DEPARTMENT OF **HEALTH**

THE REMOTE ALCOHOL AND OTHER DRUGS WORKFORCE PROGRAM

Relapse Prevention Program

Four – Six sessions for people slowing down or giving up alcohol or other drugs

www.nt.gov.au/health

NORTHERN TERRITORY GOVERNMENT

This Relapse Prevention Guide was developed by Jennifer Frendin and Lauren Buckley, Remote Alcohol & Other Drugs Workforce Program, Primary Health Care Services, Department of Health, Northern Territory Government 2014.

Disclaimer
The views expressed in this publication are those of the individual authors and do not necessarily represent those of the Northern Territory Government.

Warning: Aboriginal and Torres Strait Islander people are advised that this resource may contain images and names of people who are deceased.

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CONTENTS

ACKNOWLEDGEMENTS

The Remote Alcohol and Other Drugs (AOD) Workforce Program NT acknowledges the traditional custodians of the land comprising the NT communities we currently live and work on. We pay our respect, honour and gratitude to their Traditional Owners, Elders, and their Families, celebrate their continuing culture and acknowledge the memory of their ancestors from the following NT communities and surrounding country:

Mparntwe (Alice Springs)
Larrakia (Darwin)
Katherine
Katherine West
Tennant Creek
Kalkarindji
Titjikala
Gunbalanya
Jabiru
Julanimawu (Bathurst Island)
Borroloola
Angurugu (Groote Eylandt)
Umbakumba (Groote Eylandt)
Elliott
Aputula (Finke)
Ltyentye Apurte (Santa Teresa)
Ntaria (Hermannsburg)
Nauiyu (Daly River)
Nhulunbuy / Gove
Yirrkala

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BACKGROUND

This guide arose from requests at past Remote Alcohol & Other Drugs (AOD) Workforce teleconferences for a series of structured sessions that all workers can make reference to when delivering one on one interventions or group interventions as opposed to community based education and community development activities.

HOW TO USE THIS GUIDE

The Remote Alcohol & Other Drugs Workforce Program have developed a framework and resources and tools that help you work with a client.

Your clients may have come from rehab, mandatory rehab, prison, hospital or from within your own or another community. You may have seen them before and already completed an assessment with them.

To have ongoing support for clients, the important thing for any AOD worker to know is how to follow up with clients in ongoing sessions on relapse or lapse prevention. This gives you as a worker confidence to assist a client during a session, which then gives the client confidence in you as a worker, and in the intervention process. Often workers ask “what do I do next?” when working with a client. Well here it is! A guide in how to help you move forward with a client.

This resource helps guide workers to move their client forward to the next stage of their journey. Slowing down or giving up a substance is a journey with many twists and turns. Clients may stumble along the road, they might fall over a rock or tree branch, but you as a worker can help them get back up again. This resource is a map to help guide you as a worker so you can help support your client through this part of their journey. It looks at different strategies and ways to help clients through difficult times throughout their life. These sessions can be repeated and revisited depending on where the client is at. Always remember to check in with your client and determine their stage of change. This helps you know what to do next with your client.

Read the session you think best suits your client before you see them.

- **This resource is a guide to assist you prepare for relapse prevention sessions with your clients**
- **It is not designed to be used directly with clients**
- **You can use the pictures and resources in the Appendix directly with your clients**
- **The Yarning about Relapse tool is designed to be used with this manual directly with your clients (see Appendix)**

These 4 intervention sessions form part of your client's case management plan and should be considered from the very first session with your client as a part of their ongoing treatment plan. These sessions may form a part of their assessment process. These sessions are only a guideline, and depend on where your client is at, and their stage of change. The intervention outlined below seeks to incorporate what we know of best practice in brief interventions combined with recent culturally adapted resource tools.

- Engagement (through focus on strengths and family and social context)
- Communication of risk information and harm minimisation advice
- Identification of high risk times that could include social, emotional, behavioural and environmental
- Development of relapse prevention (crisis) plan identifying triggers
- Development of goals for life style change and relapse prevention

Principles:

- Aim to involve family
- Aim to use language or plain English
- Aim to use culturally-appropriate engagement and communication principles

Tip: use your Relapse Prevention Guide with your **Assessment 1A**, **1B** and **Yarning** tools and **Brief Wellbeing Screener**. **Yarning about Relapse** has been developed to specifically guide you with relapse prevention with your clients.

WHAT IS RELAPSE/LAPSE PREVENTION?

Substance misuse is a chronic relapsing condition and often your clients will repeat their journey of giving up a substance many times before they are able to give it up for good. A relapse is when a person starts using a substance again- even just once- after a period of not using the substance at all (abstinence). Sometimes people call this a lapse, which is a one-off slip up, one occasion of use. A relapse is a return to using the substance again regularly, even though they may not want to use again, or are still trying not to use. This return to use may affect a person's 'stage of change' which we will discuss later in this document, and how they feel about themselves.

Relapse prevention is planning for high risk times when a person/client may be tempted to use a substance, or return to using a substance in a regular way. You as a worker need to raise this with your clients- they know there will be hard times when they will want to use, or be encouraged to use. Clients feel better knowing they have a plan for when these times occur, and even just having a conversation about when they might be tempted to use is often a relief to the client, because it is realistic. It doesn't mean you believe the client will relapse, but acknowledges that lapses and relapse are a normal part of the journey of making change.

Relapses can be upsetting for the client, and the worker, and both can feel that they have failed. This isn't true, but relapse prevention can assist in preventing a lapse becoming a big relapse, and helps the client learn what their triggers and difficult times are, and how to plan for them and learn new skills in getting through them.

Tip: slowing down or giving up substances can be difficult. Don't encourage clients to give up all substances at once. Find out what the main drug of choice is, and what the main worry is for the client. Use your assessment 1B to find out so you can best help your client.

BEFORE YOUR SESSION:

Relapse prevention is an essential part of helping your client. But before you work with your client, take 15 minutes to make sure you:

1. Read your clients notes in PCIS or Communicare
2. Review any assessments you or any other workers have done previously
3. Read this Relapse Prevention Guide- review any sessions you have done previously and read what you might need to do next

AT THE BEGINNING OF YOUR SESSION:

- Focus on engagement with your client. Build rapport again, find out what's happened in their lives since the last time you saw them, and give encouragement.
- Risk check and assessment
- Check their Stage of Change- it may be different to last time
- Substance use assessment- how much are they using now, and how often, and what substance are they currently using

AFTER YOUR SESSION:

- Make any copies of Yarning tools, Relapse Prevention Plans for your client's record and file and provide hardcopy to client
- Document your client's session in PCIS/Communicare
- Ensure client is well supported, safe to return to their home or place of stay, and manager is notified or any issues
- Any risks identified, documented and client is followed up

SESSION 1: ENGAGEMENT

SESSION 1: ENGAGEMENT

This session may be delivered in one or more sessions if clients have limited concentration. It is preferable if goals are discussed in the first session in order to maximise the impact of this session. You could ask, "What do you want to get out of today" looking at short term and long term goals. This allows the client to help look at their reasons for giving up or slowing down, and what they want for themselves in the longer term future. It's important to note that you would have already completed an AOD assessment in a previous session. This first relapse prevention session is divided into 4 different components:

- Developing rapport
- History of relapse
- Reviewing current worries and risks
- Goal setting
- Information sharing on health and social emotional wellbeing

DEVELOP RAPPORT

Focus on developing rapport through discussing and sharing about family and strengths.

Sample introductory phrase: 'Thanks for coming along...before we talk about your worries let's talk a little about the good things going on in your life or have happened in the last week…'

This gives you as a worker a really good idea of where the client is at. If they aren't able to think of good things, we know that they are in a difficult place at the moment. Your assessment of the client begins as soon as they walk in the door. Clients need acknowledgement of where they are at.

HISTORY OF RELAPSE

Review past attempts to slow down or give up substances. Find out what worked and what triggered the client to relapse. Use a timeline if appropriate to document their experiences. Ask the client to think about:

- *When have you tried to give up grog/gunja/cigarettes in the past?*
- *What helped you slow down or give up?*
- *What made you start using again?*

You can document this in a timeline, a picture of their past, showing when they slowed down or gave up substances and when they started up again, and what else was happening in their lives at this time. This gives a really good picture of the relationship between their experiences, feelings/emotions, and actions towards substances. Clients might identify that when they went to jail, they gave up gunja, but when they came back to their community, they tried to stay away from gunja but there was too much humbug to smoke again and they felt pressure and stress. Other clients might see that they gave up grog when they had a baby, but then started drinking again after losing a family member because they felt sad and depressed.

REVIEW CURRENT WORRIES AND RISKS

Reflect on previous AOD assessment that you would have completed at the last session. This is important to see if someone has increased their use, as this will indicate if any small goals have been achieved or not from the last session. Focus on worries and assessment of risk in terms of amount of use of any substance, related physical harm or risk of self-harm. Refer to other services. Accompany if needed.

Sample of worries review phrase: 'We've talked about what keeps you strong in your life…what worries are taking away your strength at the moment?'

Sample risk assessment phrase: 'You've talked a bit about your worries… a lot of people with those worries also have trouble with harming themselves, with violence, or physical illness…are they worries for you?'

For example:
Remote Alcohol & Other Drugs Workforce Program Assessment 1A

RISK CHECK: Could I just check a few other things now?

Have you ever thought about harming yourself or tried to harm yourself in the past?	Y / N
Have you been thinking about harming yourself recently?	Y / N***
Have you ever hurt another person in the past?	Y / N
Have you been thinking about hurting another person? Any particular person?	Y / N***
Are you feeling physically unwell or have you stopped regular alcohol use suddenly?	Y / N***
For women: Are you likely to be pregnant at present?	Y / N***

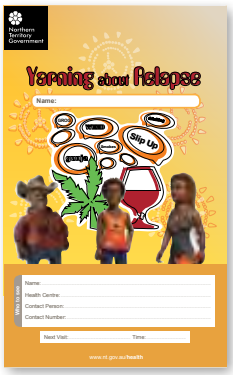
*****If YES Consider referral to health centre immediately*****

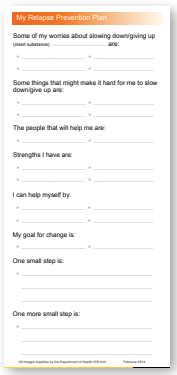
Risk assessment is very important at every session. The questions need to be asked in order for your client to feel heard and listened to. It also ensures that when the client leaves the session that they are safe.

MY RELAPSE PREVENTION PLAN

Create a relapse prevention plan with your client based on the triggers and worries about relapse, as well as strengths of that person. You can use the relapse prevention plan in **Yarning about Relapse**. Choose a goal for change and two small steps towards making that change. The goals are small, achievable and realistic that they can achieve within their own community. Give client a copy of this plan.

Your plan could look something like this:





My Relapse Prevention Plan

Some of my worries about slowing down/giving up _____ (insert substance) are:

_____

Some things that might make it hard for me to slow down/give up _____ are:

The people that will help me are: _____

Things that will help me are: _____

I can help myself by: _____

Strengths I have are : _____

My goal for change is: _____

One small step is:

_____

One more small step is:

_____

In session 2, you will re-look at this plan, and the goals created, and create further goals together for the client to work towards.

INFORMATION SHARING ON HEALTH AND SOCIAL EMOTIONAL WELLBEING AND LIFESTYLE CHANGE

Finish with discussion about risks of substance use and encourage harm minimisation strategies using relevant pictorial or written information. Harm minimisation focuses on both safer ways to use substances and prevent harm that could occur or reducing harm that is happening now to the client.

Suggested resources (see Appendix)

- Brief AOD assessment 1A
- Yarning about Relapse pamphlet
- Yarning about Alcohol pamphlet
- Yarning about Gunja pamphlet
- Brief Wellbeing Screener
- Yarning about Alcohol & Pregnancy pamphlet and
- Advice Card
- Yarning about Ice pamphlet
- Yarning about Sadness pamphlet
- Yarning about Mental Health flipchart
- AIMhi Stay Strong Plan or flipchart
- AIMhi resources
- 'Grog and the Brain' or 'Gunja and the Brain' flipchart
- Audit – C
- Comprehensive AOD 1B assessment
- *Yarning about Gunja on Groote Eylandt* DVD
- *Living with Alcohol* DVD
- *Anija* DVD

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SESSION 2: PREPARATION AND MOTIVATION

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STRENGTHEN RAPPORT

Revisit strengths and family. What and who keeps your client strong is an important part of your relapse prevention plan. These are the things and people who will help your client through this difficult time. Identifying them is important. Your diagrams could look like this:

From: **Yarning about Gunja**, Remote Alcohol & Other Drugs Workforce Program

EXPLORE REASONS TO MAKE CHANGE

Weigh up their substance use by looking at the good and not so good things about their substance use and explore their readiness for change. Motivation can change according to what's happening in a person's life. Explore how the substance may have impacted on their lifestyle, and highlight changes that may need to be made. You can use the above 'what keeps us strong' or 'who keeps us strong' to explore how the substance has impacted on their lifestyle.

The Good Things and Not So Good Things

There are many positive effects of drugs. Work with your client with and list what are the good things about their drug use. Include everything that they like about using drugs. Keep in mind things like the taste, the feelings they experience, and social reasons. When filling this out think about the all the different drugs they use if they use more than one.

After you've filled out the positive effects, fill out the column on not so good things. Encourage the client to include all the niggling things you have noticed that aren't so good about drug use. Keep in mind things like the health effects including withdrawal and increased tolerance, the negative ways drug use effects relationships with people, humbug, worries with the law, and the cost.

Your list might look like this from **Yarning about Gunja**…

People smoke gunja for many different reasons

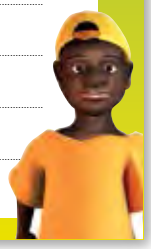
Yarning about gunja and your health

What are the **good** things about gunja?

- .....
- .....
- .....
- .....
- .....

What are the **not so good** things about gunja?

- Feel sad, angry or nervous
- Worry when gunja is gone
- Feel paranoid and anxious
- Cause family humbug
- Poor memory
- Health problems
- Cause family fights
- Don't want to work



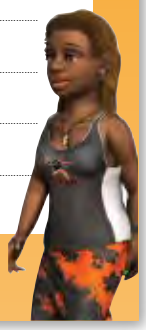
Or from **Yarning about Relapse**……

What are the **good** things about using?

- .....
- .....
- .....
- .....
- .....
- .....

What are the **not so good** things about using?

- Feel sad, angry or nervous
- Feel sick
- Feel paranoid and anxious
- No money
- Poor memory
- Health problems
- Cause family fights
- Don't want to work



Tip: your client may not have all the answers in one session. Give them time to think and reflect, and come back to this in the next session if necessary.

Next, you could ask your client to think about the things that will make changing their drug use difficult. These could be things like having cravings, not knowing how to say no, and not being able to spend time with other people that they might normally use with. Put all of these things in the left-hand column. You can rate them from 1-10, 10 being the most difficult, 1 being the least difficult.

Once you've done that, ask the client to fill in the next column with what will be good about cutting back or quitting their drug use. What will they be able to look forward to? Keep in mind things like improved health, increased money, less fights with family, and how they would feel about themself. Fill out the right-hand column below with their answers. You can rate them from 1-10, 10 being the most important, 1 being the least important.

THINGS THAT WILL MAKE CHANGING MY DRUG USE DIFFICULT	RATING	GOOD THINGS ABOUT CHANGING MY DRUG USE	RATING
Total:		**Total:**	

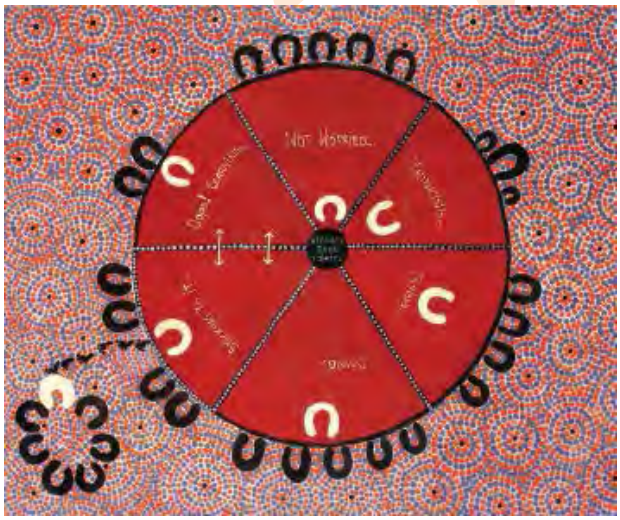
These are good lists for the client to have a copy of to take home. Then you and your client can revisit these in sessions in the future as they may change also. Look at the lists you've created together. It's important to weigh up these lists to help your client consider whether they want to change their drug use.

ASSESS STAGE OF CHANGE AND READINESS FOR CHANGE

After motivating the/your client, assess their readiness for change. This may change from session to session. Explore the cycle of behaviour change with the client. This should happen every session, as client's stage of change will often be different from session to session. This will determine what to do with your client, and how effective your intervention will be.

The Cycle of Behaviour Change

A model called "The Stages of Change" (Prochaska and DiClemente, 1982) helps to explain the process that people go through when getting ready to change their behaviour, including their drug use. Think about which stage your client is at with each of the drugs they use. It might vary with different substances. Your client may be not worried about gunja, but thinking about slowing down their alcohol use.



The Cycle of Behaviour Change Department of Health, Northern Territory Government.

- **Not worried** (Pre-contemplation stage)
  The alcohol, tobacco or drug use has become a problem for the person in the circle. The person in the circle is close to the alcohol, tobacco, or drug. The person close to the alcohol, tobacco or drug isn't worried about troubles or family, they want to stay close to the substance. But the family at the edge of the circle are worried for the person close to the substance. The family wants the person to change, but the person in the circle can't listen and tells them to go away and leave the alone.

  This is the stage before you recognise there is a problem with your substance use. You know about the negatives of using the drug, but you decide those 'costs' are acceptable. You have not yet begun to consider changing your drug use.

- **Thinking** (Contemplation stage) The person using the alcohol, tobacco or drug starts to think and understand that not everything is good about alcohol, tobacco or drug use. The person in the circle has started to listen to what the family are saying and wonders how life could be without the sorry and shame alcohol, tobacco or drug use brings. The person in the circle may need further support for change.

  You are in two minds about changing your drug use and are weighing up the good things and not so good things about using. Sometimes you feel like changing it but at other times you are happy to continue in the same way.

- **Trying** (Determination stage)
  The person in the circle is halfway between the alcohol, tobacco or drug use and their family. The person wants to change and starts making plans to cut down or stop using the substance. The person in the circle starts trying different things like only using the substance on a few days, finding safer ways to use, having health checks, drinking mid strength or light beer only, trying new hobbies

or fun things to do without the substance. Remember, any change requires good planning and support. Changing alcohol, tobacco or drug use is not just about giving up, it is a life change which needs a well thought out plan to tackle the ups and downs for success.

The balance has tipped in favour of changing your drug use and you have made a firm decision to do something about it. At this stage you might feel emotional or quite concerned about your drug use and want to stop, but are not sure how.

- **Doing** (Action stage)
  The person in the circle has made up their mind to change and has moved closer to family and friends for support. The person has now stopped or cut down their alcohol, tobacco or drug use. It is early days but a good plan has made the changes easier to do. The family are happy and support the person in the circle of change.

- **Sticking to it** (Maintenance stage) The person in the circle no longer has a problem with alcohol, tobacco or drug use and has broken out of the circle. The person is free from the alcohol, tobacco or drug problems and is sticking to the good plan that was made. The person is now able to move back to their family.

  You have changed your drug use and are working to keep from relapsing back to your old ways.

- **Oops! Learning** (Relapse) The person who broke out of the circle has stopped using alcohol, tobacco or drug but has trouble saying no and being strong when alcohol, tobacco or drug is around. The person may start using the alcohol, tobacco or drug again. The person is learning new ways to stay strong and say no. The person and family need to think about what was learnt from this experience and what they would do next time. The family is helping the person to change and may look at what other things the person wishes to include in the plan to help the person become stronger.

  You have reverted to drug use. It may be necessary to go through this stage several times before finally completing the process and exiting.

When talking about the stages of change with your client, you can explain, "*Your stage of change can be different depending on what's happening in your life from moment to moment. What stage do you think you are at today?*" _____

THE NATURE OF CRAVINGS

Cravings for a substance are a normal part of slowing down or giving up. Giving up or slowing down one substance may increase or decrease the use of another. Even talking about substance use can make a person want to use. Some people find that once they change their substance use, they experience withdrawal symptoms and cravings, while others experience only mild physical symptoms but find themselves in situations that make them tempted to use again.

Cravings are a normal part of making changes to the substance use, and they can lead to lapse and relapse. It doesn't mean your client is failing, or your work with client isn't helping. Talk about this with the client as this can help them know what is normal for their experience. Clients usually feel relieved when they know their experience is a normal part of the journey in making change. Cravings are time-limited, and usually peak for a short time and then fade away again. They can be triggered by an event, like someone encouraging them to use a substance, or by something upsetting, or even something to celebrate. The cravings do fade away over time, and let your client know they will get easier, and one day they will disappear. Dealing with cravings is a skill to learn that will help the client not relapse.

Once you acknowledge cravings, you can talk about how to deal with them. You can talk about urge surfing the waves of cravings, knowing they will rise and fall like waves in the ocean, or like climbing a hill or sand dune. They can seem very hard to climb, but if you keep going, they will fall away and become easy again. Ask the client how they might 'ride the waves' of cravings. If they have tried to slow down or give up substances before, ask them how they urge surfed then.

You can start exploring the high risk situations and triggers, and managing cravings. This can also be developed further in your next session with the client.

Sample question: 'Let's discuss some of the situations you might find yourself in where you have an urge to use again. Let's explore what they might be so you can avoid using the substance again.'

REVISIT RELAPSE PREVENTION PLAN AND SET GOALS FOR LIFE STYLE CHANGE

Discuss the relapse prevention plan goal and steps and progress (session 1- 1 goal, session 2- 2 goals). Discuss challenges to achieving that goal and those steps.

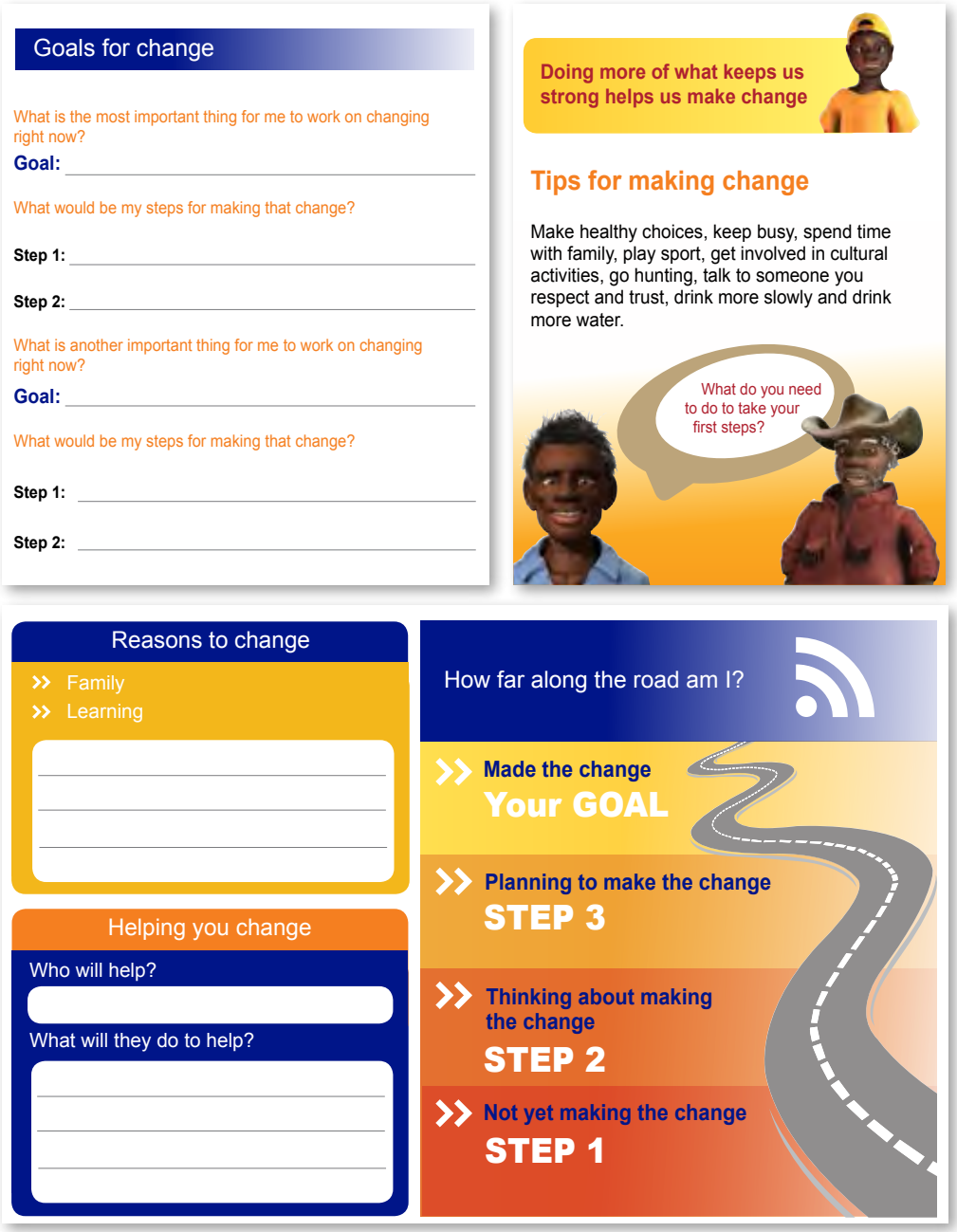
You can say: "Let's re-look at your relapse prevention plan and goals from your first session. By now, it should be clearer what you want to do with you drug use. I can talk you through some of the options if you want to work towards slowing down or quitting. Keep in mind that you don't have to change your use of all drugs all at once. Let's look at what your plan might be now you have re-looked at your goal."

Develop two goals and two or three steps for each. Give the client a copy of this plan.

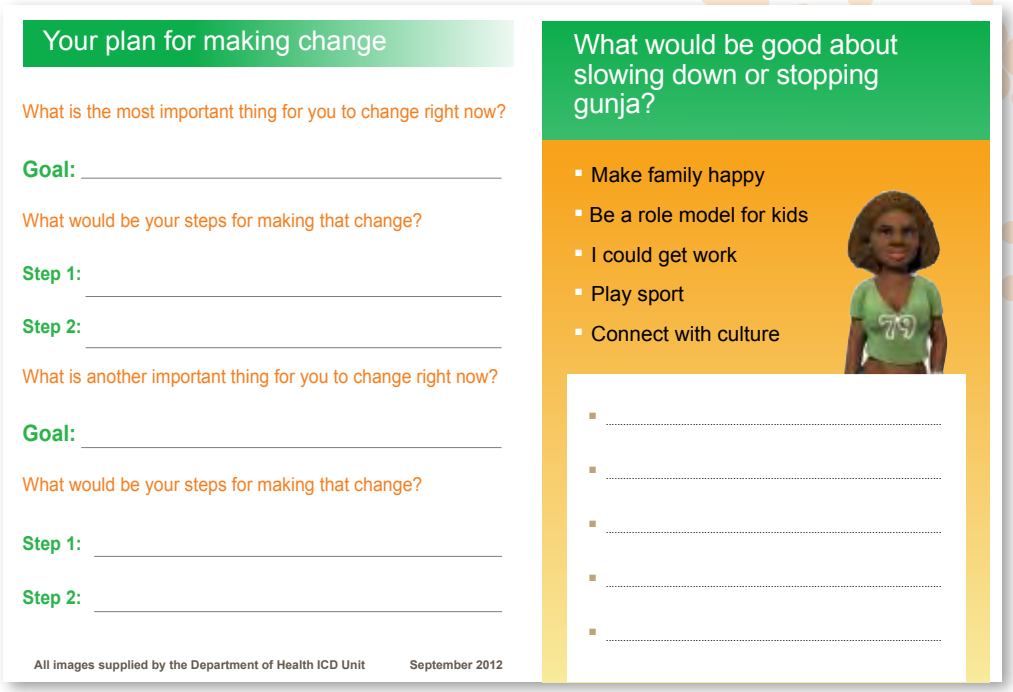
My Plan
Goal 1: To smoke 1 less cone a day.
Goal 2: To meet with the sports and rec officer and join the footy team.

When my plan will start (put in a date):
Goal 1: My plan starts tomorrow.
Goal 2: My plan starts after my brother's birthday next week.

Sample phrase: 'Now thinking about some of the ways you may be able to put your goals into place lets think about what are the important things to work on. What is the most important thing for you to work on right now?'



From: **Yarning about Work** and **Yarning about Alcohol**, Remote AOD Workforce Program



From: **Yarning about Gunja**, Remote AOD Workforce Program 2012

INFORMATION SHARING

Finish with brief video and/or matching flip chart/info sheet about risks of drinking/smoking and harm. What resource you use may depend on their stage of change. See page 4 and appendix for suggestions.

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SESSION 3: RELAPSE PREVENTION

SESSION 3: RELAPSE PREVENTION

RE-ENGAGE AND STRENGTHEN RAPPORT

Revisit strengths, family, goals, and what's good about not using. Re-assess their stage of change and ask how they may have dealt with any cravings.

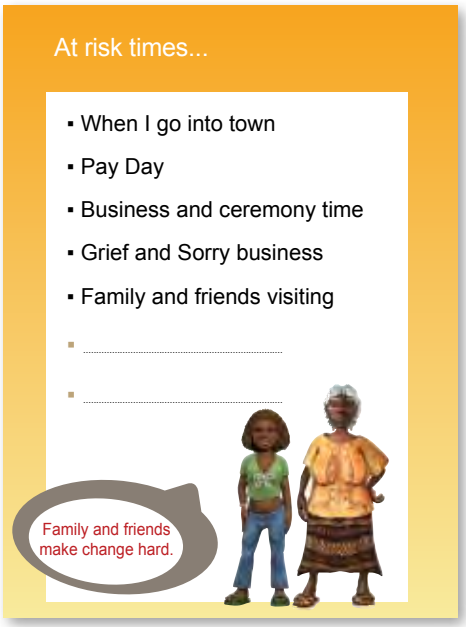
IDENTIFY AT-RISK TIMES AND CRAVINGS

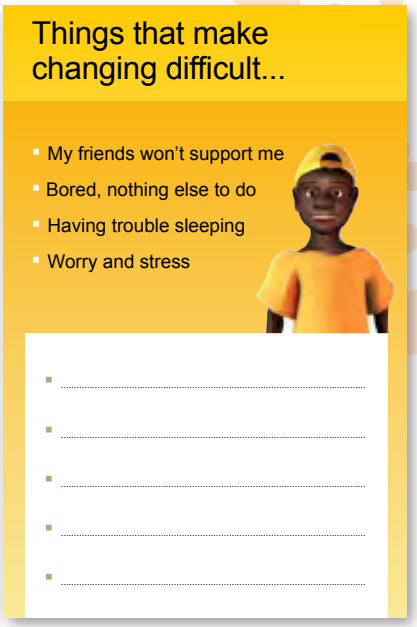
Explore with your client high risk times and develop a list of strategies to deal with high risk times and situations. Sometimes cravings come following specific situations or triggers. These can be external factors (eg. people, places, times, or behaviours) or internal factors (eg. thoughts, feelings, or moods). We need to be aware of what these triggers are so we can plan for how to deal with them.

You could use images such as the one below to ask, "Have you or someone you know been through this before" or "Does this look familiar" or "Could any of these be a high risk time for you to drink/smoke/use again?"

From: **Talking about Alcohol with Aboriginal and Torres Strait Islander Patients**, Department of Health and Ageing.

Using the **Yarning about Relapse** tool, you can identify and list some at risk times that may make change difficult. Identifying these will help prevent lapse or relapse for the client by developing strategies to deal with these risky times.





From: **Yarning about Relapse**, Remote AOD Workforce Program

Explore:

» **When** they smoke/drink/ develops list of triggers- experiences and feelings (early warning signs)

» **Where** they smoke/drink

» **Who** they smoke/drink/ with

Example 1: *I am more likely to smoke if I …*

» Don't go to work

» Go to the club

» See my smoking friends

» Miss football practice

» Have an argument with family

» Have money

These are examples of *experiences* using the prompts When? Where? and Who?

Example 2: *I am more likely to smoke if I …*

» Am angry or upset (especially at home with my wife)

» Feel bad about myself (especially alone)

» Feel bored (especially during the day)

These are examples of *feelings* using the prompts When? Where? and Who?

DEALING WITH HIGH RISK TIMES

Explore strategies such as the 4 Deadly D's: delay, deep breathe, drink water, do something else (distract) and techniques for drug refusal, and how to give excuses and say no to humbug and pressure.

4 Deadly Ds Strategy

When cravings occur, use the '4 Ds': Delay, Deep Breathe, Drink Water, and Do Something Else.

1. **Delay** the decision as to whether or not to use drugs for even just 5 minutes, up to half an hour. The more you struggle with wanting to use but also wanting to not to use and stay strong, the more anxious you can get and the cravings to use can get much stronger. It becomes a fight inside yourself. So, instead of deciding now whether or not to use, delay it and decide later.
2. **Deep Breathe** and step away from the situation. Remind yourself of the reasons why you are slowing down or giving up grog, gunja or other substances. Breathing calms us down, gives us a chance to reflect and think about our choices. It puts us in touch with our body and brings down stress and worry. We can start to see that the worries aren't as bad as we first thought.
3. **Drink Water** helps you to step away from the thoughts and feelings and what's happening around you and take care of your body.
4. **Do Something Else** to distract yourself from the craving. Put your attention and energy into something else such as having something to eat, watching TV, going for a walk, listening to music, kicking the footy or talking to someone 'safe' who keeps you strong.

If you can do all of these things, you will have delayed using a substance by maybe as long as half an hour, and that's a great achievement.

Ways to say No

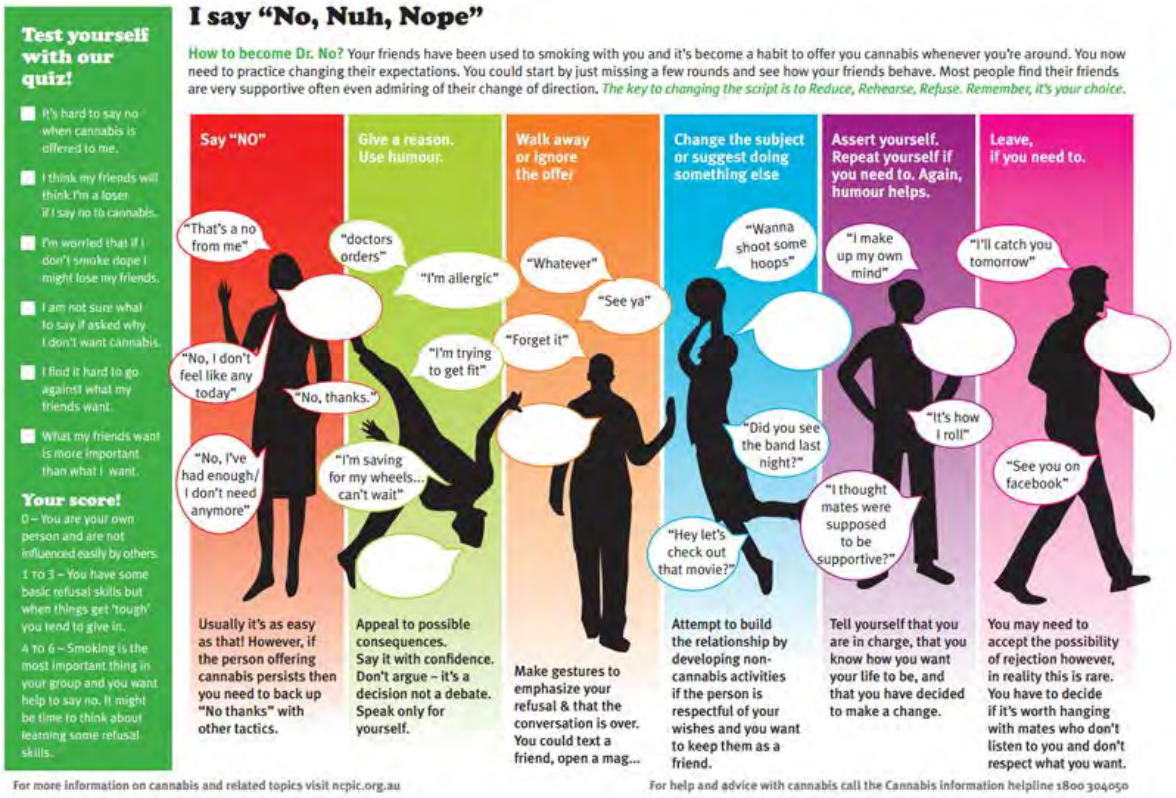
Your clients are often worried about how they might deal with pressure and humbug to drink or use other drugs. This can be one of the hardest parts about slowing down or giving up substances as saying no to family and friends means running the risk of losing important relationships and not fulfilling obligations. Talk with your client about other role models in the community who have given up substances and how they did it. Brainstorm ideas about excuses they could give and strategies they could use. You could try using ideas from the lists below:

- Not today, doctor said I have to cut back
- No I can't, the clinic told me I can't do this any more
- I've got no money sorry
- I've got other things to do today, hey did you see the footy game last night (change the subject)
- I've can't today, I've got to look after my kids
- I've got to save my money today as I need to buy food for the family
- I'm trying to get a job so I need to stay away from grog
- No I'm giving that stuff away now

Cigarettes, alcohol or drugs

- Use “I” statements and language of concern when people ask you to buy them cigarettes, alcohol or drugs, for example:
- “I’m worried about you getting sick again”
- “I can’t buy grog/drugs because I’m worried about losing my job”
- “I feel crook today, so can’t go drinking with you”
- “The doctor said my medication won’t mix well with alcohol”
- “You mob have footy competition soon, so don’t ruin our chances of winning this year by drinking/smoking too much again”
- “I respect you by NOT buying you grog/smokes/gunja, because I want you to live healthy and strong – that’s real respect you know”

From: **Community Development Framework**, Remote AOD Workforce Program 2013



From: **I say No, Nuh, Nope**, the National Cannabis Prevention & Information Centre (NCPIC)

It is important for your clients to learn how to refuse alcohol and other drugs, especially if they haven't said "No" to substances for some time. Body language and tone of voice are very important when dealing with offers of using substances. If they feel unsure or anxious about saying no, they might slouch or sound uncertain. This will make the other person question them or humbug them more. Your client might have trouble sticking to their 'no'.

There are three simple drug refusal rules:

- Stand or sit straight – this helps to create an air of confidence.
- Speak firmly – this helps to prevent your refusal being challenged or doubted.
- Plan verbal responses in advance to make situations easier to cope with when they occur. It is important to say "No" first, to be clear and direct and avoid excuses and vague answers.

Ask your client how they think they would be able to stay strong when facing humbug. Each community may have different ways of showing saying NO. If you are not local to the community your client is in, you could ask:

Sample question: 'What does staying strong and saying 'No' look like in this community?'

The DVDs *Living with Alcohol* and *Anija* (see Appendix) have some good examples of saying no to pressure. Repeating the reason for saying no over and over also help the client stick to their goal, and when the people humbugging realise the client won't change their mind, they will walk away.

DEALING WITH DIFFICULT EMOTIONS

Raise with your client that difficult emotions and feelings can arise when decreasing substance use. Often people can feel angry, sad, anxious or stressed. People can feel lonely and unsupported. Revisit who and what keeps them strong. Assess if anxiety or depression is the cause of substance use and refer if necessary. Anxiety and depression can be common causes of substance use, as can be grief and loss. Use your tools:

- Assessment 1A and 1B
- Brief Wellbeing Screener
- Yarning about Wellbeing

to determine if your client is self-medicating with substances due to an underlying worry or issue and refer if necessary to the doctor, a healer, mental health nurse or discuss with your manager or team leader. Remind clients that what keeps them strong will help them get through difficult emotions and feelings. Exercise, sunshine, going bush and maintaining hobbies and interests all help people's mood and social emotional wellbeing.

Explore anger management techniques as uncontrolled anger can often lead to greater problems. We get angry because of:

- Things that happen to us or around us
- How we feel inside about what has happened
- And how we act out that feeling

Anger is okay to feel, it is a normal emotion but it can be used to create harm and pain for ourselves and others, especially if anger results in physical or emotional harm to ourselves or others. Often when slowing down or giving up a substance, anger arises. Work with your client to deal with difficult feelings like anger, as angry outbursts and actions can quickly lead to a lapse. Here is one way to assist your client deal with anger:

Traffic Lights: Stop, Think/Wait, Go

When exploring anger management a traffic light can help understand how to control angry feelings.

- **Red** represents **stopping**, and is useful when clients begin to lose control of their emotions.
- **Yellow** is for **thinking** to find a better way to deal with the problem or worry.
- **Green** is for **moving forward** in a good way where everyone feels safe.

Just as a driver who runs a traffic light risks getting a fine or causing an accident, a client risks punishment, hurting themselves, or hurting someone else by running an anger traffic light.

Stop: what you are doing, saying or thinking

Wait: breathe and think about what you are feeling and make a better choice

Go: walk away, get calm, and make a better plan on how to handle the situation

Anger management techniques are very important for clients. Ask clients how they might handle situations in the future differently using this technique. Ask clients in future sessions if they have used the technique, and how it worked for them.

DEVELOP A CRISIS PLAN

A crisis plan is a plan that looks at when the client is at high risk of relapse (for example, the anniversary of a death, a major life event, or any kind of event that puts the client at risk). After having worked through the clients triggers and strategies to deal with them, create a crisis plan using the prompts When? Where? and Who? to develop new strategies. Some of this hopefully has already been covered in the relapse prevention plan and discussion about high risk times and triggers.

Example 3. *When I stay home from work I will do this instead I will work in the garden/with my nephew/in the morning if I don't go to work.*

Example 4. *When I go to the club I will do this instead* (using the prompts What and Who? will help)

I will *limit the time* I am at the club, stay with *non-smokers* including my uncle, leave *early*

Example 5. When I feel angry and upset I will …*talk to my Auntie*, go for a walk

The above are examples of strategies that people can use to avoid at-risk times or limit harm.

Give the client a copy of this plan. Your plan might look something like this:

My Crisis Plan

One thing that might make me use _____ (insert substance) is: _____

Another thing that might make me use _____ (insert substance) is: _____

One thing that could help me not use _____

The people that will help me are _____

Things that will help me are _____

I can help myself by _____

Strengths I have are _____

One thing that will help me not use is_____

Now go to back to the Relapse Prevention Plan and your **Yarning about Relapse** and see if the goals are working, or need changing.

INFORMATION SHARING

Finish with brief video and/or matching flip chart/info sheet about risks of drinking/smoking and harm. The DVD *Living with Alcohol* (Tangentyere Council) gives some great real life stories of Aboriginal men in Central Australia giving away grog and how they learned to say no to humbug and pressure to drink. *Anija* (Department of Health/UNSW) also shows ways to say no. See the Appendix for more suggestions.

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SESSION 4: GOAL SETTING

SESSION 4: GOAL SETTING

STRENGTHEN RAPPORT

Revisit strengths and family. Find out what has happened in their life since the last session. What has been good and not so good, what has worked and not worked.

SET GOALS FOR LIFESTYLE CHANGE

Re-explore lifestyle changes that may need to be made from Session 2. Ask the client to think about what meaning their life has without drugs or alcohol. Encourage the client to focus on what motivates them to change and keep changing. What parts of their life needs to be stronger so they don't lapse back to substance use.

Plan and discuss goals, steps and progress. Discuss challenges to achieving that goal and those steps. Develop two goals and three steps for each.

REVIEW AND ADAPT CRISIS PLAN

Revisit the crisis plan and see if any changes need to be made. What has the client learnt since the last session? Were they in any situations where they felt at risk? And how did they deal with it? Did it lead to a lapse?

INFORMATION SHARING

Finish with brief video and/or matching flip chart/info sheet about risks of drinking/smoking and harm if necessary. See page 4 and appendix for suggestions.

This might be your last session specifically focusing on preventing relapse with a client. This is the opportunity to look at what's worked, what hasn't worked, and how the client can build strength from the work you have done together.

APPENDICES

APPENDICES

TIPS FOR THE SESSIONS

Tips for engagement

Aboriginal people usually have no trouble with starting with discussions about common relationships, shared experiences and discussions about place. Non-Indigenous workers however are trained to talk about problems first and limit the amount of personal information that they share. Engagement is one of the most important steps in any AOD service.

Understanding and communicating with Aboriginal and Torres Strait Islander clients is usually helped by:

- having family there
- working with a health worker or an Aboriginal Mental Health Worker (AMHW)
- recognising that clients may prefer to be outside
- communicating in the local language or Aboriginal English or plain English
- sitting side-by-side
- recognising that some clients may be hard of hearing
- avoiding direct eye contact
- avoiding a series of direct questions
- recognising that they may not want to sit still for very long
- establishing a relationship first through sharing family experiences
- talking about strengths and family relationships before talking about the problems
- using pictures instead of words where you can
- using metaphors and symbols when telling stories
- recognising that clients may take awhile to answer questions so you need to wait a little longer for an answer.

Tips for risk assessment and referral

Although it can be uncomfortable asking questions about self-harm and other harm it is sometimes the only way that you can find out this important information. Introducing the topic by saying that a lot of people with the problems they have talked about (so it fits well after a discussion about worries) also have problems with (self-harm and violence and physical illness). Your client may have already indicated this is a problem in their review of worries e.g. on the Stay Strong Plan or in response to your inquiry). Clients often appreciated somebody being upfront with them.

Tips for goal setting for lifestyle change

Review the family. Especially focus on who the client is a role model for in their lives (usually children and young people) and who the client is causing 'worry' to (usually elders and peers).

Set simple achievable practical goals chosen BY the client. Aim to review their progress every time you see them and explore challenges and encourage and support achievements.

Tips for goal setting for relapse prevention

Identify early warning signs and develop crisis plan for high risk times.

Focus on feelings and experiences as triggers.

Examples of feelings are anxiety, depression, hopelessness, powerlessness.

Examples of experiences are seeing and hearing reminders (people and places and 'gear'- using equipment).

Develop a list of internal and external cues through exploring:

When we smoke/drink

Where we smoke/drink

Who we smoke/drink with

Highlight what other activities and people can replace the usual drinking/smoking behaviour.

REMOTE ALCOHOL & OTHER DRUGS WORKFORCE PROGRAM

CONGRATULATES

FOR COMPLETING THE RELAPSE PREVENTION PROGRAM

Date:

RESOURCE LIST

Brief AOD assessment 1A - Remote AOD Workforce Program

Comprehensive AOD 1B assessment - Remote AOD Workforce Program

Yarning about Relapse - Remote AOD Workforce Program

Yarning about Alcohol pamphlet - Remote AOD Workforce Program

Yarning about Gunja pamphlet - Remote AOD Workforce Program

Brief Wellbeing Screener pamphlet - Remote AOD Workforce Program

Yarning about Alcohol & Pregnancy pamphlet and Advice Card - Remote AOD Workforce Program

Yarning about Ice pamphlet - Remote AOD Workforce Program

Yarning about Sadness pamphlet - Menzies School of Health Research

Yarning about Mental Health flipchart - Menzies School of Health Research

AIMhi Stay Strong Plan or flipchart - Menzies School of Health Research

AIMhi resources - Menzies School of Health Research

'Grog and the Brain' or 'Gunja and the Brain' flipchart - Menzies School of Health Research

Audit – C

Yarning about Gunja on Groote Eylandt DVD - Remote AOD Workforce Program

Living with Alcohol DVD - Tangentyere Council, Alice Springs

Anija DVD - Angurugu Primary Health Care Centre, Department of Health, Groote Eylandt

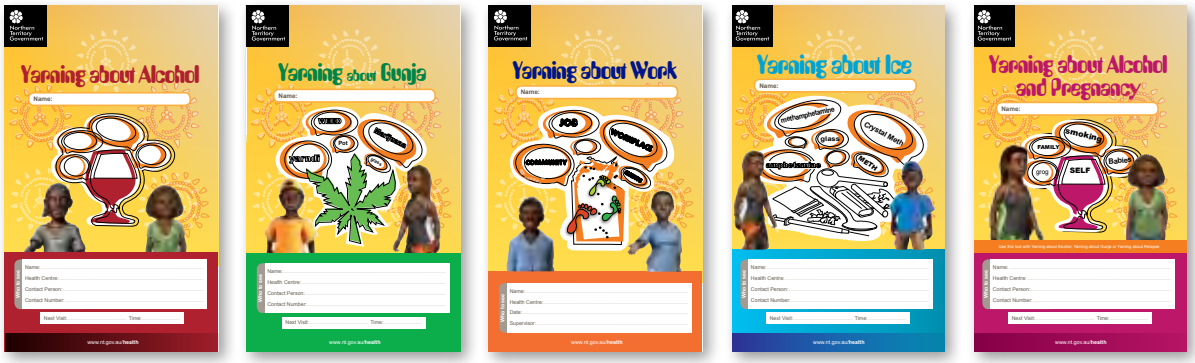
FORMAT	ITEM/TITLE	YEAR	AUTHOR	AVAILABLE FROM
Folder	*Alcohol Treatment Guidelines for Indigenous Australians*			Australian Government Department of Health & Ageing
Book	*Giving Away the Grog* – Aboriginal accounts of drinking and not drinking	1995, reprinted 2004	Maggie Brady	Australian Government Department of Health & Ageing nmm@nationalmailing.com.au (ATSI 43)
Flipchart	*The Tobacco Story* Quit smoking brief intervention	2012		Menzies School of Health Research
Book	Aboriginal Alcohol & Other Drugs Handbook	2012	Kylie Lee et al	
Flipcharts	*Sniffing and the Brain* *When Boys & Men Sniff* *When Girls & Women Sniff*	2005		Australian Government Department of Health & Ageing nmm@nationalmailing.com.au (AGIS59)
Flipchart	*The Gunja Brain Story*		Australian Government Dept of Health & Ageing	nmm@nationalmailing.com.au
Flipchart	*The Grog Brain Story*			
DVD	*Living with Alcohol*	2012		Tangentyere Council
Pamphlets	*Yarning about Alcohol* *Yarning about Gunja* *Yarning about Relapse* *Yarning about Alcohol & Pregnancy and Advice Card* *Yarning about Ice* *Yarning about Wellbeing* *Yarning about Work* *Brief Wellbeing Screener*	2012		Remote AOD Workforce Program Northern Territory Government
DVD	*Yarning about Gunja on Groote Eylandt*	2012		Remote AOD Workforce Program Northern Territory Government
DVD	*Yarning about Remote AOD Work*	2012		Remote AOD Workforce Program Northern Territory Government

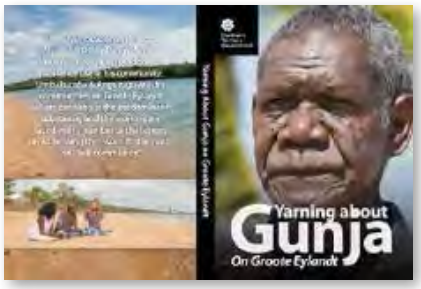
FORMAT	ITEM/TITLE	YEAR	AUTHOR	AVAILABLE FROM
Book	*Community Development Framework Manual*	2012		Remote AOD Workforce Program Northern Territory Government
Book	*CARPA*			Remote Health et al
Book	*Minymaku Kutju Tjurkurpa: Women's Business Manual*			Congress Alukura & Nganampa Health
Book	*The Grog Book* revised edition	2005	Maggie Brady	Australian Government Department of Health & Ageing nmm@nationalmailing.com.au (AGIS42)
Brochure	Yarning about Services	2012	Menzies School of Health Research	Menzies School of Health Research P.O Box 41096 Casurina NT 0811 Ph: 08 89227943/7667 Fax: 08 89275187
Flipchart	Yarning about Mental Health *Yarning about Sadness* *Making Change? No Worries* *What Keeps Me Strong* *Medication Mental Health Story* *Mental Health Brain Story*	Rev 2006 Thompson, Menzies School of Health Research	Tricia Nagel & Carolyn 89227943/7667 Fax: 08 89275187 or Electronic copy available from website: www.menzies.edu.au/AIMHI	Menzies School of Health Research P.O Box 41096 Casuarina NT 0811 Ph: 08 89227943/7667 Fax: 08 89275187 *or* Electronic copy available from website: Menzies.edu.au/AIMhiApp
App	AIMhi Stay Strong App		Menzies School of Health Research	Menzies.edu.au/AIMhiApp
Booklet	Addressing foetal alcohol spectrum disorder in Australia	2012	Editor: Julie Stokes	NIDAC: National Indigenous Drug & Alcohol Committee. Ph: 02 61669600 nidac@ancd.org.au Australian National Council on Drugs
Resource Kit	Talking Up Good Air			Centre for Excellence in Indigenous Tobacco Control
Booklet	Medicines to Help Aboriginal & Torres Strait Islander people Stop Smoking: A Guide for Health Workers			Australian Government Department of Health & Ageing

FORMAT	ITEM/TITLE	YEAR	AUTHOR	AVAILABLE FROM
Flipchart & Tear Pads	*Brief Intervention & Motivational Interviewing Tool*	Revised 2012	Bronwyn Chandler & Doreen Entwistle	AODP Northern Territory Government
DVD	*Yajilarra*			Fitzroy Crossing Women's Centre
DVD	*Anija*	2010		Angurugu Health Centre Remote Health Angurugu, Groote Eylandt
Resource Kit	*Workforce Development Tips*			NCETA
Resource Kit	*Tips & Tricks for New Players*			NCETA
Resource Kit	First Taste: How Indigenous Australians Learned about Grog		Maggie Brady	Australian National University
Booklet	The B.S.S. Guide to a Healthy Lifestyle	2014	Dr Annemaree Wilson, Bush Support Services	Council of Remote Area Nurses- CRANA Plus
Poster	4 Step Guide to Brief Intervention		NTG - Healthy Territory	www.healthynt.nt.gov.au
Poster	How do you see yourself as a smoker?		NSW Ministry of Health.	TOBINFO@doh.health.nsw.gov.au (Smokecheck NSW)
Booklet	The B.S.S. Guide to Bush Survival	2014	Dr Annemaree Wilson, Bush Support Services	Council of Remote Area Nurses- CRANA Plus

Other resources include:

- *Fetal Alcohol Spectrum Disorders (FASD) Flipchart*
  Aboriginal Drug and Alcohol Council (SA) www.adac.org.au Ph: 08 8351 9031
- *Alcohol & Your Body Animated DVD*
  Aboriginal Drug and Alcohol Council (SA) www.adac.org.au Ph: 08 8351 9031
- *FASD posters, educating the community about substance misuse posters – alcohol, tobacco, cannabis*
  Aboriginal Drug and Alcohol Council (SA) www.adac.org.au Ph: 08 8351 9031
- No Safe Amount (alcohol & pregnancy) DVD and poster – NPY Women's Council
- *Alcohol and Cannabis brochures*
  Aboriginal Drug and Alcohol Council (SA) www.adac.org.au Ph: 08 8351 9031
- *Petrol Sniffing and Other Solvents manual*
  Aboriginal Drug and Alcohol Council (SA) www.adac.org.au Ph: 08 8351 9031
- *The Big Book on Cannabis, The Big Book on Alcohol*
  Mentone Educational Centre, VIC Ph: 03 9553 3234





RELAPSE PREVENTION GUIDE TOOLS

My Relapse Prevention Plan

Some of my worries about slowing down/giving up _____ (insert substance) are:

_____

Some things that might make it hard for me to slow down/give up _____ are:

_____

The people that will help me are: _____

Things that will help me are: _____

I can help myself by: _____

Strengths I have are : _____

My goal for change is: _____

One small step is:

_____

One more small step is:

_____


What keeps us strong?
PHYSICAL
FAMILY, SOCIAL and WORK
SPIRITUAL and CULTURAL
MENTAL and EMOTIONAL
spiritual belief
health centre
work
know about illness
art and craft
medication
other
music
support
dance
good tucker
teach kids
family
go to country
exercise
hunting
think positive


Who keeps us strong?
YOU

People smoke gunja for many different reasons

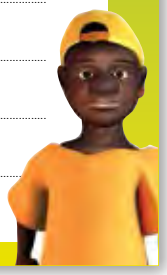
Yarning about gunja and your health

What are the **good** things about gunja?

- .....
- .....
- .....
- .....
- .....

What are the **not so good** things about gunja?

- Feel sad, angry or nervous
- Worry when gunja is gone
- Feel paranoid and anxious
- Cause family humbug
- Poor memory
- Health problems
- Cause family fights
- Don't want to work



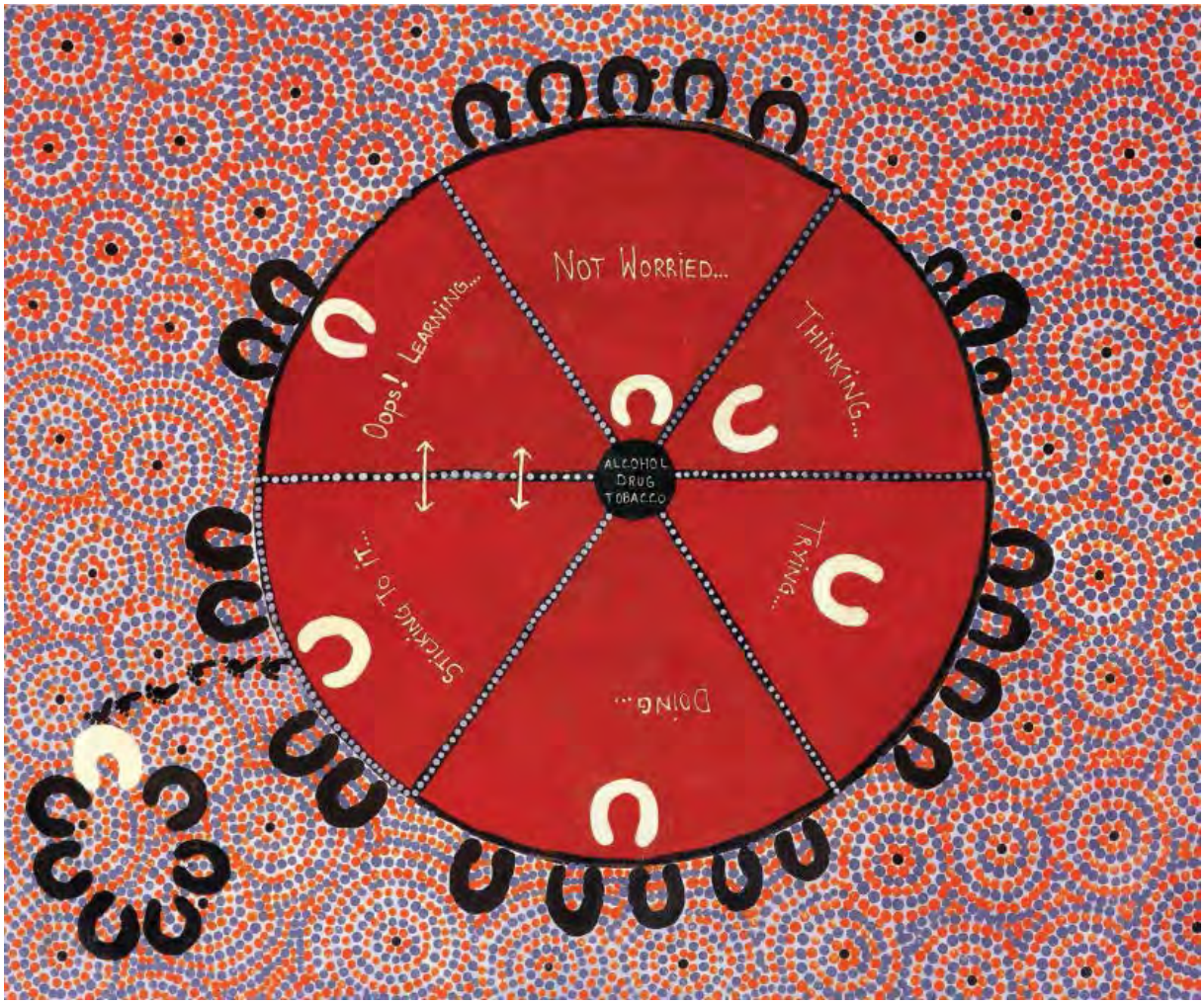
What are the **good** things about using?

- .....
- .....
- .....
- .....
- .....
- .....
- .....

What are the **not so good** things about using?

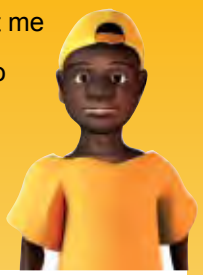
- Feel sad, angry or nervous
- Feel sick
- Feel paranoid and anxious
- No money
- Poor memory
- Health problems
- Cause family fights
- Don't want to work

THINGS THAT WILL MAKE CHANGING MY DRUG USE DIFFICULT	RATING	GOOD THINGS ABOUT CHANGING MY DRUG USE	RATING
Total:		**Total:**	



Things that make changing difficult...

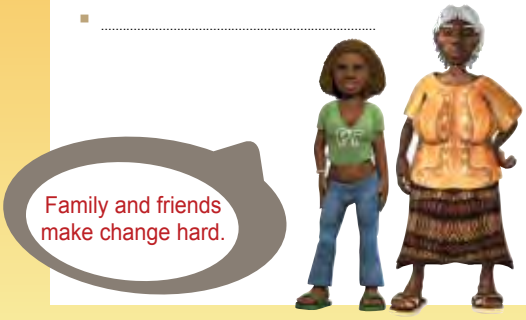
- My friends won't support me
- Bored, nothing else to do
- Having trouble sleeping
- Worry and stress



- .....
- .....
- .....
- .....
- .....

At risk times...

- When I go into town
- Pay Day
- Business and ceremony time
- Grief and Sorry business
- Family and friends visiting
- .....
- .....



Goals for change

What is the most important thing for me to work on changing right now?

Goal: _____

What would be my steps for making that change?

Step 1: _____

Step 2: _____

What is another important thing for me to work on changing right now?

Goal: _____

What would be my steps for making that change?

Step 1: _____

Step 2: _____

Doing more of what keeps us strong helps us make change

Tips for making change

Make healthy choices, keep busy, spend time with family, play sport, get involved in cultural activities, go hunting, talk to someone you respect and trust, drink more slowly and drink more water.

Reasons to change

- Family
- Learning

Helping you change

Who will help?

What will they do to help?

How far along the road am I?

- Made the change **Your GOAL**
- Planning to make the change **STEP 3**
- Thinking about making the change **STEP 2**
- Not yet making the change **STEP 1**

Test yourself with our quiz!

- ☐ It's hard to say no when cannabis is offered to me.
- ☐ I think my friends will think I'm a loser if I say no to cannabis.
- ☐ I'm worried that if I don't smoke dope I might lose my friends.
- ☐ I am not sure what to say if asked why I don't want cannabis.
- ☐ I find it hard to go against what my friends want.
- ☐ What my friends want is more important than what I want.

Your score!

0 – You are your own person and are not influenced easily by others.

1 to 3 – You have some basic refusal skills but when things get 'tough' you tend to give in.

4 to 6 – Smoking is the most important thing in your group and you want help to say no. It might be time to think about learning some refusal skills.

I say "No, Nuh, Nope"

How to become Dr. No? Your friends have been used to smoking with you and it's become a habit to offer you cannabis whenever you're around. You now need to practice changing their expectations. You could start by just missing a few rounds and see how your friends behave. Most people find their friends are very supportive often even admiring of their change of direction. *The key to changing the script is to Reduce, Rehearse, Refuse. Remember, it's your choice.*

Say "NO"

"That's a no from me"

"No, I don't feel like any today"

"No, thanks."

"No, I've had enough/ I don't need anymore"

Usually it's as easy as that! However, if the person offering cannabis persists then you need to back up "No thanks" with other tactics.

Give a reason. Use humour.

"doctors orders"

"I'm allergic"

"I'm trying to get fit"

"I'm saving for my wheels... can't wait"

Appeal to possible consequences. Say it with confidence. Don't argue – it's a decision not a debate. Speak only for yourself.

Walk away or ignore the offer

"Whatever"

"See ya"

"Forget it"

Make gestures to emphasize your refusal & that the conversation is over. You could text a friend, open a mag...

Change the subject or suggest doing something else

"Wanna shoot some hoops"

"Did you see the band last night?"

"Hey let's check out that movie?"

Attempt to build the relationship by developing non-cannabis activities if the person is respectful of your wishes and you want to keep them as a friend.

Assert yourself. Repeat yourself if you need to. Again, humour helps.

"I make up my own mind"

"It's how I roll"

"I thought mates were supposed to be supportive?"

Tell yourself that you are in charge, that you know how you want your life to be, and that you have decided to make a change.

Leave, if you need to.

"I'll catch you tomorrow"

"See you on facebook"

You may need to accept the possibility of rejection however, in reality this is rare. You have to decide if it's worth hanging with mates who don't listen to you and don't respect what you want.

For more information on cannabis and related topics visit ncpic.org.au

For help and advice with cannabis call the Cannabis information helpline 1800 304050

My Crisis Plan

One thing that might make me use _____ (insert substance) is: _____

Another thing that might make me use _____ (insert substance) is: _____

One thing that could help me not use _____

The people that will help me are _____

Things that will help me are _____

I can help myself by _____

Strengths I have are _____

One thing that will help me not use is_____

REFERENCES

Brady, Maggie and Hunter, Ernest. 2003. *Talking about Alcohol with Aboriginal & Torres Strait Islander Patients: a Brief Intervention Tool for Health Professionals*. ACT, Department of Health & Aging.

Department of Health. 2008. *The Cycle of Behaviour Change*. Northern Territory Government. Adapted by NT Aboriginal Health Promotion Officers and Aboriginal Health Practitioners.

Melrose, Jenny. *Relapse Prevention Program*. Qld, Sunshine Coast Alcohol & Other Drug Service.

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