

MODULE 4: URGES

Table Of Contents

TABLE OF CONTENTS.....	II
MODULE 4.1: RECOGNIZING TRIGGERS AND URGES.....	1
CHECK-IN	1
SET THE AGENDA	1
DISCUSS THE CLIENT’S EXPERIENCE WITH URGES.....	2
DISCUSS THE CLIENT’S RECOGNITION OF AN URGE.....	3
<i>Physical sensations</i>	4
<i>Thoughts</i>	4
<i>Positive expectancies</i>	4
<i>Emotions</i>	4
<i>Behaviors</i>	4
TRANSITION TO IDENTIFYING TRIGGERS.....	4
IDENTIFY TRIGGERS.....	5
<i>External situations</i>	5
<i>Internal situations</i>	5
<i>Positive expectancies</i>	6
REVIEW HOME ASSIGNMENT.....	6
<i>Introduce Urge Monitoring Card</i>	6
COMPLETE AGENCY SPECIFIC TASKS	7
SUMMARIZE SESSION.....	7
PREVIEW NEXT SESSION	7
TROUBLESHOOTING.....	7
END SESSION.....	7
MODULE 4.2: COPING WITH URGES TO USE.....	8
CHECK-IN	8
SET THE AGENDA	8
DISCUSS HOME ASSIGNMENT.....	9
DISCUSS COPING STRATEGIES FOR EXTERNAL TRIGGERS	9
<i>Avoid</i>	9
<i>Escape</i>	10
<i>Distract</i>	10
<i>Endure</i>	11
DISCUSS COPING STRATEGIES FOR INTERNAL TRIGGERS.....	11
<i>Self-Talk</i>	11
<i>Think about the benefits and consequences</i>	12
<i>Distract</i>	12
<i>Endure</i>	12
SUMMARIZE COPING STRATEGIES	13
DEVELOP A COPING PLAN.....	13
<i>Encourage detailed strategies</i>	14
<i>Emphasize client choice</i>	14
TROUBLESHOOTING	14
COMPLETE AGENCY SPECIFIC TASKS	15
SUMMARIZE SESSION.....	15
PREVIEW NEXT SESSION	15
REVIEW HOME ASSIGNMENT	15
END SESSION.....	15
APPENDIX A: SESSION MATERIALS	16
COMMON TRIGGERS HANDOUT	17
PERSONAL TRIGGERS WORKSHEET	18
URGES MONITORING CARDS.....	19
COPING WITH EXTERNAL TRIGGERS.....	20
COPING WITH INTERNAL TRIGGERS.....	21
MODULE 4.1 SESSION CHECKLIST	22
MODULE 4.2 SESSION CHECKLIST.....	23

Module 4.1: Recognizing Triggers and Urges

Completion of this module is expected to take at least two sessions. The primary objectives of this first part of this module are to: 1) help the client improve his or her ability to identify an urge, and 2) increase the client's awareness of triggers to urges.

====|| Module Outline ||=====

Target Discussion Points

- Check-in
 - Set the agenda
 - Discuss the client's experience with urges
 - Discuss the client's recognition of an urge
 - Identify triggers for urges
 - Review home assignment
 - Complete agency-specific tasks
 - Summarize session
 - Preview next session
 - End session
-
-

Check-in

The Clinician should conduct a brief check-in to assess how the client has been doing. Time for discussion of client's thoughts, questions, or concerns about the session material from the previous week can be taken as needed.

"Welcome back. It's good to see you again. How have you been doing since our last session?"

"Do you have any questions or thoughts about what we worked on last time we met?"

Set the agenda

Set the agenda for the session goals including: 1) discuss occurrence of urges in recovery, 2) review the experience of an urge, 3) examine personal triggers for urges, and 4) introduce urge monitoring cards.

"One of the topics we talked about when you were deciding what you wanted to work on was learning how to handle urges to use. You have had these before and know how challenging they can be sometimes. Today we can talk about what it feels like when you have an urge or craving to use, think about what triggers these urges, and begin to consider how you might be able to manage them differently. How does that sound?"

Discuss the client's experience with urges

Urges and/or cravings to use are quite common for clients to experience when cutting back or quitting substance use. It is important to help clients understand that urges are predictable and controllable, and that they can learn to manage them. The more clients understand about their experiences with urges and what triggers an urge, the more skillful they will become at identifying them. Urges then become more predictable, rather than random events. This will enable the client to learn specific skills to manage them.

Some of the important messages that the Clinician should try to convey about urges during this discussion are summarized below:

- ✓ Urges are common during recovery
- ✓ Learning to identify urges is important for gaining control over them
- ✓ Urges are predictable and have understandable triggers
- ✓ Identifying triggers can help in the selection of effective coping strategies
- ✓ EVERYONE can learn to manage their urges

An example of how this discussion might start is as follows:

“Many people report that they have strong urges to drink or get high when they first stop using. In the beginning the urges can feel overwhelming and hard to manage.”

“Is this something that you've experienced when you've tried to stop using?”

In this discussion, it is important to try to understand the client's experience with urges in the past, including his or her overall perception of the predictability of urges and confidence in managing them.

Eliciting the client's view first is the most desirable approach. However, if the client is not able to provide this information, the Clinician should be more direct in approaching the discussion to cover the points listed above.

Once the Clinician has reviewed the topic above, it might be helpful to summarize what he or she has learned about the client's perception of urges.

“Before we move on let me see if I've heard you correctly so far. It sounds like you've experienced quite a few urges in the past when you've tried to stop using. There have been times when you were able to deal with them but there have also been other times when you've given into them. Your urges are generally more frequent and intense in the first few months after you stop using, but when you've been able to hang in there you've noticed that you have urges even sometimes when you are really committed to not using, and you tend to feel discouraged and disappointed in yourself for having these urges. When this happens you also feel less confident about your ability to stay sober.”

“Although part of you realize that having urges is normal and to be expected, you worry about your ability to manage them some of the time and would like some help with that in treatment.”

“So, it may be helpful to talk more about how you experience urges to get a better handle on them.”

Discuss the client’s recognition of an urge

Discussing what the client experiences when he or she has an urge may help the client with identifying an urge early and responding before it becomes overwhelming. There are many different ways of experiencing an urge, only some of which are recognized by most clients (e.g., physical sensations). Recognizing all aspects of the experience of an urge will help the client label the experience and prevent automatic responses to urges (i.e., returning to alcohol or drug use). This should enhance the client’s ability to manage urges.

Clinicians can explore with clients the various ways that they might experience an urge. This is important before moving on to coping strategies to make sure that the clients are able to recognize when they are having an urge.

Some examples of this are provided below.

- ✓ Physical sensations (e.g., sweating, heart racing, queasy stomach)
- ✓ Thoughts (e.g., “wouldn’t it be nice to have a drink”, “I’d rather be with my friends getting high tonight”)
- ✓ Positive expectancies (e.g., “I’d feel better if I did some cocaine”)
- ✓ Emotions (e.g., anxiety, depression, irritability)
- ✓ Behaviors (e.g., pausing while passing the beer display in a store, going by old neighborhood where your drug dealer hangs out).

Open-ended questions about the client’s experiences with urges can be used to explore the client’s awareness of the symptoms of an urge.

“We’ve spent some time talking about your general experiences with urges. Before we move on to talking about coping with urges, I’d like to get a better sense of how you know when you’re having an urge. Some urges may be very easy to recognize, but others are less obvious. I’m wondering how you know when you’re having an urge?”

“What is the first thing you notice when you are having an urge?”

“How do you know that an urge is coming on?”

“What is the most obvious sign that you are craving alcohol?”

“If somebody were with you when you are experiencing an urge, would they notice anything?”

As the discussion progresses, the Clinician may want to ask more directed questions for the areas that the client has not already identified.

Physical sensations

“I’m wondering if you can tell me a bit about the physical sensations that you experience when you have an urge to drink or use drugs.”

Thoughts

“What about your thoughts? What kinds of thoughts do you recall having when you wanted to use alcohol or drugs?”

Positive expectancies

“People say that they imagine something positive will happen if they drink or use drugs- for instance, they think it will help them unwind after a tough day, or they will have a better time with other people, or simply help them feel better. What types of positive expectations have you had when you had an urge to use?”

Emotions

“Many people find that their mood changes just before they use...they feel anxious or depressed. Other people report feeling excited. I’m wondering what types of mood changes you’ve noticed?”

Behaviors

“Do find yourself becoming less tolerant or more irritable? Do you find yourself getting into more arguments or fights with people? Do you find yourself hanging around more in some of the old places, or with people that you used to drink or get high with? Have you impulsively decided to leave treatment?”

Transition to identifying triggers

At this point in the session it might be helpful for the Clinician to summarize what he or she has learned about the client’s experience of urges and transition to identifying triggers for having urges.

“It sounds like you have a good sense of how you experience an urge, particularly when it comes to the physical sensations. You’ve noticed that your heart starts racing and you feel a knot in your stomach. You think you may need some more work identifying the other signs of an urge so we will come back to that later.”

“We’ve been talking so far about your thoughts about urges and how you experience them. Now I’d like to talk more about the “what, where, and why” of having urges. If you can understand better when they are going to occur it may not seem so random and we can begin to help you figure out strategies to cope with them. Sound OK? So, let’s start with what seems to set off your urges.”

Identify triggers

The goal of this discussion is to establish a link between triggers and urges. Triggers are generally situations that were associated with a client’s use of alcohol or drugs in the past. Due to this repeated association, clients tend to have urges in these situations when they stop using or make attempts to cut down. If a client understands this connection it may make the urges more predictable. If the client feels that urges are somewhat predictable, this should help the client feel more in control and also make it easier to identify specific coping strategies that may address urges in response to specific triggers.

The Clinician can use the Common Triggers Handout (Appendix A) to guide the discussion about internal and external triggers for urges. Primarily, it is important to let the client know that urges can be external (things that happen outside the person) or internal (things that happen inside the person).

External situations

- ✓ Exposure to alcohol or drugs
- ✓ Smell, sight and sounds of other people drinking or using drugs
- ✓ Particular times during the day when drinking or drug use tended to occur (e.g., getting off work, weekends, payday)
- ✓ Stimuli previously associated with drinking or drug use (e.g., wine glasses, bar, crack pipe, medicine bottle, ATM machine)
- ✓ Stimuli previously associated with withdrawal (e.g., hospital, aspirin, morning)

Internal situations

- ✓ Unpleasant emotions (e.g., frustration, depression, anger, feeling “stressed out”)
- ✓ Pleasant emotions (e.g., elation, excitement)
- ✓ Physical feelings (e.g., sick, shaky, tense, in pain)
- ✓ Thoughts about drinking or drug use (e.g., “I’ll feel better if I get high”)

The Clinician should follow this brief explanation and presentation of examples by asking the client about his or her triggers for urges. Once again, it is important for the Clinician to begin by asking, in an open-ended format, about the client’s understanding of their triggers. Then, if information about various types of triggers is not elicited, the Clinician can follow this with more directive questioning.

Triggers can be recorded on the *Personal Triggers Worksheet* (Appendix A) as the client identifies them. The *New Roads Worksheet* completed in Module 3 may provide valuable information about triggers that can be used to supplement this discussion.

Summarize Personal Triggers Worksheet

When the client has identified the most common triggers that he or she encounters, a summary of the worksheet can be used to transition to homework assignment.

“So what we have identified so far includes the following [Clinician reviews individual triggers identified]. I think we now have a good idea what the experience of an urge is like for you, and when, why and where you might have an urge. There may be some triggers that we didn’t put on this list. I find that when people start to pay close attention to when they want to use, they start to notice some triggers that have always been there, but were never recognized as a trigger.”

Review home assignment

It can be helpful for the client to monitor urges outside the session to gain more information on the experience of urges, the triggers to urges, and any coping skills employed by the client to manage the triggers and urges. The Clinician should begin by providing the client with a rationale for the home assignment and how it will assist him or her in developing skills to manage urges.

“If you took some time over the next week to pay attention to when you have a desire to drink, and try to take note of what the triggers are, you may come away with a better sense of when, why, and where it happens. I think for many people, knowing that urges to use are predictable helps to make them seem less overwhelming and this is a good place to start in learning how to handle them.”

Introduce Urge Monitoring Card

The Clinician should describe the Urge Monitoring Card (Appendix A) and provide a rationale for asking the client to complete it between sessions. The rationale should emphasize how this will help the client learn better control over urges.

“I have an Urge Monitoring Card that you can use to keep track of your urges over the next week. This will help us see if there is anything new that we may want to add to the list of triggers. We’ll also begin to see how you are coping with your urges. That will be helpful in our discussion next week when we begin to identify ways to manage urges. If this sounds okay to you, I can explain how to fill out the card.”

The Clinician hands the client a Urge Monitoring Card and asks him or her to do the following:

- ✓ Keep a couple of cards and a pen or pencil with you at all time.
- ✓ When you feel an urge to drink or use drugs, write it down as soon as possible. If you wait you may not remember all the details.
- ✓ For each entry, record date and time of day, situation (where you were, who you were with, what you were doing or thinking), how strong the urge was (0= no

urge at all and 100= strongest you've ever felt), and what you did to cope with the urge including whether you drank or got high, and, if not, what else you did.

The Clinician then helps the client fill out an urge card with an example using a recent experience with an urge.

For as long as the client uses these cards in treatment, the Clinician should review them at the beginning of each session. This will help determine which strategies were useful and which were not, and how the client will cope with urges in the future.

Complete agency specific tasks

Complete any agency specific paperwork with the client as needed.

Summarize session

The Clinician should provide a closing summary of the session highlighting major accomplishments made during the session, reviewing any commitments the client has made to try out new strategies, and recognizing the client's efforts.

“We've covered a lot of material today. I appreciate your time and willingness to talk about these things. Next week we can talk about things that can be really helpful to you in coping with urges. I'm wondering if you have any questions about what we've covered so far today?”

Preview next session

Provide a brief preview of what will be covered in the next session.

“Our next session will focus on how to respond to urges in different situations we've identified, involving both internal and external triggers. How does this sound to you?”

Troubleshooting

The Clinician should check with clients to see whether they experienced any urges during the session. If a client reports that just discussing urges is a trigger, it is important that time is allowed for him or her to discuss how to cope with the urge before leaving the session.

Some clients may not want to keep records of their urges. If is not mandatory, but the client can be encouraged to use this as a tool to learn more about their urges, triggers, and coping strategies.

End session

“I think we have made some good progress today; you seem to have a better understanding of your urges and triggers to urges. Do you have any other questions, concerns or thoughts before we end today?”

Module 4.2: Coping with Urges to Use

The primary objectives of this session are to: 1) further increase the client's understanding of triggers for urges, and 2) help the client to develop a range of coping strategies for specific types of triggers.

====|| Module Outline ||=====

Target Discussion Points

- Check-in
- Set the agenda
- Discuss Urge Monitoring Cards (home assignment)
- Discuss coping strategies for external triggers
- Discuss coping strategies for internal triggers
- Develop a coping plan
- Complete agency-specific tasks
- Summarize session
- Preview next session
- Review home assignment
- End session

Check-in

The Clinician should conduct a brief check-in to assess how the client has been doing. Time for discussion of client's thoughts, questions, or concerns about the session material from the previous week can be taken as needed.

“Welcome back. It's good to see you again. How have you been doing since our last session?”

“Do you have any questions or thoughts about what we worked on last time we met?”

Set the agenda

After answering any questions from the preceding session, the Clinician should review the main objectives for the session including: 1) review Urge Monitoring Cards, 2) review coping strategies for external triggers, 3) review coping strategies for internal triggers, and 4) develop coping plans.

“You mentioned during our last session that you would like to find new ways to manage your urges without using. Today I think it would be helpful to look at how

you have responded to urges in the past, and plan for how you can manage urges in the future. How does this sound to you?"

Discuss home assignment

The Clinician should review the Urge Monitoring Cards with the client to: 1) determine whether there are triggers for urges that the client did not mention during the last session; 2) discuss whether he or she noticed more about the experience of urges; and 3) get a sense of how the client coped with urges.

"In our last session, we talked about you keeping a log of the urges over the week. I would like to start by talking about what you found and see if there is anything we can learn about your urges and the way you coped with triggers you encountered."

Discussing with clients their experience of monitoring urges, and whether they learned anything additional about their experience of urges or triggers, can be informative. If additional triggers are identified these should be added to the Personal Triggers Worksheet. Discussing how a client coped with triggers over the previous week will provide information about the client's coping skills and deficits. Affirming the client for attempting to manage urges even when not successful, and affirming any success, will help to strengthen the client's self-efficacy.

"You had three situations over the past week when you felt really tempted to drink. You were able to get through the urge without drinking in one of these situations, which is great. In all three, you tried out some coping strategies; even though the strategies didn't work all the time, I give you credit for trying to meet the challenge without drinking."

Discuss coping strategies for external triggers

During the previous session, and in the home assignment, the client began to identify triggers for urges. The next step in learning to manage urges is to identify specific strategies for coping with these triggers.

The Clinician can begin this discussion with a review of strategies for coping with urges that occur in response to external triggers. It is important to emphasize how different strategies may be more appropriate for different types of triggers. Multiple strategies for all triggers should be considered and clients should be encouraged to try new ones to manage urges across situations.

The discussion of coping strategies can be guided by using the Coping with External Triggers Handout (Appendix A). The client should consider using each of the four basic strategies, which are listed below.

Avoid

Avoidance is a strategy that involves reducing exposure to high-risk situations that trigger urges. Avoidance appears especially important early in recovery.

Examples of avoidance strategies include:

- ✓ Get rid of alcohol or drugs at home
- ✓ Avoid parties or bars where drinking or drug use occurs
- ✓ Reduce contact with old friends who drink or get high
- ✓ Avoid circumstances that increase temptation (e.g., \$\$ in pocket, unstructured free time, home alone)

“People often choose to avoid situations that tempt them to use, especially when they first stop using alcohol or drugs. What’s your experience been with this strategy? In what kinds of situations have you found this strategy to be helpful?”

Escape

Escape is a strategy that focuses on finding a safe way out of situations in which an urge might occur. This may involve an unexpected situation (e.g., drug dealer shows up at the door) or a situation that the client sees as unavoidable (e.g. weddings). The client should have a plan for getting out of the situation as quickly as possible if strong urges occur.

Examples of situations where escape strategies might be important:

- ✓ You arrive at a friend’s house for dinner and everyone is drinking
- ✓ You go to a party and find people using cocaine
- ✓ You’re at home and come across a few pills that you didn’t know you had

“Sometimes people find that leaving themselves a way out of a situation can help them deal with temptation to use alcohol or drugs. Can you imagine some situations where using this strategy would be helpful?”

The Clinician should recommend that the client consider the following when making his or her plan for escape:

- ✓ Have the means ready- Be sure that you don’t get stranded without the means for getting out of a situation if you need to.
- ✓ Plan what to say or do- Know what you would say to people if you left a risky situation in a hurry.
- ✓ Feel good about your choice- Using escape is a sign of strength and determination to stick with your goal.

Distract

Distraction is a strategy involving a shift in attention away from thoughts about using alcohol or drugs. There are numerous distracting activities that can take a client’s mind off urges to use alcohol or drugs, such as going to a movie, calling someone, reading a book, or exercising. Urges tend to pass more quickly when a person becomes involved with an alternative activity.

“Some people get relief from urges by distracting themselves until the urge passes. What helps you take your mind off of having an urge? What have you tried in the past that seemed helpful?”

Endure

Sometimes clients may need to face the urge and cope with it directly.

Endure strategies include:

- ✓ Talk it through with someone who is supportive. Talking can provide you with support when you need it and can help you to get through the urge without using again.
- ✓ Wait it out; urges are only temporary
- ✓ Take protection into high risk situations, such as a close friend who does not use alcohol or drugs, a reminder card, or a cell phone

“I’m wondering what thoughts you have about these strategies? What types of experiences have you had with them?”

Clinicians should reflect back a client’s reported use of these strategies and his or her willingness to use them in future. Statements that reflects a willingness to employ strategies to cope with external triggers and urges should be affirmed.

“We’ve spent some time talking about external triggers and coping, and you’ve mentioned that mostly you’ve relied on avoidance and distraction in the past. You realize there have been other times when it would have been helpful to do something else. You haven’t tried the endure strategies but you’re willing to consider learning more about them. Have I gotten this right?”

“Can we move on to talk about strategies for internal triggers?”

Discuss coping strategies for internal triggers

Clients can use many of the same strategies for internal triggers that are used using for external triggers, with the exception of avoidance. It is almost impossible to avoid thoughts and feelings. However, in some situations clients may be able to make changes in their lives that would reduce the likelihood of a feeling occurring (e.g., decreasing work hours to reduce stress and fatigue).

The Clinician can use the Coping with Internal Triggers Handout (Appendix A) to guide a discussion on how to handle internal triggers. Eliciting feedback from clients about these strategies, and how they anticipate using each of them, may help in developing a coping plan.

Self-talk

What clients say to themselves can have a big impact on their ability to handle an urge. For example, “The urge feels overwhelming right now but I know if I just hang in there it will pass.”

“What you tell yourself when you are having an urge can make a big difference in how you get through it. Anything you might be able to say to yourself that is reassuring that you can get through the urge without using may be helpful. What do you think about this strategy?”

“Could you see yourself using this one?”

Think about the benefits and consequences

Many clients have a tendency to think only about the positive effects of alcohol or drug use (e.g., feeling less depressed, feeling more social) and minimize the negative consequences of their use. While experiencing an urge, it is sometimes helpful to review the benefits of not drinking or using drugs and/or the negative consequences of resuming these behaviors.

“Sometimes when people have an urge to use, it is the positive effects of using that they are thinking about. If you were having an urge and you reminded yourself of the negative things that might happen if you have a drink, and also the good things that will continue to happen if you don’t drink, do you think the urge would feel as strong?”

For some clients, carrying a small reminder card with benefits of sobriety and consequences of use can be helpful for using this strategy. The Clinician might introduce this as follows:

“If you were going to make up a reminder card for yourself about why you want to stay sober and not give into an urge, what would you put on that card?”

Distract

Sometimes shifting one’s attention to something else can decrease the intensity of an urge related to a thought or feeling. The Clinician might inquire about the client’s willingness to use this strategy to manage an internal trigger for an urge as follows:

“We talked earlier about ways to distract yourself from urges. People have also found this strategy helpful with their thoughts and feelings around using. Can you imagine some situations where using this strategy would be helpful?”

Endure

These strategies focus on going through the experience rather than around it. Some of these strategies were also recommended for coping with urges related to external triggers.

- ✓ Talking it through
- ✓ Asking for help
- ✓ Waiting it out
- ✓ Using protection
- ✓ Ride It Out- Urge Surfing

“We’ve talked about almost all of these strategies earlier when we were talking about external triggers. The one that is unique to internal triggers is “ride it out.” This may be especially useful in situations where an urge occurs in response to feelings.”

Ride It Out – This strategy involves accepting the thoughts and feelings as temporary and, instead of trying to avoid them, the client would focus on the physical reactions, emotions and thoughts involved in the urge. This strategy is sometimes referred to as “urge surfing”.

“Urges in a way resemble an ocean wave. An ocean wave first swells, builds to a crest, peaks, and then subsides. A surfer will see an ocean swell and paddle out to it, he then catches the wave, rides the wave, which usually lasts only for several minutes until the wave subsides. Like the ocean surfer a client can “surf” an urge...ride it out as it swells, peaks, and subsides.”

“I’m wondering what you think about the idea of urge surfing to get through some urges that happen in situations you can’t prevent (e.g., feeling down)?

Summarize coping strategies

A summary reflection can be used to transition into making a specific plan for the triggers identified on the *Personal Triggers Worksheet*.

“We’ve spent some time talking about internal triggers and coping, and you’ve mentioned that you’ve found distraction and reminding yourself of the consequences of using to be helpful in past. You realize there have been other times when it would have been helpful to do something else. You haven’t been as experienced using enduring strategies, in part because it is difficult for you to ask for help or tolerate urges, but you’re willing to give some of these new strategies a try. What I’d like to do now is to take a closer look at the situations that you listed as triggers to urges and then to make some plans for how you’ll manage them. OK?”

Develop a coping plan

Clinicians should review with clients the list of triggers recorded on their Personal Triggers Worksheet and begin planning coping strategies, giving priority to triggers that are more frequent and/or more troublesome.

The Clinician can begin by asking the client to focus on external triggers that were identified and consider which (if any) external triggers can be avoided. It is important to note that clients must be realistic about what can be avoided. For example, a client may be able to avoid the neighborhood bar by taking a different route home, but can probably not avoid exposure to all bars in the city in which he or she lives. The Clinician should

write the term “AVOID” in the coping strategies column of the *Personal Triggers Worksheet*.

Next, the Clinician can ask the client to focus on 3 or 4 other triggers which are likely to be encountered in the next several weeks and/or are perceived as a greater challenge to current coping resources.

“Looking over the list of triggers you have identified, which of these are you most worried about because they are either really a challenge for you right now or they happen so often you know you will encounter them in the next few weeks?”

The Clinician can help the client to prepare a plan for these triggers using the *Coping Strategies Handout*.

Encourage detailed strategies

Clients should be encouraged to develop detailed coping strategies including a backup strategy. For example, if the client selects distraction to manage urges when he or she is home alone and feeling anxious, the client should be encouraged to create a list of specific activities that would be distracting in this situation. The client should also consider an alternative plan in case the favored strategy is ineffective or inaccessible. Each of the detailed strategies listed should be recorded in the coping column of the *Personal Triggers Worksheet*.

Emphasize client choice

When developing coping strategies for these situations, it is important for the Clinician to first try to elicit strategies from the client for each of the triggers that he or she is home alone and feeling anxious, the client should be encouraged to create a list of specific activities that would be distracting in this situation. The client should consider whether the coping strategies are easily accessible. The client should also consider an alternative plan in case the favored strategy is ineffective or inaccessible. Each of the detailed strategies listed should be recorded in the coping column of the *Personal Triggers Worksheet*.

Troubleshooting

Talking about an urge or the situations that trigger them may lead to an urge. If the client has an urge in session it is possible to ask him or her to practice enduring strategies (e.g., talking it through, asking for help, waiting it out or urge surfing) during the session.

A possible script for urge surfing is provided below.

“Take a few deep breaths and focus your attention inward. Allow your attention to wander through your body. Notice where in your body you experience the craving and what the sensations are like. Notice each area where you experience the urge, and say what you are experiencing. For example, “I have a dry feeling in my mouth and nose, and a kind of cold sensation I my stomach.”

Focus on one area where you are experiencing the urge. Notice the exact sensations in that area. For example, do you feel hot, cold, tingly, or numb? Are your muscles tense or relaxed? How large an area is involved? Notice the sensations and describe them to yourself. Notice the changes that occur in the sensation. For example, “Well, my mouth feels dry and parched. There is tension in my lips and tongue. I keep swallowing. As I inhale or swallow, I can imagine the smell and tingle of booze.”

Repeat the focusing with each part of your body where you experience craving. Pay attention to and describe the changes that occur in the sensations. Notice how the urge comes and goes. Many people find that after a few minutes, the urge is gone or is very weak. The purpose of this exercise, however is not to make the urge go away but to experience it in a new way- as an experience in itself.”

Complete agency specific tasks

Complete any agency specific paperwork with the client as needed.

Summarize session

The Clinician should provide a closing summary of the session highlighting major accomplishments made during the session, reviewing any commitments the client has made to try out new strategies, and recognizing the client’s efforts.

“We’ve covered quite a bit today. I appreciate the time and effort that you put into filling out your Urge Monitoring Cards. Our session today has been focused on getting a plan together for how to cope with the urges that are triggered in your daily routine. You had some good ideas about how to cope with urges when we began this work; with some new strategies added to what you already know and some really detailed plans, you may be better prepared to get through some of these triggers. You seem more confident in your ability to recognize and manage an urge when it occurs. What are your thoughts about our work today?”

Preview next session

The Clinician and client should decide whether to continue with the Urges module for another session or to move on to another module if the client is ready to do this. If the client remains with urges, the Clinician and client might plan to spend another session reviewing triggers and possible coping strategies, including the effectiveness of strategies that have already been selected. If the client feels ready to move on then the Clinician should prepare the client for what they will focus on in the next session by tying it in with the work accomplished in this session.

Review home assignment

If the client elects to continue with urges and found the urge monitoring to be helpful, the Clinician may assign another week of Urge Monitoring Cards. If the client is ready to move on to another module, the Clinician may assign homework for the next module as needed.

End session

“Do you have any other questions, concerns or thoughts before we end today?”

**APPENDIX A
URGES
SESSION MATERIALS**

Common Triggers

External Triggers

Exposure to alcohol or drugs

Smell, sight, and sounds of other people drinking or using drugs

Particular times of day when drinking or drug use tended to occur (e.g., getting off work, weekends, payday)

Stimuli previously associated with drinking or drug use (e.g., wine glasses, bar, crack pipe, medicine bottle, ATM machine)

Stimuli previously associated with withdrawal (e.g., hospital, aspirin, morning)

Internal Triggers

Unpleasant emotions (e.g., frustration, depression, anger, feeling “stressed out”)

Pleasant emotions (e.g., elation, excitement)

Physical feelings (e.g., sick, shaky, tense, in pain)

Thoughts about drinking or drug use (“I’ll feel better if I get high”)

Personal Triggers

Trigger	Coping Strategies

Urge Monitoring Cards

Date, time, situation:	Intensity	Coping:
	100	
	90	
	80	
	70	
Thoughts:	60	Outcome:
	50	
	40	
	30	
	20	
	10	
	00	

Date, time, situation:	Intensity	Coping:
	100	
	90	
	80	
	70	
Thoughts:	60	Outcome:
	50	
	40	
	30	
	20	
	10	
	00	

Date, time, situation:	Intensity	Coping:
	100	
	90	
	80	
	70	
Thoughts:	60	Outcome:
	50	
	40	
	30	
	20	
	10	
	00	

Instructions

1. Use this as a worksheet or cut the card out (along the dotted line) and fold to the size of a credit card.
2. Keep a couple of cards and a pen or pencil with you at all times.
3. When you feel an urge to drink or use drugs, write it down as soon as possible. If you wait you may not remember all the details.

For each urge record:

- Date and time of day
- Situation (where you were, who you were with, what you were doing or thinking)
- How strong the urge was (0 = no urge at all and 100 = strongest you've ever felt)
- What you did to cope with the urge
- Outcome (whether you drank or got high, and if not, what else you did)

Coping with External Triggers

Avoid

Reduce your exposure to situations that increase temptation, if at all possible. This takes planning ahead of time.

Everyday situations that you might want to avoid:

People – Old friends who drink or get high

Places – Parties or bars where drinking or drug use occurs

Things – Keeping alcohol or drugs at home, money in pocket, too much free time

Escape

Plan a safe way out of situations in which an urge might occur. Always have an escape plan ready even if you don't think you will need it.

Consider the following when making your plan:

Have the means ready – Be sure that you don't get stranded without the means for getting out of a situation if you need to.

Plan what to say or do – Know what you would say to people if you left a risky situation in a hurry.

Feel good about your choices – Using escape is a sign of strength and determination to stick with your goal.

Distract

Distract your attention from thoughts about using alcohol or drugs. Distracting activities are those that you can do immediately, even without planning, that don't necessarily depend on other people, and that are readily available.

Examples of distracting activities include: going to the movies, reading a book, watching TV, talking on the telephone, going for a walk, or listening to music.

Endure

All urges will eventually subside. Try facing the urge and coping with it directly using some of the strategies suggested below.

Talking it through – Talk to somebody about your urge. Talking can provide you with support when you need it and help you to get through the urge without using again.

Waiting it out – Recognize that the urge will come and go.

Taking protection into the situation – Bring something or someone with you for protection (e.g., sober friend, sobriety token, reminder card, cell phone, photograph).

Coping with Internal Triggers

Use self-talk

What you say to yourself can have a big impact on how you handle an urge. Positive self-talk can be particularly helpful to counter negative self-talk.

Negative self-talk

“This urge is more intense than I can take”
“I will never get through this”
“I can’t handle this”

Positive self-talk

“This urge feels overwhelming right now”
“I know if I just hang in there it will pass”
“I will try my best and see what happens”

Think about the benefits and consequences

Thinking about the benefits of remaining abstinent and the consequences of using substances may help you cope with an urge to use. Consider making a list of the benefits of abstinence and consequences of using and carrying this on a reminder card.

Benefits of abstinence

“Good health”
“Feel better about myself”
“Save my job”

Consequences of using

“Risk losing everything that matters”
“Embarrass myself and my family”
“Feel depressed again”

Distract

Shifting your attention away from thoughts and feelings that trigger an urge can help to decrease the intensity of the urge. Develop an repertoire of distracting activities that you can use. Some examples of distracting activities include: reading, going to the gym, talking on the phone, going for a walk, or watching TV.

Endure

All urges will eventually subside. Sometimes you may need to go through an urge rather than round it. Try facing the urge and coping with it directly using some of the strategies suggested below.

Talking it through – Talk to somebody about your urge. Talking can provide you with support when you need it and can help you get through the urge without using again.

Waiting it out – Recognize that an urge will come and go.

Taking protection into the situation – Bring something or someone with you for protection (e.g., sober friend, sobriety token, reminder card, cell phone, photograph).

Module 4.1 Session Checklist

Recognizing Triggers and Urges

PREPARATIONS	✓
Session checklist	
Agency-specific paperwork	
<i>Completed New Roads worksheet from Module 3</i>	
<i>Common Trigger handout</i>	
<i>Personal Triggers worksheet</i>	
<i>Urge Monitoring Card</i>	
GETTING STARTED	
Check-in	
Set the agenda	
DISCUSSING CLIENT'S EXPERIENCE WITH URGES	
Provide the rationale for discussion	
Convey the facts about urges	
Elicit the client's view	
DISCUSSING HOW A CLIENT RECOGNIZES AN URGE	
Physical sensations	
Thoughts	
Positive expectancies	
Emotions	
Behaviors	
IDENTIFYING TRIGGERS	
Provide information about internal and external triggers	
Elicit client's personal triggers	
COMPLETING AGENCY SPECIFIC TASKS	
WRAP UP	
Summarize session	
Preview next session	
Assign home exercise (Urge Monitoring Cards)	

Module 4.2 Session Checklist

Coping With Urges

PREPARATIONS	✓
Copy of the session checklist	
Agency-specific paperwork	
<i>Coping with External Triggers</i> handout	
<i>Coping with Internal Triggers</i> handout	
<i>Completed Personal Triggers worksheet from Module 4.1</i>	
<i>Urge Monitoring Cards</i>	
GETTING STARTED	
Check-in	
Set the agenda	
DISCUSSION OF HOME ASSIGNMENT	
Assess for additional triggers	
Review coping strategies	
DISCUSSION OF COPING FOR EXTERNAL TRIGGERS	
Review <i>Coping with External Triggers</i> handout	
Avoidance	
Escape	
Distract	
Endure	
DISCUSSION OF COPING FOR INTERNAL TRIGGERS	
Review <i>Coping with Internal Triggers</i> handout	
Self-talk	
Thinking of gains and consequences	
Distracting	
Enduring	
“Ride it out”	
DEVELOPING A COPING PLAN	
Plan for triggers using the Personal Triggers worksheet	
Encourage client to plan detailed strategies	
COMPLETING AGENCY SPECIFIC TASKS	
WRAP UP	
Summarize session	
Preview next session	
Assign home exercise	