

# Training Curriculum on Drug Addiction Counseling



## Chapter 6

### Relapse Prevention



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# TRAINING CURRICULUM ON DRUG ADDICTION COUNSELING

## TRAINER MANUAL





# TABLE OF CONTENTS

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## Part I: The Basics of Individual Drug Addiction Counseling

### Chapter 1. Trainer Orientation

### Chapter 2. What is Drug Addiction Counseling?

- 2.1. Introduction to general counseling
- 2.2. Basic concepts of drug addiction counseling
- 2.3. Key principles in drug addiction counseling
- 2.4. Counseling skills
- 2.5. Counseling techniques
- 2.6. Counseling procedures

### Chapter 3. Drugs, Drug Addiction, and Treatment Approaches

- 3.1. Drugs, drug use and its consequences
- 3.2. Alcohol problems
- 3.3. The basic of addiction
- 3.4. Basic treatment principles
- 3.5. Important factors for successful treatment
- 3.6. Treatment for heroin addiction

### Chapter 4. Motivational Interviewing

- 4.1. The Stages of Change Model and key concepts in motivational interviewing
- 4.2. Principles and steps for motivational interviewing
- 4.3. Linking motivational interviewing to stages of change strategies

### Chapter 5. Key Drug Addiction Counseling Skills and Techniques (Role-play sessions)

- 5.1. Client assessment
- 5.2. Problem solving
- 5.3. Goal setting
- 5.4. Reducing risk

### Chapter 6. Relapse Prevention

- 6.1. Relapse prevention therapy
- 6.2. Refusal skills
- 6.3. Coping with cravings
- 6.4. Stress management
- 6.5. Time management

# TABLE OF CONTENTS (cont.)

---

## Part II: Advanced Individual Drug Counseling

### Chapter 7. Managing Intoxication and Hostility

- 7.1. Anger management
- 7.2. Dealing with aggressive and potentially violent behavior
- 7.3. Conflict resolution
- 7.4. Managing intoxicated clients

### Chapter 8. Special Populations

- 8.1. Working with families
- 8.2. Working with youth
- 8.3. Working with women

### Chapter 9. Clinical Supervision and Support

- 9.1. Framework for clinical supervision
- 9.2. The basics of clinical supervision
- 9.3. Case conferencing
- 9.4. Preventing and managing burnout

## Part III: Appendices

**Appendix I:** Sample training schedule

**Appendix II:** Sample evaluation form

**Appendix III:** Sample written exam

# ACKNOWLEDGEMENTS

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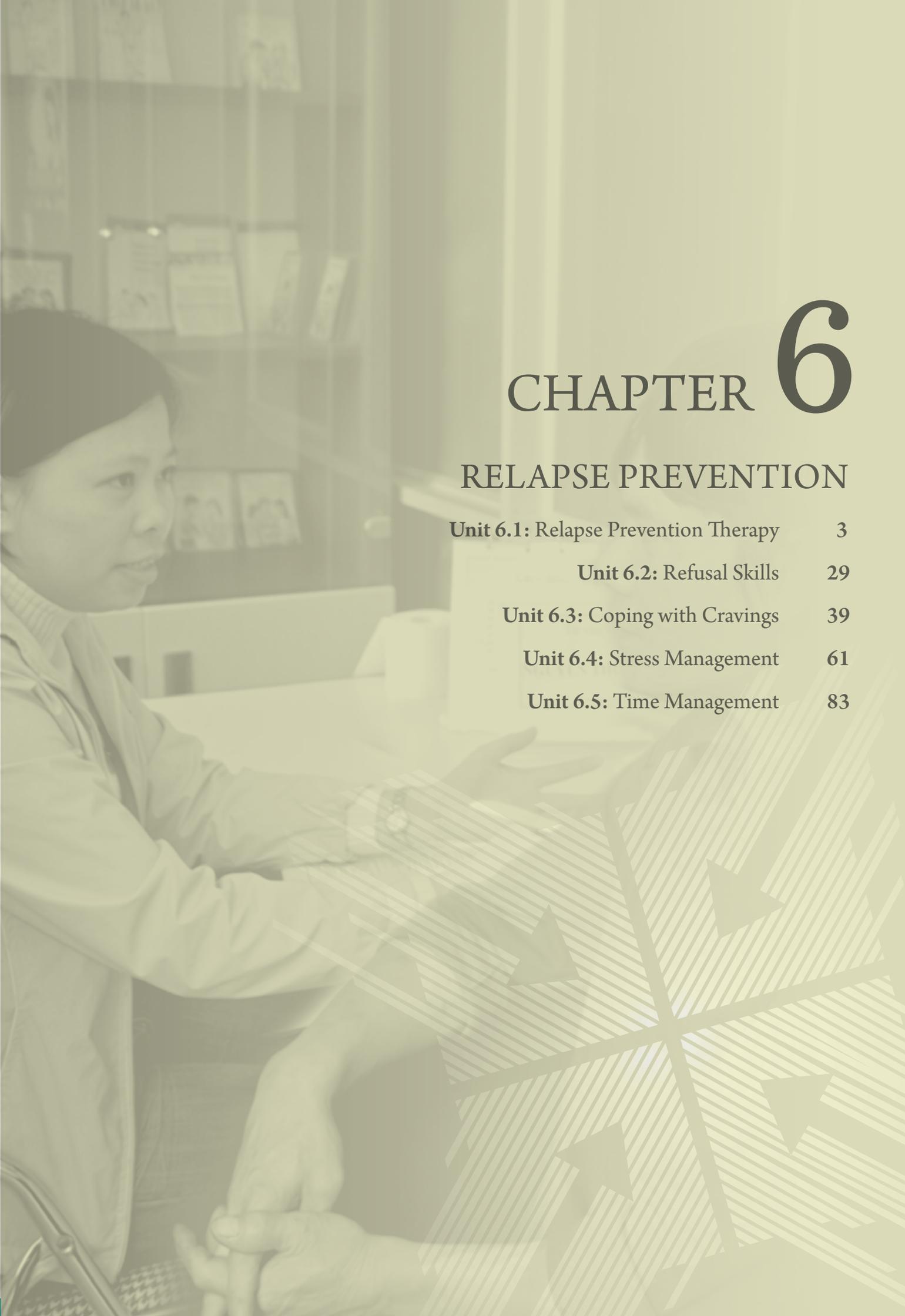
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Credit also goes to other members of the IDU Program Unit within FHI Vietnam, the drug addiction counselors in the field, and other trainees of training courses since training began in 2006.

A woman in a white lab coat is shown in profile, holding the hand of another person. The background is a clinical setting with a bulletin board and a desk. The image is overlaid with a semi-transparent geometric pattern of lines and triangles in the bottom right corner.

# CHAPTER 6

## RELAPSE PREVENTION

<b>Unit 6.1: Relapse Prevention Therapy</b>	<b>3</b>
<b>Unit 6.2: Refusal Skills</b>	<b>29</b>
<b>Unit 6.3: Coping with Cravings</b>	<b>39</b>
<b>Unit 6.4: Stress Management</b>	<b>61</b>
<b>Unit 6.5: Time Management</b>	<b>83</b>



# Unit 6.1

RELAPSE PREVENTION THERAPY



# OVERVIEW

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<b>I. Introduction</b>	<b>2 Min</b>
Introduce the unit by explaining that you will discuss prevention of relapse.	
<b>II. Large-Group Discussion</b>	<b>20 Min</b>
Proceed by facilitating a large-group discussion on the main reasons that recovering drug users relapse.	
<b>III. Presentation</b>	<b>70 Min</b>
Use the PowerPoint slides to present on relapse prevention therapy.	
<b>IV. Conclusion</b>	<b>8 Min</b>
Review the key points of this unit and answer participants' questions (if any).	

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## Unit 6.1: Relapse Prevention Therapy

**Goal:** To help participants understand ways to prevent relapse among recovering drug users.

**Time:** 100 minutes

**Objectives:** At the end of this session, participants will be able to:

- identify the reasons that lead recovering drug users to relapse
- explain the Relapse Model
- identify high-risk situations in discussions with clients
- understand strategies in addressing and coping with high-risk situations
- explain global relapse prevention interventions
- explain specific relapse prevention interventions

**Methodology:**

- Large-group discussion
- Presentation

**Teaching aids:**

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers

# Slide 1

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**Say:** *In this unit, we will cover the various dimensions of relapse prevention therapy. Before we begin, I would like to ask you to think about some of the reasons that drug users who are trying to recover relapse to drug use.*

**Teaching instructions:** Facilitate a 20-minute large-group discussion, recording participant answers on flipchart paper.

## Slide 2

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### LEARNING OBJECTIVES

At the end of this session, participants will be able to:

- identify the reasons that lead recovering drug users to relapse
- explain the Relapse Model
- identify high-risk situations in discussions with clients
- understand strategies in addressing and coping with high-risk situations
- explain global relapse prevention interventions
- explain specific relapse prevention interventions

**Teaching instructions:** Use the bullets on this slide to present directly.

## Slide 3

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### RPT BASIC ASSESSMENT

Assess clients on the following categories of high-risk situations and cues for relapse:

- Personal
- Interpersonal/social

**👤 Say:** *We can divide the different kinds of reasons that clients relapse into two categories of determinants: personal and interpersonal/social. The first category applies to lapses that are due primarily to psychological or physical events (e.g. coping with negative emotional states, giving in to "internal" urges, withdrawal, etc.), or a response to testing one's independence from drugs. These are events in which another person or group is not reported to be a significant precipitating factor.*

*The second category applies whenever the relapse episode is induced by the influence of other individuals (e.g. interpersonal conflict, social pressure).*

**Teaching instructions:** Return to the group's list of reasons for relapse (developed during the discussion) and ask the participants to divide the list into groups: a) personal determinants and b) interpersonal/social determinants. Spend about 5 minutes on this activity.

**👤 Say:** *You have come up with a comprehensive list of reasons for relapse that we need to consider, and now we have divided the list into the two categories: reasons that have to do with the individual, and reasons that involve other people/the community. In your discussions with your clients, you will learn that there may be many issues (personal and interpersonal/societal) that may act as triggers for their relapse. Let's discuss some of these in more detail.*

## Slide 4

### PERSONAL REASONS FOR RELAPSE (1)

Clients may relapse in order to.....

**Cope with negative emotional states**

- frustration, anger, fear, anxiety, tension, depression, loneliness, sadness, boredom, worry, grief and loss

**Cope with negative physical-physiological states**

- e.g. craving and withdrawal symptoms that led to use prior to treatment

**Enhance positive emotional states:**

- e.g. to increase feelings of pleasure, celebration, etc.

**👤 Say:** Let's talk about the categories in more detail. The first category includes all determinants that are primarily associated with personal factors (within the individual), and/or reactions to non-personal environmental events. It includes reactions to interpersonal events in the relatively distant past (i.e. in which the interaction with others is no longer of significant impact).

**Coping with negative emotional states.** These determinants involve coping with a negative (unpleasant) emotional state, mood, or feeling.

**FYI:** (1) Coping with frustration and/or anger. These determinants involve a frustrating experience – a reaction to a blocked, goal-directed activity - and/or anger (including hostility or aggression) toward the self or some non-personal event. This includes guilt and responses to demands ("hassles") from environmental sources or from within the self that are likely to produce feelings of anger.

(2) Coping with other negative emotional states. These are determinants other than frustration/anger that are unpleasant or aversive, including feelings of fear, anxiety, tension, depression, loneliness, sadness, boredom, worry, apprehension, grief, loss, and other similar states.

**👤 Say: Coping with negative physical-physiological states.** These determinants involve coping with unpleasant or painful physical or physiological reactions.

**FYI:** (1) Coping with physical states associated with prior substance use. Coping with physical states that are specifically associated with prior use of drug or substance, such as "withdrawal agony" or "craving" associated with withdrawal.

(2) Coping with other negative physical states. Coping with pain, illness, injury, fatigue and specific disorders (e.g. headache) that are not associated with prior substance use.

## Slide 4 (cont.)

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 **Say: To enhance positive emotional states.** *This includes the use of substances to increase feelings of pleasure. It includes the use of substances primarily for their positive effects - to "get high" or to experience the enhancing effects of a drug.*

## Slide 5

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### PERSONAL REASONS FOR RELAPSE (2)

#### Testing personal control

Use of substance to “test” one’s ability to engage in controlled or moderate use, or to test willpower

**Say:** *In addition, clients may relapse to test personal control. This is the use of a substance to “test” one’s ability to engage in controlled or moderate use; to “just try it once to see what happens”; or in cases in which the individual is testing the potential of treatment or a commitment to abstinence (including tests of “willpower”). When people start using drugs, they feel that they are in control of their drug use. However, as they become addicted, they lose their perceived ability to control their use. Often, when people have been drug-free for a while, they want to see whether they can become the master of the drug again.*

## Slide 6

### INTERPERSONAL/SOCIAL

#### **Coping with interpersonal conflict:**

- Coping with problems arising from arguments, jealousy, hassles etc.

#### **Social pressure:**

- Influences from another individual or group of individuals who exert direct or indirect social pressure to use drugs

#### **Enhancement of positive emotional states:**

- Use of substance in a primarily interpersonal situation to increase feelings of pleasure, sexual excitement, freedom, etc

 **Say:** *The second category includes determinants that are primarily associated with interpersonal factors. Examples of this include present or recent interactions with another person or persons who influence the user (reactions to events that occurred in the relatively distant past are classified in the first category). One's being in the presence of others at the time of the relapse is not, by default, an interpersonal classification, unless the client mentions/implies that these people had some influence, or were somehow involved in the event.*

**Coping with interpersonal conflict.** *This includes coping with a current or relatively recent conflict associated with any interpersonal relationship such as marriage, friendship, family, or employer-employee relations.*

**Social pressure.** *These determinants involve client response to the influences of another individual or group of individuals who exert pressure (either direct or indirect) on the individual to use the substance.*

**FYI:** (1) Direct social pressure. This is direct contact (usually with verbal interaction) with another person or group who puts pressure on the user, or who supplies the substance to the user (e.g. being offered a drug by someone, or being urged to use a drug by someone else). This is distinguished from situations in which the substance is obtained from someone else at the request of the user (who has already decided to use).

(2) Indirect social pressure. This is when the individual responds based on the observation of another person or group that is using the substance, or who serve(s) as a model for the user.

 **Say:** *Enhancement of positive emotional states. This includes the use of a substance in a primarily interpersonal situation to increase feelings of pleasure, celebration, sexual excitement, freedom and related feelings.*

## Slide 7

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### RELAPSE

- Previous thinking: relapse to heroin use caused by overwhelming cravings; continued heroin use due to loss of control
  - Now we know it is more complicated
- 90% of recovering users use heroin again within the first year following treatment
  - However: only 60% relapse back to the same intensity of use they had before they entered treatment

**👤 Say:** *Relapse prevention is an extremely important component of recovery. After the client has established relatively stable abstinence, he or she should start to develop skills to prevent future relapse to drug use. The client must learn how to identify and manage triggers for relapse without using heroin or other drugs.*

*Relapse prevention involves teaching the client to recognize in advance when he/she is headed toward relapse and to change direction. Relapse does not begin when the recovering client procures a drug - it begins well before that. With education, the client can easily recognize warning signs/triggers indicating imminent relapse. These warning signs/triggers are most commonly negative emotions, feelings, and behaviors. Usually, clients can recognize examples of these negative changes in their own lives to help them understand how relapse may occur.*

*Believe it or not, it is possible to prevent a slip of heroin use from turning into a full-blown relapse. Together you will need to establish behavioral and/or cognitive strategies to recognize and prevent old habits. These may include going to peer support meetings more frequently, spending time with people who support recovery, maintaining structured days, and avoiding or coping with external triggers such as returning to the neighborhood where he/she obtained drugs.*

*Treatment data show that relapse is common, but not every one returns to their previous level of drug use. Historically, many people assumed that if they used heroin just once, they would relapse entirely. We now know that is not true. In Vietnam, roughly 90% of the people leaving government 06 rehabilitation centers will have tried heroin within one year of leaving the center. However, only 60% of them will have returned to the same intensity of heroin use.*

*We are going to discuss ways to help those who have lapses, and those who have relapsed, to regain control.*

## Slide 8

### RELAPSE PREVENTION STEPS

Differentiate between slip, lapse and relapse

- Identify high-risk situations
  - Internal and external precipitants
- Discuss the following:
  - Apparently irrelevant decisions
  - Abstinence Violation Effect
- Develop coping responses to high-risk situations
  - Skills and self-efficacy
- Focus on confidence and competence in client's decision to stop using drugs

 **Say:** *The items on this slide are helpful for initial discussion with clients. They form the framework for identifying potential problems the client may have in coping with risk of relapse. They also form the framework of a theoretical relapse model that can be discussed with the client.*

#### **Differentiate between slip, lapse and relapse**

*If somebody who is addicted to heroin stopped using heroin and then decided to try heroin again, and they use one time, will they automatically becoming addicted to heroin again? Who here believes they will always go back to being addicted to heroin again?*

**FYI:** It is important to explain that even though heroin addiction is a chronic relapsing disorder, not everybody who uses heroin on one occasion will automatically go back to becoming fully addicted to heroin again.

 **Say:** *Does anyone here know the difference between slip, lapse and relapse?*

**Teaching instructions:** Facilitate a brainstorming session for a few minutes to elicit ideas from the participants.

 **Say:** *A slip is like a trip, when people make a small mistake and they realize, "Oh, I made a mistake", and they immediately regain control and do not continue using. They may think about the benefits and the costs of what they have just done. They may think, "Why did I do that? I will lose all these things if I go back to drugs again."*

*A lapse is like a stumble; it takes longer for them to regain control. Maybe they will use a few times, and then decide it is not worth it, and stop.*

## Slide 8 (cont.)

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*A relapse is like a fall. They think, "I have no control", and they continue using and return to their previous intensity of use.*

*Many clients do not know that their drug use during recovery can be categorized in these three types of behaviors. After using heroin again on one occasion, they are not yet addicted again. Note - it is not possible to say for all individuals whether following their first reuse of heroin they will be addicted again. There are many factors that contribute. If they do have a slip, they can learn from it to prevent a lapse or relapse. As a counselor, you can use that lapse to talk about preventing relapse.*

### **Identify high-risk situations**

*These might be either internal or external cues, or both. Relapse prevention strategies need to be matched to the individual's triggers to help them cope with their risk. It is important for you to eliminate myths about the positive outcomes of returning to drug use. These mythical expectations are particularly influential in relapse. Many clients glorify their drug use experiences by focusing only on positive experiences, such as euphoria and excitement, or pain relief and relaxation. At the same time, they may not acknowledge or may minimize the more negative consequences (e.g. hangovers, health risks, and legal consequences). It is important for clients to understand that once they have been a slave to drug addiction, they can never be a master of the drug.*

### **Discuss apparently irrelevant decisions**

*Sometimes people make a decision that appears to them to be accidental. They do not realize that a seemingly harmless decision they have made may have led to another, more harmful decision. For example, they might decide to go and buy coffee at their local café. At the café they meet some of their old friends who happen to use drugs, and who want them to use. While they did not intend to do this, they may not have considered the consequences of heading to the café. Counselors need to help clients to understand apparently irrelevant decisions that may lead to harmful outcomes.*

### **Discuss the Abstinence Violation Effect**

*The Abstinence Violation Effect occurs when an individual, having made a personal commitment to abstain from using a substance, has a slip and proceeds to uncontrolled use. The individual thinks, "Well I used once; there is nothing I can do to control it. I might as well just go back to using and not fight it." Of course, clients CAN control their drug use, and you will need to make them aware of this throughout the recovery process.*

### **Develop coping responses to high-risk situations**

*Relapse should be viewed as a normal part of change and an opportunity for new learning. Rather than relying on client willpower, relapse prevention training emphasizes skill-power.*

## Slide 8 (cont.)

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*Training on relapse prevention can provide specific skills that help the recovering client to cope with each high-risk situation.*

*You will also need to help clients enhance their self-efficacy. Self-efficacy is defined as the extent to which an individual feels capable of performing a specific task. Higher levels of self-efficacy are predictive of improved treatment outcomes.*

### **Focus on their confidence and competence in deciding to stop using drugs**

*Counselors need to help build client confidence and competence to abstain from drugs by discussing the long- and short-term costs and benefits of not using drugs, versus the costs and benefits of returning to drug use. Pay particular attention to the long-term benefits and costs. In particular, encourage clients to focus on the long-term benefits of not using drugs and the long-term costs (drug users often do not often think far into the future). You will also need to assess how confident they are with their decision, and use this to gauge which kinds of skills and strategies you will need to proceed.*

## Slide 9

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### FACTORS THAT INFLUENCE OUTCOMES

- Personal characteristics
  - e.g. gender, self-efficacy, loss of control
- Drug use factors
  - addiction, cognitive impairment
- Lifestyle
- Environment

**Say:** *There are a number of factors that may affect the outcomes of relapse prevention treatment.*

*Personal characteristics include self-efficacy and loss of control. Female clients may have different needs/circumstances that may be more complicated. Can anyone think of some examples?*

**Teaching instructions:** Allow participants a few minutes to provide responses.

**Say:** *Higher levels of self-efficacy are predictive of improved treatment outcomes, as discussed in the previous slide.*

*Of similar importance are the factors related to drug use, which include the client's level of addiction and cognitive impairment. The greater the severity of addiction, the lower the probability of success.*

*Clients with poor cognitive skills are less suited to relapse prevention training. In addition, a client's lifestyle will influence treatment outcomes. Those who have healthier lifestyles (regular physical exercise, good eating habits, positive hobbies, etc.) are more likely to be successful.*

*The environment in which the recovering client is living is also critical. Remember the importance of the interaction between the drug, the individual, and the environment.*

## Slide 10

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### IDENTIFYING HIGH-RISK SITUATIONS

- Ask clients to monitor and record times and situations when they feel like using drugs
- Probe about potential situations that might lead to relapse
  - include sad and happy events

 **Say:** *Help clients to look for the potential triggers and causes of relapse, not only within themselves, but also in their relationships, and/or the environment. Then work with your clients to develop strategies for preventing use.*

*Sometimes people forget the details of the trigger. For instance, it can be helpful to ask them when they feel a craving to write down where they are, what they are doing, whom they are with, and any other circumstances. This will increase specificity in your discussions.*

*It can also be useful to look for events that are likely to be common risks factors. These might include anniversaries of happy or sad events, or a birthday. Alternatively, they might be anniversaries of when a partner left them or when someone died.*

# Slide 11

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## ASK QUESTIONS LIKE:

- What kinds of people, places or things make it difficult for you to feel good about yourself?
- What situations do you consider to be high-risk for using drugs again?
- How will you know when a slip is about to occur?
- What kinds of thoughts trigger your temptation to use drugs again?

 **Say:** *These are the types of questions that you can ask clients to help identify high-risk situations:*

- *What kinds of people, places or things make it difficult for you to feel good about yourself?*
- *What situations do you consider to be high-risk for using drugs again?*
- *How do you know if a slip is about to occur?*
- *What kinds of feelings make it difficult for you to resist the temptation to use drugs?*

## Slide 12

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### RPT BASIC PROCEDURES

- Are there specific situations that serve as triggers?
- What are the kinds of interventions that will help the client deal with high-risk situations?
- How did the client feel about the use of drugs after the relapse?
- Were the causes of a slip or lapse the same as those that caused a total relapse?

 **Say:** *The intention is to identify specific high-risk situations so that specific strategies and coping mechanisms can be developed. It can also be helpful to determine clients' feelings after a lapse; they will help to identify client commitment to regaining control.*

*Sometimes lapses are situation specific and may not lead into a full relapse. The situation might be an anniversary or a particular life event. Helping clients to separate risks for slips, versus lapses and relapses, will strengthen their commitment to abstinence.*

## Slide 13

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### PREPARATION FOR HIGH-RISK SITUATIONS

- Consider clients' list of high-risk situations
- Consider the skills and techniques they have used before, and select appropriate ones
  - might include avoidance, refusal skills, coping with cravings, challenging unhelpful thoughts or relaxation etc.
- Identify new skills and techniques that might be helpful
- Not all situations can be anticipated
  - consider generic coping skills

 **Say:** *It is critical to help clients recognize relapse warning signs. Counselors should review them with clients so that clients can watch for these signals. Clients may recommit to their recovery program by increasing attendance at self-help group meetings, changing their living situation to a drug-free environment, or taking positive action to resolve relationship, personal, or work-related problems.*

*Please remember that life is unpredictable; you cannot always anticipate all the things that will happen to your clients, so you will need to teach essential skills to everyone.*

*The words “refusal skills” and “coping with cravings” are in red because they are among the most important and useful skills in relapse prevention interventions. There will be separate sessions on these two topics.*

# Slide 14

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## GLOBAL RPT INTERVENTIONS

- Increase lifestyle balance
- Increase awareness of relapse warning signs
  - Analyze relapse 'road maps' (high-risk situations and choices)
- Cope with rationalization and denial
- Stress management
- Assess motivation for change

**Teaching instructions:** Use the information provided below to add to the bullets on the slide.

**FYI:** RPT assessment techniques and intervention strategies are designed to teach clients to anticipate and cope with the possibility of relapse. In the beginning of RPT training, clients are taught to recognize and cope with high-risk situations that may precipitate a lapse, and to modify thoughts and behaviors to prevent a single lapse from developing into a full relapse. Because these procedures are focused on the immediate precipitants of the relapse process, they are referred to collectively as **specific RPT intervention strategies**.

As clients master these techniques, clinical practice extends beyond a microanalysis of the relapse process, and the initial lapse, to involve strategies designed to modify the client's lifestyle and to identify and cope with more covert determinants of relapse (early warning signs, cognitive distortions, etc). As a group, these procedures are called **global RPT intervention strategies**.

### Global relapse prevention therapy interventions

It is critical to provide clients with behavioral skills training and cognitive strategies to cope with high-risk situations and lapses. These techniques are likely to be the main focus of efforts to abstain and to remain abstinent from drug use in the early part of the maintenance stage of therapy. However, simply teaching clients to cope with one high-risk situation after another is not enough for long-term success. It is impossible for a counselor and client to identify all possible high-risk situations that the client may encounter. As a result, it will be necessary to do the following:

## Slide 14 (cont.)

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(1) Help clients develop a more balanced lifestyle in order to increase their overall capacity to cope with stress and to increase self-efficacy gradually.

(2) Teach clients to identify and anticipate early warning signals that precede exposure to high-risk situations and to implement self-control strategies designed to reduce the probability of a lapse or a relapse.

(3) Help clients cope with rationalization and denial. In addition to craving, the hidden causes of a relapse episode are also influenced by three cognitive constructs: rationalization, denial, and apparently irrelevant decisions, which are associated with the chain of events preceding exposure to a high-risk situation. A rationalization is an explanation or an ostensibly legitimate excuse to engage in a particular behavior.

Rationalizations are used to allow the individual to approach a given situation or behavior without acknowledging to themselves or to others the real purpose or intention of their actions. The individual attributes false but credible motives as the cause of a proposed behavior, without paying attention or giving credence to the “true” or underlying reasons for the behavior. Denial is a similar defense mechanism, where the individual refuses to recognize selected aspects of his/her motivations, decisions, or certain characteristics of a situation or set of events. The person will usually deny the existence of any motive to engage in a relapse and may also deny awareness of the delayed negative consequences of resuming drug use. Sometimes he/she will deny that he/she might face the risk of relapse.

(4) Help clients to manage stress. In addition to teaching clients to respond effectively when confronted with high-risk situations, there are a number of additional relaxation and stress management procedures the counselor can draw upon to increase clients’ overall capacity to deal with stress. Relaxation training may provide clients with increased perception of control, thereby reducing the stressors that the individual faces. You might include training on muscle relaxation, meditation, exercise, and various stress management techniques to help the client to cope more effectively with the demands of daily life.

(5) Assess motivation for change. Since drug use is a cyclical process, most people will not be completely successful on their first attempt to change their behavior. The lessons learned from each lapse or relapse may bring the person closer to stable maintenance if they are viewed as opportunities to learn, rather than failures. As discussed in Chapter 4, Prochaska and DiClemente (1984) described relapse with a model that incorporates 6 stages of change: pre-contemplation, contemplation, preparation, action, maintenance, and relapse. These stages of change have been successfully applied to understanding the motivation of clients receiving treatment for substance use disorders (Hughes, 1990). Motivation for change is highly correlated with treatment outcomes and relapse. (See Chapter 4 - Motivational Interviewing).

# Slide 15

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## SPECIFIC RPT INTERVENTIONS (1)

- Train clients to cope with cravings
- Take a history of drug-taking and relapse susceptibility
- Train clients to cope with high-risk situations and enhance self-efficacy
- Use a decision matrix (balance sheet of pros and cons for change)

 **Say:** *These are some of the specific relapse prevention therapy interventions that will help your client prevent lapses, and/or prevent lapses from turning into full-blown relapse.*

### **Help your client cope with cravings**

*Because craving is such a difficult problem for so many drug users, this topic should be introduced early in treatment. Episodes of intense craving for heroin are often reported weeks and even months after the inception of abstinence. This experience can be disturbing to the client and can result in heroin use if it is not understood and managed effectively.*

### **Take a history of drug-taking**

*The main reason why drug users come for counseling and treatment may not be to lead a drug-free life. Perhaps they want relief from the withdrawal symptoms associated with their addiction, or some other reason. You will need a lot of information on the client's past and present drug use in order to gauge his/her real situation.*

*It is important to ask the following:*

- *Which substance(s) do your clients perceive to be causing their main problems?*
- *What was useful for them in previous attempts at abstinence? Your client may have been in other treatment programs in the past. It is important to learn about the duration of previous abstinence episodes for each drug of abuse, and the reason for relapse.*

*Is also important to identify whether this is a slip, a lapse or a relapse, and the associated triggers.*

## Slide 15 (cont.)

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**Help them to cope with high-risk situations and promote self-efficacy.**

*We discussed this when we learned about the Relapse Model. People who believe in their own abilities to prevent relapse are more likely to cope with high-risk situations. It is important to encourage individuals to feel they are in control of situations that are potentially difficult or stressful. By encouraging clients when they are successful and reinforcing their feelings of self-confidence, you will greatly enhance their feelings of self-efficacy.*

## Slide 16

**DECISION MATRIX**

	Short-term	Long-term
Benefit		
Cost		

**Say:** *We covered the decision matrix in Chapter 4. You can use this matrix to help your client make a decision related to avoiding lapse and relapse. Someone who is using heroin may feel more comfortable talking about the short-term benefits of his/her use. Heroin users are generally more likely to deny long-term harms and consequences of what they have done. They want to live for today and care less about tomorrow. It may seem as if heroin has solved all their problems, and helped them deal with their emotions and circumstances.*

*However, you will also want to consider the long-term costs and benefits. When clients see these written down, it will help them to refocus on their long-term commitments. They may never have considered the long-term benefits of not using heroin.*

**Teaching instructions:** It may be helpful to prepare a large decision matrix prior to the session on flipchart paper. You can show the matrix at this point in the presentation and ask the participants to come up with suggested costs and benefits of using drugs. In addition, ask them to suggest some short- and long-term consequences. This will help the participants understand the purpose of the decision matrix and feel more confident in how to work with clients in a real counseling session.

**Go to Unit 4.2 to see an example of a decision matrix (Slide 10).**

## Slide 17

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### SPECIFIC RPT INTERVENTIONS (2)

- Problem solving and relapse management rehearsal
- Coping with lapses
- Dealing with the Abstinence Violation Effect

**Say:** *Over time, many heroin addicts use heroin alone to cope and solve all of their problems. Many are unaware of problems when they first arise and ignore them until they become crises. Others think they have good problem-solving skills, but, when confronted with a problem, are likely to act impulsively.*

*Despite many drug users' fantasies that life will be easier and problem-free after stopping heroin use, they often become aware of problems they have neglected or ignored only after becoming abstinent. Developing problem-solving skills can be critical to assist in maintaining abstinence. Relapse management rehearsal is a useful way to help drug users practice problem solving. If they do not practice with you, they may make mistakes that make them more vulnerable.*

*Clients should understand that a lapse is just a small mistake and that they can regain control. A slip or lapse does not signify that a client has become addicted again. To avoid a full relapse, people need to spend time underscoring the long-term benefits of a drug-free life, and the long-term costs of using drugs again.*

*Also critical, you will need to discuss the abstinence violation effect with your clients to help prevent them from relapsing back into regular use just because of a slip. It is strategic to discuss this with them before it happens and mutually anticipate your clients' potential to regain control in the event it happens.*

# Slide 18

## SUMMARY

- Relapse is common and expected
  - Don't be disappointed
  - Anticipate and respond to it
- Negative emotional states are the most common reason for relapse
  - However: there are others; look for them
- Differentiate between slip, lapse and relapse
- Identify high-risk situations
  - These are the focus of interventions
- Develop general and specific strategies
  - Help clients manage the expected and unexpected

**Teaching instructions:** Review the key messages of this unit. Use the bullets on this slide to present directly.

Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that participants save their questions for that unit.

### Sources:

1. G. Alan Marlatt, George A. Parks, Katie Witkiewitz (2002). Clinical Guidelines for Implementing: A Guideline Developed for the Behavioral Health Recovery Management Project.

Websites on Cognitive Behavioral Therapy and Relapse Prevention Therapy:

<http://www.nida.nih.gov/TXManuals/CBT/CBT1.html>

<http://www.drugabuse.gov/TXmanuals/IDCA/IDCA1.html>

<http://www.med.nyu.edu/substanceabuse/manuals/nt/network-therapy.html>

[http://www.atforum.com/siteroot/pages/current\\_pastissues/fall2003.shtml](http://www.atforum.com/siteroot/pages/current_pastissues/fall2003.shtml)

<http://www.drugnet.bizland.com/intervention/relapse1.htm>



# Unit 6.2

REFUSAL SKILLS



# OVERVIEW

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## I. Introduction

**2 Min**

Introduce the unit by explaining that you will discuss refusal skills and how they relate to relapse prevention.

## II. Presentation

**30 Min**

Use the PowerPoint slides to present on refusal skills.

## III. Conclusion

**3 Min**

Review the key points of this unit and answer participants' questions (if any).

---

## Unit 6.2: Refusal Skills

**Goal:** To help participants understand how refusal skills relate to relapse prevention and how apply them in counseling sessions with clients.

**Time:** 35 minutes

**Objectives:** At the end of this unit, participants will be able to:

- discuss the rationale for learning refusal skills
- understand how to refuse politely when being persuaded to do something against their will
- discuss non-verbal measures
- discuss verbal measures
- practice heroin refusal skills

**Methodology:**

- Presentation and discussion
- Role-play

**Teaching aids:**

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers

# Slide 1

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**👤 Say:** *Many heroin users face difficulties in refusing offers of heroin. Clients who remain ambivalent about reducing their heroin use often have particular difficulty when being offered heroin directly. Many heroin users' social networks are narrowed such that they associate with few people who do not use heroin; cutting off contact with other users may mean social isolation. Many clients lack the basic assertiveness skills to refuse offers of heroin or prevent future offers of heroin.*

*Drug refusal training should be a part of most client treatment plans. As many as 1/3 of substance users relapse as a direct result of social pressure from friends. Most heroin users who are trying to quit continue to have some contact, either planned or inadvertent, with friends or acquaintances that are still using. Turning down heroin or opportunities to go to places where heroin is available will be much more difficult than most clients anticipate.*

*Counselors should carefully direct questions to identify indicators of ambivalence and resistance to change and the social forces working against change. Client failure to take initial steps toward removing triggers and avoiding heroin may reveal a number of significant issues.*

## Slide 2

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### LEARNING OBJECTIVES

At the end of this unit, participants will be able to:

- discuss the rationale for learning refusal skills
- understand how to refuse politely when being persuaded to do something against their will
- discuss non-verbal measures
- discuss verbal measures
- practice heroin refusal skills

**Teaching instructions:** Use the bullets in this slide to present directly. After presenting the last bullet, proceed below.

**👤 Say:** *Practicing these skills with your clients is critical to ensure that your clients are capable and confident in using them, before they attempt to use them in real life situations.*

## Slide 3

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### RATIONALE

- Clients should avoid high-risk situations completely, however, for most it is not a long-term practical solution
- Clients usually underestimate the difficulties encountered when trying to refuse or avoid heroin
- There are a number of strategies that make saying 'NO' easier

**👤 Say:** *It is best to avoid high risk-situations completely (not meeting with drug using friends or drug dealers). However, this is not a long-term solution for most clients. Drug refusal training is critical in helping clients achieve a substantial period of abstinence and for maintaining that abstinence. Counselors and clients need to practice ways to refuse heroin or to refuse to go to places where heroin is available. Clients will feel more in control when faced with tempting situations, and in situations where the client may previously have said yes to drugs without thinking about it.*

*Clients usually underestimate the difficulties encountered when trying to refuse or avoid heroin. Clients might feel that they will have no problem saying no, or that no one will ask them if people know they are trying to quit. However, previous clients have found that, if they do not prepare themselves to deal with these situations, good intentions do not always lead to effective refusal. It is most useful to plan and repeatedly practice using specific refusal skills for handling high-risk situations.*

*This part of counseling is designed to teach or remind clients of some effective ways to say no when opportunities arise. Clients need to learn to be creative in anticipating potential situations. This training will benefit clients most if they incorporate situations relevant to their lives so that they can rehearse how best to handle them.*

## Slide 4

### NON-VERBAL MEASURES

- Make direct eye contact: look directly at the person when you answer
  - Increases effectiveness of the message
- Stand/or sit up straight to create a confident air
- Don't feel guilty about the refusal
  - It won't hurt anyone if you choose not to use
- Go away if the other person keeps insisting or pushing

**Teaching instructions:** Before showing this slide, proceed with the suggested script below.

 **Say:** *When creating your own refusal style, you will need to include non-verbal and verbal measures.*

*What do you think some verbal and non-verbal refusal measures might be?*

**Teaching instructions:** Allow participants to provide some of their own inputs, and then reveal the bullets on non-verbal measures. Use the bullets below to fill in missing gaps based on their responses. Note: verbal measures are on the next slide.

**FYI:** Non-verbal measures

- Making good eye contact is important: look directly at the person when you answer in order to increase the effectiveness of the message.
- Stand or sit up straight to create a confident air.
- Don't feel guilty about refusing. It won't hurt anyone if you choose not to use. Many clients feel uncomfortable or guilty about saying no and think they need to make excuses for not using, which leaves open the chance of future requests. Inform clients that "no" can be followed by changing the subject, suggesting alternative activities, and clearly requesting that the individual not offer drugs again in the future. ("Listen, I've decided to stop and I'd like you not to ask me to use with you anymore. If you can't do that, I think you should stop coming over to my house.")
- Go away if the other person keeps insisting or pushing.

## Slide 5

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### VERBAL MEASURES

- Use a clear, firm, confident tone of voice
- “NO” should be the first word out of your mouth
- Suggest an alternative if you want to do something else with that person
- Tell the person offering you drugs not to ask you now or in the future so the other person stops asking
- Change the subject to something else
- Avoid using excuses and vague answers
  - These imply you will change your mind later

**Teaching instructions:** Before showing this slide, ask the participants to pretend a friend is offering them a drug, and ask them to come up with possible ways of saying “NO”. Then, show the slide and fill in the gaps based on participant responses.

#### FYI:

- Use a clear, firm, confident tone of voice
- “NO” should be the first word out of your mouth
- Suggest an alternative if you want to do something else with that person
- Tell the person offering you drugs not to ask you now or in the future so the other person stops asking
- Change the subject to something else
- Avoid using excuses and vague answers - statements like “maybe later”, “I have to get home”, or “I am on medication” may make it likely that they will ask again because you are not demonstrating your resolve not to use at all

Basic examples of saying no:

- No, thank you.
- No, thank you, but I’ll have some coffee or something to eat.
- No, I am not using anymore; it is causing me too many problems.
- No, I’ve got a heroin problem, so I’m not using anymore.

## Slide 6

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### ROLE-PLAY: TEACHING REFUSAL SKILLS TO CLIENTS

**Teaching instructions:** Ask for 1 or 2 volunteers to sit with you and conduct a role-play where you demonstrate possible refusal skills to your volunteer clients.

**Say:** *After you review the basic refusal skills with your clients, you should ask them to practice them through role-playing. Be sure to identify and discuss problems that may arise around client lack of assertiveness. It is important for counselors to approach this skills training in a way that makes clients feel comfortable.*

- *Pick a concrete situation that occurred recently. Examples of such situations are friends stopping by with heroin, friends calling on the telephone, or running into friends who use. The situation that they choose should be very specific. That is, they should include specific people, specific times of day, and so forth.*
- *Ask clients to provide some background on the person/people.*

**Teaching instructions:** Ask 2 participants to do a role-play, 1 in the role of the recovering client and one in the role of a person who is trying to push the other to use heroin. Then reverse the roles for subsequent role-plays. Allow a few minutes for debriefing with the participants.

**Say:** *In a counseling session, it is important to discuss role-plays thoroughly after you conduct them. Counselors should praise any effective behaviors and also offer clear, constructive advice for improvement, for example:*

*"That was good; how did it feel to you? I noticed that you looked me right in the eye and spoke right up; that was great. I also noticed that you left the door open to future offers by saying you had stopped heroin 'for a while.' Let's try it again, but this time, try to do it in a way that makes it clear you don't want [PERSON] to offer you drugs ever again."*

## Slide 7

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### SUMMARY

- Clients should avoid high-risk situations
- Clients need to understand both non-verbal and verbal measures of refusal
- There are a number of strategies for saying no.

**Teaching instructions:** Review the key messages of this unit. Use the bullets on the slide to present what was discussed in this unit.

Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

#### Sources:

Therapy Manuals for Drug Abuse: Manual 2

A Cognitive-Behavioral Approach: Treating Heroin Addiction <http://www.nida.nih.gov/TXManuals/CBT/CBT10.html>

United Nations Economic and Social Commission for Asia and the Pacific

A Toolkit for Building Capacity For Community-based Treatment and Continuing Care of Young Drug Abusers in The Greater Mekong Subregion.

Dr. John Howard, Consultant; Draft 23 January 2006;



# Unit 6.3

COPING WITH CRAVINGS



# OVERVIEW

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<b>I. Introduction</b>	<b>2 Min</b>
Introduce the unit by explaining that you will discuss how clients can cope with cravings.	
<b>II. Presentation</b>	<b>40 Min</b>
Use the PowerPoint slides to present on coping with cravings.	
<b>III. Conclusion</b>	<b>3 Min</b>
Review the key points of this unit and answer participants' questions (if any).	

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## Unit 6.3: Coping with Cravings

**Goal:** To help participants understand drug cravings and how to identify triggers for cravings in order to develop effective coping strategies with their clients.

**Time:** 45 minutes

**Objectives:** At the end of this unit, participants will be able to:

- define cravings
- describe cravings in discussions with clients
- identify triggers in discussions with clients
- plan strategies with clients on how to cope with cravings

**Methodology:**

- Presentation and discussion

**Teaching aids:**

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers

# Slide 1

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**👤 Say:** *Because craving is such a difficult problem for so many heroin users, this topic should be introduced early in treatment. Episodes of intense subjective cravings for heroin are often reported weeks and even years after the inception of abstinence. This experience can be both mystifying and disturbing for recovering clients and can result in heroin use if not understood and managed effectively.*

## Slide 2

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### LEARNING OBJECTIVES

At the end of this unit, participants will be able to:

- define cravings
- describe cravings in discussions with clients
- identify triggers in discussions with clients
- plan strategies with clients on how to cope with cravings

**Teaching instructions:** Use the bullets on this slide to present directly.

## Slide 3

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### BASIC FACTS ABOUT CRAVINGS (1)

- A natural part of modifying drug use
  - Note that cravings for things can be difficult for anyone, whether or not they use drugs
- Cravings are the result of long-term drug use and can continue long after quitting
  - People with a history of heavy drug use may experience stronger cravings

**👤 Say:** *It is important to discuss cravings because they often lead to relapse. The first thing to recognize is that cravings are normal. However, drug users often do not understand this. They think they are the only people who experience cravings and if they have them it means that there is something wrong with them. They may also believe that if they experience cravings, there is nothing they can do to stop them and so they see returning to drug use as inevitable.*

*Cravings come because drug use has altered some functions in the brain. The more intensive drug use clients have had, the more vividly they experience cravings when they stop using drugs. However, the brain and the body adapt over time and cravings will subside. There are things you can teach your clients that will hasten this process.*

## Slide 4

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### BASIC FACTS ABOUT CRAVINGS (2)

- Cravings can be triggered by:
  - people
  - things
  - situations
  - places
  - feelings

*or anything else that has been associated with drug use in the past*
- Cravings lose their power if not reinforced by drugs use
  - Using occasionally keeps cravings alive

 **Say:** *Many things can trigger drug cravings.*

*Your client must learn how to deal with these triggers in order to achieve continued abstinence. This topic is central to addiction counseling and usually requires repeated discussion throughout treatment.*

*First, you should help your client to identify the people, places, and things that will trigger a craving or urge. The client should be encouraged to avoid those triggers if possible. Strategies may include having someone the client trusts handle his or her money, getting rid of drug equipment (preferably with someone else's help), staying away from certain neighborhoods, or areas of his or her community, and avoiding drug-using friends and family members.*

*You should collaborate to develop strategies to help your client avoid or manage those things that are more difficult to stay away from (for example, a drug-using partner or spouse). Triggers that cannot be avoided altogether can sometimes be faced more safely in the company of another, non-using person, such as one's spouse or child.*

*Not using drugs reduces the power of cravings, but if clients use drugs occasionally, it can make cravings last longer than they otherwise would. Each time clients resist the craving, the craving will become less powerful, because the clients are starting to cope. Abstinence is the best way to ensure the most rapid and complete removal of cravings.*

## Slide 5

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### BASIC FACTS ABOUT CRAVINGS (3)

- Cravings are like waves on the beach
  - Each wave starts small and builds up to a high point, then breaks and flows away
  - Cravings rarely last more than a few minutes, with a maximum of 20 minutes



**👤 Say:** *Another interesting thing is that people believe that when they get a strong craving, it will last forever. They feel it is so strongly that there is nothing they can do to control it. They believe that it will become more and more intense and continue forever.*

*But is that true? No!*

*Craving is like a wave. It builds in intensity, but then it gradually goes away. Cravings rarely last more than a few minutes, with a maximum of 20 minutes.*

## Slide 6

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### BASIC FACTS ABOUT CRAVINGS (4)

- Each time the person does something other than using drugs, the cravings lose their power
  - Peaks become smaller and the waves further apart
  - Abstinence is the best way to ensure the most rapid and complete removal of cravings

**Say:** *The more time someone can last without taking drugs, the more the cravings will lose their power. One of the most useful cognitive techniques for handling cravings is to understand how they work.*

*(Carroll et al., 1991).*

## Slide 7

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### BASIC FACTS ABOUT CRAVINGS (5)

- Cravings often most intense in the early part of quitting
  - but people may continue to experience them for months and sometimes even years
- Each episode is not always less intense than the previous
  - Sometimes, particularly in response to stress, the peak returns to maximum strength, but it will decline and subside

**👤 Say:** *Usually, cravings are more intense after the user has just finished using. Over time, they are reduced in intensity for most people. But it is not this way for everyone. Even after stopping drug use for a long time, some recovering users experience triggers that cause very intense cravings. While cravings may be more frequent and intense in the early phase of treatment, there are a number of coping skills one can utilize in the meantime. These specific skills will be discussed later in this unit.*

## Slide 8

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### DESCRIBING CRAVINGS (1)

Clients should describe their cravings to help your understanding. Ask the following:

- What are cravings like for you?
- How bothered are you by cravings?
- How long do cravings last for you?
- How do you try to cope with cravings?

 **Say:** *It will be important to get a sense of your clients' experience with cravings. You should ask the following questions:*

#### **What are cravings like for you?**

*Clients experience cravings or urges in a variety of ways. For some, the experience is primarily physical; for example, "I just get a feeling in my stomach" or "My heart races" or "I start smelling it." For others, craving is experienced more cognitively; for example, "I need it now" or "I can't get it out of my head" or "It calls me." Or it may be experienced affectively; for example, "I get nervous" or "I get agitated."*

#### **How bothered are you by cravings?**

*There is tremendous variability in the level and intensity of craving reported by clients. For some, achieving and maintaining control over cravings will be a principal treatment goal and take several weeks to achieve. Other clients deny they experience cravings. Exploration with clients who deny cravings often reveals that they misinterpret a variety of experiences, or they simply ignore cravings when they occur. Abstinent clients who deny that they experience cravings often admit to intense fears about relapsing. It is important to establish how troubled your clients are. Intense craving is not necessarily troubling to all; conversely, having mild craving does not necessarily mean they will not be troubled.*

#### **How long do cravings last for you?**

*It is important to point out to clients that they have rarely let themselves experience an episode of craving without giving in to it. Over time, as they resist cravings, they will last less time and come less frequently.*

## Slide 8 (cont.)

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### ***How do you try to cope with cravings?***

*You will be able to identify clients' individual coping styles and select appropriate coping strategies by getting a sense of their existing coping strategies. Be sure to ask how successful the strategies are.*

## Slide 9

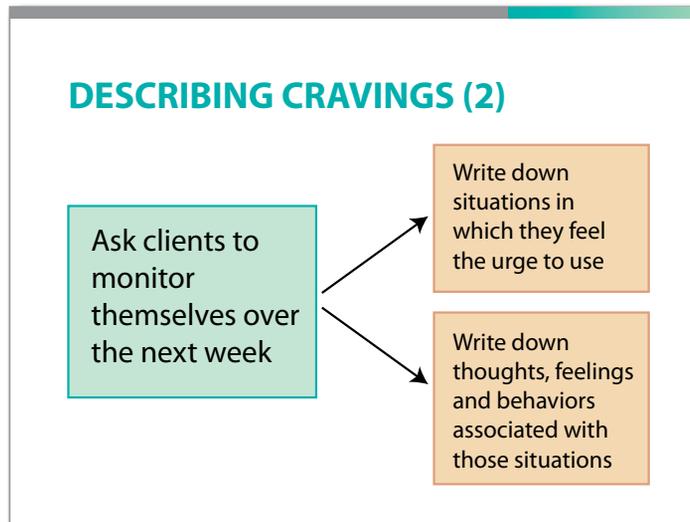
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### CRAVING INTENSITY

Extent of cravings determined by how much clients dwell on using drugs

**👤 Say:** *The intensity of cravings is determined in part by how much your clients dwell on using drugs. The more they think about it, the more they will prolong the feelings of craving. Conversely, the more they fill their lives with other things, the less likely they are to dwell on substances.*

## Slide 10

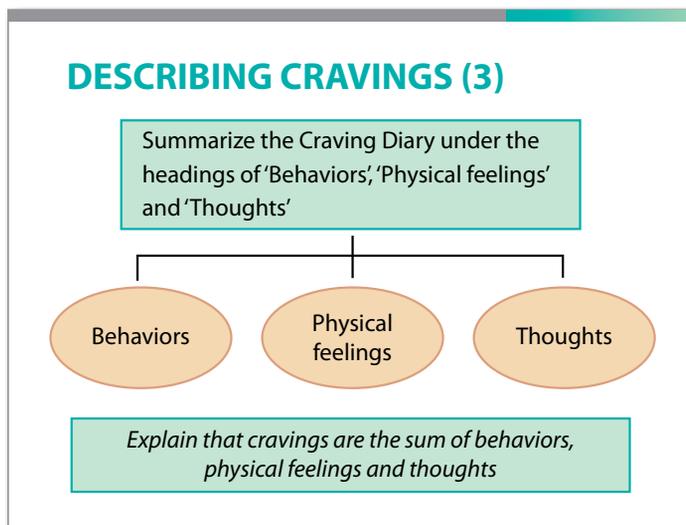


**👤 Say:** *Sometimes clients fail to recognize when they experience cravings. Many simply ignore cravings when they occur until they find themselves using. In these cases, you should ask your clients to monitor themselves over the following week by writing down situations in which they feel the urge to use, and the feelings associated with those situations.*

*The Craving Diary is a technique used in a number of RPT programs to learn more about a client's cravings and to help cope. Clients are asked to keep track of the internal and external cues that stimulated a craving, their mood, the strength of the craving, how long it lasted, coping skills used to cope with the craving, and how successful or unsuccessful these coping strategies were.*

*Cravings are the combination of thoughts, behaviors and physical feelings. Counselors need to get clients to discuss everything from those three points of view. Drug users often do not connect behaviors, thoughts and feelings. In these cases, you will need to associate them for your client to help them increase their resistance to cravings. Ask, "Where did it happen? When did it happen? What were you doing? What were you feeling? How long did it last?"*

# Slide 11



**Say:** Ask your clients to summarize their Craving Diary under the headings of behaviors, physical feelings and thoughts. Explain to them that cravings are the sum of: behaviors plus physical feelings plus thoughts.

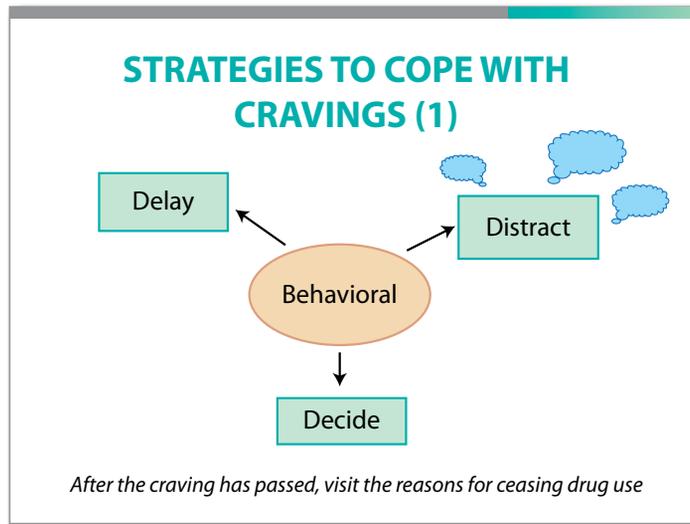
**FYI:** See below for some examples of each.

**Behaviors:** “I went down a street where I used to use drugs with my friends and I immediately felt the craving so strongly.” This is behavioral, since it relates to what you do.

**Physical feelings:** “When I suffer from cravings, I feel pain in my stomach” or “I start smelling it”.

**Thoughts** (or cognitive): “I feel I need it now”; or “I can’t get it out of my head”; or “It calls me.”

## Slide 12



**Say:** Depending on the craving, you should discuss specific coping strategies based on two different categories (behavioral or cognitive). This slide shows some behavioral strategies.

### **Delay**

One thing that we can help clients to do is to delay their use of drugs. Why do we suggest this? Why is this a good idea?

Because we already talked about the fact that cravings will only last for a few minutes and that they come and go. By delaying, clients can ride out the cravings. If clients can commit to delaying drug use for 30 minutes, the cravings will be gone and they will be less likely to use.

### **Distract**

Coach your clients to do something other than sitting in one place and thinking about drugs while the craving is happening; in other words, get busy! They can distract themselves. You will need to discuss what they like doing other than using drugs (such as a healthy hobby). Encourage them to try one of these activities in place of waiting through the craving.

### **Decide**

Substance users find it difficult to remember the negative consequences of using when in the throes of craving. Try this useful exercise in your counseling session. Give your client a blank business card on which to list the pros of using heroin on the left side, and the cons on the right. Start with the pros. The client may come up with one or two pros, but usually runs out quite quickly. When this occurs, tell the client to leave the pros aside for the moment, and come back to it later. Now start the cons. The client, unaided or with a little help, will quickly generate a list.

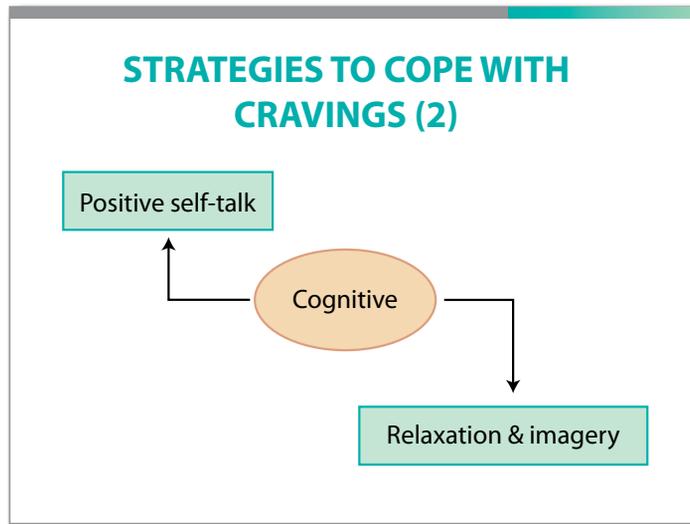
## Slide 12 (cont.)

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*He/she will also begin to question whether some of his/her pros more rightly belong on the con side. Ask the client to carry the card with him next to his/her money. It provides a quick reminder of the disproportionate negative consequences associated with substance use. This is a technique to assist the client to decide once again about the goal of staying abstinent.*

*We have discussed delaying, distracting and deciding what to do. These are the 3 Ds in coping with cravings: (Delay, Distract and Decide).*

## Slide 13



**Say:** Now I would like to discuss some cognitive coping strategies.

*You can encourage clients to provide themselves with positive self-talk. Self-talk can be very powerful. When we speak out loud, our ears hear and our thoughts are reinforced in the brain. Clients can remind themselves that cravings are self-limiting and that they can overcome them. They can also talk about all the things they will lose, and all the problems that will result. These things can actually interfere strongly with cravings.*

**FYI:** For many clients, a variety of automatic thoughts accompany cravings, but they are deeply established and the client may not be aware of them. Automatic thoughts associated with cravings often seem urgent and lead to exaggerated, perceived consequences (e.g. "I have to use now," "I'll die if I don't use," or "I can't do anything else until I use").

In coping with cravings, it is important to recognize automatic thoughts and to counter them effectively. To help clients recognize their automatic thoughts, a useful strategy is to help clients "slow down the tape" so that they can analyze their thoughts.

"When you decided to go out last night, you said that you really weren't aware of thinking about using heroin. But I bet if we go back and try to remember what the night was like, sort of play it back like a movie in slow motion, we could find a couple of examples of things you said to yourself, maybe without even realizing it, that led to heroin use. Can you play last night back for me now?"

Once automatic thoughts are identified, it becomes easier to counter them using positive rather than negative self-talk. This includes strategies such as challenging the negative thought (e.g. "I won't really die if I don't have heroin"), and normalizing cravings (e.g. "Cravings are uncomfortable, but a lot of people have them and it's something I can deal with without using").

## Slide 13 (cont.)

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 **Say:** *You can also use relaxation and imagery techniques as ways to deal with stress. Stress is one of the main triggers of drug cravings.*

*Cognitive distraction can be very powerful. Imagery has been used as a means of helping stressed people learn to relax. You can use imagery to take your mind off an urge that is dominating consciousness. Conjuring a pleasant place, like a beach or a lake, can help you take your mind off the urge and relax as well.*

*However, "relaxing" images are not helpful for everyone. Some find that if they relax when experiencing a craving they will only want drugs more. This is because some people's drug use is associated with relaxation and pleasure. Evoking relaxing images of places previously associated with drug use can also strengthen urges substantially.*

**Teaching instructions:** Ask the participants if there is any other way to relax. Give them some time to provide responses.

 **Say:** *One of the most popular relaxing exercises is breathing. You can instruct your clients to do the following:*

- *Put both feet on the floor, sit up straight and close your eyes*
- *Breathe in through your nose and out through your mouth*
- *Breathe in deeply, hold it for a second, then breathe out*
- *Do this again and feel your lungs fill with air, then empty*
- *Slow your breathing to a steady rhythm*
- *See if any thoughts are entering your mind*
- *Ask yourself if you are feeling any body tension*
- *Open your eyes when you are ready*

# Slide 14

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## SUMMARY (1)

- Cravings are common and normal; they are not a sign of failure. Clients should try to learn what triggers them.
- Cravings are like ocean waves. They grow in intensity, but then they start to go away.
- If clients don't use, their cravings will weaken and eventually go away. Cravings only get stronger if clients give in to them.
- Clients can try to avoid cravings by avoiding or eliminating the cues that trigger them.

**Teaching instructions:** Use the suggested scripting below to review the key points of this unit. Note that the summary continues on the next slide. Also note that following these summary slides, you will be facilitating role-plays before finishing the unit.

**Say:** *I would like to summarize this session with the following key points:*

- *Cravings are common and normal; they are not a sign of failure. Clients should try to learn what triggers them.*
- *Cravings are like ocean waves. They grow in intensity, but then they start to go away.*
- *If clients don't use, their cravings will weaken and eventually go away. Cravings only get stronger if clients give in to them.*
- *Clients can try to avoid cravings by avoiding or eliminating the cues that trigger them.*

# Slide 15

---

## SUMMARY (2)

You can *cope* with cravings through:

### Behavioral means

- Delay
- Distract
- Decide
- After the craving has passed, visit the reasons for ceasing drug use

### Cognitive means

- Positive self-talk
- Relaxation and imagery

**Teaching instructions:** Show only the title of this slide and proceed with the statement and questions below. Allow participants to brainstorm answers to your questions, then reveal the bullets and fill in any gaps.

 **Say:** *You can cope with cravings by using behavioral and cognitive techniques.*

*So how many behavioral techniques are there and what are they?*

*And how many cognitive techniques are there and what are they?*

## Slide 16

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### ROLE-PLAY: TRAINERS

#### Trainer role-play: Cravings

**Teaching instructions:** Two trainers should conduct a role-play focusing on cravings: 1 in the role of a counselor and the other in the role of a recovering drug user client. The counselor should try to make the client feel comfortable in the discussion and slowly engage him/her in a discussion focusing on cravings. The counselor should try to get the client to talk about his/her experiences with cravings, provide the client with basic facts about cravings, and discuss at least 1 strategy to cope with the client's cravings, depending on the client's specific trigger(s).

## Slide 17

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### ROLE-PLAY: PARTICIPANTS

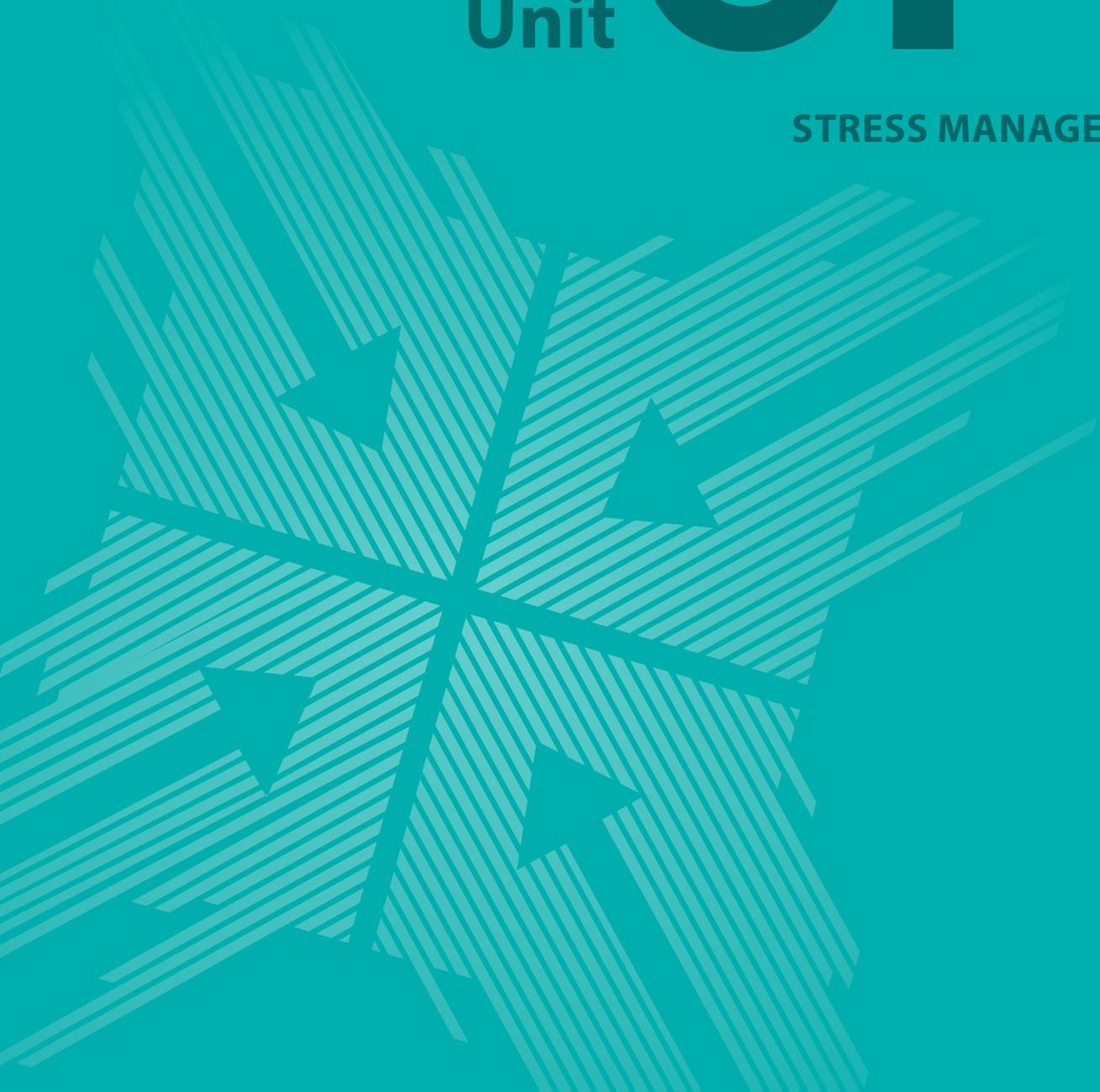
Participant role-plays: Cravings

**Teaching instructions:** Ask the participants to work in pairs to practice doing a role-play focusing on cravings: 1 in the role of a counselor and the other in the role of a recovering drug user client. Allow them 20 minutes to practice by themselves. Afterwards, invite 2 pairs to do the role-play in front of the group. Ask the other participants to observe carefully and provide feedback.

Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

# Unit 6.4

STRESS MANAGEMENT



# OVERVIEW

---

## I. Introduction

**2 Min**

Introduce the unit by explaining that you will discuss stress management and how it is used in relapse prevention therapy.

## II. Large Group Discussion

**20 Min**

Begin with a large-group discussion by asking the participants how they define stress and how they manage the stress in their lives. (Note, proceed first with the PowerPoint slides, which guide this discussion and activity)

## III. Presentation

**30 Min**

Use the PowerPoint slides to present on stress management and how it is used in relapse prevention therapy.

## IV. Conclusion

**8 Min**

Review the key points of this unit and answer participants' questions (if any).

---

## Unit 6.4: Stress Management

**Goal:** To help participants understand stress management techniques and how they can be applied in working with recovering drug user clients to help prevent relapse.

**Time:** 60 minutes

**Objectives:** At the end of this unit, participants will:

- understand the elements of stress
- understand the symptoms of stress
- understand the causes of stress
- understand how stress affects both counselors and clients
- understand ways to mitigate stress

**Methodology:**

- Large-group discussion
- Presentation

**Teaching aids:**

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers LCD projector

# Slide 1

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**👤 Say:** *This unit focuses specifically on stress management, and how it can be applied in your counseling sessions to help clients prevent relapse.*

## Slide 2

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### LEARNING OBJECTIVES

At the end of this session, participants will:

- understand the elements of stress
- understand the symptoms of stress
- understand the causes of stress
- understand how stress affects both counselors and clients
- understand ways to mitigate stress

**Teaching instructions:** Use the bullets on this slide to present directly.

## Slide 3

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### SMALL-GROUP EXERCISE

- What is stress?
- How do you manage stress in your life?

**Teaching instructions:** Divide the class into small groups of 4-5 individuals. Each group should discuss the following 2 questions for 10 minutes:

1. What is stress?
2. How do you manage the stress in your life?

Let participants know there are no right or wrong answers and that you would like to get their thoughts on these questions.

Ask the group to select a spokesperson to report on their work to the larger group. Spend 10 minutes in small-group discussion and 10 minutes reporting back. Instruct participants that they do not have to repeat what other groups have said and remind them that this is not a test but a way to get participants to discuss the issue. During the presentation, reinforce issues raised during feedback.

## Slide 4

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### WHAT IS STRESS

- Stress is your mind and body's response or reaction to a real or imagined threat, event or change.
- The threats, events or changes are commonly called stressors.
- Stressors can be internal (thoughts, beliefs, attitudes) or external (loss, tragedy, change).

 **Say:** *Although we tend to think of stress as caused by external events, events themselves are not stressful. Rather, it is the way in which we interpret and react to events that makes them stressful. People differ dramatically in the type of events they interpret as stressful and the way in which they respond to stress. For example, speaking in public can be stressful for some people, and relaxing for others.*

## Slide 5

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### STRESS IS CAUSED BY...

- Major life changes (e.g. moving house, change in the workplace, death of a loved one...).
- Environmental events (e.g. time pressure, competition, and financial problems...)

 **Say:** Both positive and negative events in one's life can be stressful. However, major life changes are the greatest contributors of stress for most people. They place the greatest demand on resources for coping.

#### **The major life changes that can cause stress include:**

- *geographic mobility*
- *transfer to a new school*
- *marriage*
- *pregnancy*
- *new job*
- *new lifestyle*
- *divorce*
- *death of a loved one*
- *being fired from your job*

#### **The environmental events that can cause stress include:**

- *time pressure*
- *competition*
- *financial problems*
- *noise*
- *disappointments*

## Slide 6

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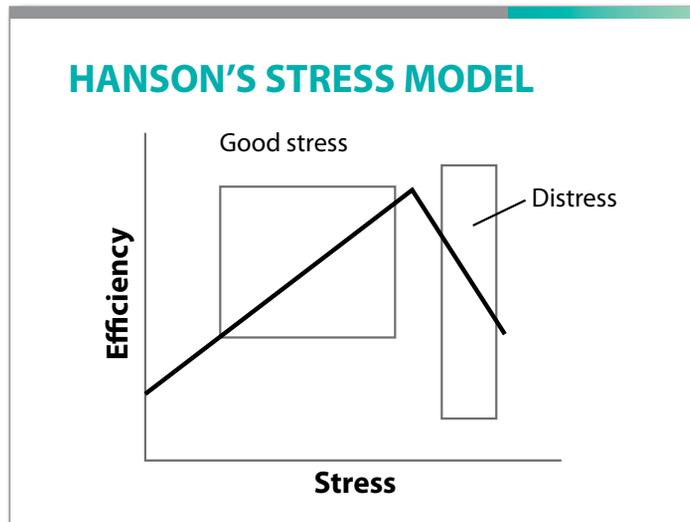
### STRESS

- Everyday fact of life
- Stress can be good
- Excessive stress can be harmful

 **Say:** *Do you think that all stress is bad? Can you give examples of stressors that might not be bad for you?*

**Teaching instructions:** Allow participants some time to come up with answers.

## Slide 7



**👤 Say:** Take a look at Hanson's Stress Model. As you can see from the diagram, as our stress levels increase, our efficiency in performing tasks increases as well. However, if there is too much stress, it will actually impair performance. Hence there are levels of stress that improve productivity, but there is also a level of stress that reduces productivity. While stress can increase efficiency, TOO MUCH stress can impair performance.

The area in the diagram that represents good stress will differ for each person. However, the basic principle is that increasing stress generally leads to increased efficiency for most everyone. What differs between individuals is the amount of improvement in efficiency for a given increase in stress level. Reduction in efficiency associated with further increases in stress also differs for individuals. However, the principle holds true that as stress levels increase, there comes a point where efficiency will generally decrease.

## Slide 8

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### POSITIVE STRESS

- Enables concentration
- Increases performance
- Energizes

 **Say:** *Can you see how this might apply to you?*

**Teaching instructions:** Encourage the group to discuss briefly how stress may have affected them positively in the past. See if there is general agreement that there can be positive results from stress.

## Slide 9

---

### NEGATIVE STRESS

- Loss of motivation
- Reduces effectiveness
- Physical, mental, and behavioral problems

**Teaching instructions:** Show only the title of this slide and ask the question below. Allow the group to come up with answers, and group the answers on flipchart paper based on the following categories: physical, mental, and behavioral. Then reveal the bullets, move to the next slide, and check the group's responses with those listed on this slide and the following three slides.

 **Say:** *What are some of the physical, mental, and behavioral problems caused by stress?*

# Slide 10

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## PHYSICAL STRESS SIGNS

- Increased breathing
- Increased heart rate
- Muscles tighten
- Cold clammy hands
- Hands shakes (Trembling)
- Sleeplessness
- GI tract disorders
  - Butterflies in stomach
  - Diarrhea
- Fatigue

**Teaching instructions:** Compare this list to the list generated by the group discussion in the previous slide.

# Slide 11

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## MENTAL STRESS SIGNS

- Anxiety
- Forgetfulness
- Depression
- Apathy
- Confusion

**Teaching instructions:** Compare this list to the list generated by the group discussion.

## Slide 12

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### BEHAVIORAL SIGNS OF STRESS

- Hostility
- Irritability
- Restlessness
- Under/over eating
- Increased alcohol/drug use

**Teaching instructions:** Compare this list to the list generated by the group discussion.

## Slide 13

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### HOW TO MANAGE YOUR STRESS

- Identify your stressors
- Know how you react
- Learn techniques to deal with stress
- Integrate stress management into your daily life

**👤 Say:** *Now that we have an understanding of stress and many of its causes and consequences, we will spend some time discussing the need to be aware of our own reactions to stress. We need to be aware in order to know how to reduce stress.*

*There are 3 main categories of techniques for responding to stress. These include mental, physical, and diversion techniques.*

*Can anyone give some examples of each?*

**Teaching instructions:** Allow participants a few minutes to provide responses.

**👤 Say:** *Many stressors can be changed, eliminated, or minimized. Here are some things you can do to reduce your level of stress:*

- 1. Become aware of your own reactions to stress*
- 2. Reinforce positive self-statements*
- 3. Focus on your good qualities and accomplishments*
- 4. Avoid unnecessary competition*
- 5. Develop assertive behaviors*
- 6. Recognize and accept your limits; remember that everyone is unique and different*
- 7. Get a hobby or two - relax and have fun*

## Slide 13 (cont.)

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8. *Exercise regularly*

9. *Eat a balanced diet*

10. *Talk with friends or someone you trust about your worries/problems*

11. *Learn to use your time wisely:*

*a. Evaluate how you are budgeting your time*

*b. Plan ahead and avoid delaying things*

*c. Make a weekly schedule and try to follow it*

12. *Set realistic goals*

13. *Set priorities*

14. *Practice relaxation techniques - e.g. whenever you feel tense, slowly breathe in and out for several minutes*

# Slide 14

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## MENTAL TECHNIQUES

- Work on time management
- Organize
- Problem solve
- Identify important things
  - Identify your values
  - Establish priorities
  - Set goals

 **Say:** *There are 3 principle approaches to stress management. They include mental techniques, physical techniques and diversion. This list above includes some of the mental techniques your client can use to deal with stressors. There are separate sessions in this training on time management, goal setting and problem solving.*

# Slide 15

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## PHYSICAL TECHNIQUES

- Laughter
- Nutrition
- Exercise
- Deep breathing
- Yoga
- Imagery

 **Say:** *Exercise and breathing techniques are easy to teach clients. People often forget the importance of laughter in improving mood and reducing stress. A balanced diet is also important. People who are not eating enough can be stressed because of the lack of food reserves. Yoga and meditation have also been used effectively to reduce stress. Imagery may be a helpful technique. You simply close your eyes and concentrate on a restful scene that distracts your mind from the stressors in your life.*

# Slide 16

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## DIVERSIONS

- Music
- Hobbies
- Play
- Vacation

 **Say:** *Everyone needs time out from the daily stressors of life. These are a few common examples of distractions that allow people to rest and rejuvenate.*

# Slide 17

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## EXERCISE

- Write down the things that cause you stress in your life (individual exercise - 5 min)
- Await further instructions

**Teaching instructions:** Ask all of the participants in the group to take 5 minutes to write down on a piece of paper what things trigger stress reactions for them.

After they have had a chance to write these down, go around the room and ask the participants if they would deal with their stressors in a different way after participating in this training. Ask them what have they learned that they could apply to modify their responses to specific stressors. Be sure to take notes on the flipchart paper.

Then ask the participants how certain stressors might affect their clients.

 **Say:** *What strategies would you employ to enable your clients to mitigate their stress?*

**Teaching instructions:** Provide any insights you may have in noting similarities and differences between how counselors might deal with their own stressors, and how they would advise clients. See if there is agreement on whether or not they would employ the same strategies, and why, or why not.

# Slide 18

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## SUMMARY

- Stress is real for both you and your client
- Stress has clear signs and symptoms
- Stress can be managed and reduced

**Teaching instructions:** Review the key messages of this unit.

**Say:** *You should now feel that you have a clearer understanding of the elements of stress and stress management.*

*You should also have an understanding of the following:*

- *The causes of stress*
- *The symptoms of stress*
- *How stress affects you and your clients*
- *Ways to reduce stress*

*It is important to remember that:*

- *stress is real for both you and your client*
- *stress has clear signs and symptoms*
- *stress can be managed and reduced*

**Teaching instructions:** Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.



# Unit 6.5

TIME MANAGEMENT



# OVERVIEW

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## I. Introduction

2 Min

Introduce the title of this unit and the key contents.

## II. Presentation

55 Min

Use the slides to present on time management in drug addiction treatment counseling as it relates to relapse prevention.

## III. Conclusion

3 Min

Review the key points of this unit and answer participants' questions (if any).

---

## Unit 6.5: Time Management

**Goal:** To help participants understand the basic principles of time management, both for counselors and clients, in drug addiction treatment counseling.

**Time:** 60 minutes

**Objectives:** At the end of this session, participants will:

- understand the importance of time management in counseling
- know how to apply skills for effective time management during a counseling session
- practice teaching clients how to make an appropriate timetable for relapse prevention

**Methodology:**

- Presentation
- Discussion

**Teaching aids:**

- PowerPoint slides
- LCD projector
- Flip chart and paper
- Markers

# Slide 1

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**👤 Say:** *This unit on time management includes three parts. In the first part, we will discuss how you can effectively manage your own time. In the second, we will discuss how you can effectively manage a counseling session. In the third part, we will discuss how to introduce the concept of time management to your clients so that they have a means of managing their time.*

*We have divided this unit into three parts because the time management needs for you and your clients are different. In addition, you will need different knowledge and skills to manage your time effectively. Finally, the kinds of things that require you to develop time management mechanisms are different than those of your clients.*

## Slide 2

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### LEARNING OBJECTIVES

By the end of this unit, you will:

- understand the importance of time management in counseling
- know how to apply skills for effective time management during a counseling session
- practice teaching clients how to make an appropriate timetable for relapse prevention

**Teaching instructions:** Use the bullets on this slide to present directly.

## Slide 3

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### SMALL-GROUP EXERCISE

- What techniques do you use in order to concentrate on your work after you have been interrupted?
- Why do you think that time management is significant and important for counseling?
- When you are working with clients and the session time is coming to an end, how do you end a conversation/discussion with your client?

**Teaching instructions:** Divide the group into 3 smaller groups. Ask each group to choose a reporter to report back on the findings for each small group.

Ask each of the groups to discuss **ONE** of the questions in the slide. Let everyone know that there are no correct or incorrect answers and that they should come up with whatever comes to their minds.

After all groups have reported, tell the participants that you will discuss each of these in more detail later in this session. **REMEMBER** to ask them at the end of the unit to recall what they said in this exercise and see if it has changed. (They do not need to record or write these down on paper).

## Slide 4

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### MYTHS OR FACTS ABOUT TIME MANAGEMENT

- #1: Planning my time just takes more time.
- #2: I get more done in less time when I use alcohol.
- #3: Having a time management problem means that there's not enough time to get done what needs to get done.
- #4: The busier I am, the better I am at using my time.
- #5: I feel very busy, so I must have a time management problem.

**Teaching instructions:** Show the participants Slide 4 and ask the participants whether these are myths or facts. Invite the participants to discuss. See whether there is agreement or disagreement among the group. Use the facts below to counter the myths.

#### FYI:

**Myth #1:** Planning my time just takes more time. Actually, research shows the opposite.

**Myth #2:** I get more done in less time when I use alcohol. Wrong! Research shows that alcohol interferes with decision-making and productivity. Often people who have been drinking think they have made wise decisions while intoxicated but realize the next day, when sober, that their decision was actually quite foolish.

**Myth #3:** Having a time management problem means that there's not enough time to get done what needs to get done. No, having a time management problem means that you are not using your time to your fullest advantage, to get done what you want to get done.

**Myth #4:** The busier I am, the better I am at using my time. Look out! You may only be doing what is urgent, and not what is important.

**Myth #5:** I feel very busy, so I must have a time management problem. Not necessarily. You should verify that you have a time management problem. This requires knowing what you really want to get done and determining whether you are getting it done.

## Slide 5

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### WHY IS TIME MANAGEMENT NECESSARY?

- Time is a limited resource: it needs to be allocated appropriately to produce the best outcome in the time available
- Priorities should be given to the most important tasks
- Don't spend too much time responding to all needs

 **Say:** One element of effective time management is writing things down so you do not waste your time worrying about what you have forgotten.

*Avoid trying to create a "To Do" list in your head. It is more effective to write things down and keep them out of your short-term memory. By writing things down in a diary, you can manage other things in your head. An effective To Do list should be updated throughout the day. As your priorities alter, so will your list.*

*Try to be realistic. Commit yourself to a list of achievable projects and activities. If you are unable to complete a task on the designated day, simply transfer it to the next day or another suitable time. When you have written your list in your diary, go back and number each item in order of importance. Then, begin with number 1 and work your way through.*

*We will spend the next few slides discussing helpful means of managing your time.*

## Slide 6

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### TIME MANAGEMENT: GENERAL STEPS

- Step 1: Create ideal conditions for working
- Step 2: Prioritize
- Step 3: Plan

 **Say:** *There are three general steps you will need to undertake in planning your time.*

- *Create a good working environment*
- *Prioritize your tasks based on available time*
- *Develop action plans to complete those tasks*

## Slide 7

---

### TIME MANAGEMENT: GENERAL PRINCIPLES

#### Step 1: Create ideal conditions for working

- Build a work-conducive environment
- Track periodic biological fluctuation
  - Match tasks to the time of day you are best suited to do them

**👤 Say:** *To manage your time effectively and complete tasks, you will need to be sure you have a working environment that helps you to feel comfortable and productive. Make sure your space is lit appropriately and personalized. Some people like to personalize their workspace with items that make them feel calm (e.g. pictures of family, friends, good memories).*

*It is particularly critical for counselors to create inviting, productive workspaces. You want to be sure that your client feels welcome in your space. Your space will also need to be professionally decorated and organized so that you don't have to waste time looking for things while with your client. You will also become a good role model. How can you teach your clients to manage their time effectively if you appear disorganized?*

*You will also need to be aware of physiological changes that may affect your productivity throughout the day. For example, if you are usually more focused and active in the morning, perhaps you should arrange your schedule to see as many clients as you can in the morning, and leave the afternoon for administrative work. You never want to be tired when meeting with clients, as they may misinterpret that you are not interested in their situation.*

## Slide 8

### Time Management: General Principles

#### Step 2: Prioritization

- Make a list of things to do
- Prioritize the tasks according to the 2x2 table below and give priority to the tasks in boxes I and II

	Urgent	High	Low
Important			
High	I	II	
Low	III	IV	

**Say:** *Once you have created an environment that is conducive to achieving your results in a timely manner, it is time to prioritize. You won't be able to do everything at once and may not be able to complete all your tasks. As we discussed earlier, you should write down your list of things to do, rather than trying to keep them in your head.*

**REMEMBER:** *An effective To Do list should be updated daily. It is also important when creating your list to be realistic. You should list only achievable projects and activities.*

*Have a look at the chart on the slide. There are two different ways of categorizing what you have to do: urgency and importance. When you have written your list down, go back and use the chart in this slide to determine the levels of urgency and importance for each task. Begin with the tasks in Box I. When you have completed them, move on to those in Box II and so on until you have finished your day.*

*The classification of things into the four groups will not always remain the same. You should review the table every evening because, for some tasks, the importance and urgency may have changed. You will likely need to adjust the list daily or weekly.*

**Teaching instructions:** Ask the participants to think about what their tasks were in the last week. Ask them to take 1 minute to group them into a table like the one on the slide. Spend another moment discussing how they classified them. Tell the participants that once they have developed their prioritization of tasks, they will need to start planning.

## Slide 9

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### TIME MANAGEMENT: GENERAL PRINCIPLES

#### Step 3: Planning

- Set up a detailed personal plan for long-term goals, including steps to achieve each goal
- Review and adjust the plan everyday/week as necessary
- Include activities relating to personal primary needs, relaxation and entertainment
- Do not set up a plan that is too ambitious

**👤 Say:** *Planning is critical both for you and your clients. There are short-term plans (such as 1 day/1week), intermediate plans (such as 1 month/1 quarter), and long-term plans (such as 3-5 years).*

*For the longer term goals, you want to:*

- *determine the goals you wish to achieve*
- *identify the steps needed to achieve your goals*
- *start with the initial steps and proceed (Adjust or add steps as needed. You may not know all the activities or steps necessary to achieve your ultimate goal.)*

*As part of your steps, you should periodically review your progress and adjust your plan as needed. Think of climbing a mountain. Some slopes are difficult, and you may lose your courage and commitment to continue climbing if all you ever do is to look up and see you still have a long way to go. Take time to look back to see how far you have come and note how much you have accomplished. It will give you more strength, courage and commitment to keep going.*

*In any plan, there must also be time set aside for addressing personal needs, including time for relaxation, stress relief and pleasure. You should include vacations if possible. Remember, try not to be too ambitious in the beginning.*

## Slide 10

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### MANAGING YOUR TIME DURING A COUNSELING SESSION

- Follow the procedures of each counseling session
- Focus on the client's most important problem(s)
- Link important points and change the topic appropriately
- Stay focused and use summarization skills when necessary

**Teaching instructions:** Use the information below to talk about the key time management roles and responsibilities to be used during a counseling session.

#### **FYI: What is the counselor's role?**

The counselor's primary role is to elicit and consolidate the client's motivation for change. This facilitator role may include being an educator and collaborator in the recovery process. The expert/adviser role is deemphasized.

#### **Who talks more?**

The client should do more than half of the talking, except during the assessment and feedback sessions, when the counselor has a substantial explanatory role.

#### **How directive is the counselor?**

Sessions should be client-centered but directed. Counselors pursue specific objectives based on the client assessment (and on the client's needs). When this is done successfully, the client does not feel directed, coerced, or advised. Counselors can apply direction through the use of open-ended questions and selective reflection of client responses, rather than through more confrontational strategies and advice giving. To use a metaphor, the client and counselor are working on a jigsaw puzzle together. Rather than putting the pieces in place while the client watches, the counselor helps to construct the frame, then puts pieces on the table for the client to place inside the frame.

## Slide 10 (cont.)

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Counselors should establish a working therapeutic alliance early on. Client-centered therapy provides a strong foundation for this, with particular emphasis on open-ended questions and reflective listening. Counselors should apply supportive and motivation-building strategies until resistance abates and the client shows readiness to discuss change.

Counseling sessions need to remain focused. As the counselor, you should address the client's most important problems first, and help him/her to make connections between his/her substance use and the bio-psychosocial consequences. You can do this without rushing your client by linking critical points appropriately, and by changing the topic of discussion as needed.

Be sure to stay focused and use summarization skills when necessary.

# Slide 11

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## MANAGING YOUR TIME DURING A COUNSELING SESSION

- Combine counseling skills
  - Ask open-ended and close questions
  - Probe
  - Interpret
  - Summarize
  - Reflect on emotions
  - Empathize

**Say:** *So how does a counselor keep sessions moving progressively, but not feel rushed?*

*You can accomplish this by combining the following counseling skills:*

- *Use open-ended and closed questions*
- *Probing*
- *Interpreting*
- *Summarizing*
- *Emotion reflecting*
- *Empathizing*

*You need to know when to ask open-ended questions and when to ask closed-ended questions. You will have trouble if you only focus on one or the other. You need to have a balance. It's important to differentiate if want to know something specific or something in general. You can use all of the counseling skills that we have discussed to help you manage your time.*

*If you use these skills successfully, your client should feel:*

- *that he/she is being heard*
- *that he/she is part of the conversation and not just being talked at*
- *that his/her actions, behaviors and consequences are linked to drug-seeking and drug-taking behaviors*

*Using these skills will also help your client feel welcome, understood, supported and, most importantly, that the session begins and ends on time.*

## Slide 12

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### COUNSELING SESSIONS PROCEDURES: 45 MINUTES

- Opening
- Processing
- Closing

**👤 Say:** *We have discussed what time management is, some myths about time management, and the importance of using time management in our lives and in counseling sessions. We have also discussed what should take place within a counseling session, including specific techniques.*

**Teaching instructions:** Divide the group into 3 groups and ask each group to identify someone to report back on what has been discussed to the larger group.

**👤 Say:** *I would like each group to spend 5 minutes outlining how much time should be allocated to each phase of a counseling session, as noted on the slide. Please also identify what the counselor should say at the start of a session, during the session, and what should be said at the closing of the session.*

**Teaching instructions:** Allow reporters from each group to summarize what they discussed, and comment as appropriate. Use the information below to help fill in the gaps, based on what the groups produce.

### **FYI: Opening**

You should spend around five minutes conducting an orientation to prevent the client from being confused about what to expect. To do this effectively, you need to read the notes from your last session before the client enters. Then begin by saying: "It's good to see you again. In our last session, we talked about \_\_\_\_\_. I would like to pick up where we left off. Please tell me how's it is going." Counselors should always do this because it is not reasonable to expect clients to remind you where you were last time. It also provides a structure and a starting point for the topics to be discussed in the session.

## Slide 12(cont.)

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### **Processing**

The processing component is much more interactive. It builds on your introduction and should incorporate the counseling skills we have discussed. You should listen to the client most of this time, after asking open-ended questions that help him/her to explore what is going on. This usually takes around 30 minutes.

### **Closing**

Counseling is a journey that often does not reach a final destination. In most cases, the closing of a counseling session is really a break until the next session. Sometimes you will need to think of creative ways of coming to a close. One way is to begin summarizing the counseling session about 10 minutes before the end of the session. You might also want to use this time to think about logical next steps. Check out whether you have fully understood all that has been discussed in the session. Be sure to come to agreement about next steps, including what the client will do before the next session, and when the next session will be. You may also want to provide your client with recommendations and feedback on the things they are planning to do, and have achieved so far, so that they leave with a positive feeling. Make sure you write everything down so you that you have a record for the next time.

### TIME MANAGEMENT FOR RELAPSE PREVENTION

 **Say:** *Just as there is a need for time management in both your personal life and in your counseling sessions, clients also need to be trained in time management. One important reason why time management is necessary and critical for recovering drug users is to prevent relapse. When a drug user is addicted to drugs, he/she will use all his/her time finding, purchasing and consuming drugs. However, once he/she is not using drugs and is engaged in counseling, he/she may have a lot more unstructured time.*

*This presents two challenges. Excess free time can be boring, and boredom can be stressful. This stress can increase the likelihood of relapse. The second challenge is for the drug user to identify how to fill the time in a way that is productive and useful to him/her. In the beginning, this may seem very difficult, as drug users may not be accustomed to thinking about how they manage their time.*

## Slide 14

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### WHY TIME MANAGEMENT IS NECESSARY FOR RELAPSE PREVENTION

- Inappropriate allocation of time can be stressful
- Unmanaged time leads to lack of purpose
- Lack of work can be boring
- Clients can gain support from families and friends if they have an action plan

**Say:** *When you assist your clients to manage their time more effectively, you are also making a critical contribution to preventing relapse. Be sure to explain to your clients that when they develop their plans, they are also addressing potential causes for relapse.*

*You might want to add that:*

- *inappropriate allocation of time may create boredom and trigger relapse*
- *unmanaged time may lead to seemingly irrelevant decisions that may put clients in high-risk situations*
- *clients often complain that they do not have anything to do - a detailed personal plan will help them to be clear about what they should do*
- *a well-developed plan may help clients to regain support from their families and friends because they will see the client “working on their program” and making changes.*

# Slide 15

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## HOW TO MAKE A PERSONAL PLAN

- Encourage clients to make their own personal plan of action - assist only when necessary
- The more detailed the plan, the stronger the commitment for action and the higher the possibility of success
- Discuss with clients the advantages and disadvantages of their choices
- Help by acknowledging the importance of every change clients have made

 **Say:** *Many clients need to be given skills to learn how to make a personal plan to assist them in their daily lives. This will help to reduce stress and ensure that clients can manage their daily tasks. What can you do to help your clients learn these valuable skills?*

*It may help to do the following:*

- *Encourage your clients to make their own personal plan of actions, and assist them only as needed*
- *The more detailed the plan, the stronger the commitment for action and the higher the possibility of success*
- *After your client has developed a draft plan, spend a session with him/her to discuss the advantages and disadvantages of his/her choices*
- *Help your clients to acknowledge the results of every single change they have made*

*As you proceed with the counseling session, incorporate your clients' plans into the larger recovery plan. Acknowledge progress made by each and every change. You may also want to point out that, through this process, your client is beginning to learn how to address the triggers that put him/her at risk for relapse.*

## Slide 16

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### ASSIST CLIENTS TO SET UP A DAILY PERSONAL PLAN

Clients will be able to do the following:

- Make appropriate personal plans: avoid being too ambitious, give priority to easily doable activities
  - Understand what plans and activities are required to achieve their goals
  - Make a detailed action plan and list of activities for every hour of the day
  - Prioritize safe or low-risk activities
- **Successful plan = no relapse**
- **Unsuccessful plan = higher risk of relapse**

**Say:** *Recall, in the last unit, we discussed the need for counselors to make a time-management plan for personal time and for counseling sessions. This is just as important for your clients. You may need to discuss your client's plan, and then give homework (ask your client to work on his/her plan at home) in order for him/her to return with a draft plan at the next counseling session.*

*Clients should be able to:*

- make appropriate personal plans (avoid being too ambitious; give priority to easily doable activities)
- understand what plans and activities are required to achieve their goals
  - make a detailed action plan and list of activities for every hour of the day
  - prioritize safe or low-risk activities

**WHY IS THIS IMPORTANT?** *Because a successful plan is likely to keep your client from relapsing while an unsuccessful plan is likely to lead to relapse.*

# Slide 17

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## TIME MANAGEMENT FOR RELAPSE PREVENTION

- Be aware of your clients' education level and background:
  - If they are illiterate, preparing a plan may be more challenging.
  - Additional strategies may be needed to develop a daily schedule effectively.
- Common barrier:
  - Many clients claim they have nothing to do, or have nothing to put in a daily timetable.

 **Say:** *It is important for you to be aware of your clients' educational level and background. For example, if your client cannot read and write, preparing a plan may be more challenging. You must think about how to deal with this situation.*

*Many clients claim they have nothing to do and/or have nothing to put in a daily timetable.*

*How can you engage your clients in planning a schedule in these situations?*

**Teaching instructions:** Allow the participants to provide some answers to your question.

 **Say:** *One option is to ask your client to record a timetable for his/her day before the counseling session (what your client actually did that day, or the day before). You can also assist your client to develop a schedule on his/her own by outlining a typical day. Clients should include waking time, breakfast, lunch, dinner, sleeping time...etc. Then you can encourage your client to construct a timetable of activities around these conventional activities. As a result of this exercise, your clients may realize that they have many things they do on an average day.*

# Slide 18

**PRACTICE: DETAILED DAILY PERSONAL PLAN**

Time	Activity	Remarks/notes
7 AM		
8 AM		
9 AM		
10 AM		
11 AM		
12 AM		
1 PM		
2 PM		
3 PM		
4 PM		
5 PM		
6 PM		
7 PM		
8 PM		
9 PM		
10 PM		
11 PM		

**Say:** *If you ask your clients to develop their own diary at the first session, like the one in this slide, it may be very confusing for them - they may say they have nothing to do. Filling in a diary like this for people who are relatively busy and organized may be simple. For the client who feels that he/she does little in the day, this may be a very dull exercise. You may want to start by making a daily diary with four rows marked sleep, breakfast, lunch and dinner, with breaks between them. Your client can then brainstorm what he/she does between these blocked out sections of the day.*

*To make it more interesting, you may want to start by asking some questions:*

- *What time do you go to bed at night?*
- *What time do you get up in the morning?*
- *What time do you have breakfast?*
- *What time do you have lunch?*
- *What time do you have dinner?*
- *What time do you bathe?*
- *What else do you do during the day?*

*Try to help your client fill free time with activities that help him/her to achieve his/her short-term goals. Make sure time is allocated for relaxation, but not too much time that your clients can become either bored or engaged in seemingly irrelevant decisions. Either can lead to relapse.*

*After filling in the diary, you should let your clients take it with them and ask them to try to follow it. In the next session, you can help them develop their own diary using this technique. Gradually, they should be able to develop a diary by themselves.*

# Slide 19

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## SUMMARY

- Time is a limited and irreplaceable resource - one must spend it wisely
- Prioritize daily activities for input into a feasible personal plan of action
- Follow the counseling steps and use a mix of skills to ensure counseling sessions have positive outcomes
- Assist clients to set up a detailed daily personal plan to help prevent relapse

**Teaching instructions:** Review the key messages of this unit.

 **Say:** *Let us summarize some of the key points of this unit:*

1. *Time is a limited and irreplaceable resource - it pays to spend it wisely*
2. *One should prioritize daily activities as part of a feasible personal plan of action. Action plans help counselors stay professional and focused, and help clients more effectively prevent relapse.*
3. *Follow the counseling steps and use a mix of skills to ensure that counseling sessions have positive outcomes.*

**Teaching instructions:** Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

# FHI Addictions Counseling Training Manual - Glossary of Terms

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
abstract thinking	thinking that is not based on a particular instance; theoretical	the ability to think about something from a range of different perspectives
addiction		the overpowering physical or emotional urge to continue alcohol/drug use in spite of an awareness of adverse consequences; there is an increase in tolerance for the drug and withdrawal symptoms sometimes occur if the drug is discontinued; the drug becomes the central focus of life
addiction counseling		professional and ethical application of basic tasks and responsibilities which include clinical evaluation; treatment planning; referral; service coordination; client, family, and community education; client, family, and group counseling; and documentation
affirmation	the act of stating something as a fact; asserting strongly	agreeing with what a client is saying in a supportive way
ambivalence	the state of having mixed feelings or contradictory ideas about something or someone	
arguing	exchanging or expressive diverging or opposite views, typically in a heated or angry way	
attending		listening to verbal content, observing non-verbal cues, and providing feedback that assures you are listening
autonomy	freedom from external control; independence	respecting a client's ability to think, act and make decisions for him/herself
behavior modification	the application of conditioning techniques (rewards or punishments) to reduce or eliminate problematic behavior, or to teach people new responses	

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
behavioral counseling	counseling that is based on the premise that primary learning comes from experience	an approach that views counseling and therapy in learning terms and focuses on altering specific behaviors
big deep moments		moments in a conversation that have significant impact on a person's thinking and commitment for change
burnout	physical or mental collapse caused by overwork or mental stress	depletion of motivation, interest, energy, resilience and often effectiveness of counselors caused by overwork or mental stress
case conferencing		a structured meeting between professionals to discuss relevant clinical aspects of a client
cliché	a phrase or expression that is overused and betrays a lack of original thought	
client		individuals, significant others, or community agents who present for alcohol and drug use education, prevention, intervention, treatment, and consultation service
client-centered	conducted in an interactive manner responsive to individual client needs	an approach to counseling that allows clients to retain ownership of their issues and building on their abilities to change behavior
closed question	question with more than one possible answer from which one or more answers must be selected	
cognitive counseling	counseling that is based on the belief that our thoughts are directly connected to how we feel	an approach to counseling which focuses on improving clients' ability to test the accuracy and reality of their perceptions
collusion	secret or illegal cooperation or conspiracy	clinical collusion: conspiring with another individual against a client's interest; remaining silent/not intervening when a client says or does something that (the counselor) knows is morally/legally wrong
competency		the requisite knowledge, skills, and attitudes to perform tasks and responsibilities essential to addiction counseling
confidential	intended to be kept secret	intended to be kept secret for the protection and safety of the client

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
confronting	compelling (someone) to face or consider something	expanding (or challenging) a client's awareness via reflections and questions focused on actual and potential inconsistent and illogical ways of thinking and communicating
continuum of care		the full array of alcohol and drug use services responsive to the unique needs of clients throughout the course of treatment and recovery
corrective feedback	information about reactions to a person's performance/ behavior intended to modify or improve the behavior	
counseling	provision of advice, especially formally	an interactive exchange process between counselor and clients to help clients confidentially explore their problems and enhance their capacity to solve their own problems
counselor	a person trained to give guidance on personal, social or psychological problems	counselors are similar to therapists in that they use a variety of techniques to help clients achieve stronger mental health. (one of the most commonly understood methods involves a one-on-one exploration of a client's inner beliefs and background (psychotherapy) or a similar exploration in a group setting (group therapy).)
craving	a powerful desire for something	
denial	the action of declaring something to be untrue	failure to accept an unacceptable truth or emotion or to admit it into consciousness; used as a defense mechanism
directive	involving the management or guidance of something	
disagreeing	having or expressing a different opinion	
discrimination	the unjust or prejudicial treatment of different categories of people or things, usually based on race, sex, gender...etc	
double-sided reflection		reflecting both the current, resistant statement, and a previous, contradictory statement that the client has made

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
empathy	the ability to understand and share the feelings of another	
exploration	thorough analysis of a subject or theme	
extrinsic	not part of the essential nature of someone or something; coming or operating from outside	something that comes from the outside; an outside feeling or point of view
goal	the object of a person's ambition or effort; an aim or desired result	
goal-centered	based on the short-, intermediate- and/or long-term goals of an individual or group	working toward achieving specific implicit or explicit objectives of counseling
harm	physical injury (especially that which is deliberately inflicted)	any event or stimulus that causes a negative outcome
harmful use		patterns of use of alcohol or other drugs for non-medical reasons that result in health consequences and some degree of impairment in social, psychological, and occupational functioning for the user
interpreting	understanding an action, mood or way of behaving as having a particular meaning or significance	
intervention	action taken to improve a situation	
intoxication	of alcohol or a drug, the state of losing one's control over one's faculties/ behaviors	
jargon	special words or expressions that are used by a particular profession or group and are difficult for others to understand	
judging	forming an opinion or conclusion about something	forming an opinion about something and projecting it on to other people

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
lapse	a temporary failure of concentration, memory or judgement	the reuse of drugs after a period of stopping
moaralizing	commenting on issues of right and wrong, typically with an unfounded air of superiority	
motivational interviewing	a client-centered, semi-directive method of engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the client	
nonjudgmental	avoidal moral arguments	
open-ended question	question whose answers have no determined limit or boundary	
ordering	commanding or giving instruction authoritatively	
over interpreting		placing too much emphasis on a specific client response (verbal or nonverbal)
paraphrasing	expressing the meaning of something someone has written/said using different words, especially to achieve greater clarity	
personal resilience	ability to withstand or recover from difficult situations on one's own	
prevention		the theory and means for delaying or denying uptake of drug use in specific populations. prevention objectives are to protect individuals prior to signs or symptoms of substance use problems; to identify persons in the early stages of substance abuse and intervene; and to end compulsive use of psychoactive substances through treatment
principle	a fundamental source or basis of something	

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
probing		asking for more information and/or clarification about a point that you think is important
procedure	an established or official way of doing something	
psychoactive substance		a pharmacological agent that can change mood, behavior, and cognition process
rapprochement	a close and harmonious relationship in which the people or groups concerned understand each others feelings or ideas and communicate well	
reflective listening		to listen carefully to what the client has said and repeat back what was said in a directive way
reframing	framing or expressing words, concepts or plans differently	
relapse	to suffer deterioration after a period of improvement	the return to the pattern of substance abuse as well as the process during which indicators appear prior to the client's resumption of substance use
reliability	the degree to which something is consistently good in quality or performance	
resistance	the refusal to accept or comply with something	any feeling thought and communications on part of the clients that prevent them from participating effectively in counseling.
resourcefulness	having the ability to find quick and clever ways to overcome difficulties	
respect	a feeling of deep admiration for someone or something elicited by their qualities, abilities or achievements	
risk	a situation involving exposure to danger	
rolling with resistance		meeting resistance to change from a client by moving in the direction he/she is headed with a response that is intended to diffuse the resistance

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
self-efficacy		belief in a client's own ability to undertake a task(s) and/or fulfill goals
self-responsibility	(responsibility for one's self) - the state or fact of having the duty to deal with one's self	
significant others		sexual partner, family member, or others on whom an individual is dependent for meeting all or part of his or her needs
simple reflection		to repeat or rephrase what the client has said
skill	the ability to do something well; expertise	
sobriety		the quality or condition of abstinence from psychoactive substance abuse
stage of change theory	a theory that espouses that behavior change does not happen in one step, rather, people tend to progress through different stages on their way to successful change; each progresses through the stages at his/her own rate	
substance use		consumption of low and/or infrequent doses of alcohol and other drugs, sometimes called "experimental," "casual," or "social" use, such that damaging consequences may be rare or minor
summarizing	giving a brief statement of the main points of (something)	
supervision	observation and direction execution of a task, project or activity	the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance
sympathizing	agreeing with a sentiment or opinion	
sympathy	understanding between people; a common feeling because you have experienced the same or similar event.	

# FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

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TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
technique	a way of carrying out a particular task	
therapeutic alliance		the relationship between a mental health professional and a client it is the means by which the professional hopes to engage with, and effect change in, a client
threatening	causing someone to be vulnerable or at risk	
voluntary	done, given or acting of one's own free will	





