

Routes to recovery Part 2

The ITEP manual: delivering psychosocial interventions



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This manual revision has been produced by Jan Moring and Claire Smith at Alcohol and Drug Directorate, Greater Manchester West Mental Health NHS FoundationTrust.

Introduction

Treatment effectiveness

The National Treatment Agency's treatment effectiveness strategy (NTA, 2005) was launched in June 2005. It incorporates mechanisms and initiatives to improve the effectiveness of drug treatment, in line with the Government's drug strategy objectives. The strategy identifies treatment engagement and delivery as areas where the quality of interventions could be improved.

Itep (International Treatment Effectiveness Project) is proposed as one mechanism by which treatment quality may be both improved and measured. The project is a collaboration between the NTA, The Institute of Behavioral Research at the Texas Christian University (IBR at TCU) and a series of service providers in north-west England. Itép builds on an internationally evaluated model of service improvement and adapts the model for use in England. The model is summarised in Simpson (2004) and the IBR publication Research Roundup (Fall-Winter 2004/05) Volume 14 (contact www.ibr.tcu.edu). Many additional treatment manuals and assessments are available beyond the ones selected as the primary focus for Itép.

North West Itép pilot project

An evaluation pilot of Itép was undertaken by four services, comprising 24 sites, in Greater Manchester in 2006. Prior to introducing the Itép package at these sites, quality improvement reviews were undertaken which involved evaluating service functioning at several levels – managerial, at practitioner level and via the users of that service. The services were evaluated using the "organisational readiness for change" (ORC) tool and the "client evaluation of service tool" (CEST). The services were then given feedback on functioning and comparisons with other similar services.

One of the mechanisms used in the Itép Project to improve service effectiveness and the treatment of clients is the use of evaluated psychosocial interventions. Practitioners are trained in the delivery of these interventions according to the protocol described in this manual. Following the training and implementation of these interventions, the services and their clients are re-evaluated and the results represented.

Evaluations at the pilot sites showed that substance misuse service staff were extremely positive about the psychosocial interventions and the training programme. The majority agreed that they were relevant to their needs and found them useful. Lack of time was cited as the main barrier to use.

The implementation of the interventions was found to have had a positive effect in several areas. Services that implemented mapping found that clients had better rapport with their key workers, there were improved levels of client participation in treatment, and clients benefited from better peer support, compared to clients in those services that received little or no mapping interventions. Clients' engagement with treatment was found to be higher in those services where mapping was used, compared to services where mapping was either not implemented, or used to only a small degree.

The manual

The ideas and material presented here are products of extensive research in treatment evaluation and cognitive psychology and were developed as part of the Drug Abuse Treatment of AIDS-Risk Reduction (DATAR) project and other work undertaken by the IBR at TCU.

A first version of the manual was produced in 2006 as a collaboration between a group of practitioners working in drug services in north-west England and researchers at IBR who have developed treatment manuals which have been used in similar projects in the US. On the basis of experience in using the manual in UK training, amendments have been made by staff at the Substance Misuse Directorate at Bolton Salford Trafford Mental Health Trust for this 2008 revision.

The manual is designed to support the ITEP training programme for delivery of psychosocial interventions at participating sites. It is intended to help keyworkers in UK substance misuse treatment services to implement two types of effective psychosocial intervention, developed in the US for working with drug and alcohol using clients. Node-link mapping (referred to as 'mapping') is presented first, with the 'Changing your thinking patterns' intervention presented in the second half of this manual. They are presented separately as the approaches differ in style as well as at the point in the treatment process when they are likely to be used.

Implementing the ITEP programme

The UK pilot of ITEP in 2006 demonstrated positive effects and improved client engagement with treatment. The programme was very well received by clients and service staff and more than two-thirds of staff in services in the pilot programme were using ITEP materials in their keyworking at follow-up three months after staff training. One of the 'on the ground' learning points arising from the pilot programme was the value of embedding ITEP in service operations. There is some indication that services which embed ITEP into service functioning have greater staff adoption rates and increased staff and client satisfaction with the programme.

Effective means of embedding the ITEP programme in service operations may vary from one service to another, depending on the type of service functioning and resources utilized. The following list was derived from the experiences of services involved in the 2006 pilot programme, and can be utilized as suggestions you may wish to use in your services or to stimulate your own thinking about how best to implement ITEP in working practices.

Leadership and supervision

A pro-active and systematic approach to implementing ITEP increases probability of good outcomes. It is helpful if service managers, lead clinicians, consultants and team leaders are fully 'on-board' with the programme and for this reason we encourage all service managers and leaders to attend the two-day training programme. Managers will then be better resourced for adapting and implementing the programme in relation to local needs and ensuring that responsibilities are allocated for key areas of ITEP implementation.

Clinical supervision was utilized to good effect in the pilot programme to ensure a smooth transition from the training programme to implementing in clinical services. In those services an ongoing supervision programme was typically either monthly one-to-one supervision meetings or fortnightly group/peer supervision sessions. Workers who already have some training and experience in delivering structured psychosocial interventions, such as CBT or group work, or have an interest in talking therapies, may be particularly appropriate to organize and lead supervision sessions. For each service location, consideration should be given to: Who will ensure that appropriate ITEP supervisors are identified? When and where will ITEP supervision sessions be timetabled? How will supervision attendance be monitored and audited?

Communications

Referrers, commissioners and partners will benefit from information about the content of the ITEP programme and information about local implementation, such as start date, plans for consulting and informing stakeholders, and feedback from outcome monitoring. Mapping techniques can be used to clarify and present information, such as assessment summaries and treatment progress reports, to make these more accessible and easier to understand for clients and referrers and which often require less staff time to complete than a typed letter.

Staff induction

Consideration will need to be given to the means by which staff, particularly new recruits to the service, will be trained in the ITEP programme. Including the ITEP programme in job descriptions and supervision requirements will communicate the importance of ITEP in overall service delivery. Many services produce induction booklets and information packs for new staff and Doctors and others on rotation. Inclusion of an explanation of the ITEP programme and structured mapping materials will help staff to understand the nature of the treatment programme being utilised and that ITEP is part of their work programme.

User involvement

Consider how are service users and clients going to be informed about the introduction of ITEP into your services. Have your service user groups got ideas about how this could best be achieved? Will you be consulting them? Do you want to design a poster for your reception area giving information about the ITEP programme and potential benefits? Or develop a patient information leaflet to introduce ITEP and stimulate interest?

Documentation

Integrating the ITEP programme into service documentation will facilitate delivery of the programme to clients, enhance communications within the staff team and with others, and frequently leads to reduced workload and time savings. Using mapping to visually represent issues in care planning and assessment can make these more understandable, appear more accessible and manageable for clients and carers. If you have computerised notes systems, then maps can be scanned onto the system for reference and safe-keeping, and means that the client can keep the original.

Mapping skills

Introduction to mapping

Two major functions of mapping

Mapping serves two major functions in the keyworking process. Firstly, it provides a visual communication tool for clarifying information shared between client and keyworker. Mapping can enhance communication with a client whose cognitive awareness is blunted (due to acute or chronic effects of drugs) and can be used in tandem with whatever therapeutic orientation or style a keyworker may follow. Secondly, the regular use of mapping during keyworking sessions provides a model for systematic and “cause-effect” thinking and problem-solving, which clients begin to adopt (Dansereau, Joe and Simpson, 1993, 1995; Dansereau and Dees, 2002; Czuchry and Dansereau, 2003)

Measures of success

Mapping skills are best developed through repeated practice. Just as keyworkers develop their own personal style, those who become comfortable and experienced with the mapping techniques discussed here will develop their own unique ways of using this tool. Although mapping may seem complicated at first glance, the system quickly begins to feel familiar and straightforward. We encourage novice mappers to practice by mapping their own experiences, feelings and thoughts and develop maps for any presentations they may make.

In the short term, keyworkers using mapping with clients can expect at least two measures of success. Firstly, maps should help with problem definition. Maps should systematically highlight issues for the client in terms of causes, consequences and solution options. In this regard, it shares something with solution-focused approaches to working with a client. Secondly, maps should provide easy-to-read summaries of a keyworking session that can be useful both for quick recall of session issues and reviewing a case in clinical supervision.

Keyworker style and rapport building

In working with clients on maps or thinking skills, how the keyworker interacts with a client has a significant impact on the value the client places on sessions with the worker and the effectiveness of the intervention. As has long been known in the psychotherapy literature, factors related to the style of the therapist, or in this case the keyworker, are important elements of the success of an interaction. Keyworkers can usefully reflect on their styles in using the interventions described here with clients and even raise this as an issue for discussion with their clinical supervisor. To summarise briefly here, the following styles and skills will enhance the keyworking process and contribute to a positive interaction for both client and keyworker

Keyworker style and skills in one-to-one sessions

- Focused on the issue in hand, but also sufficiently flexible to address issues of importance as they arise for the client
- Non-judgmental, non-confrontational style

- Client oriented – the keyworker attends to the issues and concerns that the client raises, rather than being focused only on the issues the keyworker may feel are important for the client.
- Validating or affirming the client's responses in session. Clients may believe they should act differently in such situations – validation is the acceptance of clients as they are right now, coupled with a genuine understanding of how the client thinks and feels and why this makes sense for them.
- Comfortable with using the material and worksheets because they have practised use of the materials on themselves, before presentation to client

Keyworker style and skills in group sessions

- Focused and flexible
- Non-judgmental, non-confrontational style
- Client oriented
- Comfortable with using the material and worksheets
- Comfortable with using role play or behavioural rehearsal skills. Research shows that if clients actually try out different behaviours and responses in sessions, before using them in the real world, they are more successful.
- Inclusive in discussion of issues. Effective group workers are able to ensure the involvement of all clients in discussions and the group process
- Validating or affirming clients' responses in the session
- Understands and enjoys the group process.

Client literacy, language and cultural perspective

A further element in establishing rapport with the client and in ensuring a positive interaction in each session is for the keyworker to consider the client's use of language, literacy skills and cultural perspective. Both the mapping and thinking skills interventions need to be discussed with the client using an approach that is meaningful and accessible to the client. The keyworker should make no assumptions about the client's understanding of the material, but check this out sensitively without causing the client any embarrassment.

Clinical supervision

Part of the process of introducing mapping and thinking skills interventions into the service is the opportunity to access clinical supervision around the interventions being used with clients. Supervision is there to support the implementation of this intervention manual and provide an ongoing opportunity to talk about the keyworker's experiences using these approaches. It is recommended that client maps are taken to supervision for discussion. Any positive or negative experiences associated with mapping can then be discussed with supervisors. Taking maps produced by clients, as they move through sessions with workers, allows the worker and supervisor to see very clearly the issues being addressed within sessions and how clients' thinking and behaviour may be changing.

Every worker should be aware of the supervision mechanism in place in their organisations and should have regular supervision around mapping or the thinking skills package (at least one hour a month), on either an individual or group basis. They should also have access to a supervisor, with experience of the interventions, should difficulties arise that need immediate attention.

Documentation of the intervention

Every keyworker using the intervention will record its use on a session by session basis in the service's normal clinical record/document. In addition it is suggested that each map completed by a client is copied twice. One copy will be given to the client as a record of the session. Clients will be encouraged to take the map home and add to the material if they wish to do so. The second copy will be taken to clinical supervision by the keyworker. Clients should be informed that maps will be taken to supervision, and given further information about the importance of supervision in ensuring good practice if the client has a query about this.

Keyworkers will note that each map has 2 lines at the foot of each page to allow for measuring the impact of the map. Client and keyworker should together rate the helpfulness of the map produced. The keyworker then has the opportunity to add further comment on the mapping sheet to elaborate the client's rating further. This will allow the keyworker to note any comments or thoughts expressed by the client when participating in the session or the keyworker's own thoughts about the utility of the process and output.

Implementing mapping

Mapping is a process that keyworkers can use to help clients represent and resolve personal issues. Maps are tools that can visually portray ideas, feelings, facts and experiences. They assist in structuring discussions about key issues for the client, but it is important to acknowledge that it is the process of having the discussion that is a critical experience for the client. Maps make treatment discussions more memorable, help clients who have attention difficulties focus on key issues, give clients confidence in their own ability to communicate and assist the client in gaining insight into, and ideas about, their problems.

There are three different types of map in this manual and all three types can be used in one-to-one or group sessions with clients:

- 1 **Guided maps** are topic-specific maps, similar to pre-structured mini interviews. The maps are filled in, in a layout that guides the worker and client within a specific framework
- 2 **Free maps** are maps where the worker and client work to create maps together freehand on the problem or issue under discussion
- 3 **Hybrid maps** are a combination of guided and free maps, which help the worker and client begin with a structured map and allow for further expansion of ideas.

The maps offered in this manual are intended to assist a client in starting to address important issues. It is assumed this will follow from an assessment of the client and the development of a care plan by the worker, identifying important issues or areas for work for the client. (See the NTA's *Care planning toolkit*.)

Preparation stage

In preparing to use maps with clients, workers need to consider the following:

- 1 Preparing the client for the introduction of this new approach to their work together. If the client is receptive to working in new ways, this can be done at the beginning of the mapping session. If the client is likely to be concerned about this

change, take time in advance of the initial mapping session to talk the client through mapping.

- 2 Familiarising themselves with mapping materials in advance of each session
- 3 Giving the client an explanation about what maps are: "Maps are tools to help structure the sessions, they allows us to visually represent and work through important issues". If the client wants more information, ensure the worker can explain the roots and benefits of mapping.
- 4 Asking the client's permission to use this approach
- 5 Frequently validating and affirming clients' responses in sessions

Starting mapping sessions

A useful starting point for introducing maps is to begin with the "Exploring self" (personal strengths) map, because:

- It starts sessions with clients thinking positively about themselves
- It identifies problems they may have in a number of important life areas
- It provides an overview of the issues for the client. This means workers and clients can revisit the map to identify a new issue to address through mapping. Therefore, it provides a link between mapping different issues across different sessions.
- When starting to map a new problem area, workers can begin with a guided map and as their confidence with the mapping process increases, they can move onto working with free maps. Guided maps offer a structure to begin working with a client
- Workers should not feel that it is necessary to fill in every box with a guided map. However, this is a useful issue to raise in clinical supervision; whether completion of a guided map might provide further useful information for the client.

Which clients should mapping be used with?

Although mapping can be used with any client in your service, it might be initially helpful to consider working with particular types of client:

- **New clients:** clients presenting to the service for the first time may have few expectations about what treatment involves. Using maps will quickly provide the client with an idea about the structure of sessions and the useful work that can be done with their worker. It creates an expectation that the service will address issues of importance to the client that is key to engaging and retaining the client in treatment
- **Hard to engage, ambivalent and reluctant clients:** these clients may have brief or infrequent contacts with a service. Mapping allows a worker the opportunity to interact with a client around an issue that is important to the client in a structured way and maximises the impact a brief contact may have
- **Stuck clients:** these clients may have been in the treatment system for some time. Workers and clients may feel that further work could be helpful, but are uncertain about introducing a different way of working. Because it is structured, is focused on an issue important to the client and can be offered as a brief intervention, mapping affords the worker an opportunity to do something different with a client, who may be making no changes in treatment.

Mapping guide 1: exploring self maps

Purpose

A useful starting point for introducing maps is to begin with the “Exploring self” (personal strengths) map, because:

- It starts the session with clients thinking positively about themselves
- It identifies problems they may have in a number of important life areas
- It provides an overview of issues for clients. This means that workers and clients can revisit the map to identify a new issue to address through mapping. Therefore, it provides a link between mapping different issues across different sessions.

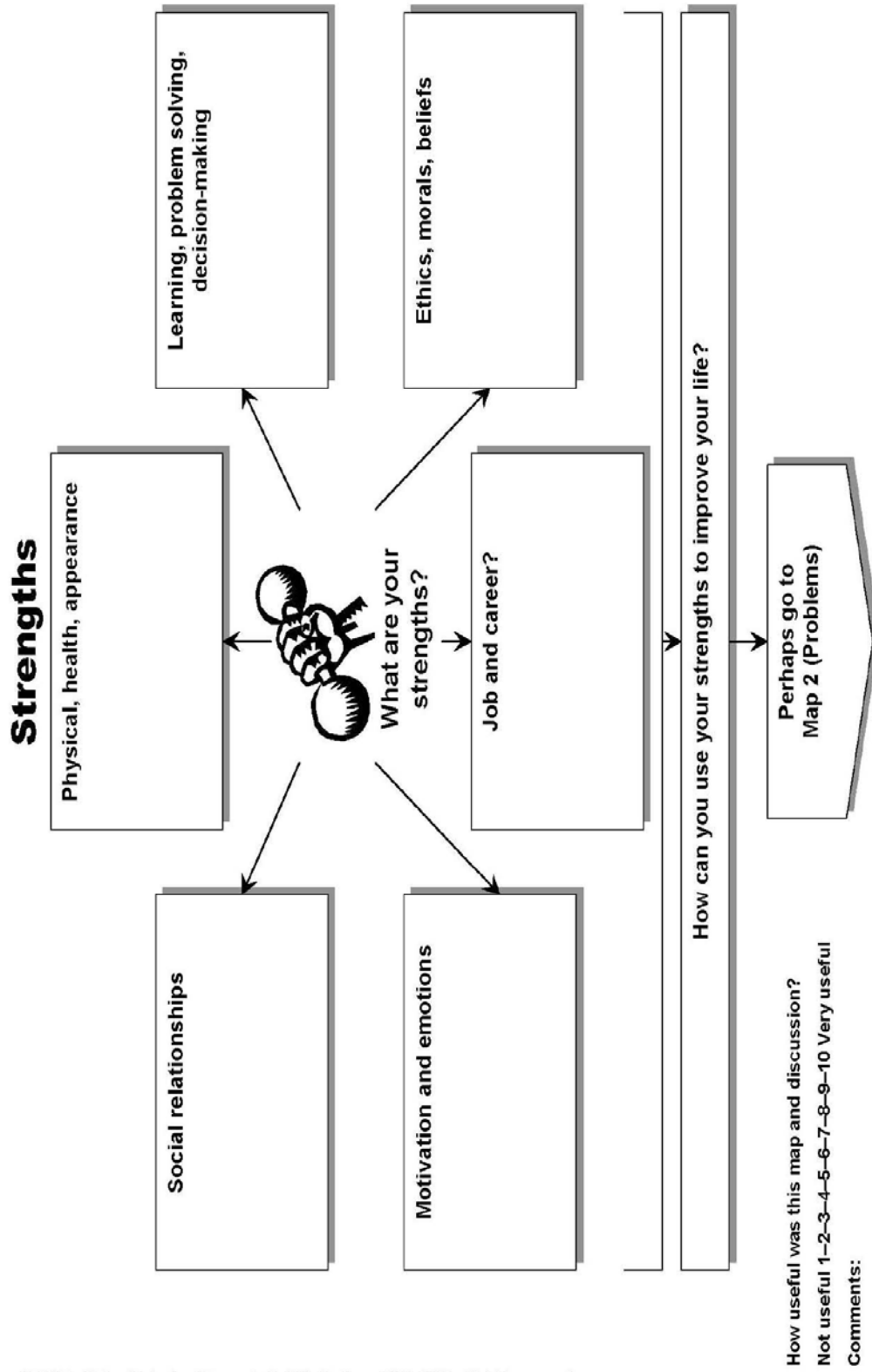
The “Exploring self” map can also be used at any other point in a session that seems appropriate to both the keyworker and client. The map will help a client better understand his/her strengths and weaknesses and how they can be used in a positive way. The map will also help a client develop a more accurate level of self esteem.

Method

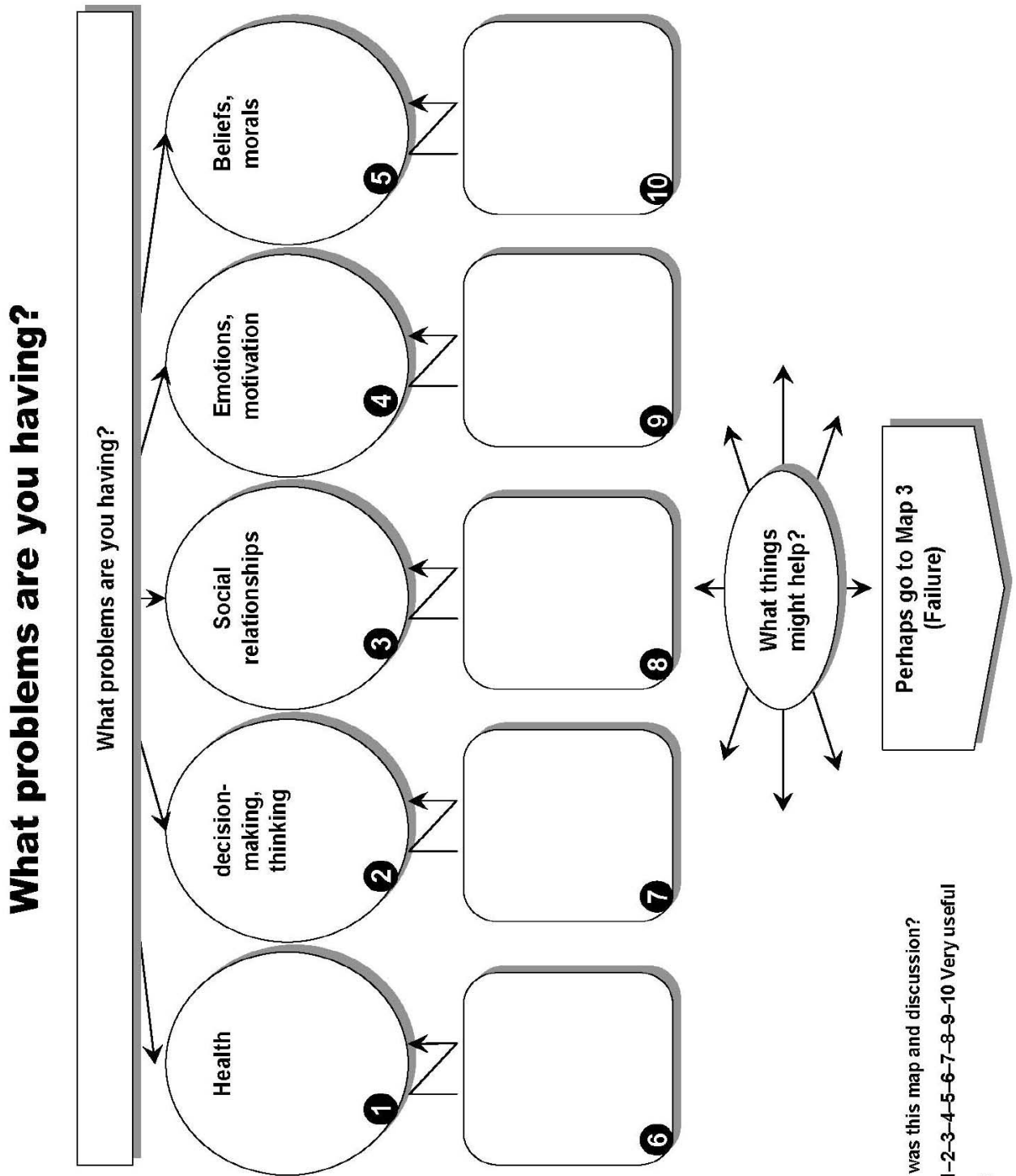
Use “Exploring self” maps 1-4 to guide the session. As a keyworker becomes more confident with the mapping process, then the use of “hybrid” or “free maps” can build on a client’s exploration of self.

There are no rules: use the maps in the way they are most helpful to you.

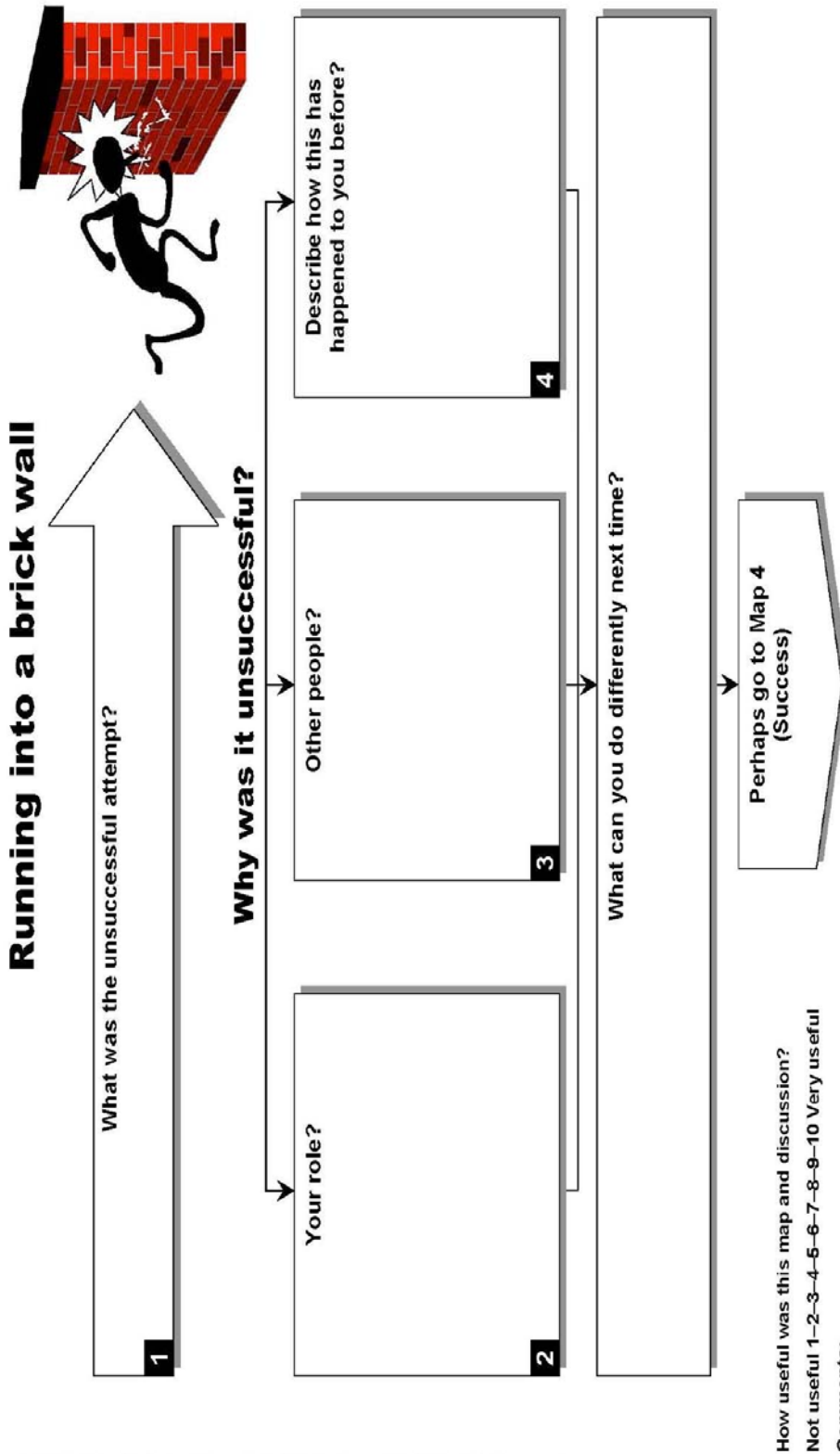
Mapping guide 1: Exploring self (Map 1) **Strengths**



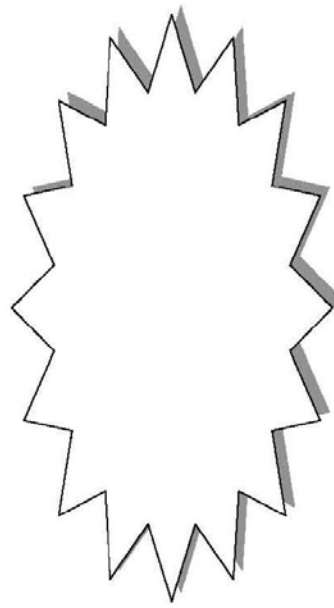
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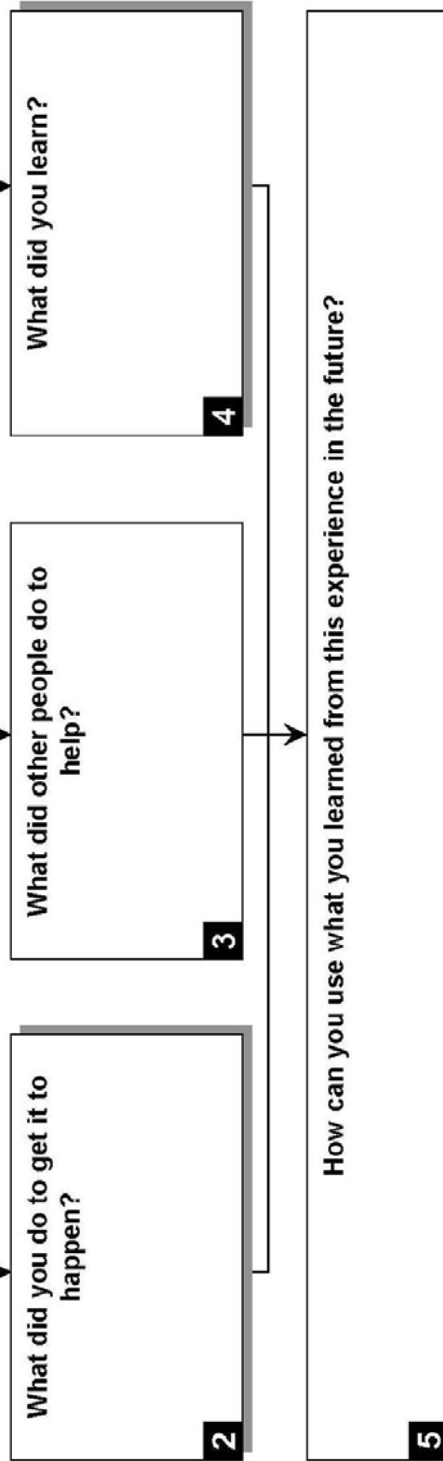
How useful was this map and discussion?
 Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
 Comments:



What was your success?



How or why did it happen?



Perhaps go to another mapping guide

How useful was this map and discussion?
Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
Comments:

Mapping guide 2: social improvement maps

Purpose

The “social improvement” maps can help a person better understand and relate to others. The maps assist the client and keyworker to identify those people important to the client, to explore any difficulties in each relationship – including seeing a problem from the other person’s viewpoint – and finally thinking through how to raise important issues in a relationship.

Method

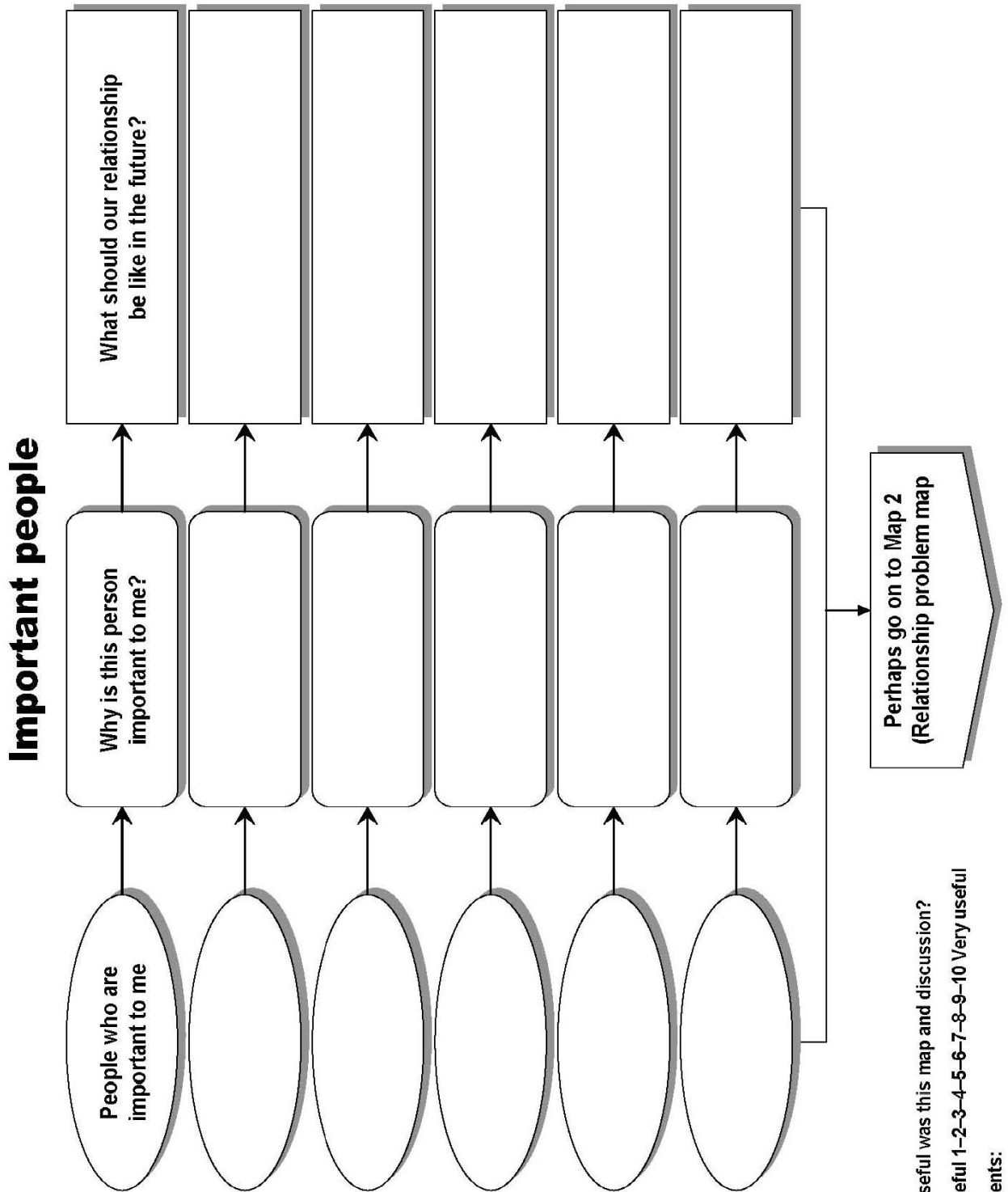
Use “Social Improvement maps” 1–4 to guide the session. As a keyworker becomes more confident with the mapping process, the use of hybrid or free maps can build on a client’s explorations of relationships.

There are no rules: use the maps in the way they are most helpful to you.

A special issue

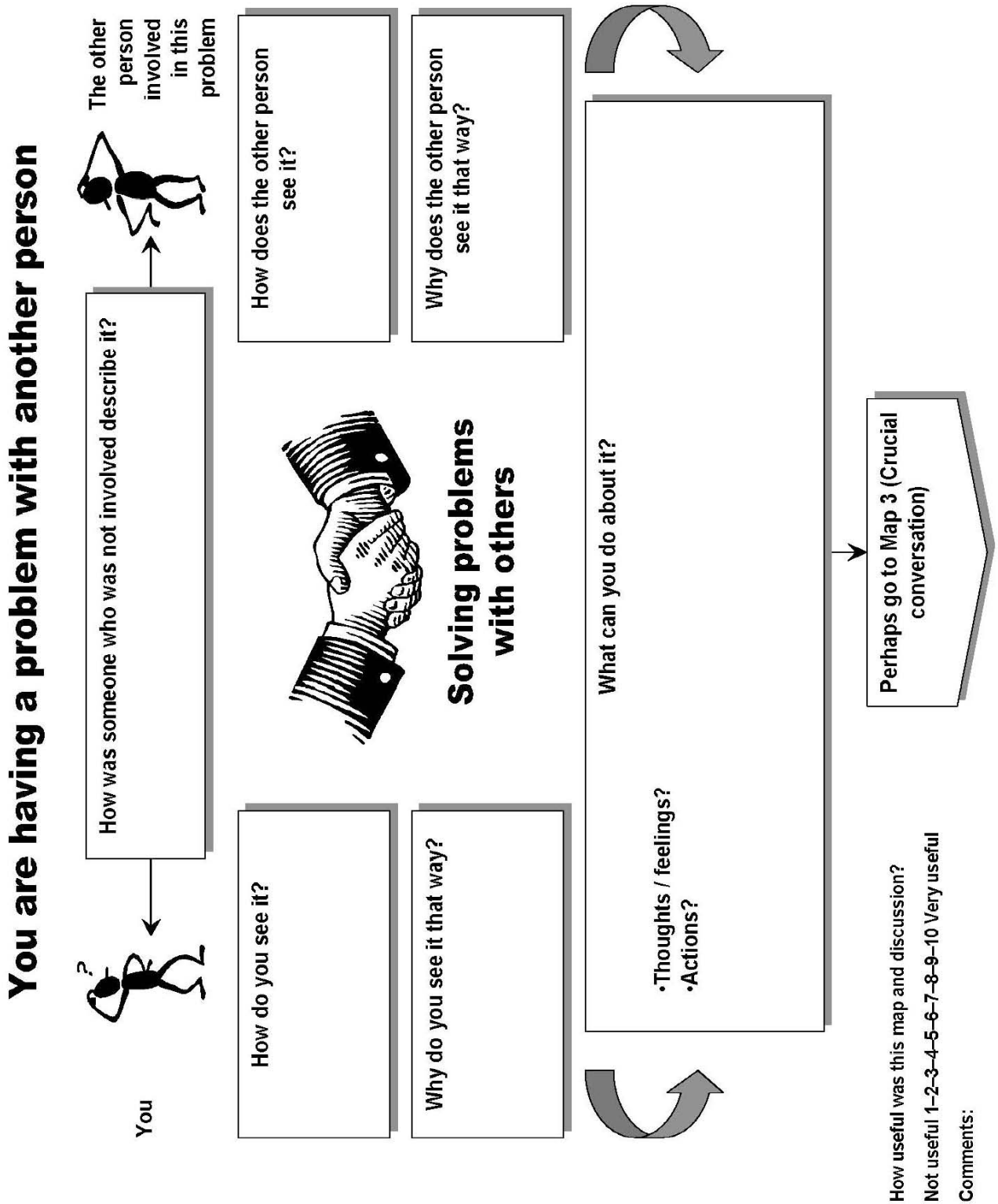
When using the Social Improvement maps, it may be helpful for a keyworker to anticipate that some clients may find it difficult to take a third-party perspective in relation to their problems. If the client does find this hard, then the keyworker could encourage the client to imagine that their best friend has been observing the problematic interactions with the third party and ask the client what the best friend would say about the situation. Keyworkers may need to plan how to encourage a particular client to take an alternative viewpoint in preparation for this session.

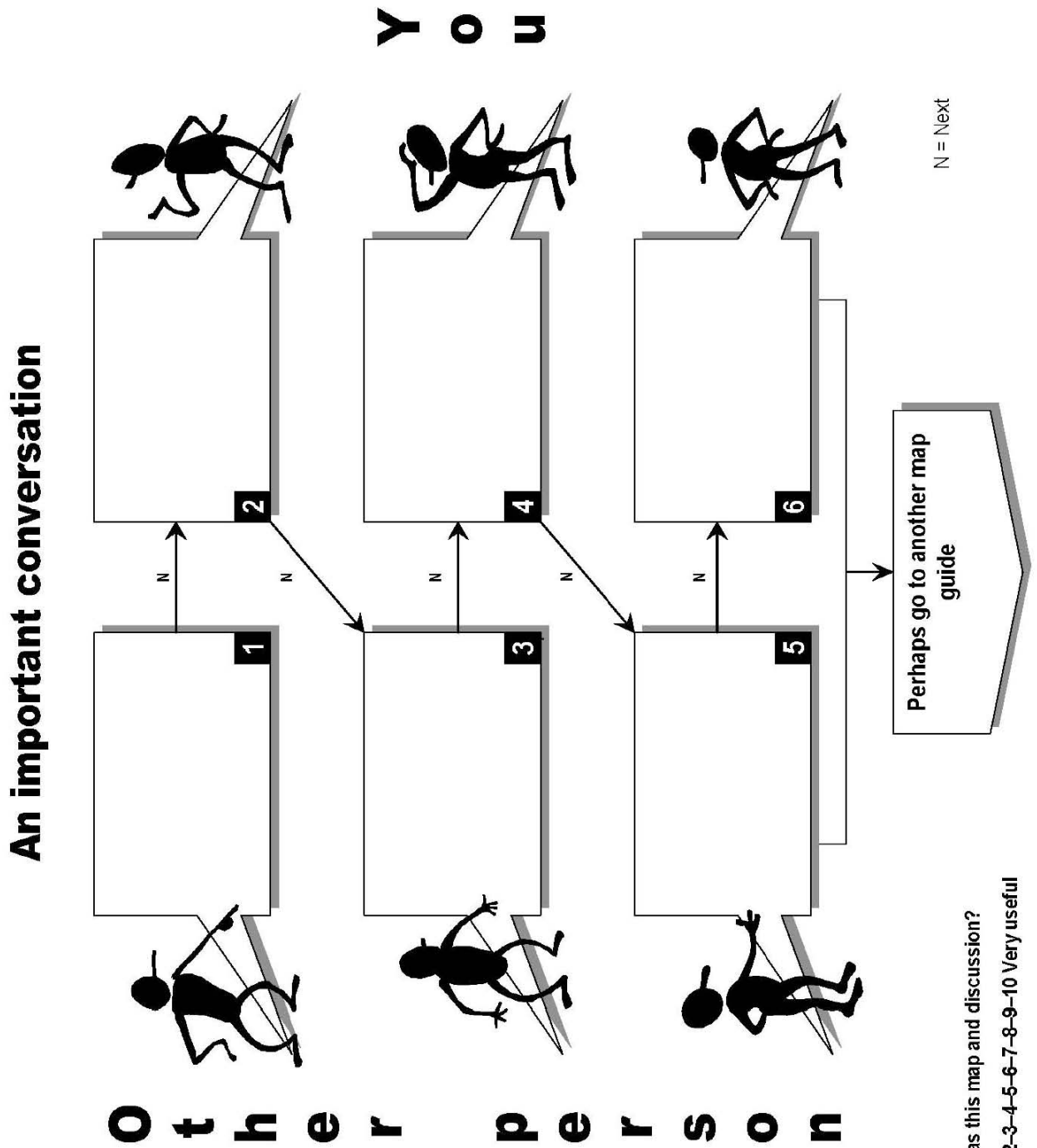
Mapping guide 2: Social improvement (Map 1) **Important people**



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How useful was this map and discussion?
 Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
 Comments:





How useful was this map and discussion?

Not useful 1-2-3-4-5-6-7-8-9-10 Very useful

Comments:

Mapping guide 3: Decision-making maps

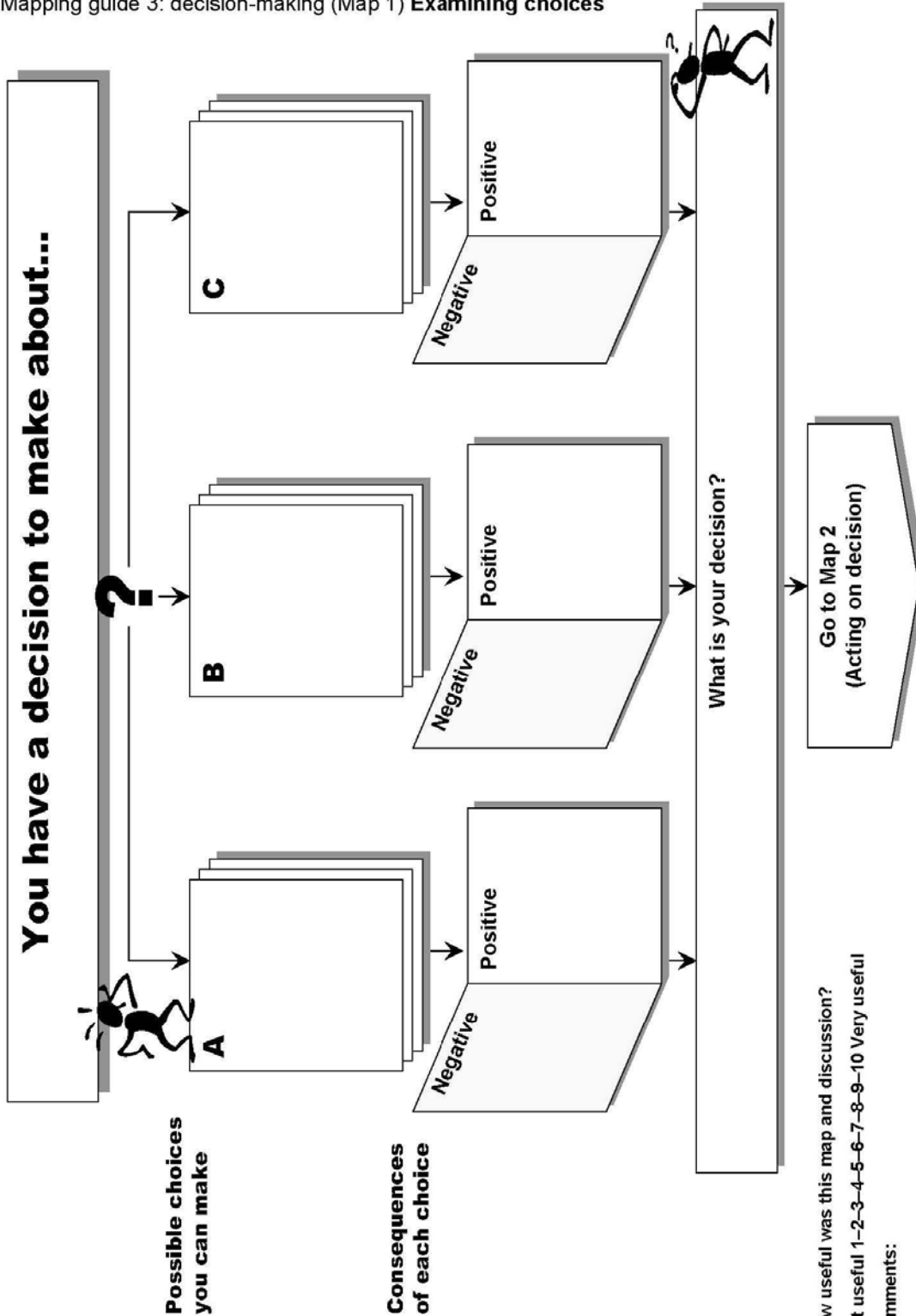
Purpose

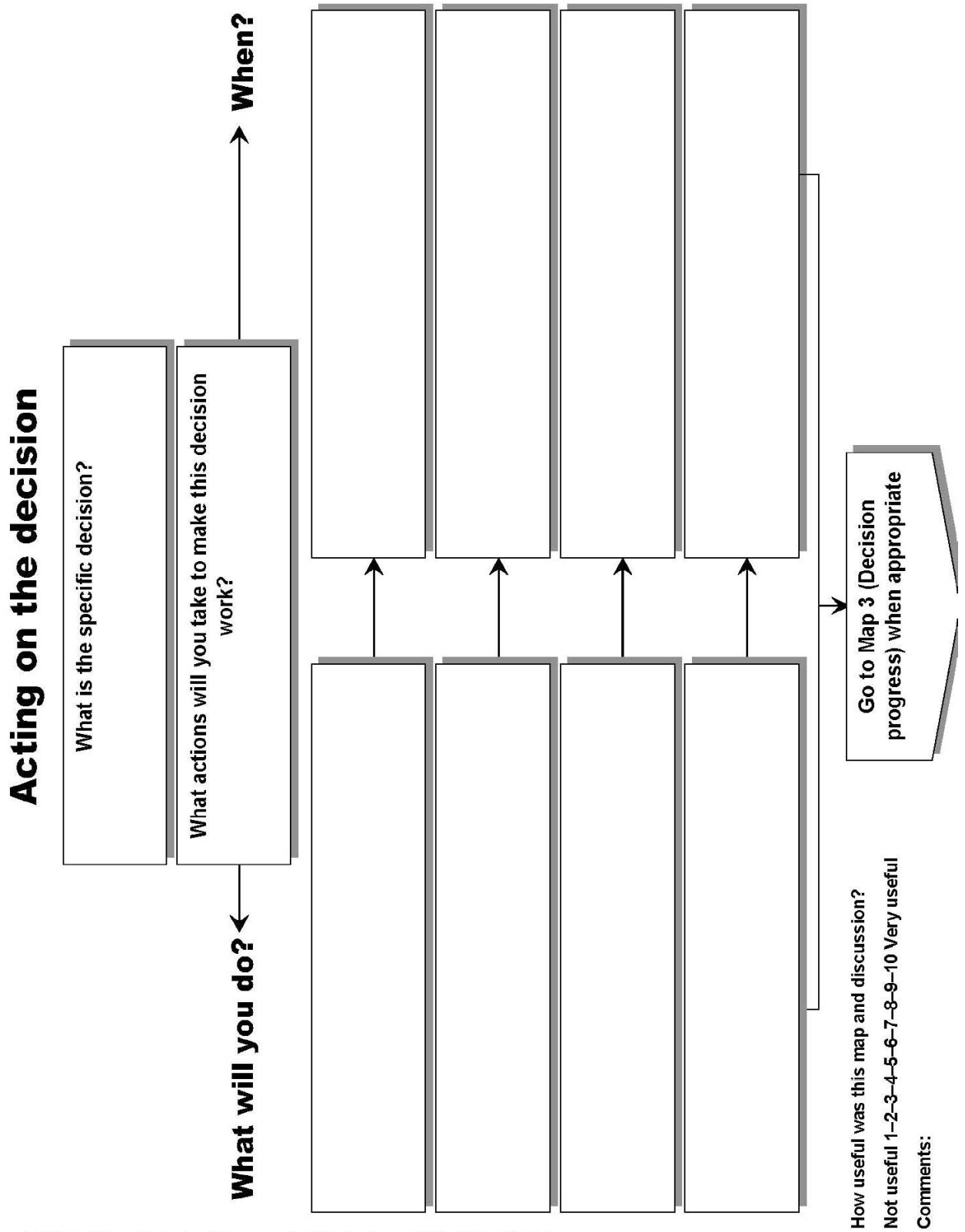
These maps can help a person think through an important decision. The capacity to think through the issues associated with making an important decision is an important life skill. These maps help clients work through the stages of making a decision, from identifying the choices available and the consequences of each choice, through planning what actions will arise once the client has reached a decision to clients' evaluations of their actions and progress.

Method

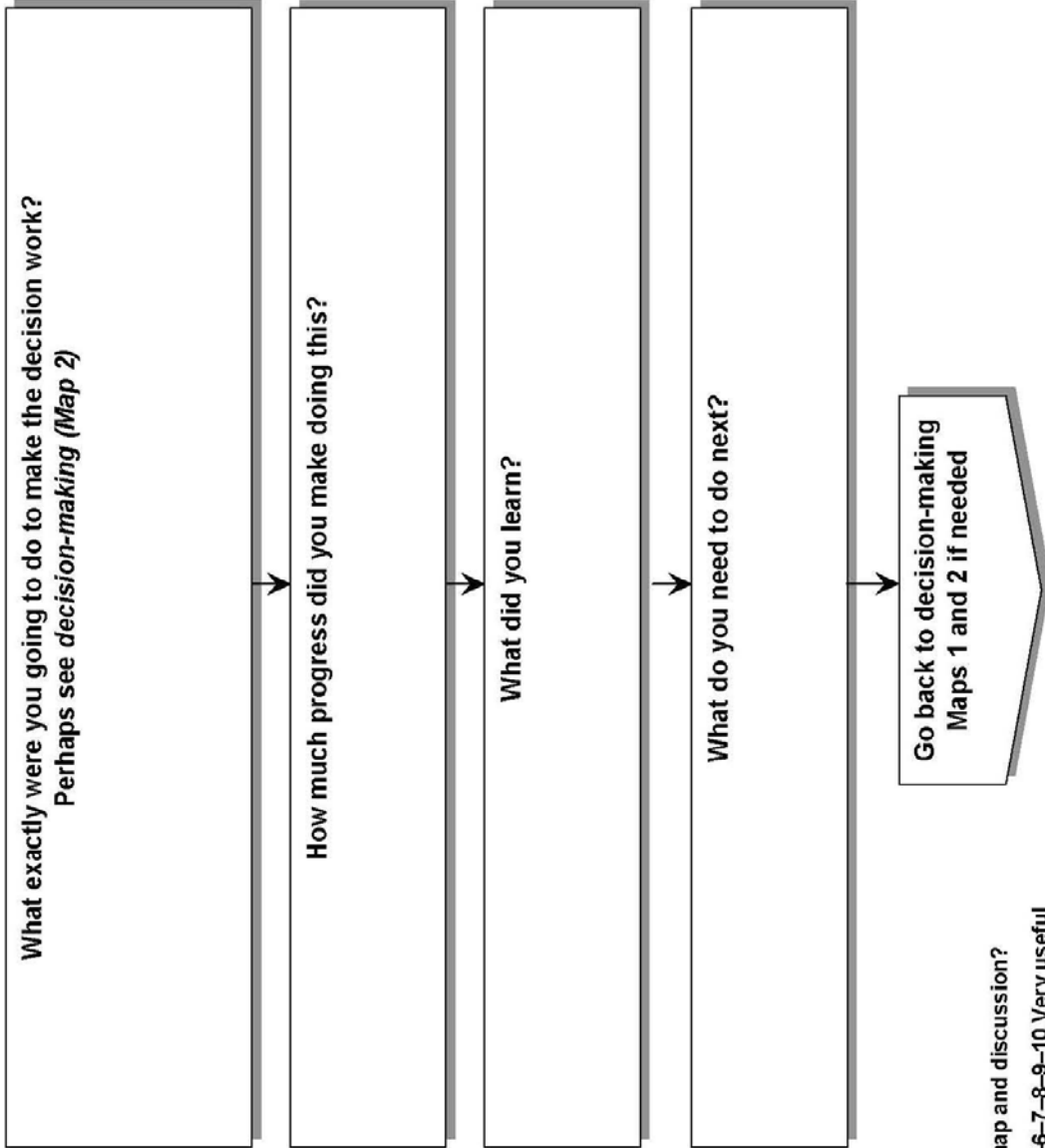
Use "Decision-making maps" 1–3 to guide the session. As a keyworker becomes more confident with the mapping process, the use of hybrid or free maps can build on a client's explorations of self.

There are no rules: use the maps in the way they are most helpful to you.





Decision process



How useful was this map and discussion?
Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
Comments:

Mapping guide 4: Taking control maps

Purpose

The “Taking control” maps provide a keyworker with a general approach to assisting clients think through an issue in almost any aspect of their lives. These maps can help a client better understand and cope with any type of LEEPS issue:

- Life
- Events (eg, a relapse, argument, losing a job)
- Emotions (eg, anger, anxiety, depression)
- Problems (eg, a problem with money, car breaking down)
- Success (eg, getting a job, resisting drugs, making a new relationship).

Method

Use “Taking control maps” 1–3 to guide the session. As a keyworker becomes more confident with the mapping process then the use of hybrid or free maps can build on clients explorations of self.

There are no rules: use the maps in the way they are most helpful to you.

Understanding

Describe the life event, emotion, problem or success

What caused or causes it to happen?

What happened or happens as a result of it?

What do you want to do about it in the future?

Go to Map 2 (actions)

How useful was this map and discussion?
Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
Comments:

Mapping guide 4: Taking control (Map 2) **LEEPS** (life events, emotions, problems, successes) **Actions**

Actions

What is your specific goal for the future?

What actions will you take to get this goal?

When?

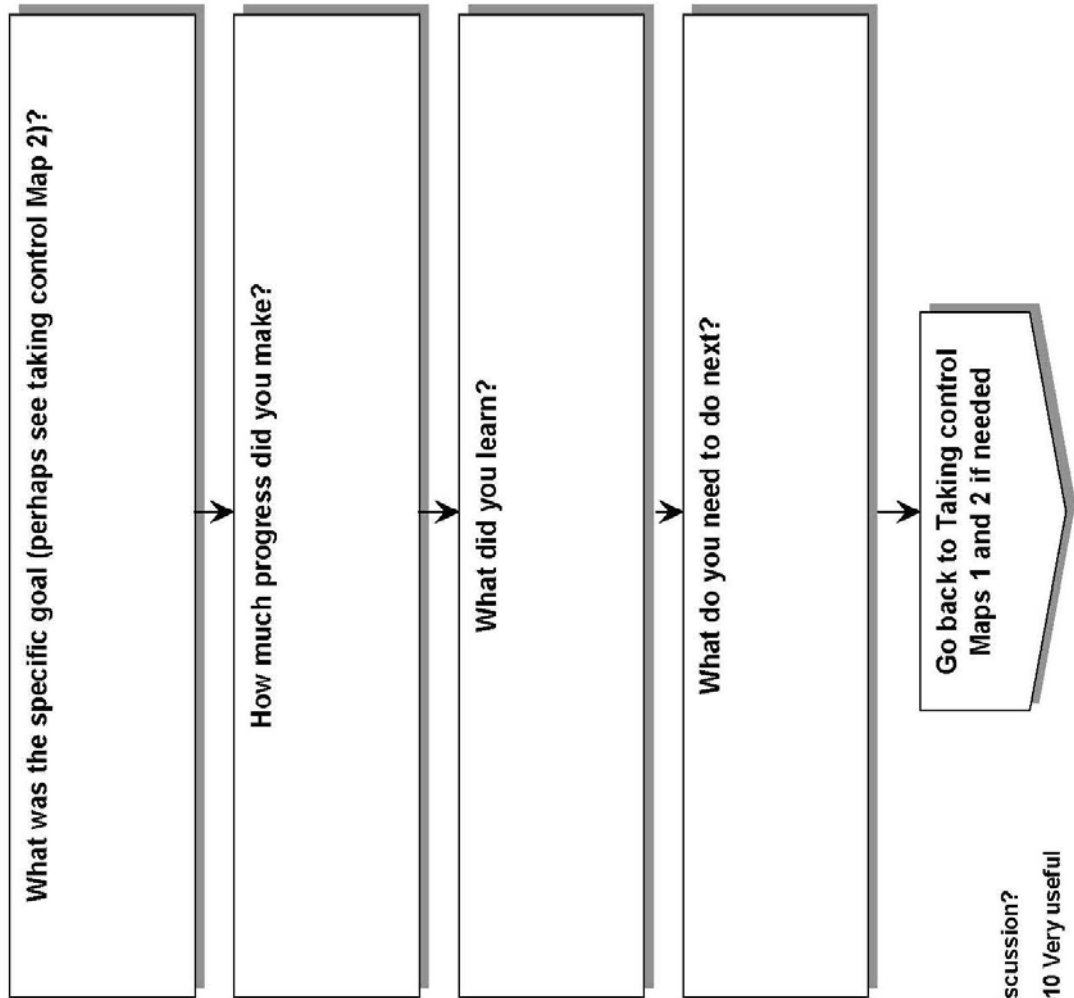
What will you do?

Go to Map 3 (Progress) when appropriate

How useful was this map and discussion?
 Not useful 1-2-3-4-5-6-7-8-9-10 Very useful

Comments:

Progress



How useful was this map and discussion?
Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
Comments:

Mapping guide 5: health awareness map

Purpose

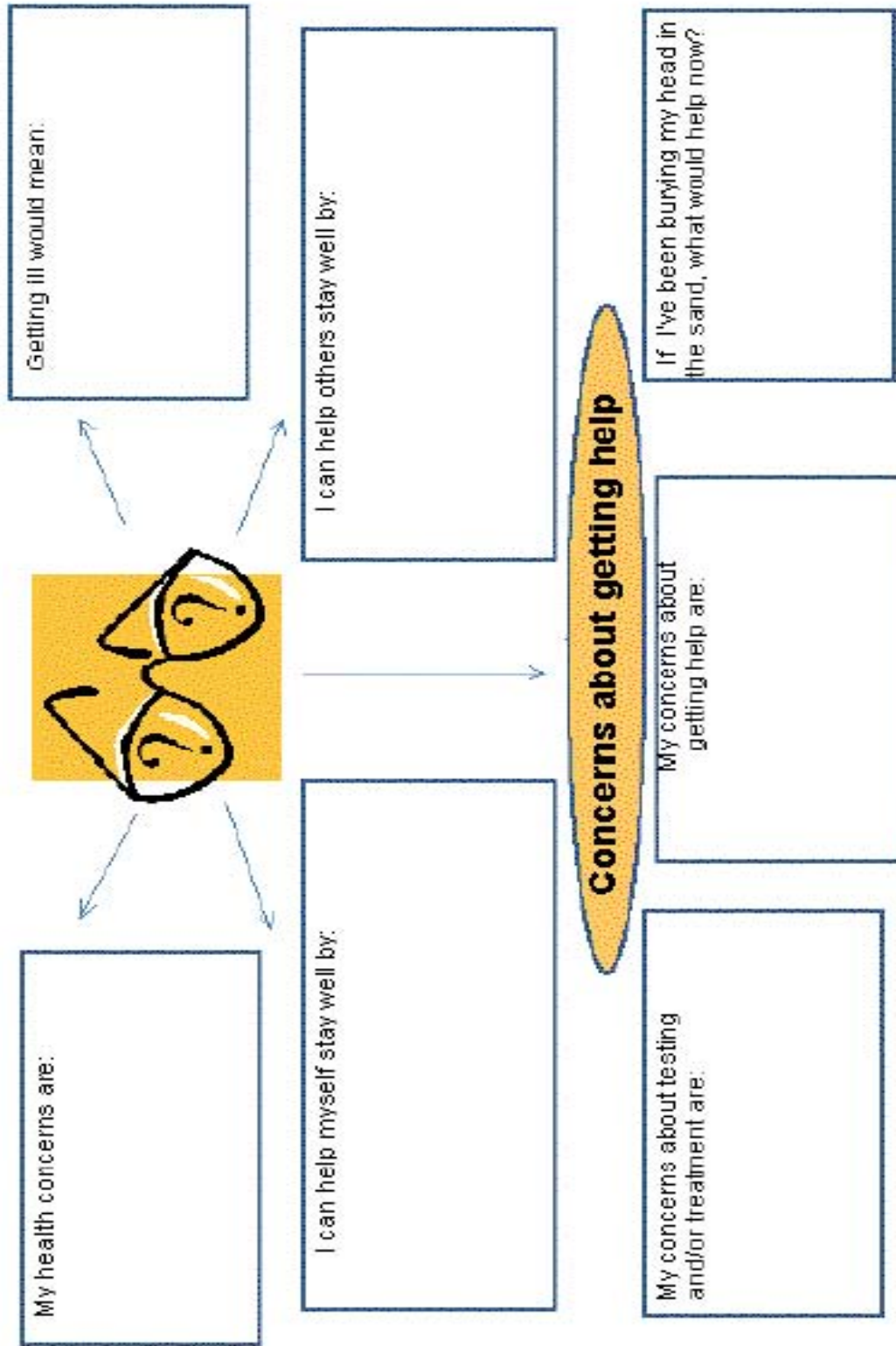
The “Health awareness” map can help a client better understand and manage serious diseases. The map in this section allows the client and keyworker to explore ways to avoid getting or giving serious disease (such as HIV/AIDS, and hepatitis B and C).

Method

Use “Health awareness” map 1 to guide the session. As a keyworker becomes more confident with the mapping process then the use of hybrid or free maps can build on clients’ explorations of relationships.

There are no rules: use the maps in the way they are most helpful to you.

Mapping Guide 5: Concerns about Health (Map 1)



'Changing your thinking patterns'

Introduction to 'Changing your thinking patterns'

'Changing your thinking patterns' is a brief intervention package derived from a series of materials entitled Brief interventions from the TCU treatment system.

These sessions aim to help a client and keyworker address thinking patterns that can hamper behaviour change for the client. 'Changing your thinking patterns' is likely to be delivered once a client has settled into regular contact with a keyworker and is more engaged in treatment. It is not suited to clients in deep crisis, but rather to those who seem to be making progress in recovery and want the opportunity to address problems that may be impeding their progress. 'Changing your thinking patterns' is a cognitive-behavioural approach and also builds on the mapping work described in the first part of the manual. It includes psycho-educational material and handouts and uses maps again as a way of creating a visual representation of key ideas under discussion. All sessional material can be adapted for working in individual or group sessions.

Keyworker style and rapport building

In working with clients on thinking skills how the keyworker interacts with a client has a significant impact on the value the client places on sessions with the worker and the effectiveness of the intervention. As has long been known in the psychotherapy literature, factors related to the style of the therapist, or in this case the keyworker, are important elements of the success of an interaction. Keyworkers can usefully reflect on their styles in using the interventions described here with clients and even raise this as an issue for discussion with their clinical supervisor. To summarise briefly here, the following styles and skills will enhance the keyworking process and contribute to a positive interaction for both client and keyworker.

Keyworker style and skills in one-to-one sessions

- Focused on the issue in hand, but also sufficiently flexible to address issues of importance as they arise for the client
- Non-judgmental, non-confrontational style
- Client oriented – the keyworker attends to the issues and concerns that the client raises, rather than being focused only on the issues the keyworker may feel are important for the client
- Validating or affirming the client's responses in session. Clients may believe they should act differently in such situations – validation is the acceptance of clients as they are right now, coupled with a genuine understanding of how the client thinks and feels and why this makes sense for them
- Comfortable with using the material and worksheets because they have practised use of the materials on themselves, before presentation to client.

Keyworker style and skills in group sessions

- Focused and flexible
- Non-judgmental, non-confrontational style
- Client-oriented
- Comfortable with using the material and worksheets

- Comfortable with using role play or behavioural rehearsal skills. Research shows that if clients actually try out different behaviours and responses in sessions, before using them in the real world, they are more successful.
- Inclusive in discussion of issues. Effective group workers are able to ensure the involvement of all clients in discussions and the group process
- Validating or affirming clients' responses in the session
- Understands and enjoys the group process.

Client literacy, language and cultural perspective

A further element in establishing rapport with the client and ensuring a positive interaction in each session is for the keyworker to consider the client's use of language, literacy skills and cultural perspective. This thinking skills intervention needs to be discussed with the client, using an approach that is meaningful and accessible. The keyworker should make no assumptions about the client's understanding of the material, but check this out sensitively without causing the client any embarrassment.

Clinical supervision

Part of the process of introducing 'Changing your thinking patterns' into the service is the opportunity to access clinical supervision around the interventions being used with clients. Supervision is there to support the implementation of this intervention manual and provide an ongoing opportunity to talk about the keyworker's experiences using these approaches. It is recommended that client worksheets are taken to supervision for discussion. Any positive or negative experiences associated with taking clients through the worksheets can then be discussed with supervisors. Taking worksheets produced by clients, as they move through sessions with workers, allows the worker and supervisor to see very clearly the issues being addressed within sessions and how clients' thinking and behaviour may be changing.

Every worker should be aware of the supervision mechanism in place in their organisations and should have regular supervision around the thinking skills package (at least one hour a month), on either an individual or group basis. They should also have access to a supervisor, with experience of the interventions, should difficulties arise that need immediate attention.

Documentation of the intervention

Every keyworker using the intervention will record its use on a session by session basis in the service's normal clinical record/document. In addition it is suggested that each worksheet completed by a client is copied twice. One copy will be given to the client as a record of the session. Clients will be encouraged to take the worksheet home and add to the material if they wish to do so. The second copy will be taken to clinical supervision by the keyworker. Clients should be informed that worksheets will be taken by the keyworker to supervision, and given further information about the importance of supervision in ensuring good practice if the client has a query about this.

Keyworkers will note that each worksheet has two lines at the foot of each page to allow for measuring the impact of the worksheet. Client and keyworker should together rate the helpfulness of the worksheet produced. The keyworker then has the opportunity to add further comment on the worksheet to elaborate the client's rating further. This will allow the keyworker to note any comments or thoughts expressed by the client when participating in the session or the keyworker's own thoughts about the utility of the process and output.

Implementing 'Changing your thinking patterns'

Preparing for sessions

In preparing to use 'Changing your thinking patterns with clients', workers need to consider the following:

- Preparing the client for the introduction of this new approach to their work together. If the client is receptive to working in new ways, this can be done at the beginning of the first thinking skills session. If the client is likely to be concerned about this change, then take some time in advance of the initial session to talk the client through what is involved.
- Familiarising themselves with thinking skills materials in advance of each session
- Giving the client an explanation about what the thinking skills package is about. "For some people the decisions that lead to relapse are often preceded by negative feelings. Feelings aren't magical, they are part of being human, and we can learn to think about our feelings in a way that makes it less likely we will be driven by our feelings. This intervention is about learning to recognise and identify our feelings, communicate them honestly and constructively manage the feelings we experience..."
- Asking the client's permission to use this approach
- Frequently validating and affirming the clients' responses in the session.

Which clients should 'Changing your thinking patterns' be used with?

'Changing your thinking patterns' is more likely to be delivered once a client has settled into regular contact with a keyworker and is more engaged in treatment. It is not suited to clients in deep crisis, but rather to those who are stable, seem to be making progress in recovery and want the opportunity to address problems that may be impeding their progress.

The agency setting is a key determinant of whether the worker uses this intervention in individual or group settings. If the agency runs an extensive group programme then workers are more likely to implement 'Changing your thinking patterns' as a group intervention. If, however, more individual work is done with clients who are stable in treatment then the material is easily adapted to 1:1 work. Thus the intervention can be delivered by groupworkers, keyworkers or indeed any staff group who have received training in the intervention and who have access to clinical supervision on the model.

'Changing your thinking patterns' – individual or group intervention?

'Changing your thinking patterns' is presented here as a group intervention, but it is easily modified for individual work. When modifying the materials to work individually with a client, the worker should take the following points into consideration:

- Where the protocol refers to "leading a discussion" between group members the keyworker will instead hold the conversation directly with the client. The worker needs to take the time to explore the ideas presented and only move on to the next issue once he/she feels confident that the client has a good understanding of the issue
- Where the protocol refers to "distributing worksheets" to group members, the keyworker works collaboratively on the worksheet with the client. The worker should ensure that the client completes the worksheet him/herself after

discussion of each issue or topic. The worker should also process the exercise with the individual client as described in the text

- Where the protocol refers to “distributing handouts” to group member again the keyworker should take the individual through the handout, encouraging comments and discussion by the individual

At the end of each session the keyworker should thank the client for his/her hard work and ensure that the client has understood /feels comfortable with the material presented.

Session 1: Feelings, thoughts and mind traps

Step 1: Introduce the session topic.

For some people, the decisions that lead to relapse often are preceded by negative or troubling feelings. It can sometimes feel as though feelings have a life of their own. We may believe it's impossible to understand, predict, or control our emotional responses to people or events. However, feelings and emotions aren't magical. They are part of being human and we can learn how to think about our feelings in a way that makes it less likely that we will be ruled by what we feel.

Recovering people often are told by counsellors, family members and friends that they must learn to deal with their feelings in order to make progress. Dealing with our feelings means accepting that feelings are normal, understanding that thoughts or ideas may influence certain feelings and talking about our feelings productively (without blaming ourselves or others for what we feel). So, the key to dealing with feelings is to accept, understand and talk about them.

Most people will gladly express their opinions and thoughts on a subject. However, feelings and emotions are rarely discussed openly and honestly. We seem to have learned early in our lives that feelings and emotions should be suppressed and denied. As children, we may have heard messages such as “don't get mad at your brother”, “there's no reason for you to get so upset”, “don't be a cry baby”, “calm down and quit being so excited”, or “you shouldn't feel that way”. We enter adulthood having learned certain feelings are not acceptable, we shouldn't feel them, and if we do, we shouldn't talk about them.

The inability to recognise and identify our feelings, and express them in appropriate ways causes problems. Firstly, our ability to communicate honestly and assertively with people we care about suffers. This results in relationship difficulties and deprives us of the support we need. Secondly, when we don't have an avenue for dealing with our feelings openly, we may attempt to “medicate” those feelings so they won't trouble us. Some people use drugs and alcohol, others may use food or gambling and so on. As you are aware, however, once the medication wears off, the feelings are still there. A vital part of recovery is learning to recognise and communicate feelings.

Step 2: Lead a discussion on the characteristics of feelings and emotional states

Begin by asking participants to help brainstorm definitions for feelings and emotions and discuss the responses. Use some of the following ideas to build the discussion:

The questions “what are feelings?” or “what are emotions?” are difficult to answer simply. Emotions are a component of everything we experience as human beings. A

specialised area of our brain is used for processing our own feelings and analysing the clues we pick up about other people's feelings. Everything that happens in our lives involves an emotional response at some level.

Discuss awareness issues related to how we respond to emotions

Physical responses

- One way in which emotions are experienced is physical. When we experience certain feelings, we may also experience bodily sensations such as sweaty palms and increased blood pressure. Intense feelings actually cause changes in adrenaline secretions and blood sugar levels. Some of these physical changes are linked to survival mechanisms. For example, the surge of adrenaline we may experience when we are frightened sharpens our reflexes and prepares our muscles to run or to fight.
- Many emotions have similar physical characteristics. For example, we may experience a pounding heart and a red face when we are angry. We may also have the same physical sensations when we are embarrassed. Noticeable physical sensations are a clue we can use. By learning to ask "what am I feeling right now?", when we are aware of a physical response to a situation, we can better recognise and identify our feelings.
- Ask the group to discuss some of the physical sensations associated with the following feelings: anger, excitement, fear, jealousy, embarrassment and relief.

Non-verbal responses

- We communicate much of what we are feeling non-verbally – that is, we communicate what we are feeling through gestures, facial expressions, tone and loudness of voice, eye contact and the physical distance we place between ourselves and others. This is also referred to as body language. In some situations, we may be unaware of the feelings we communicate non-verbally or the impact of our non-verbal communication on others. In some situations, we may purposefully use non-verbal communication to send a message. For example, glaring and waving your fist at someone who just snatched a parking space you were waiting for.
- Ask participants to describe how the following feelings may be communicated non-verbally: happiness, anger, sadness, nervousness and compassion. Encourage specific examples from their observations of others ("how can you tell when your husband is angry?" or "what clues do you get when you know your son is nervous?"). Alternatively, clip photos of people from magazines and ask participants to comment on the feelings suggested by the subjects' body language.

Matching words and feelings

- In order to communicate effectively, it's important to be aware of how we communicate non-verbally. Keep in mind non-verbal communication is often more powerful than words for communicating feelings and may be interpreted and believed more often than words.
- For example, suppose someone asks you if you are upset, and you say "no, I'm not," in an angry tone of voice, with a glare in your eyes and your arms folded across your chest. The person who asked will very likely assume that you are upset, even though your words deny it. When there is confusion between the

words and the feelings expressed non-verbally, most people will believe the non-verbal message.

Ask participants to share personal experiences in which there was confusion between what someone said to them and the feelings they understood from the non-verbal message.

Summarise

Feelings and emotions are an important part of being human. Feelings have a physical side, in that we can actually feel them in our bodies. We also communicate feelings with our bodies, whether we are aware of doing so or not. Non-verbal communication is one of the most important ways in which we communicate. Awareness of these things is a first step in learning to use our feelings constructively. Pay attention to what your body tells you, especially when it comes to uncomfortable feelings such as anger, jealousy, resentment and anxiety. Developing body awareness gives you a tool to use for taking some deep breaths and calming down when needed. Also pay attention to the things you do to communicate your feelings without words. And develop awareness about how other people communicate their feelings to you. Awareness is the first step. How we think about feelings is the next step.

Step 3: Introduce the topic of the link between thoughts and feelings

It is important to realise the impact that certain thoughts and ideas may have on our feelings and emotional states. It is especially important to learn to recognise ideas and thinking patterns that lead to negative or uncomfortable feelings. These thinking patterns may occur regularly for some people and the result is usually more troubling feelings. It's a kind of mind trap we have learned to trap ourselves with. Over time, these mind traps, can wear us down and keep us emotionally upset. Often we may not even realise our thinking is causing the bad feelings.

For example, if I create a mind trap that says I must always be liked by everyone I meet in life, then I have set myself up for a lot of negative and unhappy feelings. It's not realistic to think everyone in the world must like me. And as long as I carry that idea around in my head (build myself a mind trap), I'll be disappointed and unhappy on a regular basis.

Mind traps, or unrealistic thinking patterns, can threaten recovery efforts because of the emotional turmoil they produce. One solution is to learn to challenge these thinking patterns. In order to challenge these mind traps, we must first become aware of what the thoughts sound like when they run through our heads. Once we are aware of these thoughts, we can catch ourselves thinking them and redirect our thinking in a more positive direction.

Distribute the 'A guide to mind traps' handout and use the following points outlined in the handout to lead a discussion. Emphasise that mind traps are learned ways of reacting to events in life, much like other patterns or habits. It is possible for us to learn new ways of thinking that help us avoid many of the emotional upheavals caused by our own mind traps.

- **The blame trap:** we get caught in the blame trap when we refuse to take responsibility for our decisions and our actions. Instead we try to make others responsible. The thoughts sound like: "he's making me mad", "she made me do

it", "it's not my fault I slipped up, he's the one who brought the dope home" and "it's your fault things are not working out".

Challenge with: I am responsible for my feelings and my actions. Blaming others keeps me from having to look at my part. I may have an emotional reaction to someone's behaviour, but I am responsible for how I respond. Others may ask me to do things, or offer me opportunities, but no one is responsible for my decisions except me.

- **The helpless trap:** we get caught in the helpless trap when we think and act like we are victims of circumstance and there's nothing we can do to solve our problems. The thoughts sound like: "I can't handle this hassle", "there's nothing I can do about all my problems" and "I'll never be able to get out of this mess."

Challenge with: I am capable. I can handle this. I can figure out what will work. There is no good reason why I can't manage this situation, even if it is frightening and difficult. The solution will take time, effort, patience and hard work, and I'm up to it.

- **The catastrophe trap:** we get caught in the catastrophe trap when we exaggerate even our smallest troubles, turning them into major crises. In another version of this trap, we convince ourselves that everything we attempt will be doomed to failure or catastrophe. The thoughts sound like: "I can't cope with this, it's just too awful!", "I'll never get over this", "there's no way I can change, so why bother", "even if I apply for the job, I probably won't get it" and "I don't see why I should stay in treatment, I'll probably not make it."

Challenge with: what has happened is unfortunate (or annoying, irritating, unpleasant or frustrating), but it is not the end of the world. I don't like it, but I can handle it. I know this will pass with time. On a scale of one to ten, how large is this problem, really? What are my options for handling this problem? Just because I've been disappointed in the past doesn't mean I can never succeed. If I don't at least try, I'll never know what could have been.

- **The guilt trap:** we get caught in the guilt trap when we have thoughts that are unfairly harsh and critical about ourselves. We may think we are responsible for external events or for other people's feelings and actions. Or we may think anything we do that is short of perfection makes us a bad person. The thoughts sound like: "I should have done a better job", "if I were a better person I'd call my mother more often", "it's my fault my husband is so unhappy" and "I'm so stupid! I should have remembered my appointment".

Challenge with: I am a human being. Human beings make mistakes and are not perfect. I am not obligated to be perfect, only to do the best I can. I will not call myself harsh, critical names, instead I will say "I'm imperfect and I make mistakes, just like everyone else. I am not responsible for every thing that goes wrong."

- **The all or nothing trap:** we get caught in the all or nothing trap when we overreact to people or events by assuming they are totally one way the other. We label things as good-bad, black-white, yes-no, success-failure and either-or, and ignore the full range of possibilities in-between. The thoughts sound like: "he's always late", "she never can get it right", "I'm always in a hurry" and "the whole dinner is ruined because I burned the rolls!"

Challenge with: am I being honest? Am I being fair? Am I overreacting? I know he often is late, but that's different than always. I know she sometimes makes mistakes, but that's different than never getting it right. Am I really always in a hurry? Just because one thing is not quite right, that doesn't mean the whole thing is wrong.

Review these steps for challenging mind traps:

- 1 Realise that some of your negative or uncomfortable feelings and emotional states are caused by how and what you think
- 2 Recognise and keep track of what you are thinking and how you are feeling
- 3 If your thoughts sound like mind traps, challenge them. Remember, it's possible to get caught up in more than one mind trap at a time
- 4 Challenge your thoughts by disputing them. Learn to talk back to the little voice inside your head. You'll find suggestions on your handout
- 5 Talk it out! Share your thoughts and feelings with someone you can trust and who supports your recovery, such as your keyworker, AA or NA sponsor, partner, close friend or family member.

Step 4: Distribute 'Mind traps' worksheets

Ask participants to complete their worksheets, using the following directions:

In the boxes labelled 'Feelings', list a few feelings you have experienced as a result of each mind trap discussed (see 'Mind traps' handout). For example, if Joe is constantly blaming other people for things that happen to him (the blame trap), how do you think he usually feels most of the time?

In the boxes labelled 'Impact on recovery', describe how these feelings might impact your recovery, including relationships with supportive people, attendance at self-help meetings, coming to counselling and staying clean. For example, if the blame trap leaves Joe feeling angry at his partner, he may be tempted to spend more time on the street and less time at home, which could impact his recovery efforts.

In the space under the boxes labelled 'Challenge', describe how you would challenge the kind of thinking described for each mind trap. For example, Joe might challenge the blame trap by catching himself every time he begins to think that someone made him feel angry and therefore relapse. One simple challenge may be "no matter what other people do, I am still responsible for my own decisions".

Complete these steps (feelings-impact-challenge) for each mind trap on the handout.

Process the exercise by asking participants to discuss the feelings, impacts on recovery, and challenge statements they wrote for each of the mind traps. Use some of the following process questions:

- 1 In what ways is it useful to recovery to think about these mind traps or thinking patterns that fuel stress?
- 2 Are there any examples of mind traps that you don't understand? Give examples of the mind traps you get caught in most often
- 3 Give examples of the mind traps that you have noticed other people getting caught in. What advice would you give them based on what you learned today?
- 4 Which mind trap will be the most difficult for you to recognise and?
- 5 Which mind trap do you believe is the most dangerous for your own recovery?

Summarise

The concept of mind traps is one way to consider and discuss the unhelpful and unproductive thinking patterns that we all get caught up in from time to time. As we have discussed, self-awareness is the first step in changing things about ourselves that we want to change. Because mind traps can lead to emotional roller coasters and breakdowns in communication (such as arguments, power plays and hurt feelings), learning to recognise how often we get caught up in them can help recovery. Likewise, once we learn to recognise when we are blaming, playing helpless, exaggerating and so on, are better able to challenge those thoughts with more balanced and logical thinking.

Thank participants for their input and participation.

Handout: a guide to mind traps



The blame trap: we get caught in the blame trap when we refuse to take responsibility for our decisions and our actions. Instead we try to make others responsible. The thoughts sound like: “he’s making me mad”, “she made me do it”, “it’s not my fault I slipped up, he’s the one who brought the dope home” and “it’s your fault things are not working out”.

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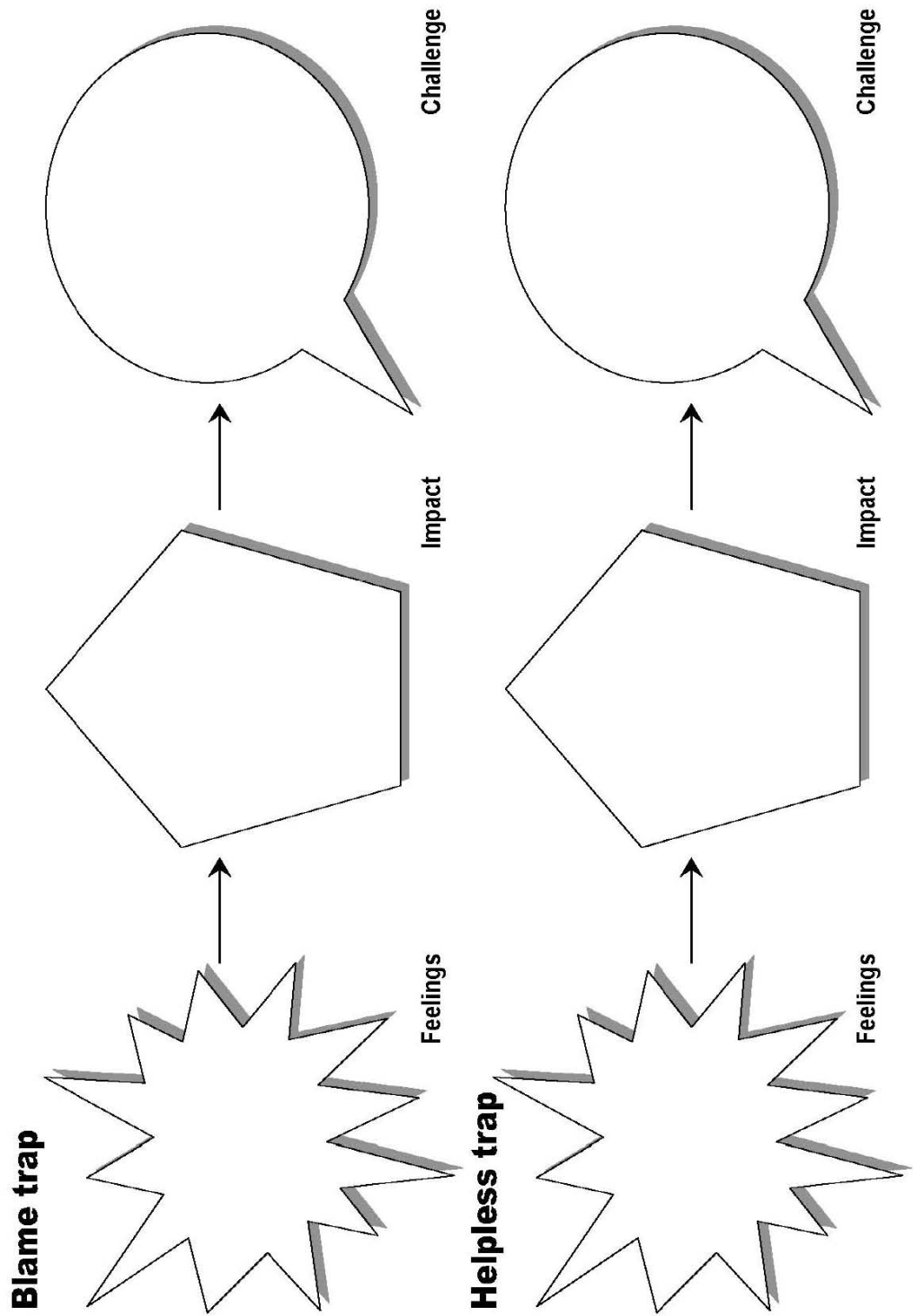
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Review these steps for challenging mind traps

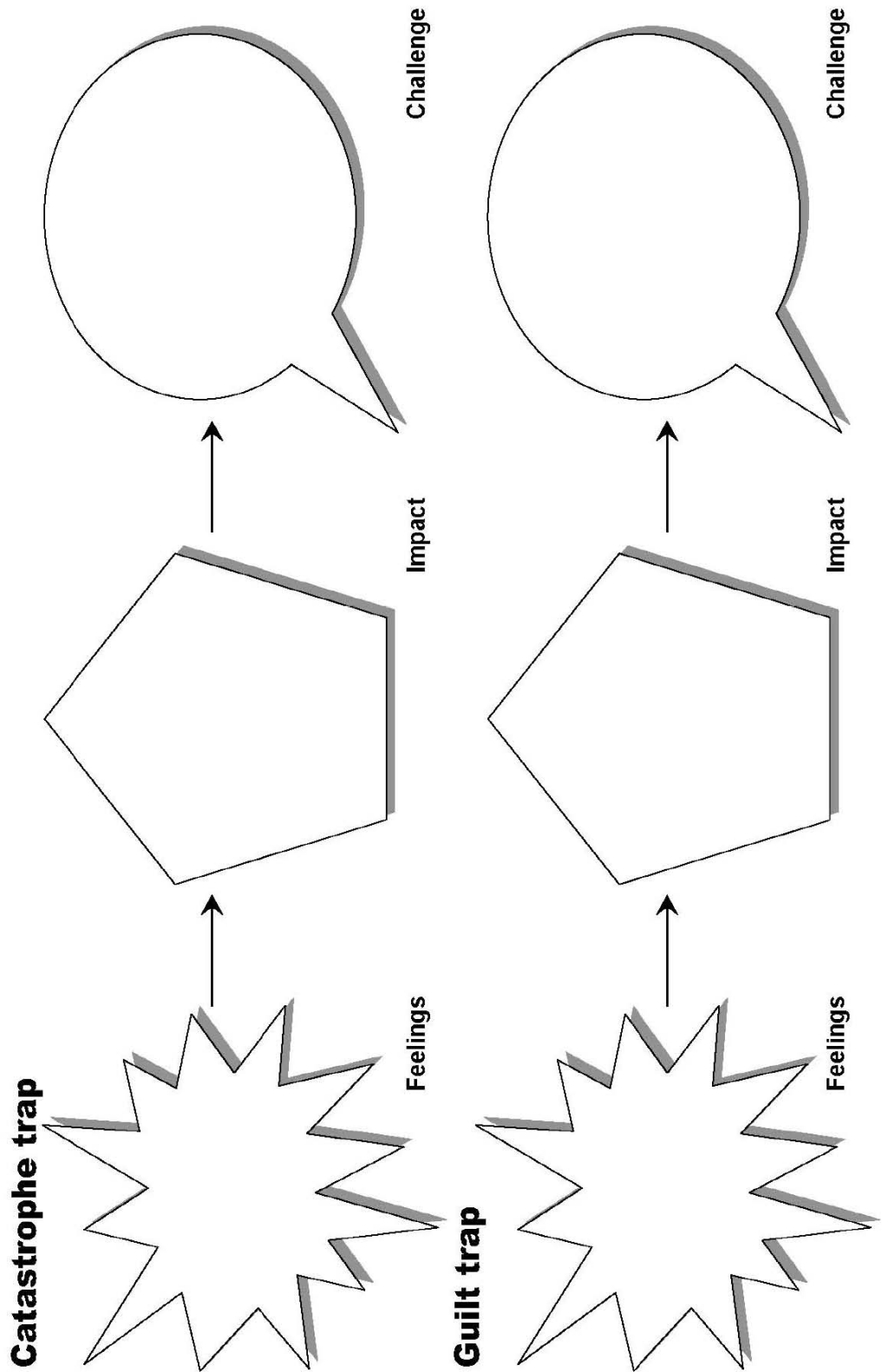
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Mind traps worksheet



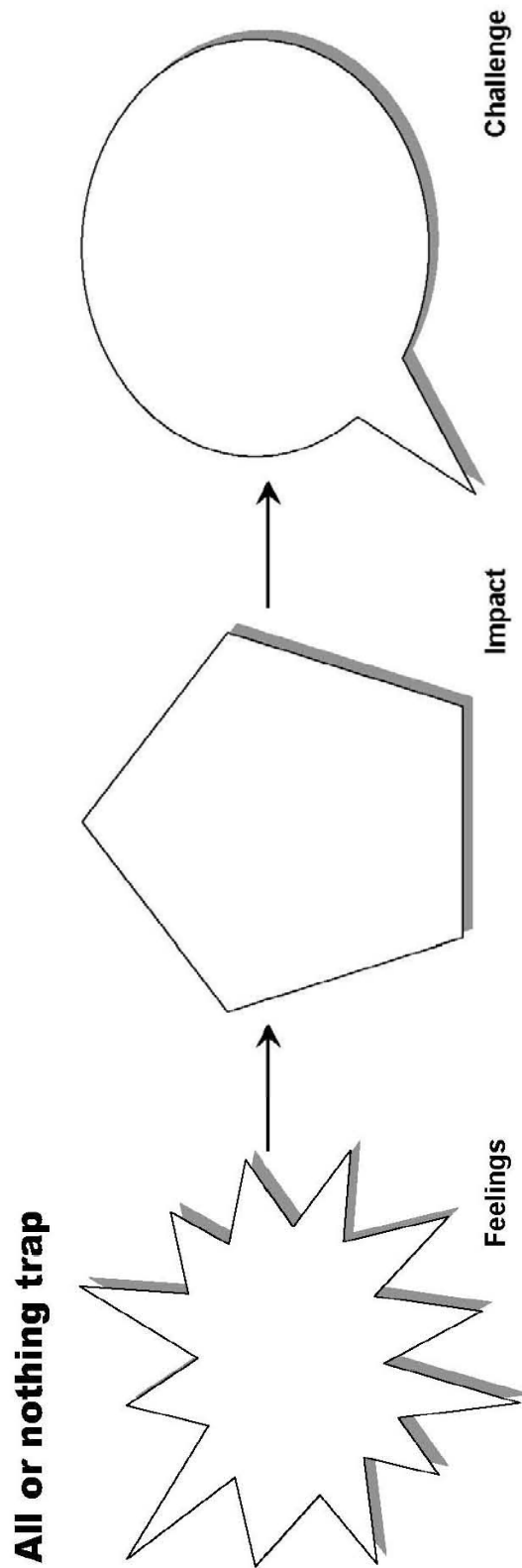
How useful was this map and discussion?
Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
Comments:

Mind traps worksheet



How useful was this map and discussion?
Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
Comments:

Mind traps worksheet



How useful was this map and discussion?
Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
Comments:

Session 2: Roadblocks to healthy thinking

Step 1: Introduce the session topic

Introduce the topic of thinking patterns or ways of thinking (WOT) that can interfere with change and contribute to relapse. Write W-O-T on board or flipchart, and identify it:

WOT = ways of thinking. WOT you think is WOT you become.

Our WOT – ways of thinking about things in life – plays a big part in our emotional health but, more importantly, it is often the driving force behind how we behave, how we make decisions and how well we get along with other people.

Generally, we all have many thinking habits or patterns of thinking – some of them healthy and helpful, others not so helpful or healthy, in terms of our decisions, behaviour, and relationships.

For example, if I have a general WOT that sounds something like, “people deserve to be treated with kindness and respect,” then it can be expected that most of the time I will make decisions and choose how I will act based on respecting others. However, if I have a WOT such as “people are scum and no one can be trusted,” then my decisions and actions towards others will be very different.

Ask participants for examples. Encourage participants to give specific examples of how these two different ways of thinking might influence decisions, behaviour, and relationships.

Step 2: Distribute the ‘WOT to avoid’ handout

Review each WOT with participants. Encourage discussion and provide examples of how these thinking patterns interfere with treatment progress:

One way to learn more about **ways of thinking** that usually interfere with making good decisions, behaving wisely, and getting along with others is to discuss some of the most common ones.

• **“But... everybody was doing it.”**

Rationalisation is what we do when we try to excuse ourselves from full responsibility for our actions. We think of explanations that seem to fit or that seem to logically explain our decisions or behaviours. We look at the outcome of our actions or at a conclusion we have reached, then we pull evidence out of the air that we think will explain everything while allowing us to “look good” in the eyes of others. We often use rationalisation as an attempt to justify our bad behaviour.

• **“It was Fred’s idea...”**

Blaming begins with an error in how we think about things that happen in the world and things that happen involving other people. We try to convince ourselves that all bad events are caused by somebody or that somebody intentionally set out to cause the bad event that has caused us a problem. This makes us want to point the finger instead of finding a solution. By blaming someone else, we don’t have to consider our own actions or responsibility. Let’s face it, blaming others often is a backhanded way of trying to excuse our own behaviour.

- **“I just don’t understand...”**

Confusion – when we don’t want to face a situation, we may think that if we appear puzzled and confused to others, they will let us off the hook. For example, we may say we just don’t understand the question or an assignment, then not pay attention when someone tries to help us out. This way of thinking allows us to pretend to be confused about assignments, rules, requirements, expectations or facts. If we are confused, then we think we can avoid meeting our obligations or taking responsibility for ourselves. We may also use confusion when we want to avoid taking full responsibility for things we did in the past. For example, someone claims to not remember or to be confused about how drugs came to be in their possession.

- **“He did that just to piss me off...”**

Assuming – making assumptions about other people’s thoughts, feelings, or motives is a way of thinking that allows us to justify our resentments, insecurities, and paranoia. Rather than checking out the facts by asking others about their feelings or intentions, we go with our own assumptions, which are usually negative and blaming. The payoff is that we can righteously overreact or behave badly without being bothered by the truth of a situation. We use assumptions to justify our behaviour and to avoid taking responsibility for jumping to conclusions.

- **“It was just one drink...”**

Minimising can be summarised as “trying to make a molehill out of a mountain.” When we minimise, we attempt to make others believe that what was, in fact, a pretty big screw-up was really no big deal. Usually, the words “just” and “only” will be part of our attempts to minimise our actions. When we minimise, we are usually attempting to avoid or reduce the consequences of our behaviour. The payoff is that if we believe our own minimising, then we don’t have to feel remorse or make amends for our actions.

- **“I should be given another chance...”**

Entitlement allows us to feel that we are somehow “better than” or more deserving of special treatment than someone else. In other words, we allow ourselves to believe that the rules just don’t apply to us because we are unique and therefore entitled to special consideration. We may further believe that everything should be made easy for us and we should not have to make any effort toward our goals. Most of all, when our thinking involves entitlement, we believe that we should not have to pay the consequences for our mistakes, poor decisions, or lack of effort.

- **“I was completely sober...”**

Lying is the one way of thinking that doesn’t require a lot of definition for most of us – we all know what lying is. We use lying to distort the truth or to confuse or make fools of other people. Sometimes we lie because we fear the consequences of the truth. A lie of commission is when we make up a falsehood on purpose – a regular old lie. A lie of omission is when we tell part of the truth, but leave out important details (for example, telling your partner that you attended your drug team appointment, but leaving out the part that you didn’t actually wait to see your drug worker). Interestingly, many people refuse to believe that this second type of lie really is a form of lying.

- **“Poor, poor me...”**

Victim stance – sometimes we think we can fool or control others by getting them to feel sorry for us. When we use this way of thinking, we attempt to present ourselves as the true victim of a situation so that others will see us as powerless and not responsible for our own behaviour. The payoff is that if we can trick others into seeing us as some kind of victim of circumstance, we don't have to be accountable or responsible for our behaviour or choices. In this way, the problems that we usually end up causing for ourselves can be blamed on our past, our family, the system, or on the cruel, hard world.

- **“I don't need this stupid group, I already know this stuff.”**

Grandiosity is the belief that we are superior to others, that we should never be questioned or challenged, and that we are right about everything (which means everyone else is wrong). No one can teach us anything because we believe we are smarter, better, more capable, or more “in the know” than other people, even if the facts don't support it. We think that our lives, experiences, knowledge, needs, problems, concerns, and opinions are the only ones that really matter.

- **“That's an interesting question, but the real issue is...”**

Sidetracking is another way to describe this thinking error. We use it to control the conversation, change the subject, and shift the focus away from a topic that makes us uncomfortable. When we use sidetracking, we are trying to distract people from the real issue being discussed. We think that by throwing people off the subject, we can avoid being confronted by the facts of our behaviour. Here's a classic example: “Why did you start dealing drugs?” Response: “Well, the drug laws are stupid. People in Amsterdam can smoke cannabis whenever they want. This country needs to get real and change its laws.” See how it works? We are asked an important question that we really should consider and instead of staying focused, we lead the other person on a verbal wild goose chase.

- **“This is so boring!”**

Boredom is used as a thinking pattern when we want to give ourselves permission to not stay focused, to avoid participation or study, or to avoid taking responsibility for our own learning. It involves the belief that if we label something as “boring”, “stupid” or “lame”, we don't have to deal with it. Instead, we can complain, whine, act out, waste time, and otherwise try to control the situation, while at the same time hide from issues and problems we need to address. When we label something as boring, we are actually trying to blame someone else (the teacher, the group leader, the treatment service) for our own resistance to learn something new.

Step 3: Distribute *WOT worksheet*

Ask participants to complete them by writing down examples of using WOT thinking patterns in the previous month. Refuse to accept protestations from participants who claim to have not used these ways of thinking by pointing out that almost all of us use these thinking patterns from time to time, in big and small ways. Provide personal examples to help normalise the tendency to use these ways of thinking (for example, thinking patterns about driving over the speed limit, going off your diet or procrastinating).

Allow time to complete worksheets.

Be available to help participants who get stuck.

Ask for volunteers to talk about their use of thinking patterns.

Alternatively, run through each of the WOT thinking patterns, one at a time, by going around the room and asking participants to talk about how they have used that error. Process the activity with some of the following questions:

- What do all of these unproductive ways of thinking (WOTs) seem to have in common?
- Which of these ways of thinking do you think you use most frequently?
- How did most of us learn to use some of these ways of thinking?
- Why do we keep on using them?
- What impact do these thinking patterns have on recovery?
- What impact do they have on our relationships with others?
- How can we learn to change these ways of thinking?

Step 4: Introduce the topic of changing unproductive ways of thinking

There are some simple steps we can all use to help replace poor thinking habits with good ones. The first step is awareness. That involves monitoring ourselves, paying attention to how we react to things and what thinking patterns we commonly use. In order to do this, we have to understand the ways of thinking that we call thinking patterns. Keep studying the list that we just reviewed, so that recognising a thinking pattern (in yourself and others) becomes second nature to you.

The next step is to learn to be brutally honest with yourself. Using a lot of thinking patterns is a habit that can be changed, but we have to remember that we are responsible for our own habits. It can be helpful to think back over the past to see how thinking patterns have operated in your life.

Give yourself the job and responsibility to begin monitoring yourself, and identifying your thinking patterns as soon as they happen (or shortly thereafter). When you catch yourself in a thinking pattern, pay attention to what was going on in the situation and how you might have thought about it differently or handled it differently. Some people find it helpful to keep a daily log. Some find it helpful to spend some time at the end of the day, thinking back over everything that happened and identifying the thinking patterns that were involved in how they reacted or behaved.

Distribute 'Improving our WOT' handouts

Review and discuss the suggestions in the handout with participants:

Practice open thinking

Be open to ideas, views and perceptions of others. If you react defensively or in anger when you hear or read something that challenges your beliefs, you may overlook an idea that could help to set you free, in spirit if not physically. Practice acceptance of positive criticism. When you listen with interest to the ideas of others, you validate a person's ideas and perceptions as valuable. This may help you develop a better understanding of both others and yourselves. If faced with taunts, it isn't too hard to tell

when someone is trying to provoke you. Rather than striking back (which may be what they are trying to provoke), consider why they are saying or doing what they are. If you respond to taunts not in a fit of anger, but as a logical and controlled adult, you take the fun out of their game, while reinforcing your own abilities of self-control and positive behaviour. Once you stop responding in anger (which may be what they want to see), people who taunt you will tire of the game, since you have stopped playing it and won't act out for them again, despite their efforts.

Accept personal responsibility versus taking a victim stance

Accept responsibility for your thoughts and actions. If you own up to your mistakes in thinking and behaviours rather than dodging them – saying you were falsely accused and victimised or trying to lay them off on someone else – you can grow. You can lie to yourself only so long. Others aren't as gullible as you might think. Once you overcome your defensiveness, stop compulsively lying and actively accept the truth – admitting mistakes in thinking and action – then you are on the road toward changing your life for the better and becoming a responsible adult in thought, word, and deed.

Develop a realistic rather than a grandiose self-view

You know you have made mistakes. If you admit them, analyse why you made them and learn the lessons they offer, you improve your chances not to repeat them. You recognise that mistakes do not make you worthless. When you take action to prevent repeating mistakes, you have grown. Taking purposeful action rather than going through life aimlessly – you set achievable goals for yourself and put forth an honest effort to work toward those goals. Even if you don't achieve each and every goal, working toward them enhances your sense of self-worth. This helps you grow in healthy and beneficial ways, and develops an "I can do it" attitude.

Analyse your performance rather than blaming problems on others

You actively examine your performance in working toward the goals you set for yourself. Your emphasis on making yourself accountable to yourself for diligently working toward the goals you set helps you to advance in your willingness to be responsible in your work efforts.

Consider consequences rather than thinking you can control them

Some people see "normal" jobs as boring and want excitement in their lives. Sometimes people who think this way find crime and drugs exciting. When you find yourself thinking about drink or drugs, criminal activities or things that would hurt others, or yourself, you need to stop and get a picture in your mind of the consequences suffered by yourself and others in the past. By tying the likely consequences directly to these thoughts, you can stop the fantasy occurring as part of something called euphoric recall. That's where your mind automatically associates drugs or crime with fun or as a way to cope with life's challenges.

Face up to fear rather than cutting your fears off

Everyone fears something. False bravado in the face of fears doesn't remove them, it only limits the ways you feel you can respond. You can learn to identify and face fears. You can analyse fears, eliminating irrational ones. Then you can decide how to rationally deal with any real fears. By analysing your fears, eliminating the unreal, and considering how to reduce or eliminate those that are real, you improve feelings of self-worth and

self-esteem. Addressing fears puts them in proper perspective and in many cases eliminates the fear as having no truth in fact.

Let go rather than needing to control

Recognise that you do not need total power and control over every event and every person. Stop trying to con or force others into doing what you want. You can learn to share your frustrations, fears and feelings of powerlessness, as well as learning to ask for help when you need it. These actions reduce “power thrusting,” which is the effort to control every situation and everyone. Twelve-step groups often utilise the serenity prayer to remind themselves of this: “God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

Summarise the discussion using some of the following

The thinking patterns or ways of thinking (WOTs) that can get in the way of recovery or cause setbacks can be thought of as habits. We learn to use these bad thinking habits or “thinking patterns” for a variety of reasons – for personal advantage, to avoid taking responsibility for our shortcomings, to feel accepted and respected by others by putting up a false front, and sometimes out of simple laziness.

The first step in learning new ways of thinking is to be able to identify and challenge the old ways of thinking. By putting names to these ways of thinking (for example blaming, victim stance, hop overs, grandiosity), we have a shorthand way of recognising them in ourselves and challenging them. We challenge poor thinking habits by slowly learning to replace them with more honest and responsible ways of thinking.

Like all habits, giving up thinking patterns takes time and personal effort. Old ways of thinking may feel right or comfortable to you now, but with awareness and practice you can begin to replace those old thinking patterns with ways of thinking that will move you forward rather than keep you held back.

Thank participants for their work and attention.

Handout: 'WOT to avoid'

Ways of thinking that keep you stuck

- **"But...everybody was doing it."**

Rationalisation is what we do when we try to excuse ourselves from full responsibility for our actions. We think of explanations that seem to fit or that seem to logically explain our decisions or behaviours. We look at the outcome of our actions or at a conclusion we have reached, then we pull evidence out of the air that we think will explain everything while allowing us to "look good" in the eyes of others. We often use rationalisation as an attempt to justify our bad behaviour.

- **"It was Fred's idea..."**

Blaming begins with an error in how we think about things that happen in the world and things that happen involving other people. We try to convince ourselves that all bad events are caused by somebody or that somebody intentionally set out to cause the bad event that has caused us a problem. This makes us want to point the finger instead of finding a solution. By blaming someone else, we don't have to consider our own actions or responsibility. Let's face it, blaming others often is a backhanded way of trying to excuse our own behaviour.

- **"I just don't understand..."**

Confusion – when we don't want to face a situation, we may think that if we appear puzzled and confused to others, they will let us off the hook. For example, we may say we just don't understand the question or an assignment, then not pay attention when someone tries to help us out. This way of thinking allows us to pretend to be confused about assignments, rules, requirements, expectations or facts. If we are confused, then we think we can avoid meeting our obligations or taking responsibility for ourselves. We may also use confusion when we want to avoid taking full responsibility for things we did in the past. For example, someone claims to not remember or to be confused about how drugs came to be in their possession.

- **"He did that just to piss me off..."**

Assuming – making assumptions about other people's thoughts, feelings, or motives is a way of thinking that allows us to justify our resentments, insecurities, and paranoia. Rather than checking out the facts by asking others about their feelings or intentions, we go with our own assumptions, which are usually negative and blaming. The payoff is that we can righteously overreact or behave badly without being bothered by the truth of a situation. We use assumptions to justify our behaviour and to avoid taking responsibility for jumping to conclusions.

- **"It was just one drink ..."**

Minimising can be summarised as "trying to make a molehill out of a mountain." When we minimise, we attempt to make others believe that what was, in fact, a pretty big screw-up was really no big deal. Usually, the words "just" and "only" will be part of our attempts to minimise our actions. When we minimise, we are usually attempting to avoid or reduce the consequences of our behaviour. The payoff is that if we believe our own minimising, then we don't have to feel remorse or make amends for our actions.

- **“I should be given another chance...”**

Entitlement allows us to feel that we are somehow “better than” or more deserving of special treatment than someone else. In other words, we allow ourselves to believe that the rules just don’t apply to us because we are unique and therefore entitled to special consideration. We may further believe that everything should be made easy for us and we should not have to make any effort toward our goals. Most of all, when our thinking involves entitlement, we believe that we should not have to pay the consequences for our mistakes, poor decisions, or lack of effort.

- **“I was completely sober...”**

Lying is the one way of thinking that doesn’t require a lot of definition for most of us – we all know what lying is. We use lying to distort the truth or to confuse or make fools of other people. Sometimes we lie because we fear the consequences of the truth. A lie of commission is when we make up a falsehood on purpose – a regular old lie. A lie of omission is when we tell part of the truth, but leave out important details (for example, telling your partner that you attended your drug team appointment, but leaving out the part that you didn’t actually wait to see your drug worker). Interestingly, many people refuse to believe that this second type of lie really is a form of lying.

- **“Poor, poor me...”**

Victim stance – sometimes we think we can fool or control others by getting them to feel sorry for us. When we use this way of thinking, we attempt to present ourselves as the true victim of a situation so that others will see us as powerless and not responsible for our own behaviour. The payoff is that if we can trick others into seeing us as some kind of victim of circumstance, we don’t have to be accountable or responsible for our behaviour or choices. In this way, the problems that we usually end up causing for ourselves can be blamed on our past, our family, the system, or on the cruel, hard world.

- **“I don’t need this stupid group, I already know this stuff.”**

Grandiosity is the belief that we are superior to others, that we should never be questioned or challenged, and that we are right about everything (which means everyone else is wrong). No one can teach us anything because we believe we are smarter, better, more capable, or more “in the know” than other people, even if the facts don’t support it. We think that our lives, experiences, knowledge, needs, problems, concerns, and opinions are the only ones that really matter.

- **“That’s an interesting question, but the real issue is...”**

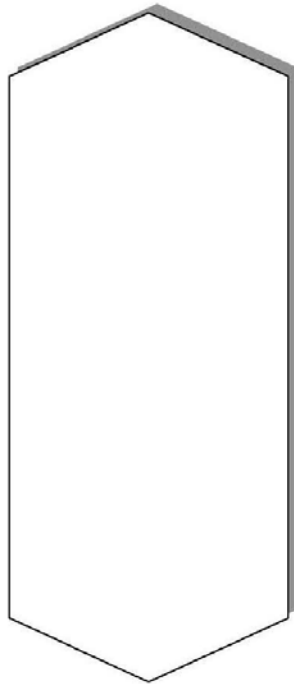
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- **“This is so boring!”**

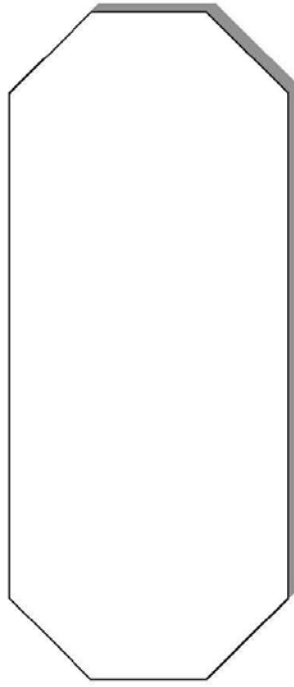
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WOT worksheet

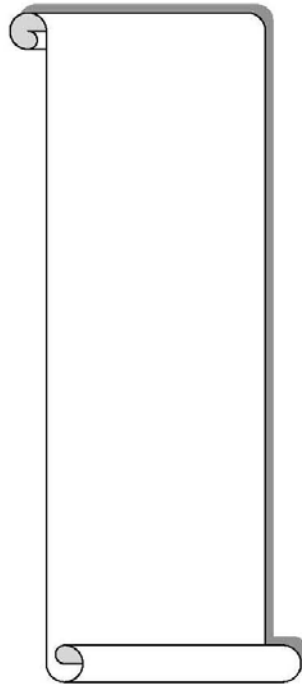
Complete this by filling in details about the last time you used each of these WOTs



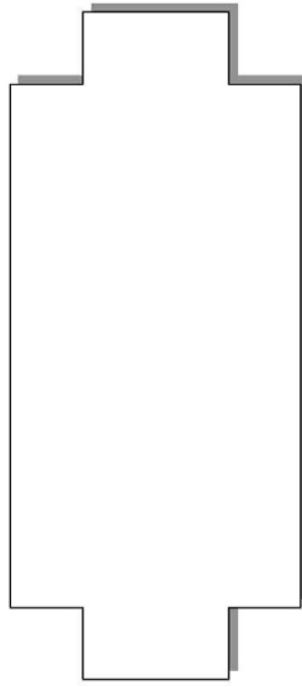
Rationalisation



Blaming



Confusion

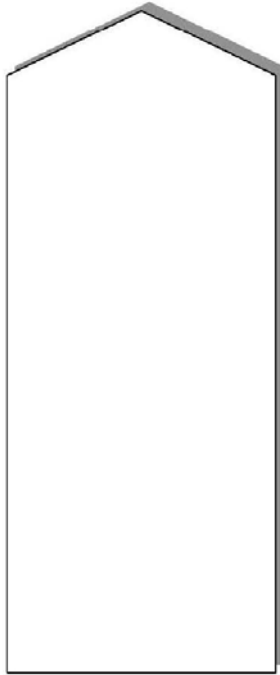


Assuming

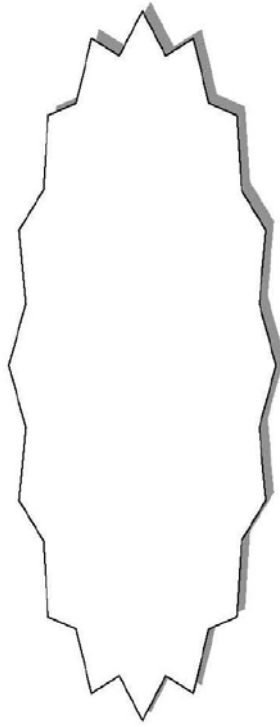
How useful was this map and discussion?
Not useful 1-2-3-4-5-6-7-8-9-10 Very useful
Comments:

WOT worksheet

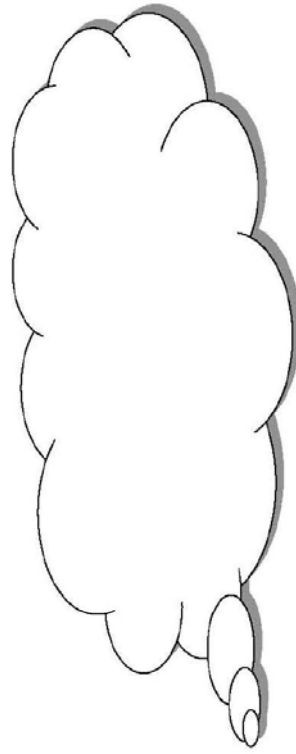
Complete this by filling in details about the last time you used each of these WOTs



Minimising



Lying



Victim stance

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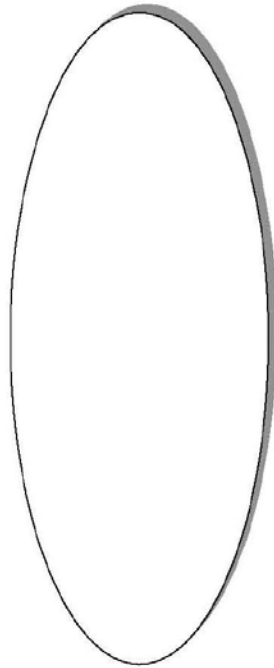
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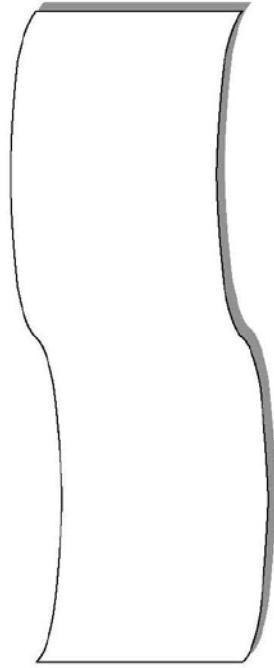
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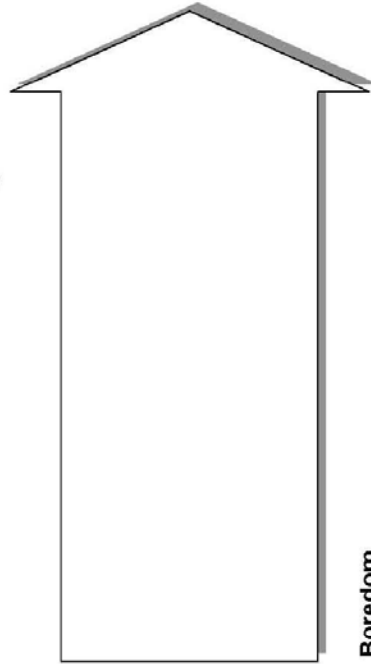
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Grandiosity



Sidetracking



Boredom

How useful was this map and discussion?

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Comments:

Handout: 'Improving our WOT'

Developing new thinking habits

Practice open thinking

Be open to ideas, views and perceptions of others. If you react defensively or in anger when you hear or read something that challenges your beliefs, you may overlook an idea that could help you. Practice acceptance of positive criticism. When you listen with interest at the ideas of others, you may learn something.

Accept personal responsibility versus taking a victim stance

Accepting responsibility for your thoughts and actions. If you own up to your mistakes in thinking and behaviours rather than dodging them – for example, by saying you were falsely accused and victimised or trying to lay them off on someone else – you can grow. Once you are able to do this you are on the road toward changing your life for the better and becoming a responsible adult.

Develop a realistic rather than a grandiose self-view

You know you have made mistakes. If you admit them, analyse why you made them, and learn the lessons they offer, you improve your chances not to repeat them. You recognise that mistakes do not make you worthless. When you take actions to prevent repeating mistakes, you grow.

Analyse your performance rather than blaming problems on others

Learn to actively examine your performance in working toward the goals you set for yourself. Your emphasis on making yourself accountable for diligently working toward your goals helps you to advance in your willingness to be responsible in your efforts.

Consider consequences rather than thinking you can control them

Some people see "normal" jobs as boring and want excitement in their lives. Sometimes people who think this way find crime and drugs exciting. When you catch yourself thinking about drinking or taking drugs, about criminal activities, or doing things that would hurt others, or yourself, you need to stop and get a picture in your mind of the consequences suffered by yourself and others in the past.

Face up to fear rather than cutting your fears off

Everyone fears something. False bravado in the face of fears doesn't remove them, it only limits the ways you feel you can respond. You can learn to identify and face fears. You can analyse fears, eliminating irrational ones. Addressing fears puts them in proper perspective and in many cases eliminates the fear as having no truth in fact.

Let go rather than needing to control

Recognise that you do not need total power and control over every event and every person. Stop trying to "con" or force others into doing what you want. Twelve step groups often utilise the serenity prayer to remind themselves of this: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

Session 3: Thinking and behaviour cycles

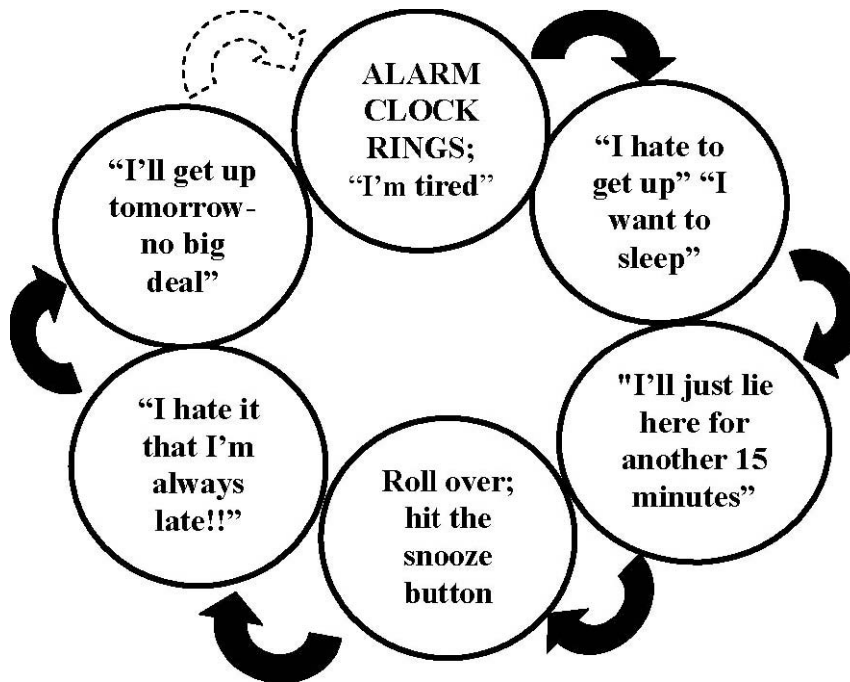
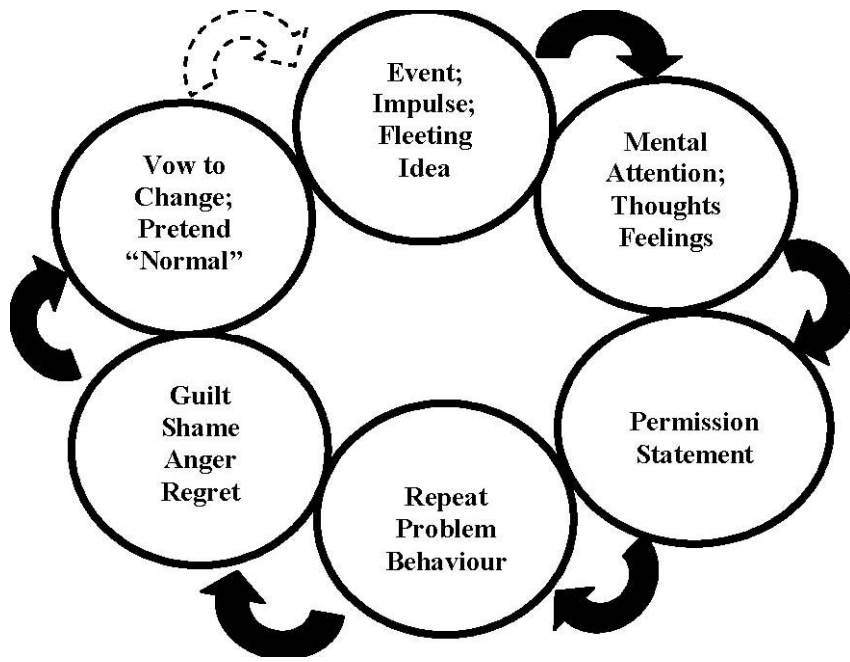
Step 1: Introduce the topic

Invite participants to discuss how some behaviours and ways of doing things become habits, rituals or cycles and are often below the radar of conscious thought. Point out that most situations we consider to be problems very often involve cycles. In other words, a difficulty can be thought of as one damn thing after another. But a problem is usually “the same damn thing over and over again.”

Give an example. Describe one of your own problematic cycles to get the ball rolling, or use this script.

“When I was at college, I was frequently late to lectures. It went something like this: The alarm would go off and I would hit the snooze button. I’d usually do this for about 30 minutes, then run to the bathroom. If one of my flatmates was there first, I’d swear and pace around until the bathroom was free. I’d then race to college, probably driving a lot faster than I should have...no, definitely driving faster than I should have. I’d then park and race to my lecture, all the while cursing myself for oversleeping, and feeling disgusted and ashamed of myself for my lack of discipline and for disrupting the lecture when I walked in late. I’d spend the rest of the morning in a rush, trying to catch up, and would promise myself – swear to myself – make a mental promise to myself that I would do better tomorrow. That I would get up in plenty of time, not hit the snooze button and not oversleep. Sometimes that worked for a day or two, I’d tell myself I was okay and in control of things. But, there I would be again, hitting that snooze button, being late for lectures...”

Distribute ‘The cycle’ handout. Draw your example as a cycle on a white board or flipchart, as shown below:



Explain how the parts of the example fit into the cycle

Most cycles or habitual patterns of problem behaviour work in the same way. They usually begin with an event, impulse or fleeting thought. Instead of choosing to ignore or override these initial thoughts and impulses, we give it some more mental attention, inviting thoughts and feelings that influence the decision about what to do. At some point in this thinking, we give ourselves a permission statement that helps us justify the problem behaviour. We then repeat the problem behaviour. Afterwards, however, we usually feel really bad about stepping back into the cycle (guilt, shame, anger, regret). We then tell ourselves that it won't ever happen again, or that we will change next time (vow to change). Or we try to fool ourselves and others by acting like nothing ever happened ("pretend normal"). However, we remain at risk for jumping right back into the cycle of problem behaviour in the future.

Explain the transitional arrows

Review and discuss *Mind Traps* and *WOT to avoid* handouts from previous sessions.

Cycles are driven by many of the overriding thinking patterns that were discussed in the previous session. In drawing a picture of a cycle, we use the arrows to represent the mind traps and WOTs that push people to follow an impulse and end up repeating a problem behaviour. For instance, things like minimising, justifying, blaming, entitlement, playing helpless.

Staying with the example used, summarise how a typical behaviour cycle operates, plugging in examples of thinking patterns that drive the process

In my example, the whole thing looks something like this. The alarm rings and I have an impulse to stay in bed. A sleepy little thinking pattern voice tells me, "I shouldn't have to get up when I feel so tired" (entitlement). This helps me focus mental attention and begin to develop strong feelings/thoughts toward the impulse to stay in bed. Another thinking pattern, "it's just not fair" (victim stance), moves me toward a permission statement, "I'll just give myself another 15 minutes." And yet another thinking pattern, "it's just 15 minutes" (minimising), allows me to hit the snooze button. Later, as reality sets in and I realise I did the very thing I was trying to stop doing, thinking patterns help fuel the bad feelings I now have about myself, "I'm a loser" (helpless), "I can't do anything right" (all-or-nothing). Of course, these bad feeling also keep other thinking patterns active – minimising, justifying and so on. Guilt helps fuel all the mental promises I make to myself to not do it again, to change, to reform. I tell myself I'll stop oversleeping and that it is "no big deal" (lying, minimising). However, since I was "in the dark," in the sense that I was not aware of the way my cycle operated, I had no real plan beyond mental promises to change the problem behaviour, so I was at risk for it to happen again and again.

Transition

Events, impulses, thoughts, feelings, and behaviour are all at work in the behaviour cycles that cause us problems. Often, the impulses, thoughts, and feelings have been operating together for so long, they are out of our conscious awareness. We end up doing the same damn thing over and over, but remain truly clueless about why it keeps happening. Using the mental picture of a cycle is a good first step for gaining awareness and learning to break or interrupt the problem behaviour. It forces us to take the time to look at all the parts – the urges and impulses, the mental justification and other thinking patterns that we use to repeat the behaviour, and the feelings that come from yet another failure to change. It can be tough work and it requires a lot of honesty and

courage. Bothering to take a really close look at ourselves is one of the most courageous things we ever do.

Step 2: Distribute One of my cycles worksheets

Ask participants to think about a problem behaviour they struggle with that seems to keep on cycling in their lives. Encourage them to think about current behaviour cycles that are causing problems. Prompt them to focus on general types of problem behaviour cycles (diet, exercise, getting in trouble, problems with other people, procrastination, breaking rules).

Allow time to complete the worksheets

Be available to guide individual participants who get stuck.

Ask for volunteers to describe their problem behaviour cycle from the first (general) worksheet

Use a flipchart with a cycle template and fill in and label the parts of cycle as the participant describes them. Stay with the volunteer and ask:

Has there ever been a time when, despite the same activating event or impulse, you didn't cycle through? In other words, a time when you interrupted the cycle, didn't repeat the problem behaviour?

(If yes)

What did you do to stop the thoughts and not give a "permission statement?"

How did you make yourself do that?

How might you make yourself do it more often?

(If no)

Based on what you know about yourself, what would be the best way to interrupt one of your cycles, once the impulse has happened? How might you make yourself do that?

What else might help you interrupt a cycle?

Those sound like practical ideas – would you be willing to try them next time you find a cycle starting, and report back to us?

Complete this process with two or more volunteers, as time allows.

Distribute another *One of my cycles* worksheets

Ask participants to use it to map out how their drug use cycles operated in the past. Encourage them to focus on a specific drug or alcohol use episode that they remember from the past or their most recent drug use episode (relapse).

As before, allow time to complete the worksheets.

Be available to guide individual participants who get stuck.

Ask for volunteers to describe the cycle they chose to describe on the second (drug use) worksheet

Use a flipchart with a cycle template and fill in and label the parts of cycle as the participant describes them.

Process the worksheet activities with some of the following questions:

What similarities are there between your bad habit cycles and your drug using cycles?

What are the differences between the two examples of behaviour cycles you recognise in yourself?

Based on what you know about yourself, what works best to help you interrupt a drug cycle once it's started?

Who can help with this? What would your closest person (friend, spouse, family) advise you based on what they know about you?

How might you remember to do what works more often?

Step 3: Distribute Tips for breaking a cycle handout

Review points with participants.

Awareness

Awareness is the first step toward stopping a behaviour cycle that keeps you doing things that you really don't want to do. The more you learn about cycles, the more control you will have over them. Today's lesson has given you that first step.

Honesty

Once you are aware of how cycles work in your life, you must be willing to admit it when you recognise the risk factors (events, impulses) and thinking patterns that set you up to go into a cycle.

Motivation

Awareness and honesty are good steps. But awareness and honesty alone won't stop you from lighting that cigarette, failing to do homework or getting involved in another drug deal. You need motivation and dedication to use strategies that interrupt the cycle, before it starts (resisting impulses) or after it starts (challenging thinking patterns).

Thought stopping

Your awareness, honesty and motivation come into play when you begin to use strategies to stop the cycle. Thought stopping is exactly what it sounds like. Every time you are aware of impulses or thinking patterns that are involved in your cycle, you make a commitment to mentally turn your thoughts away. This will involve saying "stop!" loudly to yourself, once you are aware of the thought, and then replacing it with an appropriate thought (the challenges that were discussed in previous sessions). Some people have found it helpful to wear a rubber band on their wrist, so they can snap themselves when they become aware of a bad thinking pattern. This technique improves awareness. Exercise, taking a walk, writing in a diary and talking to someone are also good ways to interrupt poor thinking.

Summarise the discussion

Behaviour cycles can be thought of as an unending loop of behaviours that we know are bad for us, yet we keep doing them anyway. These behaviours are often repeated in an almost mindless fashion and we may have to struggle to become aware of them once they start. However, once we study our own cycles, it's easier to see how they operate.

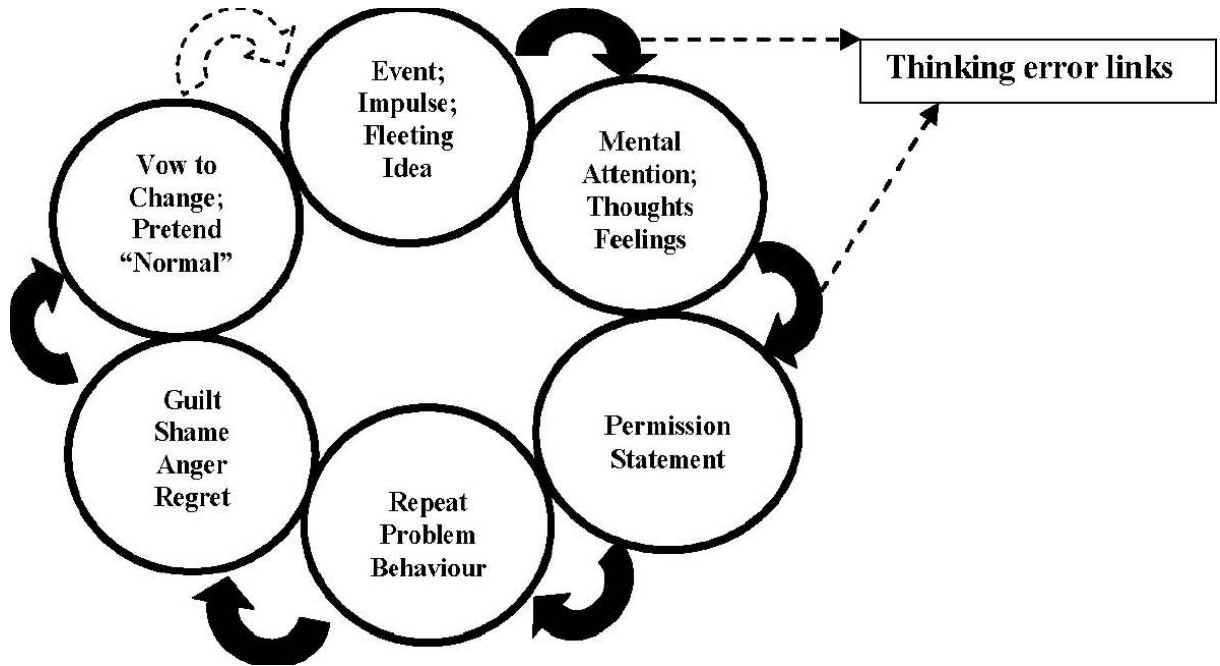
Behaviour cycles are driven by thinking patterns – thinking habits or patterns that allow us to justify bad behaviour, ignore it or pretend that we are somehow above it. Therefore, the key to breaking behaviour cycles involves awareness, honesty, and motivation to change. It can be difficult and challenging to change. The payoff is self-control and pride. By learning to break an unwanted or unhealthy behaviour cycle, we place ourselves fully in control, and can enjoy the self-respect that comes from being responsible for our own actions and lives.

Ask participants to consider the ideas for breaking behaviour cycles discussed today, and to practice using them in the coming week.

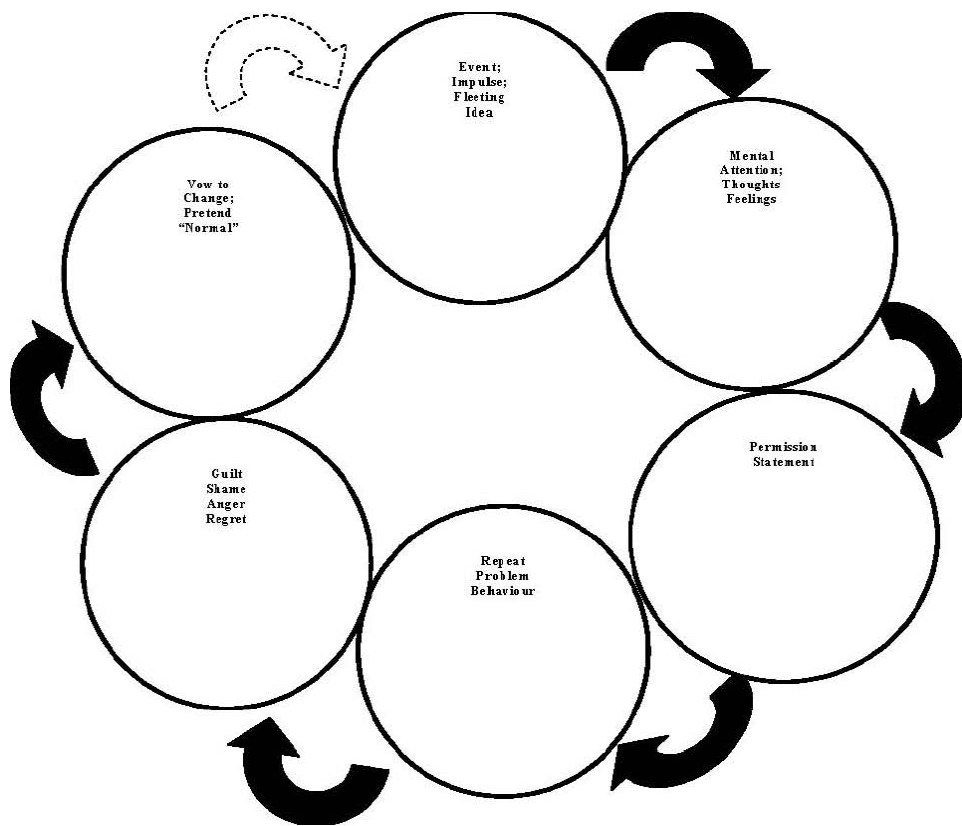
Thank participants for their participation.

Worksheet 1: Thinking and behaviour cycles

The cycle



One of my cycles



Handout: Tips for breaking a cycle

Awareness

Awareness is the first step toward stopping a behaviour cycle that keeps you doing things that you really don't want to do. The more you learn about cycles, the more control you will have over them. Today's lesson has given you that first step.

Honesty

Once you are aware of how cycles work in your life, you must be willing to admit it when you recognise the risk factors (events, impulses) and thinking patterns that set you up to go into a cycle.

Motivation

Awareness and honesty are good steps. But awareness and honesty alone won't stop you from lighting that cigarette, failing to do homework, or getting involved in another drug deal. You need motivation and dedication to use strategies that interrupt the cycle, either before it starts (resisting impulses) or after it starts (challenging thinking patterns).

Thought stopping

Your awareness, honesty and motivation come into play when you begin to use strategies to stop the cycle. Thought stopping is exactly what it sounds like. Every time you are aware of impulses or thinking patterns that are involved in your cycle, you make a commitment to mentally turn your thoughts away. This will involve saying "stop!" loudly to yourself, once you are aware of the thought, and then replacing it with an appropriate thought (the challenges that were discussed in previous sessions). Some people have found it helpful to wear a rubber band on their wrist, so they can snap themselves when they become aware of a bad thinking pattern. This technique improves awareness. Exercise, taking a walk, writing in a diary and talking to someone are also good ways to interrupt poor thinking.

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