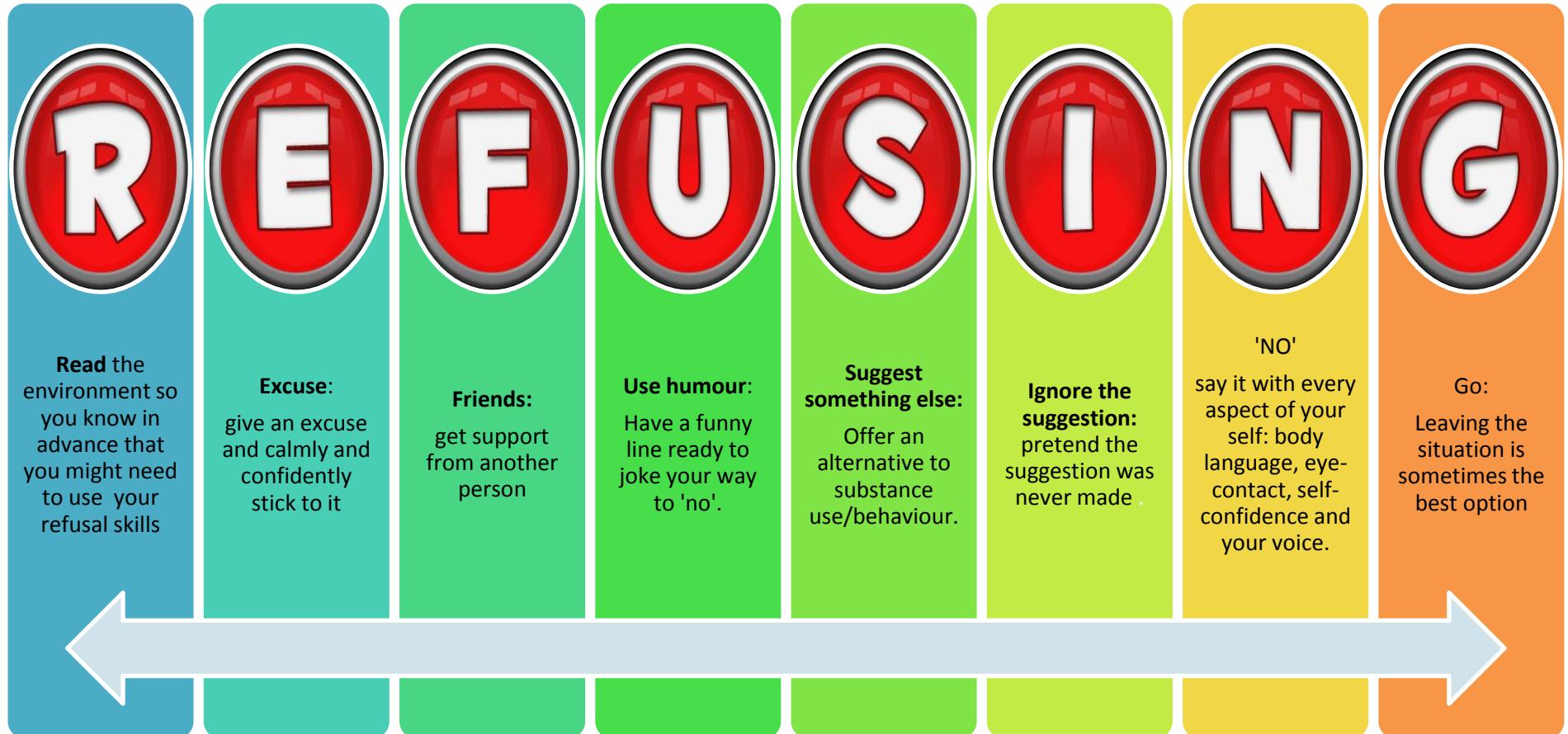
Step 4:

Complete the Safe Plan and then ask the participant what the most important thing is that they are taking away from the session. This can help to ground the session for the participant and keep the work solution-focused and positive.

Worksheet 4a: Progress Review



Handout 4a: Refusal Skills



Worksheet 4b: Refusal Skills

	Refusal Skill	How, who with and where I might use it:
R	Reading the environment	
E	Excuse	
F	Friends	
U	Using humour	
S	Suggesting an alternative idea	
I	Ignoring	
N	'No' – confidently saying no	
G	'Go' – leaving the situation	

Worksheet 4b: Refusal Skills - Example

	Refusal Skill	How, who with and where I might use it:
R	Reading the environment	Whenever I go home I have to read the atmosphere to see whether drink is about to be brought out.
E	Excuse	With my best friend - they don't get it that I'm not drinking at the moment.
F	Friends	If my partner is around I know I've someone to back me up
U	Using humour	'My kids will kill me if I drink. They've saved up their pocket money to buy a big knife with my name engraved on the blade.'
S	Suggesting an alternative idea	I need to eat. Will we eat first and then decide what we'll do?
I	Ignoring	I could do this with my mother and just share the local gossip. She'd have forgotten she'd mentioned drink for at least 10 minutes.
N	'No' – confidently saying no	Some of the dealers would leave you alone if you said 'no' clearly and confidently and kept walking.
G	'Go' – leaving the situation	Sometimes at home I just have to go upstairs and not be around the rest of them.

Worksheet 4c: My Favourite Excuses when saying 'No'.

1

2

3

4

5

6

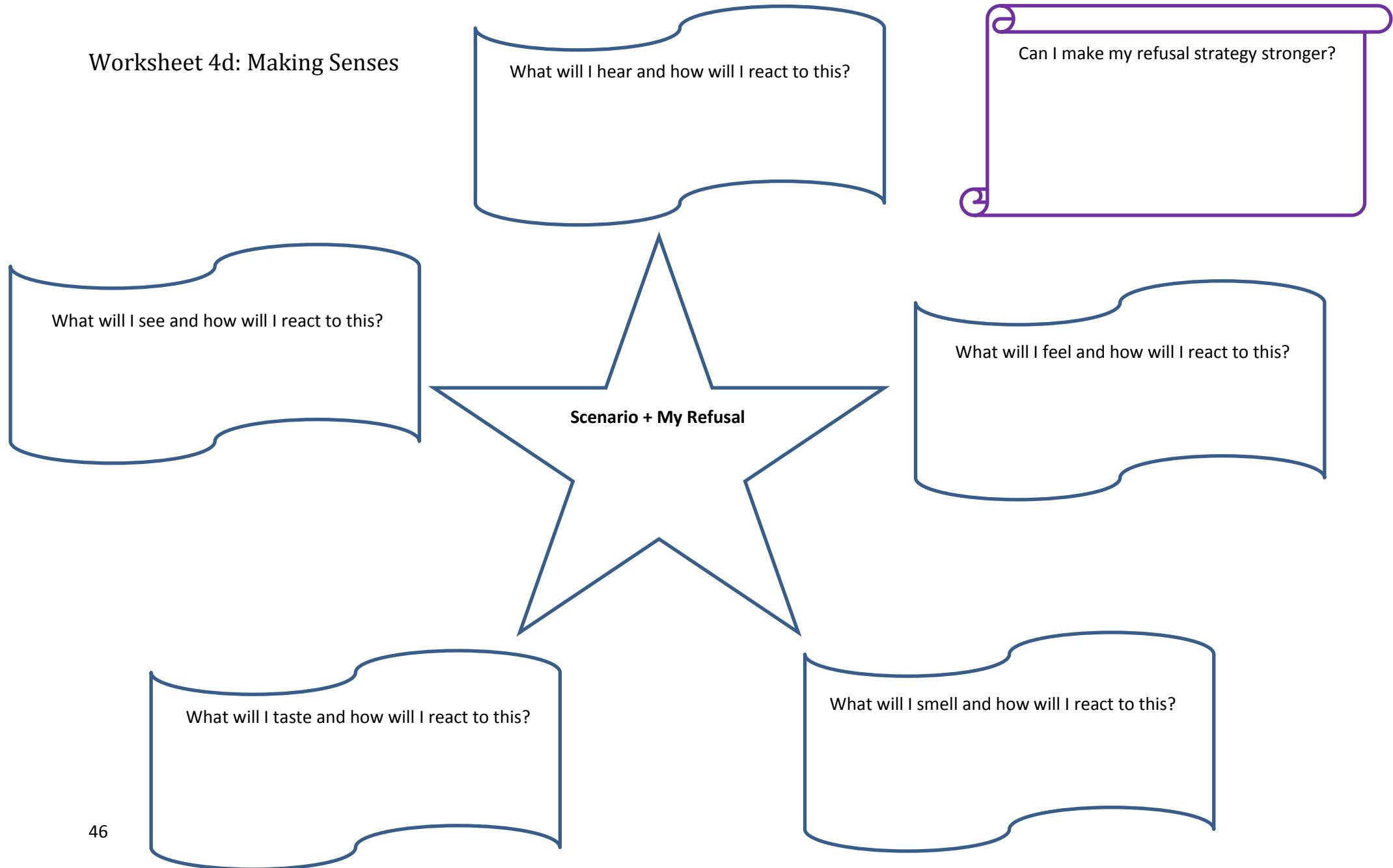
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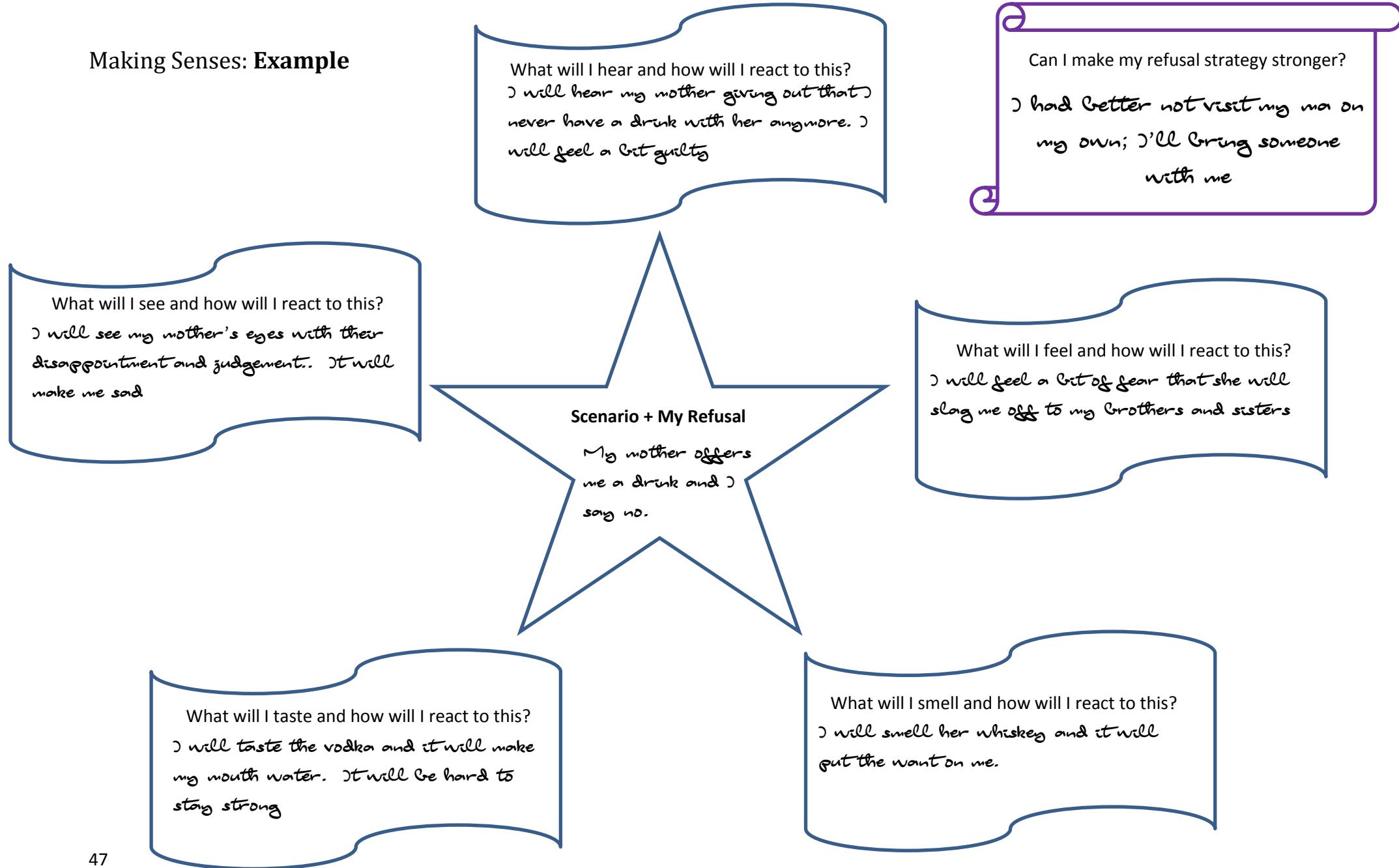
Worksheet 4c: My Favourite Excuses when saying 'No'. Example

- 1** My auntie is going to take the kids for a few days and if she sniffs any hint of drink or drugs she won't take them - and you know her, she's a nose like an elephant
- 2** I've a meeting with the social welfare officer/ I'm on my way to the doctor/probation officer
- 3** No thanks, I'm going to an ~~NS~~ meeting in 5 minutes
- 4** I can't today because I'm fasting for a blood test in the morning
- 5** The school just called me, I'm in a hurry, I'll talk to you later
- 6** I'm going to the clinic to give a urine, I can't do anything
- 7** I'm going to work; I can't be late again/ I can't stop, my bus is due.
- 8** I'm on antibiotics, I can't mix anything with them/ I took antabuse, there's no point

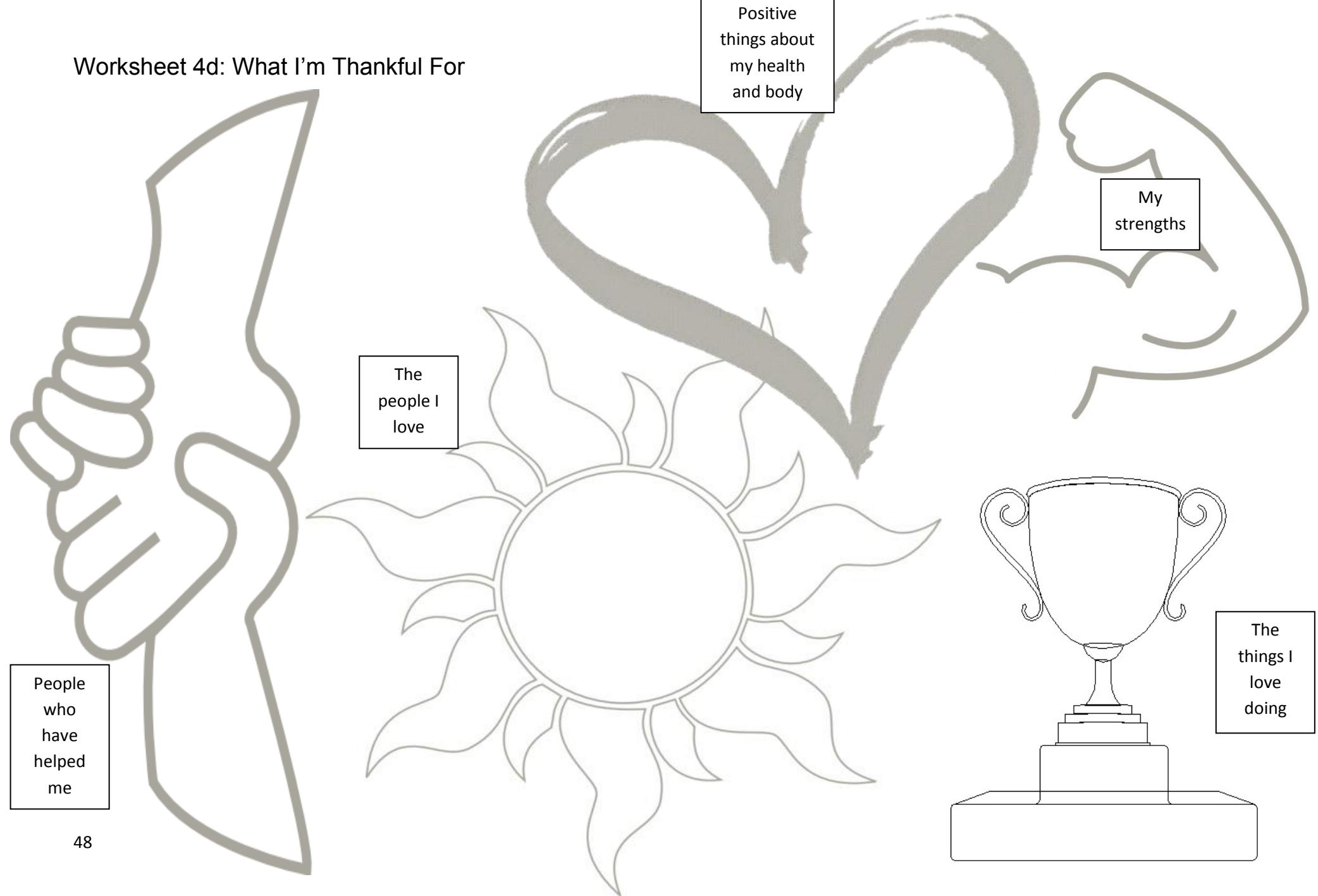
Worksheet 4d: Making Senses



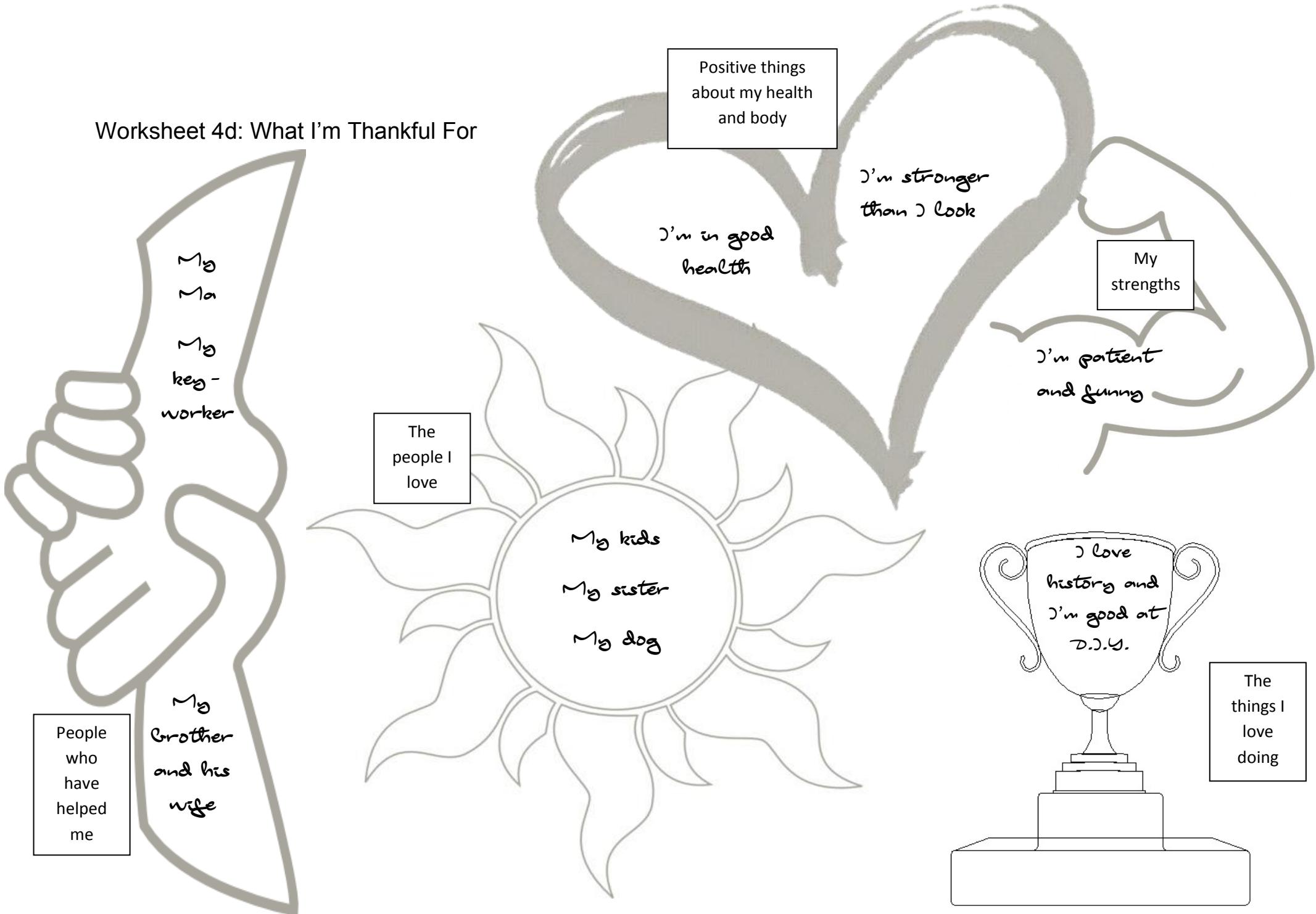
Making Senses: Example



Worksheet 4d: What I'm Thankful For



Worksheet 4d: What I'm Thankful For



A Guide to Worksheets Set 5: “I just can't get you out of my head”

Aim: To help worker and participant identify, learn and manage cravings.

Step 1:

Review the drug diary and the safe plan. Leave plenty of time to explore patterns and events; and compare this diary/safe plan to previous ones. Check-in that the strategy to cope with triggers and change behaviour is still going to plan

Review ‘Refusal Skills’ session and how they have worked/not worked since your last meeting. Affirm successes and encourage adjustments where appropriate. You should expect mixed results. It is very difficult for people to introduce new behaviours, particularly for refusing things that part of you might still consider to be pleasant. So affirm, encourage and build on any positive examples that are offered but do not react negatively if the refusal skills were not implemented. Today offers another chance for implementation!

Step 2:

Cravings are a really annoying part of recovery. They leap out of ‘nowhere’ and demand that you park all plans and return to old ways of behaving. They are normal. Everyone (even people without ‘addiction issues’ get them). They have a logic all of their own and that logic makes sense only in the moment that they have your attention. They gnaw at your resolve and insist that you are hungry and thirsty and need the old ways and show you the picture of how everything was good when ‘you used to’ and paint pictures of glorious ‘will be agains’. Cravings shout loudly, grabbing your attention and making you feel like the only answer is to do as they demand and use or drink or gamble your way back to peace.

However, the thing about cravings is that while they are intense they are also completely manageable. Like annoying people with whom you have to practice your refusal skills, cravings are annoying thoughts, triggered by something that is recognisable (although you might not be able to see it until after you have dealt with your craving) that requires the use of skill and planning in order to see them off.

Cravings feed off indecision. If you have not really decided to change your behaviour, then cravings will have a much easier time of convincing you to return to old behaviours. They don’t last as long as you think they will. But they will last longer than you hoped, especially if you give space to unhelpful thinking.

Person-specific cues create more intense cravings and persist longer than substance-specific cues; therefore, if you know about your triggers, you will be better placed to respond to your cravings.

NB: un-dealt-with craving will increase the odds of relapse.

Discuss worksheet 5a ‘Know your Cravings’ and apply it directly to their situation (linking back to worksheet 2a can be very helpful here). Then explore the 4D Model:

- **D-Lay (Delay):** even as the cravings are demanding attention, can you delay any substance use/behaviour for the time being? Even a delay of 5 minutes can allow ‘normal thought’ to resume.
- **D-Straction (Distraction):** are there things that can be done that will distract me from my thoughts? Doing a household chore, playing a game, watching a news bulletin, going to the shop (while avoiding trigger places) can all help.

- **D-Scuss** (Discuss): will talking it over help? Or just talking to somebody about something else? Creating a list of people/services that a participant can talk to will be useful; this needs to be day and time relevant so that late night and weekend times have options too.
- **D-Cide** (Decide): after time has passed; after being distracted and speaking to someone, then decide whether you still want to respond to the craving. In many cases, the craving will have passed and the issue is now gone. The decision not to respond to the craving will feel very good and will boost self-efficacy. This, hopefully, will strengthen the participant for the next cravings episode.

Worksheet 5b is designed to help the participant to record craving events. It will be helpful to go through this sheet with the participant and then give them a number of copies to them so that they can write down any craving occurrences that happen in between your sessions.

The reason for the information on the sheet is as follows:

1. Date: So that you can compare when cravings happen and look for patterns.
2. Event Title: So that we can see if the same/similar environments trigger cravings.
3. Time/duration: So that we can record intensity and duration as cravings don't last as long as we often imagine.
4. Thoughts: By recording the thoughts that were running around our heads during cravings, we can develop more accurate strategies for managing them when/if they re-occur.
5. Body sensations: So that we can identify physical withdrawals, psychological withdrawals and/or feelings/emotions that are registering in our body during cravings.

Step 3:

Complete the Safe Plan applying the use of what has just been discussed about cravings to the week ahead. Will this 'new' knowledge about cravings help strengthen personal goal-achievement in any way? If so, help apply it to the plans already in operation.

Invite them to look at their 'What I'm grateful for' sheet and see if there is anything new to add or if they are particularly thankful for this week.

Ask the participant what the most important thing is that they are taking away from the session. Be prepared to share a positive learning you are taking away from the session too.

Worksheet 5a: KNOW YOUR CRAVINGS

CRAVINGS ARE NORMAL: THEY COME AND GO AND ARE TRIGGERED BY OUR TRIGGERS (PEOPLE, PLACES, THINGS AND FEELINGS).

THEY CAN BE PHYSICAL (SENSATIONS IN THE BODY, ACHES AND PAINS) AND

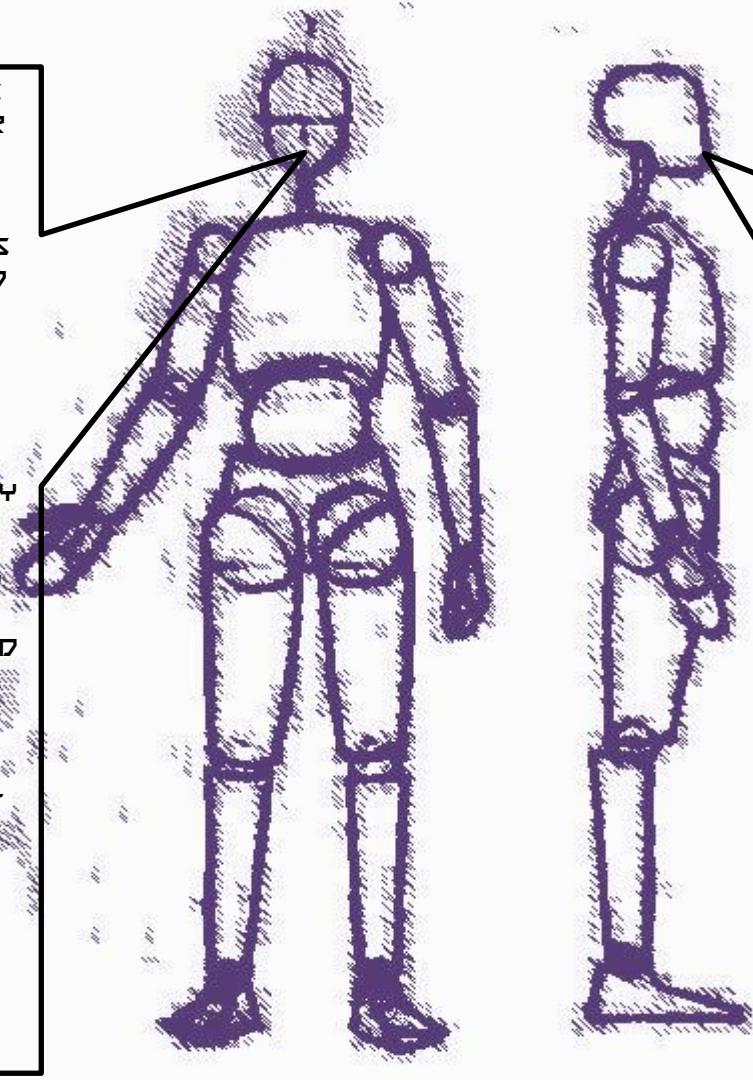
THEY CAN BE PSYCHOLOGICAL (THOUGHTS, DREAMS, FALSE IDEAS). USUALLY IT IS OUR THOUGHTS THAT DRIVE OUR CRAVINGS.

SO IF I CAN CHANGE MY THOUGHTS, MY CRAVINGS WILL ERASE AND GO.

THEY ARE PERSON-SPECIFIC (LINKED SPECIFICALLY TO ME) AND DRUG-SPECIFIC/BEHAVIOUR-SPECIFIC (LINKED TO THE SUBSTANCE OR BEHAVIOUR).

THE PERSON-SPECIFIC ONES ARE HARDER TO MANAGE. THE PEOPLE, PLACES, THINGS AND FEELINGS THAT CREATE MOST OF MY CRAVINGS ARE SPECIFIC TO ME AND THEREFORE, I HAVE TO FIND MY WAY OF CONQUERING THOSE CRAVINGS.

OUR 4D MODEL MIGHT HELP.



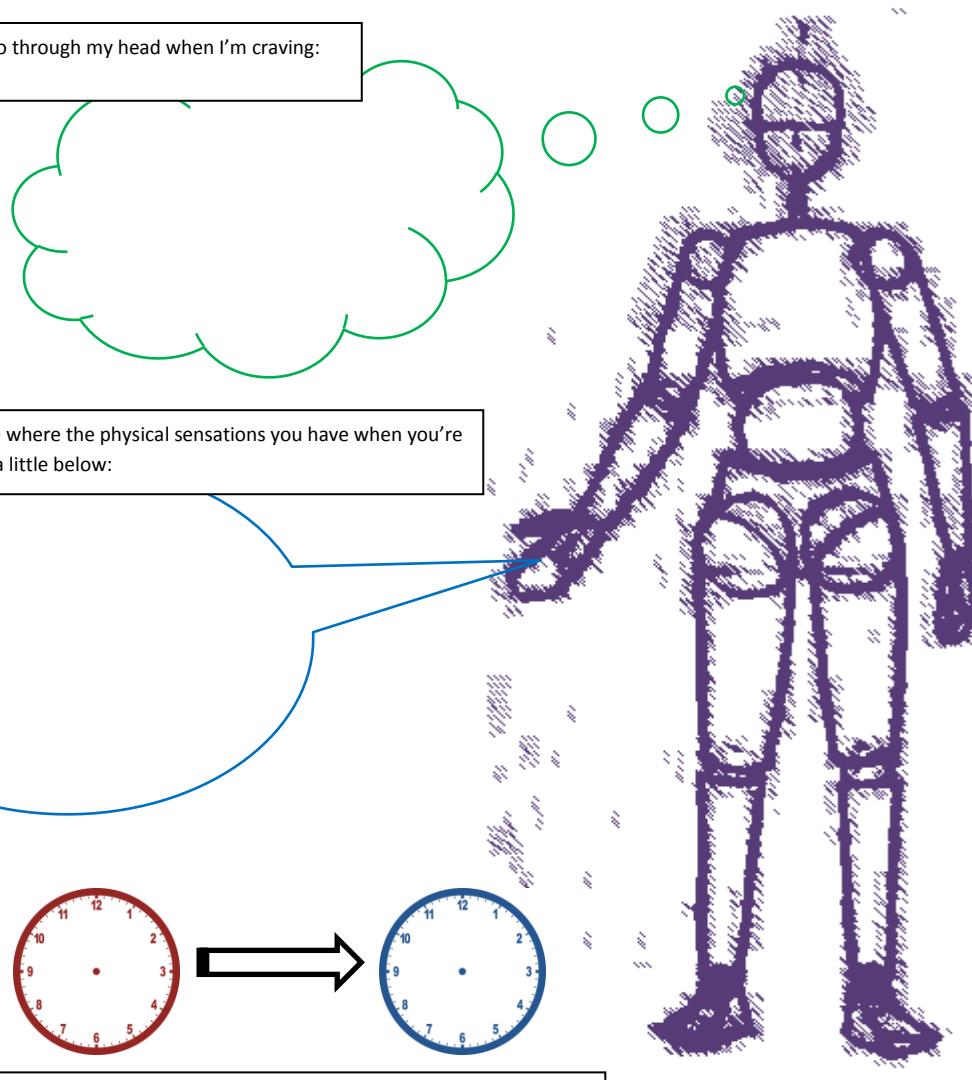
THE LOGICAL WAY TO DEAL WITH CRAVINGS IS TO GO 4D:

1. **D-LAY** – PUT A TIME DELAY ON TAKING THE SUBSTANCE OR DOING THE BEHAVIOUR.
2. **D-STRACKTION** – FIND SOMETHING TO DISTRACT YOU FROM THE CRAVING.
3. **D-DICUSS** – TALK THINGS OVER WITH SOMEONE OR IF SOMEONE ISN'T AVAILABLE, WRITE IN YOUR SUBSTANCE USE/BEHAVIOUR DIARY.
4. **D-CIDE** – THEN MAKE YOUR MIND UP ABOUT WHAT YOU ARE GOING TO DO.

Worksheet 5b: Cravings Record Sheet

Date _____ Craving Event Title: _____

Thoughts that go through my head when I'm craving:



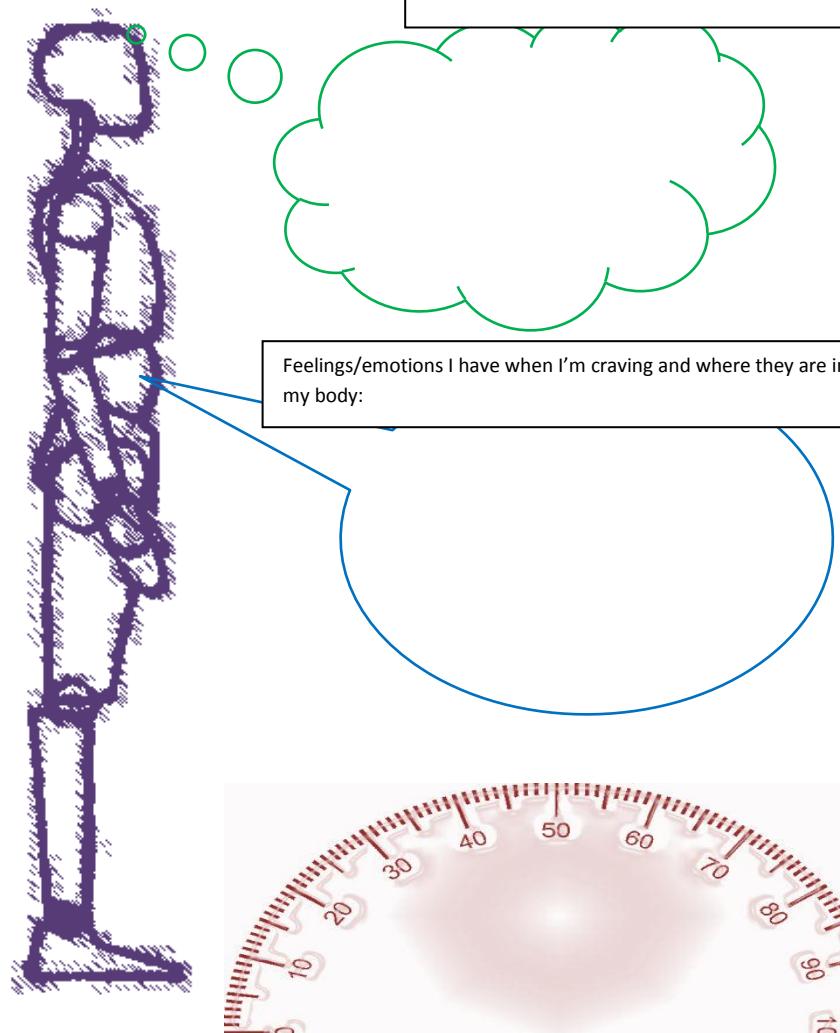
Mark on the figure where the physical sensations you have when you're craving and write a little below:



AM Time cravings start and time cravings stop

PM

Thoughts that go through my head when I'm craving:



Feelings/emotions I have when I'm craving and where they are in my body:



On the scale of 0-100, how bad were the cravings? And write a little on why you gave marked that number

Date: Today Craving Event Title: afternoon blues

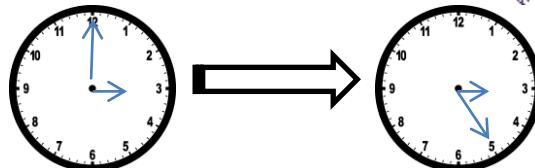
Worksheet 5b: Craving Record Sheet - Example

Thoughts that go through my head when I'm craving:

I really need a drink;
I am so thirsty and
just one drink will
make me feel normal

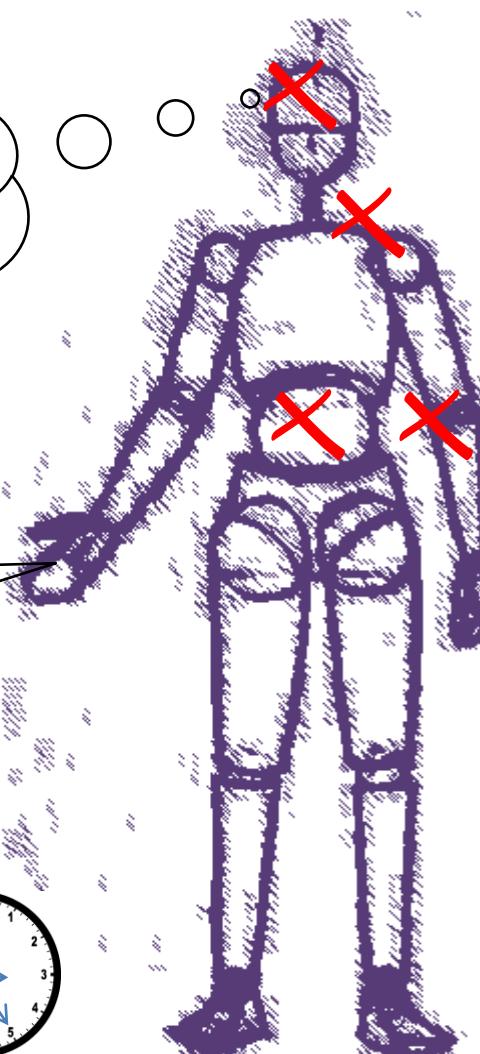
Mark on the figure where the physical sensations you have when you're craving and write a little below:

The pains in my joints
are mad - it must be
from withdrawals; and
I have a headache.



AM Time cravings start and time cravings stop

PM

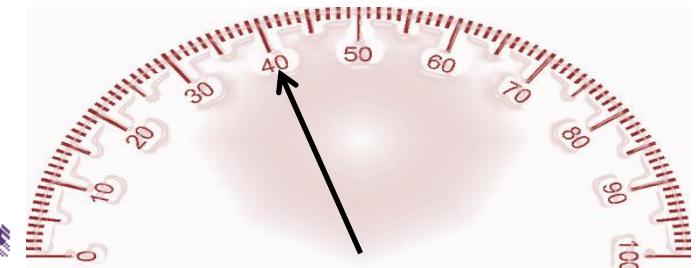


Thoughts that go through my head when I'm craving:

I'll never get a proper
sleep unless I have a
smoke; why am I so weak
that I can't stay away
from stuff?

Feelings/emotions I have when I'm craving and where they are in
my body:

and my stomach is all
nervous like I'm facing a
fight or I'm going to get
beaten up and my heart
beats faster than ever.



On the scale of 0-100, how bad were the cravings? And write a little on why you
gave marked that number:

It's only 40. I thought it would be higher - it was
higher in my head before I wrote it down.

A Guide to Worksheets Set 6: “Alert status, condition yellow, DEFCON 3, status considered fluid”

Aim: To help worker and participant identify personal warning signs for relapsing and have plans ready to help cope with them should they appear.

Step 1:

Review the drug diary and the safe plan. Leave plenty of time to explore patterns and events; and compare this diary/safe plan to previous ones. Check-in that the strategy to cope with triggers and change behaviour is still going to plan

Review ‘Refusal Skills’ and ‘Cravings’ and learn how they have worked/not worked since your last meeting. Affirm successes and encourage adjustments where appropriate.

Step 2:

Talk over together worksheet 6a, ‘Warning signs’. This sheet is designed as a way of exploring the particular signs that ‘relapse’ is happening. The examples on the worksheet have been deliberately phrased with the negative ‘losing’ and include:

- Losing meetings/ supports: Signs include not attending key-working session; not keeping appointments; avoiding Fellowship meetings or other sessions associated with ‘recovery’ work.
- Losing the ability to tell the truth/ to see the truth: signs include telling lies; anger when challenged; denial when presented with obvious truths.
- Losing hope: A general ‘what’s the point’ approach to recovery and staying away from substances/behaviours.
- Losing patience and tolerance: Not only in recovery but in the ‘other things’ that prompted the action plan in the first place. Small things start to frustrate you.
- Losing good friendships: The supports that began to develop seem to be drifting away and the people who should not be around seem to be re-appearing.
- Losing healthy behaviours/attitudes: General well-being is falling; appearance is poorer with presentation of self being less important; healthy eating and healthy activities all are diminishing; the eyes are looking less focused.
- Losing good physical health: There is practical evidence of illness and poorer health with health issues relating to substance use and other behaviours re-occurring e.g. coughs, stomach problems, acne, bruising, track marks etc.

When you have sufficiently examined these, ask the participant to fill in their own particular list (worksheet 6b).

When this list is complete give ample time for the participant to explain what each sign is and how you can recognise its presence for them. The more detail given and connection gained with the warning signs by the participant will result in more self-awareness and the more realistic plans for countering these dangerous signs.

When you have talked through this Worksheet, invite the participant to answer the questions on Worksheet 6c. The example sheet uses the examples from the worksheet, but this will work best if the participant creates the responses to their particular ‘warning signs’.

The participant does not have to fill the whole sheet; neither do they have to be limited to one sheet.

However, once complete, it is important that the safety responses are enacted. This may include:

- Discussing the sheet with the main support person
- Filling-in permission forms should ‘release of information’ actions be needed.
- Clarifications on what is meant by certain answers from the participant. These clarification should be noted by you, formally recorded and signed by both you and the participant at the next session if these actions are agreed as a ‘relapse prevention plan’.

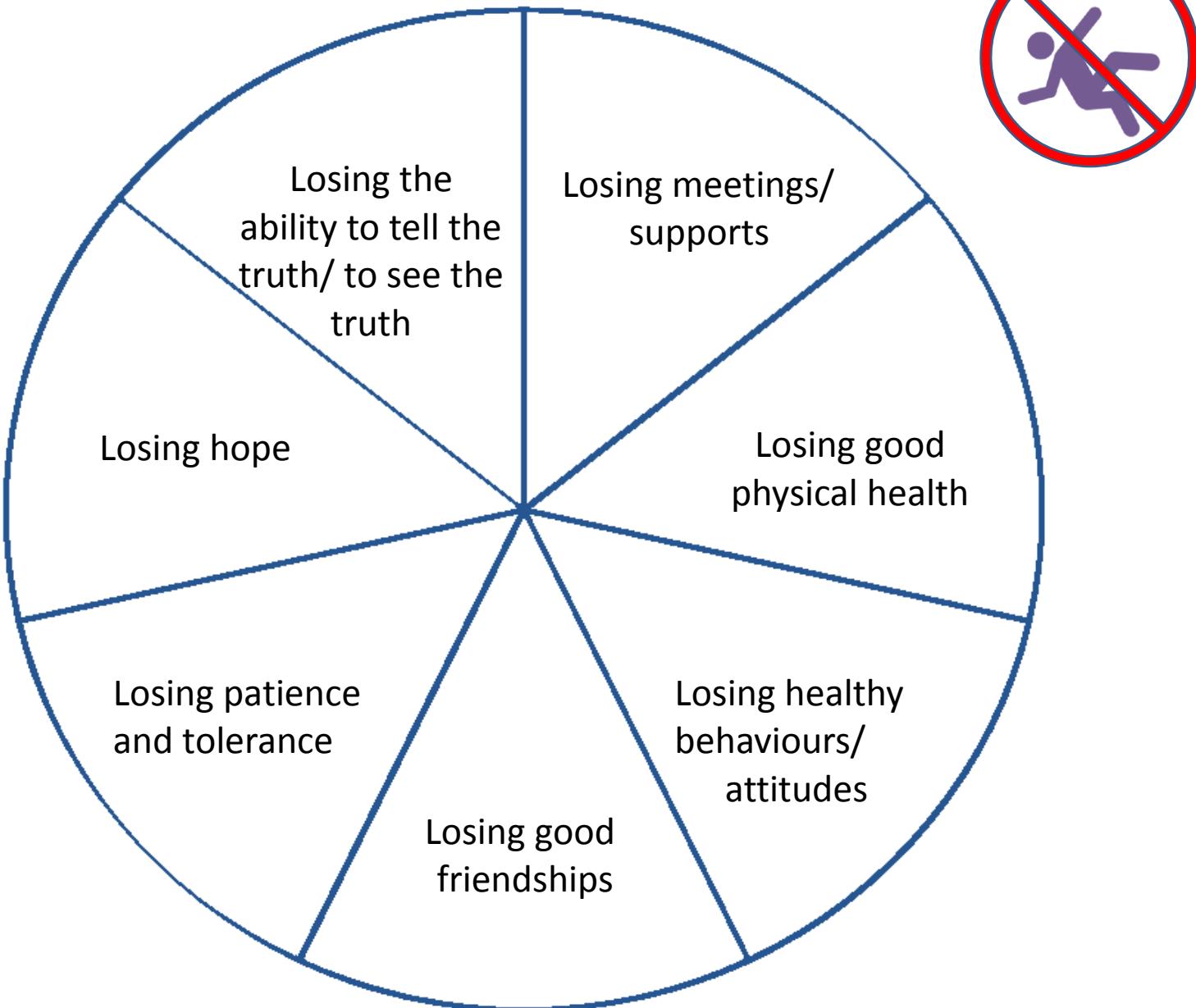
Step 3:

Complete the Safe Plan applying the use of what has just been discussed about warning signs to the week ahead. Will this ‘new’ knowledge about warning signs help strengthen personal goal-achievement in any way? If so, help apply it to the plans already in operation.

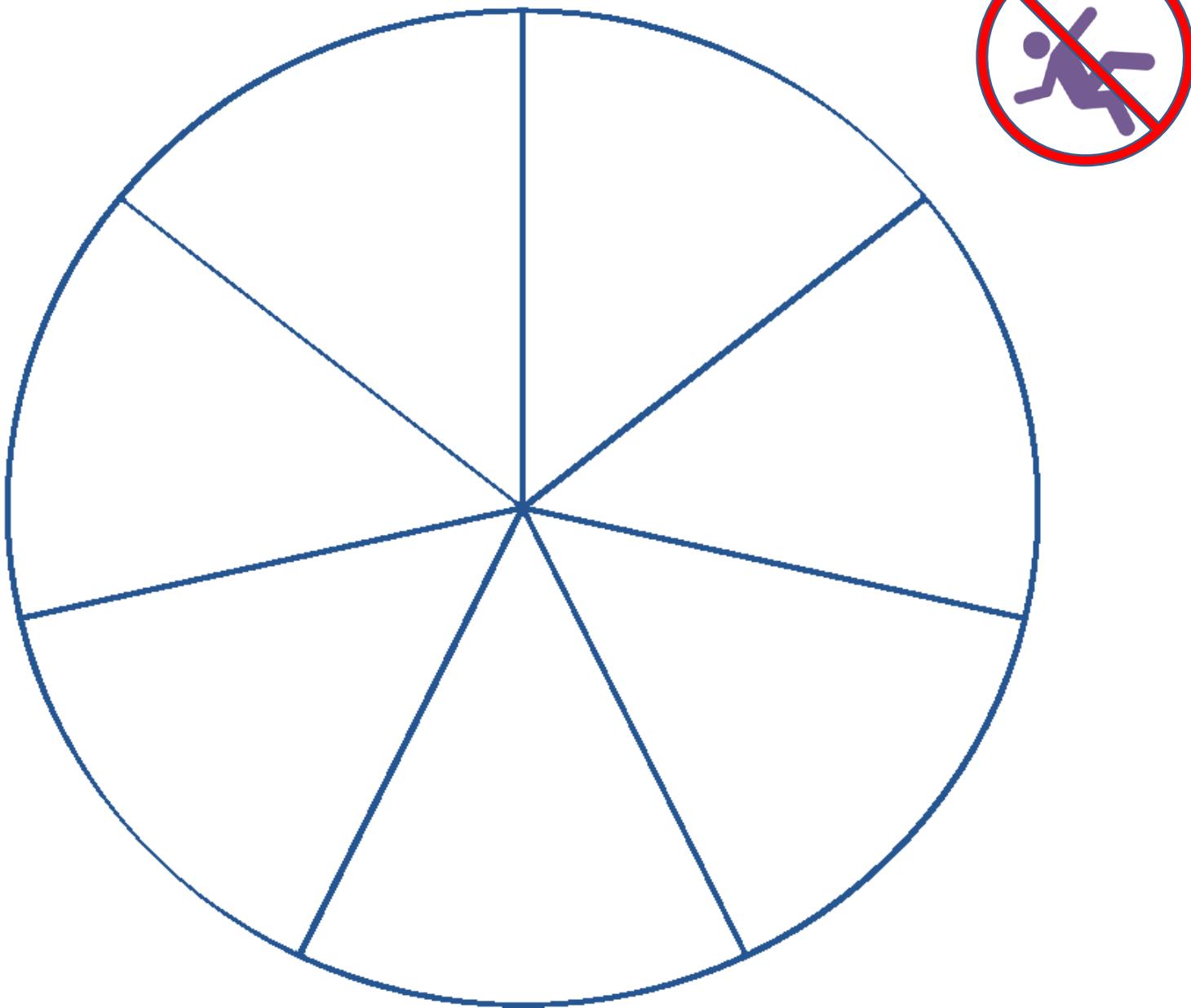
Invite them to look at their ‘What I’m grateful for’ sheet and see if there is anything new to add or if they are particularly thankful for this week.

Ask the participant what the most important thing is that they are taking away from the session. Be prepared to share a positive learning you are taking away from the session too.

Worksheet 6a: Warning Signs



Worksheet 6b: Your Warning Signs



Worksheet 6c: If one of the warning signs appears, what's to be done?

If this warning sign appears:	What am I going to do	What's my key-worker to do? (especially if I don't admit it's happening)	What's my main support (name: -----) to do?

Worksheet 6c: If one of the warning signs appears, what's to be done? Example

If this warning sign appears:	What am I going to do	What's my key-worker to do? (especially if I don't admit it's happening)	What's my main support (name: My Partner) to do?
Stop going to meetings/ support sessions	Go to a meeting that day even though I mightn't want to	Ring my other support workers and help re-arrange sessions	Remind me to go and maybe even go with me
Lose patience and tolerance	Stop losing my temper and do my mindfulness exercises	Help me to see that I'm losing patience too quickly	Challenge me especially if I'm losing patience with the kids too quickly
Lose good friends and old friends start reappearing	Ring old friends and ask them to help	Challenge me	Give me hell over the old friends being around
Lose the truth or start telling lies about things	Tell my counsellor the truth	Not listen to my lies and keep asking for the truth	Look at my eyes and then they'll know
Stop my healthy behaviours and start having unhealthy attitudes	Re-start them and cop myself on	Name them all out loud so there is no doubt about them	Give me a deadline
Losing physical health	Go to GP and get a check up	Get in touch with my doctor (I will sign permission form now)	Remind me how bad it got before
Losing hope	Go out for a day with my kids	Get some people who have done this to talk to me	Do something happy with me

A Guide to Worksheets Set 7: Progress Review

Aim: To help worker and participant identify what's going well so far and what else needs to be addressed.

Step 1:

Review the drug diary and the safe plan. Leave plenty of time to explore patterns and events; and compare this diary/safe plan to previous ones. Check-in that the strategy to cope with triggers and change behaviour is still going to plan

Review 'Refusal Skills', 'Cravings' and 'Relapse Warning signs' and talk over how this work has helped/not helped since your last meeting. Affirm successes and encourage adjustments where appropriate.

Step 2:

You may have used the Progress Review sheet (Worksheet 4a) already. This is a useful worksheet for reviewing the action plan(s) implemented so far. If it is timely, ask that this sheet is completed now. Guides to this process can be found in section 4.

It is also useful to evaluate the effectiveness of the work you have been doing together. In order to facilitate this, you can invite the participant to complete Worksheet 7a. A 'mark' is requested for each topic and this is scored out of 10, with lower marks suggesting the session was less helpful and higher marks suggesting the session(s) were more helpful. A comment is then requested to examine the 'mark' in more detail.

This can then be discussed together. It is good for the participant to explain if the topic, worksheets or style of presentation was helpful/ unhelpful. Again, the more detail that can be gained will assist the worker in honing their own skills while also ascertaining the usefulness of these worksheets but also give a summarised overview of where the participant sees themselves at this time. It can be helpful to return to the Wheel of Change (Worksheet 1b) and see how things have shifted.

Step 3:

A review can suggest an ending. If your work together is finished, great. But reviewing is something that should be part of our work with a participant and not only for the end of a process.

Either way, it is always helpful to complete an 'episode' of work with some 'dreaming and scheming' of what is to come next. Worksheet 7b offers a light-hearted image and asks for ideas for the 'next step'. The next step can be addiction-related but may be about anything that will progress their dreams for the future.

Fill out the sheet and then explore which of the ideas might be ready for closer attention. Should plans be required, worksheets 3b parts 1 and 2 will be useful.

Step 4:

Complete the Safe Plan and the 'What I'm grateful for' sheet and see how the week ahead looks.

Ask the participant what the most important thing is that they are taking away from the session. Be prepared to share a positive learning you are taking away from the session too.

Worksheet 7a: Evaluating our work:

Date:

Identifying Problems

Triggers

Planning

Refusal Skills

Cravings

Relapse Warning Signs

Mark out of 10 for usefulness

Comment:

Comment:

Comment:

Comment:

Comment:

Comment:

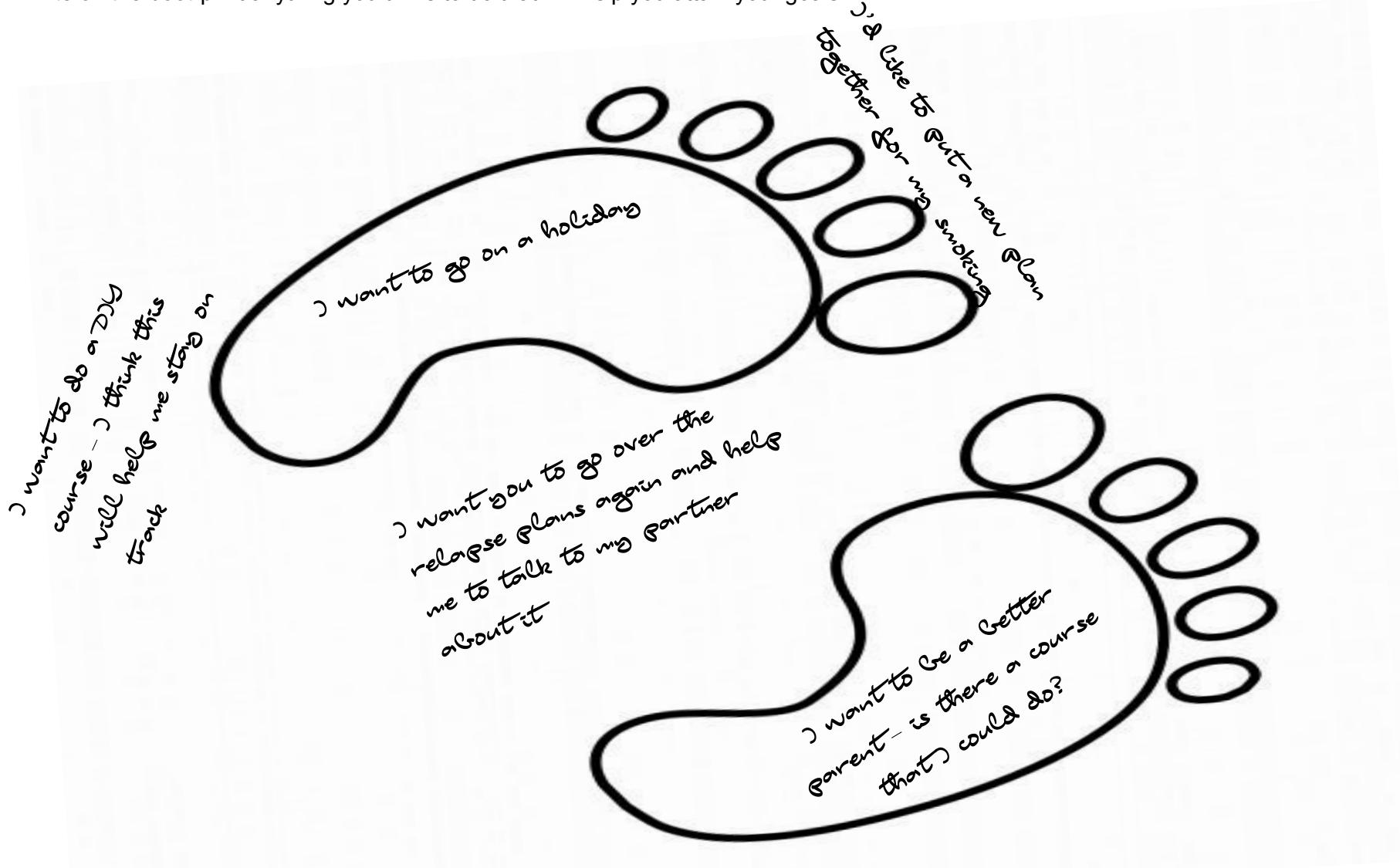
Worksheet 7b: What's the next step?

Write on the footprints anything you'd like to do that will help you attain your goals



Worksheet 7b: What's the next step? EXAMPLE

Write on the boot-print anything you'd like to do that will help you attain your goals



Appendix Worksheet 1: Alcohol Use Diary

Day & Time	Trigger What made me want to drink?	Thoughts and Feelings What was I thinking? What was I feeling?	Behaviour Did I drink? If I didn't, what did I do instead?	Good Consequences What good things happened?	Bad Consequences What bad things happened?

Here are some **risky situation and emotions**. Mark them 1 to 3 as you see fit: 1= not a trigger; 2 = slight trigger; 3 – strong trigger to use.

Risky Situation	1	2	3	Risky Emotions	1	2	3	Add your own particular risky situations/emotions	1	2	3
Being around others				Feeling angry							
Having money worries				Feeling happy							
Being bored				Feeling sad							

Appendix Worksheet 2: Cannabis Use Diary

Day & Time	Trigger What made me want to smoke or take cannabis?	Thoughts and Feelings What was I thinking? What was I feeling?	Behaviour Did I smoke? If I didn't, what did I do instead?	Good Consequences What good things happened?	Bad Consequences What bad things happened?

Here are some **risky situation and emotions**. Mark them 1 to 3 as you see fit: 1= not a trigger; 2 = slight trigger; 3 – strong trigger to use.

Risky Situation	1	2	3	Risky Emotions	1	2	3	Add your own particular risky situations/emotions	1	2	3
Being around others				Feeling angry							
Having money worries				Feeling happy							
Being bored				Feeling sad							

Appendix Worksheet 3: Tablets/Pills Use Diary

Day & Time	Trigger What made me want to take (extra) tablets?	Thoughts and Feelings What was I thinking? What was I feeling?	Behaviour Did I take (extra) tablets? If I didn't, what did I do instead?	Good Consequences What good things happened?	Bad Consequences What bad things happened?

Here are some **risky situation and emotions**. Mark them 1 to 3 as you see fit: 1= not a trigger; 2 = slight trigger; 3 – strong trigger to use.

Risky Situation	1	2	3	Risky Emotions	1	2	3	Add your own particular risky situations/emotions	1	2	3
Being around others				Feeling angry							
Having money worries				Feeling happy							
Being bored				Feeling sad							

Appendix Worksheet 4: Internet Use Diary

Day & Time	Trigger What made me want to go on-line/use the computer?	Thoughts and Feelings What was I thinking? What was I feeling?	Behaviour Did I go on-line? If I didn't, what did I do instead?	Good Consequences What good things happened?	Bad Consequences What bad things happened?

Here are some **risky situation and emotions**. Mark them 1 to 3 as you see fit: 1= not a trigger; 2 = slight trigger; 3 – strong trigger to use.

Risky Situation	1	2	3	Risky Emotions	1	2	3	Add your own particular risky situations/emotions	1	2	3
Being around others				Feeling angry							
Having money worries				Feeling happy							
Being bored				Feeling sad							

Appendix Worksheet 5: Food Behaviour Diary

Day & Time	Trigger What made me think of food?	Thoughts and Feelings What was I thinking? What was I feeling?	Behaviour Did I respond through food? If I didn't, what did I do instead?	Good Consequences What good things happened?	Bad Consequences What bad things happened?

Here are some **risky situation and emotions**. Mark them 1 to 3 as you see fit: 1= not a trigger; 2 = slight trigger; 3 – strong trigger to use.

Risky Situation	1	2	3	Risky Emotions	1	2	3	Add your own particular risky situations/emotions	1	2	3
Being around others				Feeling angry							
Having money worries				Feeling happy							
Being bored				Feeling sad							

Appendix Worksheet 6: Gambling Diary

Day & Time	Trigger What made me think of gambling?	Thoughts and Feelings What was I thinking? What was I feeling?	Behaviour Did I gamble? If so, in what way? If I didn't, what did I do instead?	Good Consequences What good things happened?	Bad Consequences What bad things happened?

Here are some **risky situation and emotions**. Mark them 1 to 3 as you see fit: 1= not a trigger; 2 = slight trigger; 3 – strong trigger to use.

Risky Situation	1	2	3	Risky Emotions	1	2	3	Add your own particular risky situations/emotions	1	2	3
Being around others				Feeling angry							
Having money worries				Feeling happy							
Being bored				Feeling sad							

