

Session 2: Coping with cravings and lapses

THERAPIST SUMMARY SHEET

- Aims**
- Reinforcing motivation to maintain abstinence/reduced level of use.
 - Coping with cravings to use.
 - Preparation for a lapse.

Materials needed for Session 2

- Blank paper and a pen
- Photocopied craving plan or alternative
- Photocopied urge diary or alternative for next week

Key elements of Session 2 *(may be photocopied for quick reference).*

PHASE 1: Session introduction

- review week
- review homework tasks
- set agenda for the session

PHASE 2: Introduction to coping with cravings

- complete exercise 1: describing a craving or urge

PHASE 3: Information about cravings

Provide information about cravings and urges to use:

- provide information from 'Some facts about craving' section

PHASE 4: Strategies to cope with cravings

Discuss the following strategies to cope with cravings:

- behavioural (3Ds)
- cognitive (self-talk)
- relaxation and imagery

PHASE 5: Developing a craving plan

- complete exercise 2: devising a craving plan

PHASE 6: Dealing with a lapse

Use the following strategies

- give 'coping with a lapse' information
- discuss steps involved in coping with a lapse
- discuss abstinence violation effect
- discuss how to reframe relapse as a lapse

PHASE 7: Session termination

- set homework, including:
 - implement craving plan
 - continue cutting down
 - complete urge diary for the week
 - utilise craving plan strategies as required

DETAILED INTERVENTION

PHASE 1: Session introduction

Review of the week, homework exercise, set agenda

Start with an informal discussion about general activities, and also determine whether there are any important issues that have arisen, or any additional questions.

Review the homework activity with the client, and discuss the additional triggers for using that the client may have identified throughout the week. If the client has not completed the homework task, review the triggers identified in Session 1 together now.

Review the client's speed use for the week. Did the client meet the planned goals for tapering? Reinforce positive changes and address minor problems.

Review the client's urge diary. Are there any patterns that emerge? Are there any internal triggers for using that have emerged? Use any information gained from the week to reinforce motivation and commitment to change.

Be aware that ambivalence about changing speed use may still be present and, if encountered, use strategies from session 1 as appropriate (e.g. reflective listening, open-ended questions, affirming, summarising, managing resistance etc.). If the client has not yet moved to the action stage of change, continue to enhance their motivation to change using the techniques and issues covered in previous sessions. Modify the session 2 agenda as appropriate.

Set the agenda for the session by explaining the issues that will be covered.

PHASE 2: Introduction to coping with cravings

Completing an urge diary over the past week will have given the client insight into the trigger situations that lead them towards experience of a craving. They will have practised identifying the elements of the trigger situation itself, along with their responding thoughts, feelings and behaviours. Now it is time to put those observations to use in helping them to better manage their craving situations. By learning techniques to cope with each aspect of the client's experience of a craving, they can be more confident of 'surviving' that situation without acting on their urge to use speed.

Exercise 1: Describing a craving/urge⁸

- Ask the person to explain what their experience is of a craving/urge for amphetamines.
“Tell me a bit more about your cravings – what are they like?”
- You may like to refer back to their urge diary, which they completed for homework following session 1, for additional information.
- On a spare piece of paper, write down the headings: Behaviours, Physical Feelings, Thoughts.
- Write down each of the feelings/thoughts/physical responses that the person uses to describe their urge. Group together those responses that are behavioural (e.g. fidgety, pace the floor), thoughts (e.g. *“I must have a hit”*), and physical (e.g. heart races, feeling sick) in nature and write them under each column as appropriate.

Explain that it is possible to fit the person’s experience of cravings into the following model.

BEHAVIOURS + PHYSICAL + THOUGHTS = CRAVING

In better coping with craving situations, explain to your client that it is important to use coping techniques that address each of these elements.

An important first step in this process is to educate the client about the nature of withdrawal from speed, and particularly that cravings are a key aspect of withdrawal and are to be expected.

PHASE 3: Information about cravings

Provide the following information about cravings and urges to use

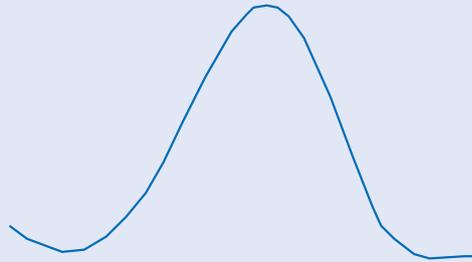
Speed cravings and urges are the sense of wishing to have a hit of speed, or experiencing an impulse to seek out and use it. Urges and cravings tend to increase during withdrawal or in the absence of using. Therefore if your client is trying to abstain from speed, he/she will experience more intense cravings and urges.

The extent of his/her cravings and urges will also be determined by how much he/she dwells on thoughts about using speed. Often, providing the client with some basic facts about cravings can assist their ability to endure them. Use the following “Some facts about cravings” summary as a stimulus for this discussion. If appropriate, you may like to photocopy the following summary sheet and pass on to the client for their reference.

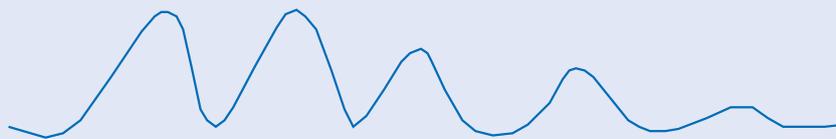
⁸ Adapted from Monti, Abram, Kadden & Cooney, 1989

Some facts about cravings (Marlatt & Gordon, 1985)

1. Cravings/urges to use are a natural part of modifying speed use. This means that **you** are no more likely to have any more difficulty in altering your speed use than anybody else does. Understanding cravings helps people to overcome them.
2. Cravings are the result of long-term speed use and can continue long after quitting. So, people with a history of heavier use will experience stronger urges.
3. Cravings can be triggered by: people, places, things, feelings, situations or anything else that has been associated with using in the past.
4. Explain a craving in terms of a wave at the beach. Every wave/craving starts off small, and builds up to its highest point, and then it will break and flow away. Each individual craving rarely lasts beyond a few minutes.



5. Cravings will only lose their power if they are NOT strengthened (reinforced) by using. Using occasionally will only serve to keep cravings alive. That is, cravings are like a stray cat – if you keep feeding it, it will keep coming back.
6. Each time a person does something other than use in response to a craving, the craving will lose its power. The peak of the craving wave will become smaller, and the waves will be further apart. This process is known as extinction.



7. Abstinence from speed is the best way to ensure the most rapid and complete extinction of cravings.
8. Cravings are most intense in the early parts of quitting/cutting down, but people may continue to experience cravings for the first few months and sometimes even years after quitting.
9. Each craving will not always be less intense than the previous one. Be aware that sometimes, particularly in response to stress and certain triggers, the peak can return to the maximum strength but will decline when the stress subsides.

PHASE 4: Strategies to cope with cravings

Although cravings are time limited, it is important to equip the client with the tools he/she needs to endure their urges to use speed. This is especially true, given that sometimes, cravings cannot be avoided. Below are listed a number of strategies that seem helpful in managing cravings and urges to use. These correspond to the behavioural, physical and cognitive (thought) aspects of cravings described above. You will need to identify with the client the strategies he/she has used and found helpful in the past and add in some of the strategies listed below. Discuss these strategies with the client and identify those that they think they might find useful in managing their experiences of cravings. If time allows, practise each of these techniques during the session. In addition, provide the client with written reminders of each of these techniques as appropriate.

- (a) Behavioural** Discuss the “3Ds” of coping with cravings:
- 1. Delay** – encourage the client to avoid situational triggers, particularly during the early phase of modifying their use; however this will not stop cravings from coming altogether. When a craving does hit, delay the decision to use for a minute at a time or longer if the client can manage. During this time, ask the client to say to themselves: “I will not act on this craving right away. I’ll DELAY my decision to act on this craving for...minutes”. This will help the client to break the habit of immediately reaching for speed when a craving hits. Refer back to assessment (precipitation factors/triggers) to discuss real-life examples with your client.
 - 2. Distract** – once the decision to use is delayed, the client needs to distract themselves from thoughts about using. Generate some ideas for strategies to use as a distraction technique such as going for a brisk walk, calling a support person, listening to music etc. Write these down for the client and ask him/her to keep this list handy and accessible for ease of reference when the craving begins. Explain to the client that once they are interested in, or actively doing, something else, they will find the urges will reduce in intensity until they have gone altogether.
 - 3. Decide** – after the craving has passed, revisit all the reasons why the client wanted to stop using speed in the first place. Decide then and there not to use again and ask the client to congratulate himself or herself on not giving in to something that is, after all, only a THOUGHT or a FEELING.
- (b) Cognitive** Positive talk – by asking the client to remind themselves about the short-term nature of cravings (e.g. “*this feeling will pass*”, “*I can cope with this*”, “*I don’t have to act on this because it will go away on its own*”), the urges themselves will be easier to deal with. It is important to “decatastrophise” the experience of cravings – acknowledge that they are uncomfortable/unpleasant but also that they WILL pass.

(c) Relaxation and imagery

1. Relaxation/deep breathing – if cravings develop in response to stressful situations, relaxation techniques and deep breathing exercises can be useful (if a person is relaxed then they cannot be stressed).
2. The urges that some clients experience can often be in the form of images or even dreams. For example, a particular client (Irene) found that after a period of four months abstinence from speed she started to have images flash into her mind that involved her walking past a house where she knew speed was available. These images had started to increase her cravings to use.
3. Some strategies Irene found to be helpful in managing/transforming such images are listed below. Talk through each of these strategies with your client and then rehearse and practise in the session.

These strategies can be adapted to suit each individual client's disturbing images as they arise.

Mastery (imagine not using in the given situation).

For example, Irene was asked to conjure up the image of the house in which speed was available. She was then asked to imagine herself walking past the house instead of going in and buying speed. She was then asked to imagine how good she would feel about her achievement.

Alternative (replace the image with an alternative "healthy" image).

For example, Irene was asked to conjure up the house image and then to replace it with an alternative image, such as walking along the beach on her last holiday when she was not using speed and was feeling relaxed and happy.

"Fast forward" (unfreeze the image and move it on in time, a few minutes, hours, days etc. to enable the client to see that he/she is looking at only a part of the picture which may in fact be a distortion of the whole picture).

For example, Irene was asked to conjure up the house image and then to unfreeze it and fast forward (almost as if pressing a fast forward button on a video player) and imagine in detail the usual consequences that follow scoring speed from this house. She was asked to describe the immediate, short and long-term consequences in detail. Having done this, Irene found that the negative consequences of scoring and using outweighed the short-term benefits and she was able to apply this realisation to future positive self-talk when cravings emerged.

"Surfing the urge" (the craving is a wave that can be surfed until it passes).

Irene was asked to see her craving to use speed as a wave. She was then asked to imagine herself surfing the wave (craving) in the way in which a surfer would surf a wave, and to see herself successfully riding the wave (and managing her craving) until it finally broke on the beach (reduced in intensity and passed away without being reinforced).

PHASE 5: Developing a craving plan

Now that you and the client have discussed different types of strategies to better manage their cravings for speed, it is time to summarise the preceding discussion and develop an action plan for the client to implement at times of craving. Spelling out exactly which techniques to use in particular trigger situations removes the obstacle of having to think of something else to do in the heat of the moment when the craving is intense. This increases their chance of successfully not giving in to cravings as they arise.

Exercise 2: Devising a craving plan (Kadden et al., 1995)

- Write down the high-risk situations for speed use generated by the client during the session, or from the homework activities (urge diary), on the following sheet – “*My craving plan*” (exercise 2).
- Ask the client to circle the triggers he/she feels they can simply avoid or reduce their exposure to (e.g. not having speed in the house, not buying it, thereby reducing the likelihood of experiencing a craving).
- Of the remaining triggers that cannot be avoided, go through the coping strategies described above with your client and jointly identify those that he/she can put in place when he/she experiences cravings and urges to use.
- If your client has not tried any of the coping strategies before (e.g. urge surfing, relaxation, nominating a support person to call on), encourage them to practise the technique in the session with you now. This will make it easier for them to use this strategy later if required.
- Assist the client to generate ideas: “*What things will I do to help me stay off speed?*”
- Record the final plan on the following sheet – “*My craving plan*” for the client to take home.
- Ask the client to refer to the plan throughout the week when a craving develops and act on all the strategies generated during the session. Some may work better for the client than others and once a strategy is found to be helpful, it may be used again and again.

Exercise 2: My craving plan

High-risk situations (circle those that you can avoid)	My coping plan	What will help me stay off speed?

PHASE 6: Dealing with a lapse

Coping with a lapse: the abstinence/rule violation effect

Slips and lapses are common in the recovery process. While they are disappointing, they do not mean failure or indicate an inability to change. The client's challenge is to find ways to overcome slips and maintain goals as best as possible. Treat a slip as a learning experience.

It is important to talk about how to deal with a lapse with the client in this session to start them thinking about how to prevent a relapse to regular use of speed. This is particularly important if this is to be your final session (i.e., you have decided to deliver the two-session rather than the four-session intervention).

Often people will feel very bad about themselves if they have a lapse, and will see it as the end of the world and an end to their attempts at abstinence (or other goals). The abstinence violation effect is said to be your client's reaction if he/she had made a decision to stop using, and then did. Alternatively, a rule violation effect is said to be your client's reaction if he/she had decided to change his/her pattern of speed use (e.g. to cut down or to stop) and he/she then had a 'slip' and used. If the client returns to using on one or two occasions as they previously were, then this is called a LAPSE. However, if following this 'lapse' the client completely returns to their previous levels of speed use, this is called a RELAPSE. If your client has a lapse, it is more likely to turn into a relapse if he/she engages in particular distorted styles of thinking and feelings about him/herself (called the abstinence/rule violation effect or 'breaking the rule effect'). Explain to your client:

*“The **'breaking the rule effect'** could happen if you have a slip and **'break your rules'**. By this I mean your goal or rule about staying off speed completely (or cutting down to a lesser level if reduction is your client's goal). The **'breaking the rule effect'** happens when you have a slip and break your rules, and then think something like “oh stuff it, I've had a hit – broken my rule, I might as well keep going...”.*

*But, there are other ways of looking at the situation. Slips will happen – everybody makes mistakes, and it doesn't mean that you have failed completely. You can stop at one hit, and go again from there – you can start with a clean slate. A slip doesn't mean you are getting worse, or headed for a relapse, rather that you are experiencing what everybody does – a simple slip. But, if you have a slip, it is more likely to turn into a relapse if you give into the **'breaking the rule effect'**.”*

The main strategy to help your client cope with the abstinence/rule violation effect is to re-evaluate and modify the thinking errors that contribute to the effect. The aim is for your client to firstly identify the distortions in his/her thinking that occur in relation to his/her speed use (e.g. minimisation, all or nothing, overgeneralisation); and secondly to generate a more helpful, less catastrophic and more realistic way of

viewing the situation (e.g. a slip/mistake rather than a complete failure). For example:

Unhelpful thought:

“I’ve blown it”.

Helpful thought:

“I’ve just had a slip and I can get back on track”.

Unhelpful thought:

“I knew I wouldn’t be able to stop”.

Helpful thought:

“I have been able to make a change...this is only a slip and I will keep on trying”.

Unhelpful thought:

“I’ve messed up already so I might as well keep going”.

Helpful thought:

“I’ve just made a mistake and I can learn from it and get back on course”.

Discuss these alternative thoughts with your client during the session.

PHASE 7: Session termination

- Homework**
- Implement the craving plan throughout the week in response to a craving to use speed.
 - Continue to cut down/maintain abstinence.
 - Complete the urge diary for the next week.
 - Utilise the craving plan as required, and record which strategies were helpful and which were not.