FIRST CONTACT:

A BRIEF TREATMENT FOR YOUNG SUBSTANCE USERS WITH MENTAL HEALTH PROBLEMS

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FIRST CONTACT: A BRIEF TREATMENT FOR YOUNG SUBSTANCE USERS WITH MENTAL HEALTH PROBLEMS

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ISBN # 0-88868-476-2

Printed in Canada

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Counsellors who are running a *First Contact* program are invited to photocopy and distribute the Handouts from this manual for use with their clients.

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Disponible en français sous le titre
Premier contact : Traitement de courte durée pour les jeunes usagers d'alcool et de drogues ayant des problèmes de santé mentale

ACKNOWLEDGEMENTS

First Contact: A brief treatment for young substance users with mental health problems was developed and written by:
Elsbeth Tupker

This manual is an adaptation of the first edition of the *First Contact: A brief treatment for young substance users* developed and written by:

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Elsbeth Tupker
Shelly Pearlman

We gratefully acknowledge the following agencies that field tested *First Contact* and the counsellors who gave us valuable suggestions for adapting the program so that it may be used for young drug users who also have mental health problems.

Royal Ottawa Hospital
Sheldon Box
Terry Levesque
Richard Voss

Centre David Smith Centre, Ottawa
Ginette Chouinard
Lyne Monpetit
Marie Taylor

Open Doors for Lanark Children and Youth, Carleton Place
Nicki Collins
Steve Martin
Karen Moore

Tri-County Addiction Services, Smith Falls
Marleen MacDonald
David North

Maryvale Adolescent and Family Services, Windsor
Morana Sijan
Tricia Ethelstone

Alternatives for Youth, Genesis Program, Sault Ste. Marie
Phil Jones
Jeff Lefave

Centre for Addiction and Mental Health
Bruce Ballon
Sukhi Bubbra
Maria Carinelli
Gloria Chaim
Joanna Henderson
Colleen Kelly
Megan McCormick
Helen McGee
George Papatheodorou
Solomon Shapiro
Joanne Shenfeld
Tracey Skilling
Christine Wekerle

The field test was co-ordinated by:
Angela Barbara

The art therapy modules were developed by:
Beth Merriam

The feedback at assessment graphs were developed by:
Angela Barbara
Abby Goldstein

The CAMH Project Team
Jane Fjeld
Kathy Kilburn
Louise LaRocque-Stuart
Brian Mitchell
Elsbeth Tupker
Darryl Upfold

FIRST CONTACT:

A BRIEF TREATMENT FOR YOUNG SUBSTANCE USERS WITH MENTAL HEALTH PROBLEMS

INTRODUCTION

In this manual, the original *First Contact: A Brief Treatment for Young Substance Users* has been adapted to help you integrate the treatment of drug use with co-existing mental health problems. Since so many youth present with concurrent mental health and substance use problems, we have provided you with a brief, first step intervention that focuses on drug use in the context of other mental health problems. It incorporates motivational interviewing, cognitive behavioural and harm reduction approaches discussed in the earlier chapters of the resource. It can be implemented in the various settings where youth present—addiction services, mental health services, social services and education programs—as a first step to more extensive treatment or as a stand-alone intervention with youth who do not need or want more treatment. It can also be offered concurrently with treatment for mental health or family issues. *First Contact* is suitable for youth aged 14 to 25 and is mostly used with groups of youth, but may be used in sessions with individuals.

The materials cover Feedback at Assessment and four subsequent treatment sessions: Decision to Change; Triggers, Consequences and Alternatives; Things that Are Important to Me; and Stages of Change.

The adaptations were developed with the help of mental health agency staff and clients who field-tested the original *First Contact* and gave feedback about how to integrate mental health issues into the exercises that focus on drug use. They also made suggestions about how the exercises could be more user-friendly for younger clients and youth who struggle with mental health issues. The original written exercises require literacy skills and conceptual and

communication abilities that are not always present among youth who seek treatment. It was suggested that the four sessions be presented in three different modalities: written exercises, activity-based exercises, and art therapy exercises to allow therapists to choose the modality most suited to their clients. The manual suggests activities for only two of the sessions, and we encourage counsellors to make up their own activities that correspond to the goals of a particular session. In our field tests, clients who were younger, less schooled and/or had ADHD or other behaviour problems were better suited for the activity-based exercises, while youth with social skill or conceptual deficits or psychotic disorders, such as first episode, did well with the art therapy modality.

The materials in this manual are still in draft form. CAMH is evaluating the efficacy of the written modality and will update and disseminate the new material when the research has been completed. In the meantime, we invite you to use the materials and provide us with feedback, if you have suggestions for improvements, or wish to share with us how *First Contact* is being used in your setting.

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GIVING PERSONALIZED FEEDBACK AT ASSESSMENT

Assessment not only functions as a means to determine a client's appropriateness for *First Contact*, but also as an opportunity to engage the client in the therapy process. The *First Contact* materials for personalized feedback at assessment are intended to give the counsellor additional opportunities to engage and inform the client.

Providing personalized feedback on substance use and mental health to clients at assessment serves two distinct purposes. First, it incorporates information on substance use in the general population of youth and provides a normative standard for clients to compare their use. Normative information serves as a way of correcting client misconceptions such as "everyone uses." This allows for the development of discrepancy, which is believed to increase motivation (Miller & Rollnick, 2002). Second, the information on the relationship between substance use and specific mental health indicators, such as depression, psychological distress and conduct problems, sets the stage for greater awareness of the interrelationship of drug use and mental health symptoms.

To aid in comparing clients' use to normative data, the counsellor should collect information on the quantity and frequency of use for the types of drugs for which *First Contact* provides survey data, as well as screen for mental health problems.

Discussing the client's drug use in comparison with survey data is the next step, thereby increasing the relevance of this feedback. The normative data used in *First Contact* are from the 2001 Ontario Students Drug Use Survey (Adlaf et al, 2002) of students in grades 7 to OAC. The graphs are specific to youth age 15 and younger or 16 and older. They show prevalence of alcohol and other drug use in the past year as well as the co-occurrence of substance use and mental health indicators such as psychological distress, depression and conduct problems. Generally, youth who use are more likely to experience these mental health indicators than youth who do not use drugs or alcohol. In most cases, the more a youth uses, the more likely that he or she will experience mental health symptoms.

GOALS FOR PERSONALIZED FEEDBACK AT ASSESSMENT

1. Following completion of the assessment, increase client's interest in participating in treatment by:

- eliciting reasons for change from the client
- presenting normative information on youth substance use and its relationship to mental health indicators
- making drug education pamphlets available
- clearly describing the purpose and format of the *First Contact* program.

2. Discuss and address barriers to attending the program.

GUIDELINES FOR THE COUNSELLOR

1. Give normative information and other summary information gathered at assessment. Review the graphs with the client that are relevant to the client's age, drugs used and mental health indicators.
"This graph shows you how many students age 15 and younger (or 16 and older) reported using (substance name; e.g., cannabis). This information came from a survey of students in grades 7 to 13 in Ontario done in 2001. The other graph is from the same survey and shows you what percentage of students who use (substance name) experience mental health concerns such as psychological distress, depression or behaviour problems compared to those who do not use (substance name). Generally, youth who use (substance name) are more likely to experience these mental health concerns."

To personalize this information, ask:

- "What do you think about this?"
- "Does this make sense to you? If not, why not?"
- "Does this information surprise you?"

2. Offer the drug education pamphlets.
"Some people may want more information on the effects; for example, physical effects, of the drugs they use. If you are interested in taking any of these pamphlets to read more, please help yourself."

Youth may be uncomfortable taking the pamphlets in front of the counsellor. You may want to have the pamphlets available in a waiting area or outside the counsellor's office. *Do You Know…* brochures can be ordered from CAMH by e-mail at marketing@camh.net, or by phone toll-free at 1 800 661-1111, or 416 595-6059 in Toronto

3. Introduce *First Contact* if appropriate.

4. Examine barriers to treatment.
"What would stop you from coming to the group on May 15?"

5. Introduce individual counsellors or group facilitators (if not the same person as the assessor) and give their phone numbers and appointments.

FACTS ABOUT *FIRST CONTACT*

WHAT IS THE PROGRAM ABOUT?

First Contact:

- is for young people who are willing to look at the impact of their alcohol and/or drug use on their lives, generally, and on their mental health, specifically
- helps youth understand that they are not alone, others are dealing with some of the same concerns
- offers treatment in an accepting atmosphere
- encourages youth to make their own choices and decisions about their lives
- is based on the belief that the first few appointments are important in getting the change process started
- can refer you to additional treatment and follow-up.

HOW DOES IT WORK?

- You will meet with a counsellor to help get a picture of your current situation.
- You will look at the pros and cons of your alcohol or drug use and its effect on your mental health and decide what changes you want to make.
- You will be actively involved in setting your own goals.
- You will identify risky drinking or drug use situations and develop alternative ways of dealing with them.
- Members receive encouragement and suggestions from other youth dealing with many of the same issues.
- How much you participate is up to you. You will not be "put on the spot."
- Please arrive alcohol and drug-free for your weekly sessions.

You have an appointment with ______________________________

on ______________________________ at ____________.

If, for any reason, you cannot keep your appointment, please call.

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< HANDOUT >

ALCOHOL USE—YOUTH AGE 15 AND YOUNGER*

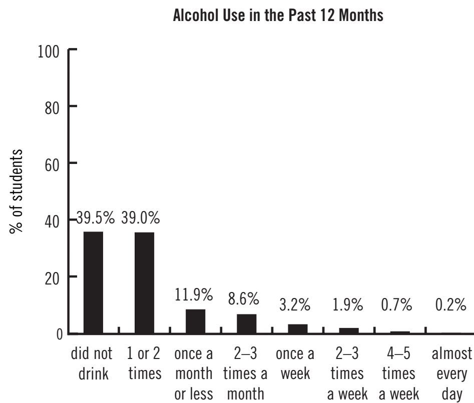
ALCOHOL—THE BIG PICTURE

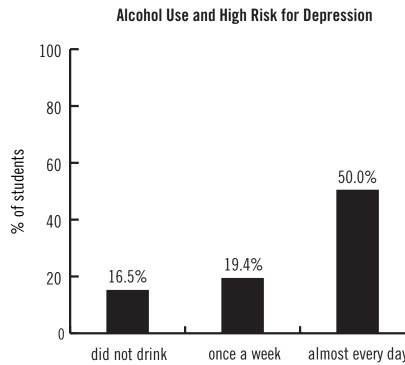
Next to caffeine, alcohol is the drug that is most widely used by adults. Alcohol is a depressant; if abused, it can impair your ability to think, make decisions and function in day-to-day life.

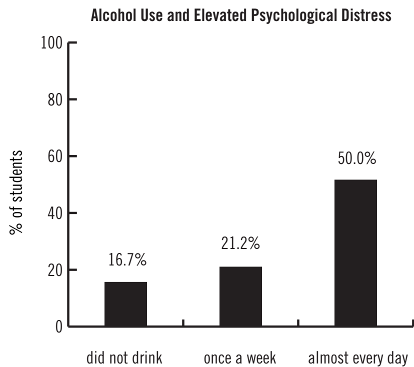
The graphs show how much students age 15 and younger use alcohol. How does your alcohol use compare?

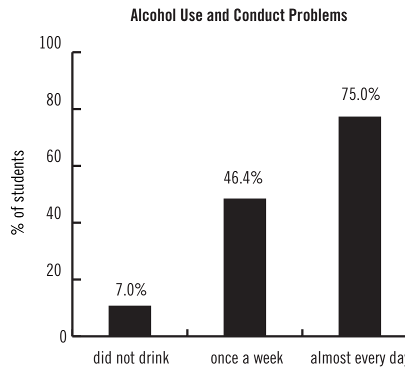
The student survey also looked at indicators of mental health such as psychological distress, depression and behaviour problems.

The more you drink alcohol, the more likely you are to experience these mental health concerns.









* Findings From the 2001 Ontario Student Drug Use Survey (Adlaf, Paglia, & Beitchman, 2002)

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ALCOHOL USE—YOUTH AGE 16 AND OLDER*

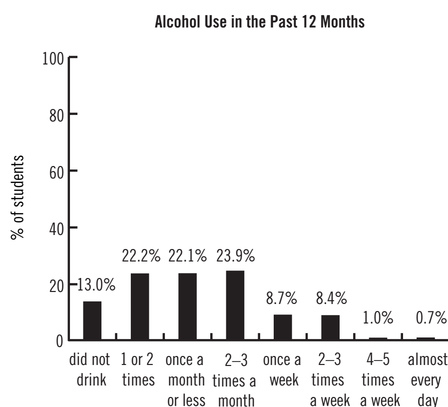
ALCOHOL—THE BIG PICTURE

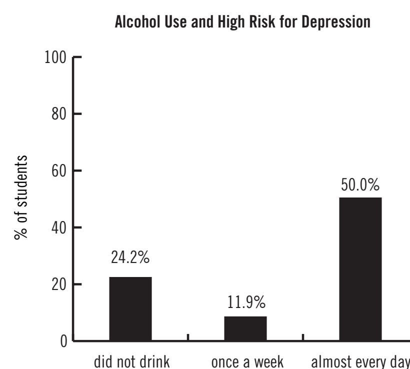
Next to caffeine, alcohol is the drug that is most widely used by adults. Alcohol is a depressant; if abused, it can impair your ability to think, make decisions and function in day-to-day life.

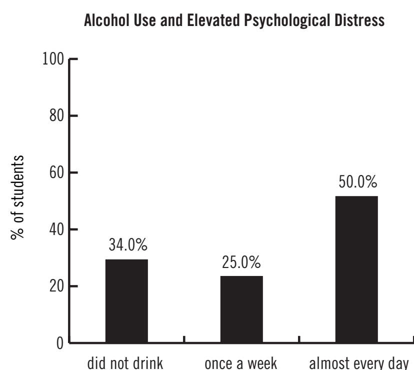
The graphs show how much students age 16 and older use alcohol. How does your alcohol use compare?

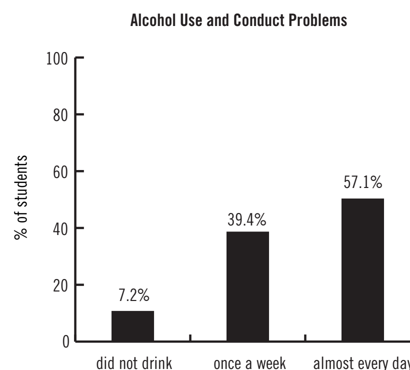
The student survey also looked at indicators of mental health such as psychological distress, depression and behaviour problems.

The more you drink alcohol, the more likely you are to experience these mental health concerns.









* Findings From the 2001 Ontario Student Drug Use Survey (Adlaf, Paglia, & Beitchman, 2002)

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CANNABIS USE—YOUTH AGE 15 AND YOUNGER*

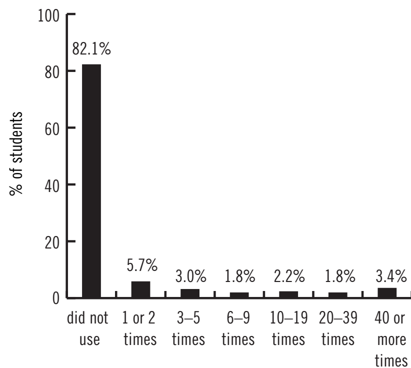
CANNABIS (HASH, WEED, POT)—THE BIG PICTURE

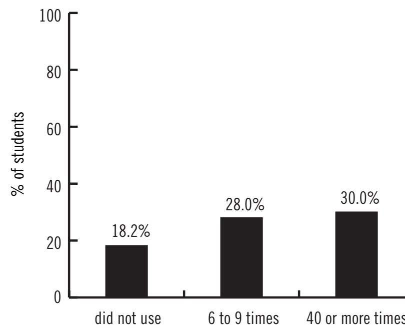
Cannabis is the most widely used illegal drug in Canada. As much as 22 per cent of Canadians between the ages of 15 and 24 have used marijuana or other forms of cannabis at least once in the past year. The graphs below show how often students in Ontario have used cannabis.

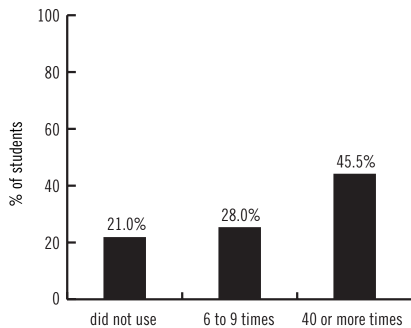
"Where do you fit in?"

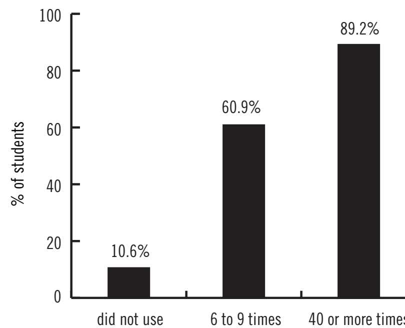
The student survey also looked at indicators of mental health such as psychological distress, depression and behaviour problems.

The more cannabis you use, the more likely you are to experience these mental health concerns.









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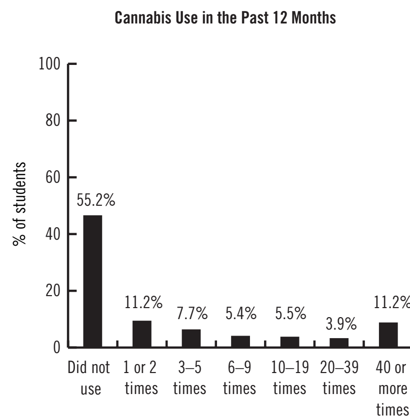

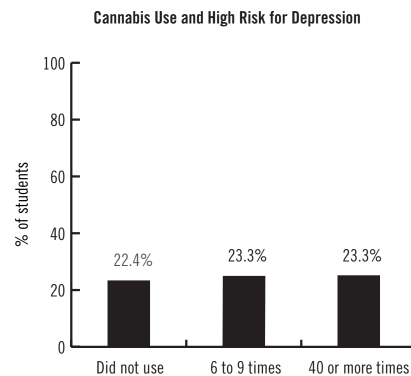

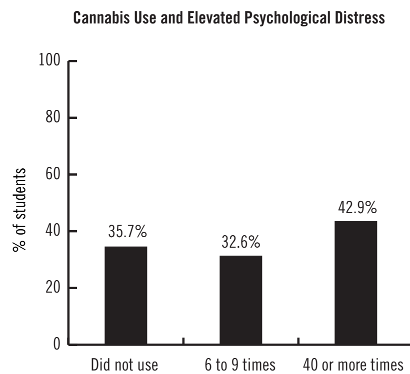

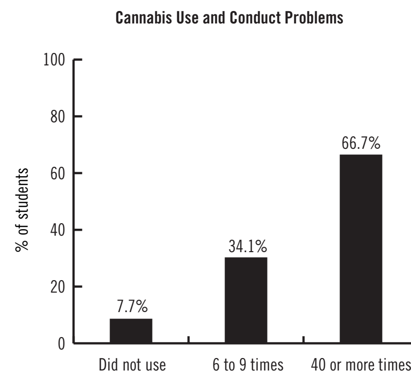

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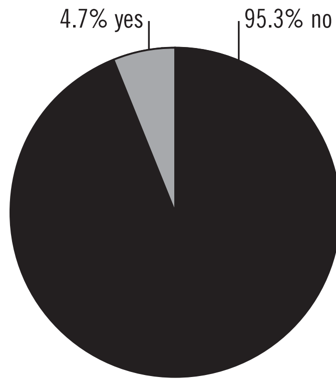
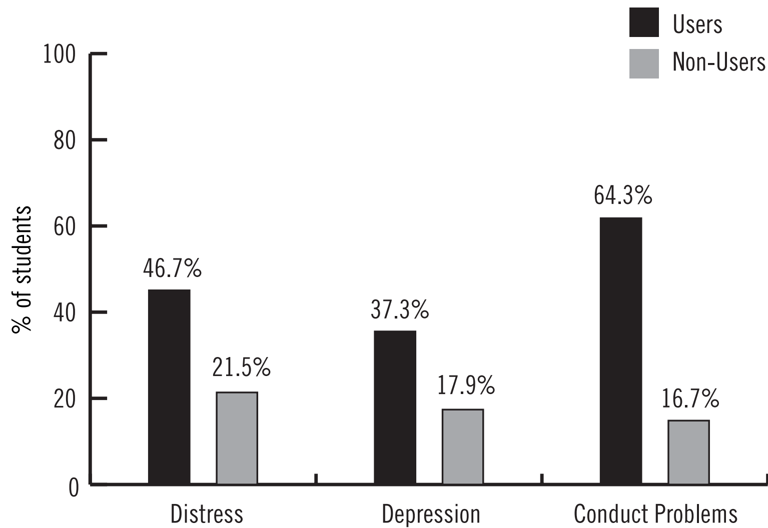
BARBITUATE OR TRANQUILIZER USE—YOUTH AGE 12–15*

Barbiturate or Tranquilizer Use in the Past 12 Months



Mental Health Problems Among Users Vs. Non-Users



* Findings From the 2001 Ontario Student Drug Use Survey (Adlaf, Paglia, & Beitchman, 2002)

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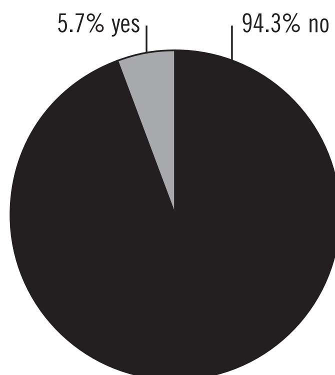
BARBITUATE OR TRANQUILIZER USE—YOUTH AGE 16–19*

Barbiturate or Tranquilizer Use in the Past 12 Months



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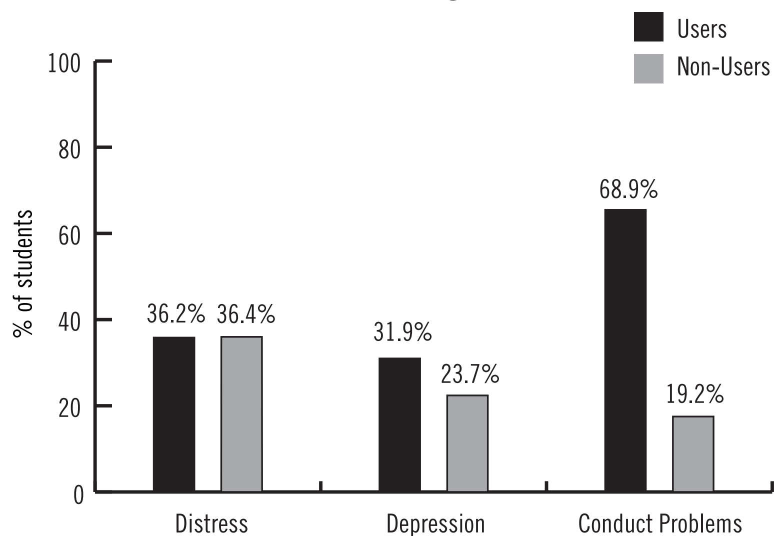

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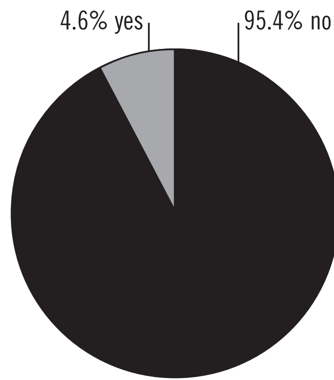
CLUB DRUG USE—YOUTH AGE 12–15*

ECSTASY, ICE, GHB, ROHYPNOL

Club Drug Use in the Past 12 Months**



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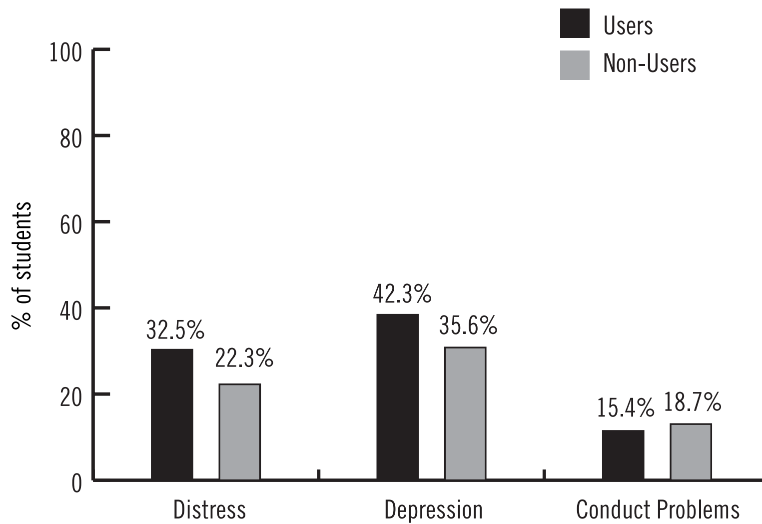

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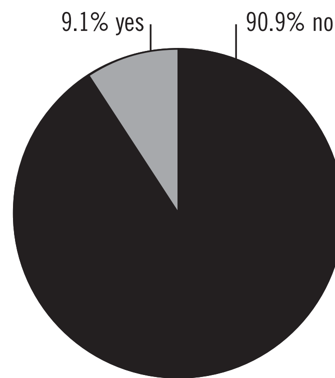
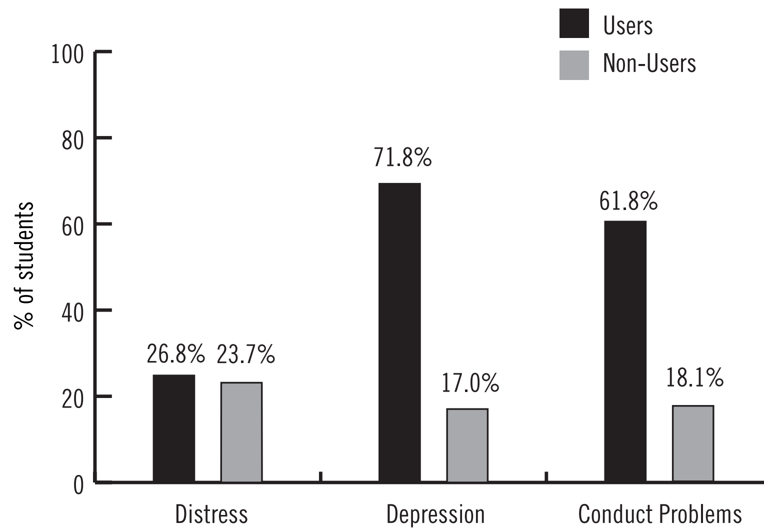


Mental Health Problems Among Users Vs. Non-Users**



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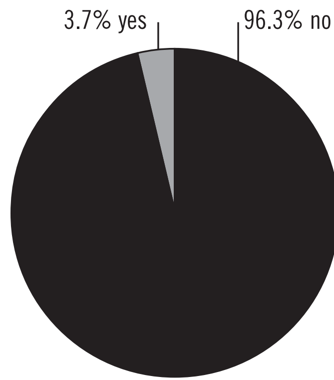
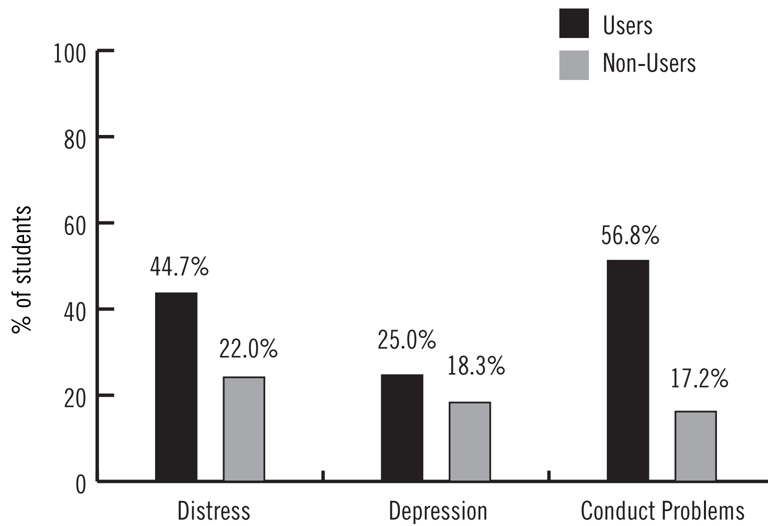
CRACK/COCAINE USE—YOUTH AGE 12–15*





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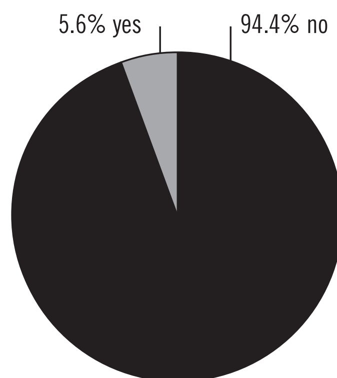
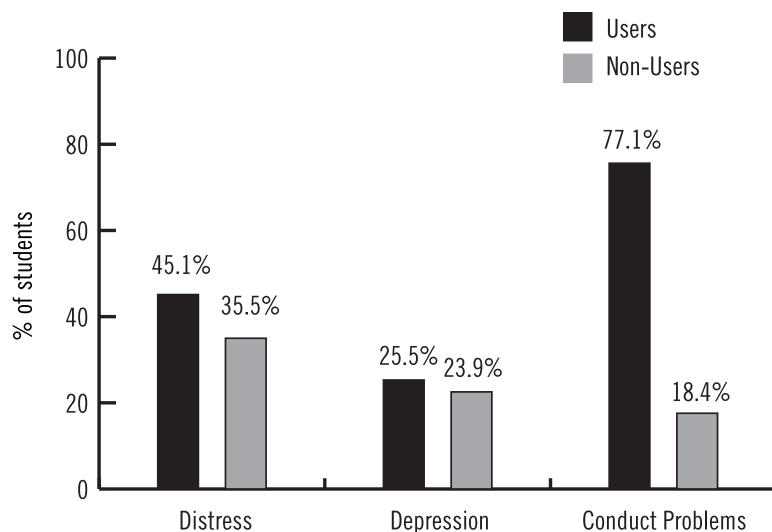


Mental Health Problems Among Users Vs. Non-Users



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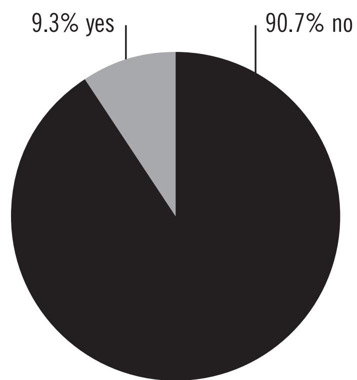
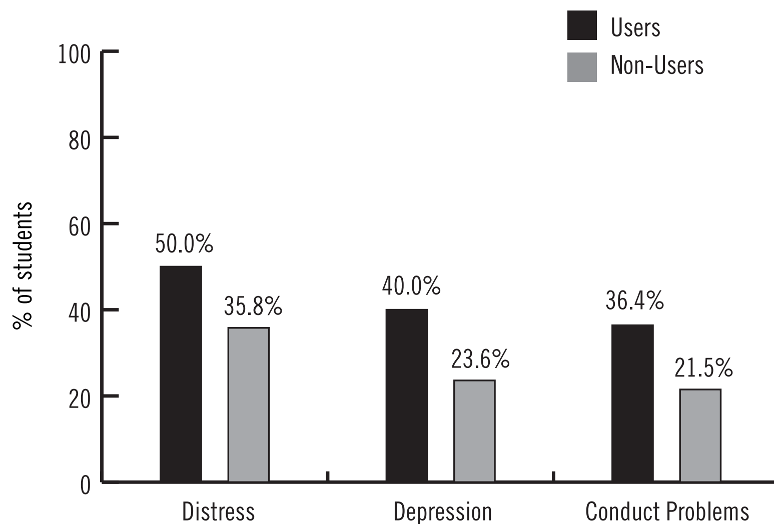
GLUE OR SOLVENT USE—YOUTH AGE 12–15*





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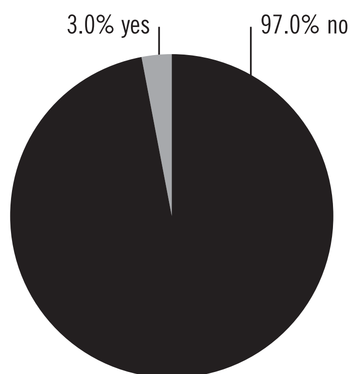

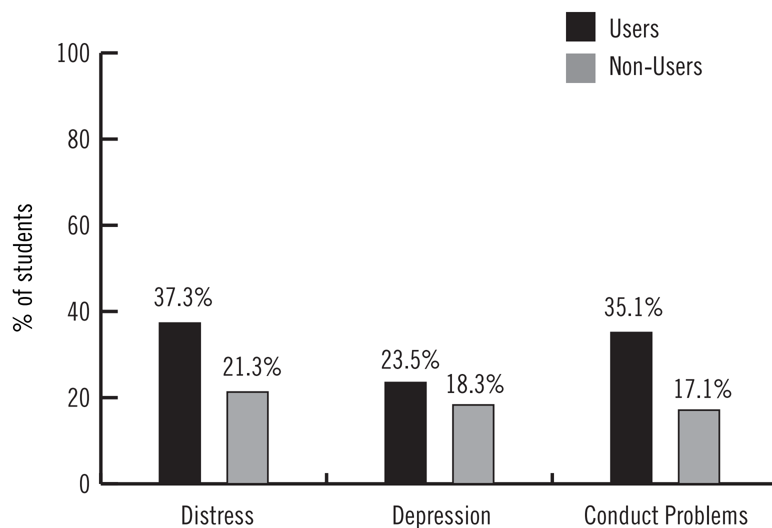

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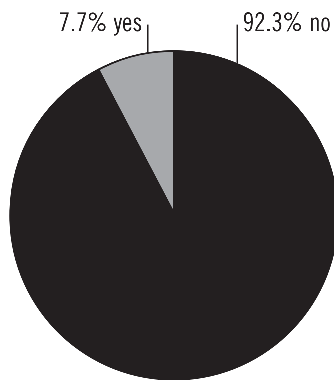
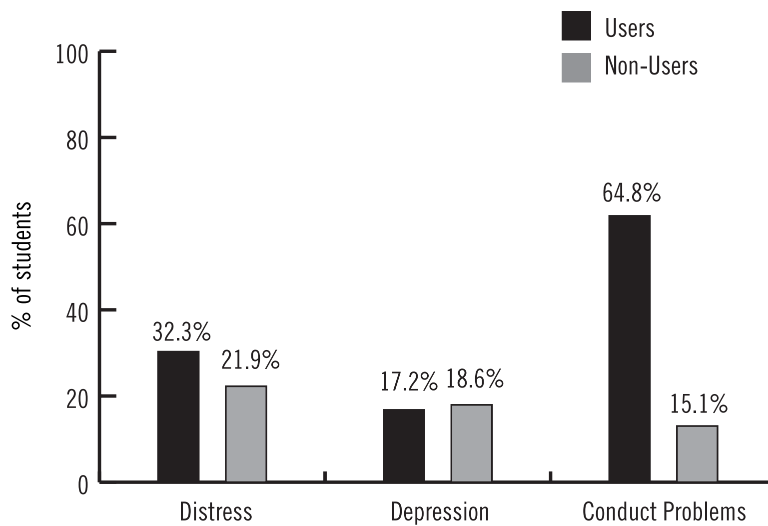
HALLUCINOGEN USE—YOUTH AGE 12–15*

LSD, PCP, MUSHROOMS





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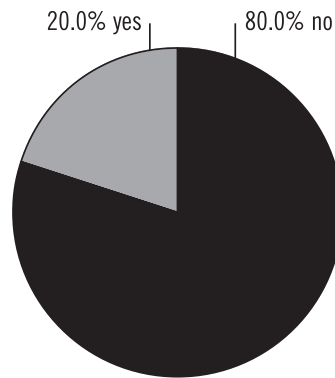
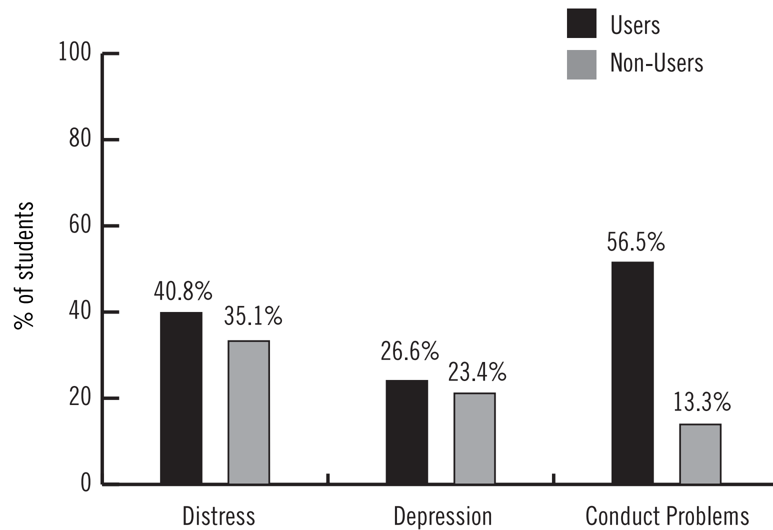
LSD, PCP, MUSHROOMS

Hallucinogen Use in the Past 12 Months



Mental Health Problems Among Users Vs. Non-Users



* Findings From the 2001 Ontario Student Drug Use Survey (Adlaf, Paglia, & Beitchman, 2002)

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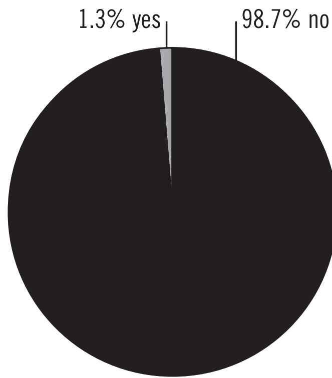
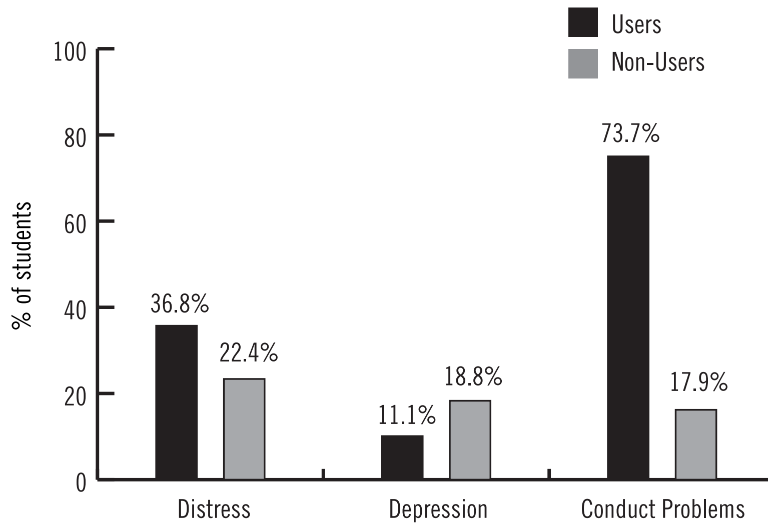
HEROIN USE—YOUTH AGE 12–15*

Heroin Use in the Past 12 Months



Mental Health Problems Among Users Vs. Non-Users



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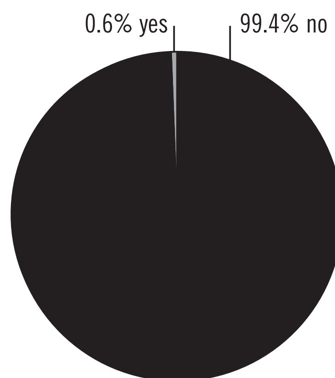
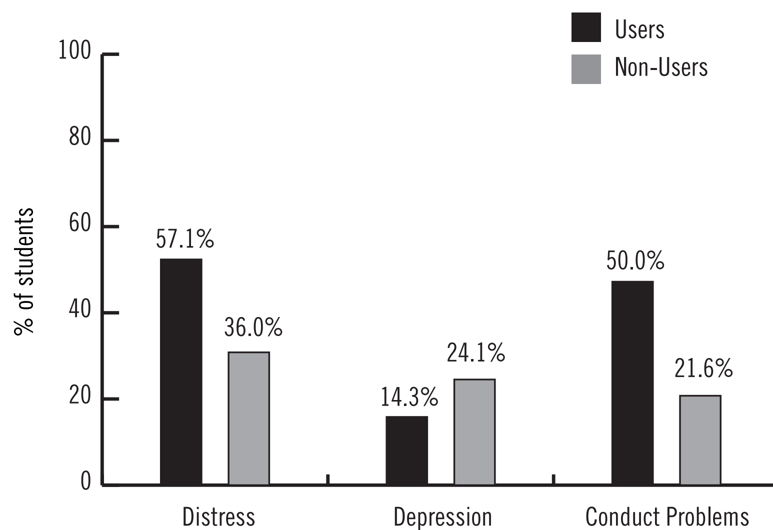
HEROIN USE—YOUTH AGE 16–19*

Herion Use in the Past 12 Months



Mental Health Problems Among Users Vs. Non-Users



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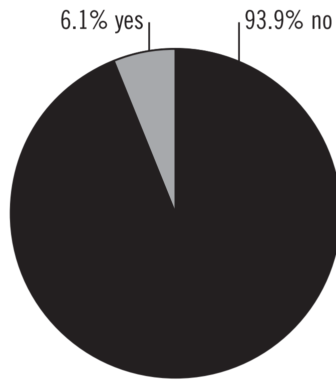
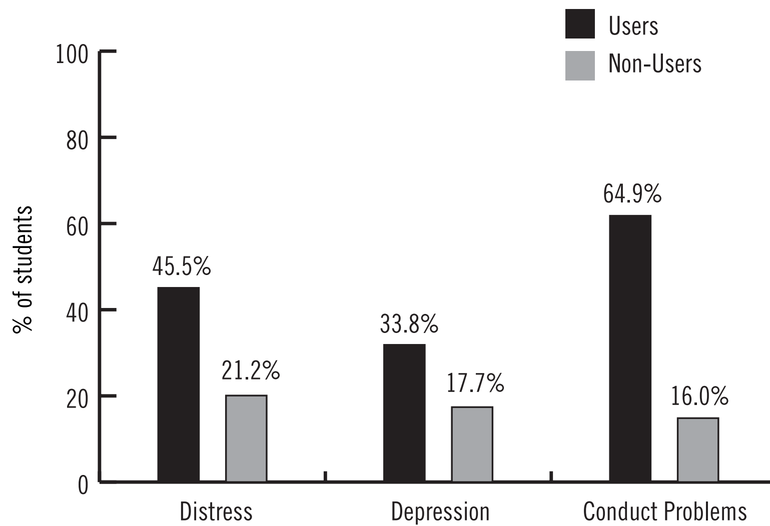
STIMULANT USE—YOUTH AGE 12–15*

METHAMPHETAMINES, SPEED, UPPERS, DIET PILLS





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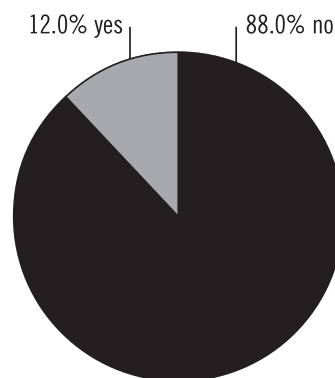
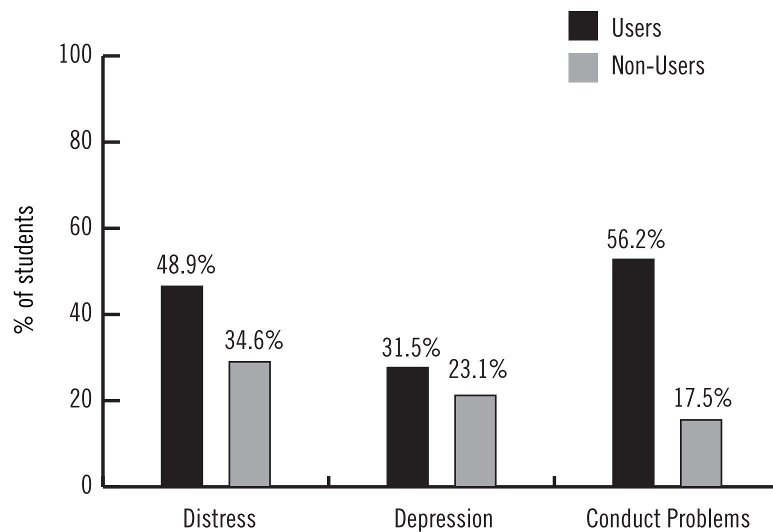
STIMULANT USE—YOUTH AGE 16–19*

METHAMPHETAMINES, SPEED, UPPERS, DIET PILLS

Stimulant Use in the Past 12 Months



Mental Health Problems Among Users Vs. Non-Users



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SESSION 1: THE DECISION TO CHANGE

The *Decision to Change* exercise provides a way to discuss and address clients' ambivalence to change by asking clients to identify the pros and cons of using alcohol and/or drugs and the pros and cons of changing their drug use. The primary goal is to increase clients' awareness of changing their use as a decision wherein some trade-offs are made. Just being aware of the possible pros and cons and asking clients to prioritize them facilitates self re-evaluation, a process that is crucial to increasing one's readiness to change. The *Decision to Change* exercise gives clients a way to talk about the difficulties of changing as well as the consequences of not changing.

While a counsellor may have the urge to talk about how to solve the problems or overcome the obstacles presented, first it is important to acknowledge the obstacles and what would be lost by changing. In a group, members will talk about their own experiences with obstacles to change. You will need to use some clinical judgment in situations where a client seems to be getting discouraged by the obstacles to change. To help a client gain perspective, provide (or have the group provide) some encouraging words and support self-efficacy. For example, it is sometimes useful to affirm a client's decision to seek help, or to draw parallels between a previous accomplishment that took time and effort and his or her present situation. In this way, the counsellor highlights the client's resources for change without taking on the teacher role.

GOALS FOR SESSION I

1. Provide a clear understanding of the purpose, format and goals of *First Contact*.

2. Facilitate group formation by:
- introducing group leaders and clients
- establishing group rules, norms and expectations
- beginning to highlight commonalities among group members to foster support.

3. Create a comfortable, accepting atmosphere using an "ice breaker" and encourage discussion of what brought the clients to the program and what they hope to get out of treatment.

4. Complete the *Decision to Change* exercise with the following goals:
- Help the client to become aware of the decision to change process.
- Provide a forum to talk about the difficulties of changing.
- Highlight the consequences of changing and not changing.
- Acknowledge what would be lost by changing.
- Introduce the idea of choice and control with regard to drug use.

5. Introduce *Check-in* (weekly use/goal monitoring).

GUIDELINES FOR THE COUNSELLOR

1. Introduce the program.

"This group is for young people age 15 and younger (or 16 and older). You will meet for two hours, once a week for four weeks. After four weeks, this group will end and you can decide where you want to go from there."

"The purpose of the group is to look at the impact that drugs and alcohol have on your lives and to explore how your drug use and mental health problems affect each other. This is your group and you are here to help each other out; therefore, what you have to say to each other is very important. We (the therapists) are here to help build some trust and encourage you to participate. We also have some problem-solving tools to share with you. In addition to this group, some of you will also be attending appointments to help you with your mental health concerns."

"Some of you are in different places when it comes to your drug use:

- Some of you have no intention of changing your drug use.
- Some of you are here to deal with your mental health issues.
- Some of you have very mixed feelings about changing your drug use.
- Some of you are thinking about changes but don't know where to start.
- Some of you have already made some changes."

2. Discuss participation in the group and confidentiality.

"This group is a place where you can start solving some of the problems you're facing. So, the more you share, the more you are going to get out of the group. We will have a chance in the group to talk about your life goals and your drug use goals, but what you actually decide to do is up to you. Because people are going to be sharing things, it is important that we all agree that what is said in the group stays in the group."

"Something that is important for us to talk about is your confidentiality. What is said in here stays in this room. We need your permission to talk to or release information to others. However, there are some limits to confidentiality. If you are going to harm yourself or others, or if child abuse is an issue, then, legally, we need to break confidentiality. But aside from those exceptions, your confidentiality is maintained."

3. Introduce clients.

"In this group, we are going to be talking a lot and getting to know one another better. As a way to begin, we can do an ice breaker…"

Icebreaker—the 4 corners

Purpose

- To relieve some of the tension around being in a group for the first time or attending a group with people you do not know.
- To highlight for the clients some of the things they have in common with other group members and to help everyone acknowledge that there are differences between members. This can serve as a good starting point for talking about group norms and how to make everyone feel safe, given that there are many similarities and differences.

Method

Everyone stands in the middle of the room. Group leaders will give instructions to group members to go to different corners (or the middle) of the room according to their answers to specific questions. E.g., Anyone who woke up today before 6 a.m. go to that corner; everyone who woke up between 6 and 7 a.m. go to that corner; everyone who woke up between 7 and 8 a.m. go to that corner; and anyone who woke up later than 8 a.m. go to that corner. If the room is large, it may not be a good idea to use all the corners since people will be too far away from each other. You can use sitting, standing, being by the door, etc.

Time should be given for everyone to find the appropriate corner and allow for conversation to be initiated between members within each corner. Group leaders can then foster more cohesion by saying, "Now, suppose it was a Saturday, where would everyone be standing?" These exercises can be tailored to the needs of the group using them, such as who lives near water or a park, who goes hunting, fishing, snowmobiling, skiing, etc.

Group leaders go through a series of questions so members are constantly shifting themselves throughout the room and joining up with new people. People can be asked to notice whether they are often in the same corner with another person or who they have the most in common with, and, conversely, who they have the least in common with.

Topics can get increasingly focused on clients' attendance at group, using questions such as whether they would like to make changes to their drug use, alcohol use, or both. Another suggestion is to instruct clients, "If you are here because you want to be, go to this corner; if you did not want to come today, go to that corner; if you are not sure why you are here, etc.

This can lead into a discussion about respect for different interests, goals and reasons for attending group.

4. Introduce the *Decision to Change* exercise.

"We'd like to talk about some of the issues you may be struggling with in deciding to stop or reduce your use. What will you gain—and lose—by changing? What about not changing?"

Ways to encourage discussion in this exercise:

- “Which cost (or benefit) is most important?”
- “Why are you concerned about that cost?”
- “How mixed are your feelings about changing your use?”
- “What are some of the fears or hopes you have right now?”

Participants can fill out their own exercise sheet and then discuss their responses with the group, or it can be done with the group as a whole, noting the responses on a flip chart. In residential settings, with clients who are not using, it may be appropriate to only do the second part of this exercise, though most clients find it helpful to reflect back on what it was like for them when they were using.

5. Introduce *Check-in* exercise.

Finally, although the *Check-in* exercise will be completed in Session 2 and at the start of each subsequent session, it is worthwhile to introduce this exercise at the end of the first session. Previewing the *Check-in* exercise gets clients thinking about monitoring use, urges and coping during the coming week so that this information will be easier to recall in Session 2. “This sheet is what we will be using each week as a way of you telling the group what went well during the week and what did not go well. Over the next week, think about what your drug-use goal will be. Also, try to remember when you used, when you craved, and how you dealt with it. In addition, try to recall how your mental health was during the week. Those are the things that we will talk about next week.”

6. Wrap up.

- “What’s one thing you will do this week to meet your substance-use goal?”
- “Was the group what you expected? Do you have any questions?”
- “What will you be saying to each other on the way back to the elevator? It is important to say it here in the group.”
- “What stood out for you in this session? What would you say to someone else about today’s group?”

DECISION TO CHANGE EXERCISE

In making a decision to change your drug use, it helps to think about the good and not-so-good things about using. List what is good and what is not so good about your drug use. Look at the Prompts for Exercises on page 255.

Good things about using	Not-so-good things about using

It also helps to think about the good things and not-so-good things about reducing or stopping your drug use. List the pros and cons of changing your use.

Good things about changing my use	Not-so-good things about changing

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GOAL SETTING

Early in the treatment process, clients should clarify their intentions about stopping or reducing substance use. Many clients may not choose a goal of abstinence. *First Contact* takes a pragmatic approach by assisting clients to establish and work towards their substance use goals. In the short term, this strategy seeks to decrease the adverse impact of substance use in a style that supports clients' autonomy. In the long term, setting and reviewing goals for reducing or stopping use can be a process whereby clients build the motivation and skills needed for minimal or no use.

Research supports the notion of providing goal choice in that:

- There appears to be no basis for expecting that the therapist assigning treatment goals to clients will affect outcome (Sanchez-Craig, Annis, Bornet & MacDonald, 1984).
- Clients will be more likely to comply with treatment when they themselves have made the decision to pursue that strategy (Sobell & Sobell, 1993).

In discussing substance-use goals, it is important to make clear to the client that allowing goal choice does not mean that the counsellor is condoning or encouraging substance use; in particular, the use of alcohol by anyone who is under legal drinking age and the use of illicit substances by youth of any age. In the spirit of informed choices, this point can be made by stating that the most effective way to eliminate the chance of negative substance-related consequences is to not use at all. For those clients who do not choose a goal of abstinence, however, it is important to provide the message that reduction can decrease substance use-related harms. The *First Contact* program is as relevant for people with non-abstinence goals as it is for those who are prepared to quit altogether.

When clients consider reducing their use, the counsellor should emphasize the feasibility and reasonableness of the chosen goal. For example, when there are reasons why substance use would be too great a risk (e.g., if it would lead to serious legal problems or loss of family relationships), it is an opportunity for the counsellor to determine how the client perceives the potential risks involved, even with reduced use, and the benefits of an abstinence goal.

Because most clients will not know what goal is most realistic for them at first, weekly review of clients' goals is recommended. A reduced substance use goal should be clearly defined so that:

- The client has specific, well-thought-out rules about drinking or drug-use limits when he or she encounters a possible high-risk situation.
- The substance use goal does not change over time in a way that leads to the pre-treatment substance-use pattern.

CHECK-IN

MY WEEK WAS LOUSY — OK — FANTASTIC

FELT LIKE USING (DRUG) ______ ○ MON ○ TUES ○ WED ○ THU ○ FRI ○ SAT ○ SUN

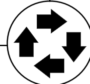
USED (DRUG) ______ ○ MON ○ TUES ○ WED ○ THU ○ FRI ○ SAT ○ SUN

1. WHAT WAS GOING ON?

○ MY FEELINGS ______
○ MY THOUGHTS ______
○ MY ACTIVITES ______
○ MY RELATIONSHIPS ______
○ MY SCHOOL/WORK ______
○ MY MEDICATION/TREATMENT ______
○ MY LEGAL SITUATION ______
○ OTHER ______

2. HOW DID YOU HANDLE IT?

○ DID SOMETHING ELSE
○ THOUGHT OF CONSEQUENCES
○ GOT OUT OF THE SITUATION
○ TALKED TO SOMEONE
○ JUST USED
○ OTHER ______



3. WHAT HAPPENED?

○ FELT GOOD/BAD
○ HAD A GOOD TIME/BAD TIME
○ USED LESS/MORE
○ OTHER ______

4. MY GOALS FOR THE NEXT WEEK

○ NOT TO USE
○ REDUCE USE
○ DEAL WITH MY ISSUES
○ WORK ON ONE OF MY LIFE GOALS
○ UNDERSTAND THE CONNECTION BETWEEN MY LIFE GOALS AND MY FEELINGS
○ OTHER ______

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SESSION 2: TRIGGERS, CONSEQUENCES AND ALTERNATIVES

GOALS FOR SESSION 2

1. Continue to clarify mental health and drug-use goals.

2. Continue to promote the ideas of choice and control with regard to use.

3. Continue to provide a comfortable and supportive forum to talk about the difficulties and rewards of changing.

4. For groups, continue to highlight commonalities and build group cohesion.

5. Complete the weekly *Check-in* exercise with the following goals:
- Monitor progress.
- Highlight successes.
- Aid in goal-setting (e.g., drug use, mental health and other life goals).
- Increase awareness of urges, cravings and strategies.
- Increase awareness of interactions of drug use, mental health symptoms and medication.
- Search for exceptions to usual patterns.
- Expand on clean time.
- Share strategies.
- Identify high-risk situations.

6. Complete the *Triggers, Consequences and Alternatives* exercise. Its goals are the following:
- Generate clients' options.
- Create awareness of triggers and consequences.
- Explore barriers to change.
- Increase self-efficacy by identifying what clients are already trying.
- Identify relevant successes in past (e.g., "mining the past").
- Help clients understand their use patterns.
- Emphasize the connection between consequences and triggers.
- Address the differences between long and short-term consequences (positive vs. negative).

CHECK-IN

The *Check-in* exercise is a way to reinforce and elaborate on themes introduced in Session 1. Part of the check-in is to ask clients to recall their use and/or their urges to use substances during the past week and keep track of their mental health symptoms and issues. Rather than focus on every day over the past week, you might ask that clients do the exercise for a good day and for a not-so-good day. For youth with concurrent disorders, the check-in is a time to explore mental health antecedents to drug use such as mood, behaviour, psychosis and medication effects.

In the first quadrant, clients identify the circumstances surrounding a craving or a use. This increases awareness of situations when they are likely to use. For clients with mental health problems, it is important to explore how their mental health symptoms trigger cravings or use and how use affects mental health symptoms. In quadrant 2, clients recall the various strategies that they used when they felt like using. This allows the counsellor to highlight what works for them, even if they are simply reducing the quantity or frequency of use. The counsellor should explore incidents of success carefully to ensure that clients actually understand how they succeeded. In quadrant 3, clients recall the consequences of their actions, which can be negative or positive. For clients with concurrent disorders, it is useful to explore how cravings, drug use or abstinence affect their specific mental health issues. Discussion about what they can do to turn a negative outcome into a more positive one is useful. Finally, in quadrant 4, clients are asked to set goals for the coming week with respect to drug use as well as other life areas, including mental health issues.

There are a number of ways to do the check-in. Clients can complete the exercise on their own and then discuss their responses with the group. Or the discussion can take place in dyads. To avoid literacy issues the counsellor can go through the exercise verbally with the client, or use the art therapy module described on page 266.

GUIDELINES FOR THE COUNSELLOR

1. Explain the purpose of the *Check-in* exercise.

"This check-in sheet is a way for you to tell the group what went well during the week and what did not go well."

Define a craving: A craving can be anything from a thought, such as, "I wouldn't mind a joint right now," to a more physical experience, such as palms sweating or difficulty sitting still.

Discuss progress over the last week:

- "Tell us about a situation you handled well."
- "Tell us about your clean time last week…how can you get more of that?"
- "Was anything easier/better last week?"

Help clients support each other:

- "What are other people's reactions to seeing friends?"
- "You were nodding when he/she was speaking, what were you thinking about?"

Help clients set goals for next week:

- "What are you going to do more of next week?"

2. Introduce the *Triggers, Consequences and Alternatives* exercise.

"This exercise follows from some of the things that we talked about during the check-in. It will help you to think about the patterns of your use, what the triggers, payoffs and consequences are. Understanding these connections is the first step to you taking control of your use."

Explain triggers, behaviours and consequences—begin by discussing triggers:

- "When we talk about triggers, we are talking about the situations that lead to use. Triggers can be people, places, things, times and feelings. The behaviour is the drug use. The consequences are the things that happen after you use. They can be both positive and negative. Who can give me some examples of triggers?" (Suggestion: have one of the clients at a flipchart writing client responses down.)
- "What triggers happened last week (refer to check-in)?"
- "What other triggers can you think of?"

Discuss consequences:

- "What is some of the stuff that happens after use? Is there anything you notice about the timing of the consequences?"
- "Some clients have said that using was really fun in the beginning but that now it is not as much fun. Has anyone experienced that?"
- "Some consequences are hidden, some are lost opportunities. Has anyone experienced missing out on something because they were using?"

Discuss alternatives to use:

- "On non-using days, what has worked for you?"
- "What is going to help you not use?"
- "What might be frightening about doing something different when you want to use?"
- "What would be the easiest thing to do differently?"

3. Wrap up.

Look at ways that the *Triggers, Consequences and Alternatives* exercise could apply to daily life outside the session:

- "What is one alternative to substance use that you can try this week to help you not to use?"

EXPLORING PATTERNS OF USE

The *Triggers, Consequences and Alternatives* exercise can help clients understand their use patterns by emphasizing the link between the triggers/antecedents of use and the resulting positive and negative consequences. This exercise can also help the client explore the relationship between drug use and mental health symptoms. Many of the goals of this exercise are drawn from issues raised during the check-in, such as how to identify triggers and generating alternatives to use. Sometimes clients maintain that there are no triggers to their use. What usually helps in this situation is to go over the potential list of people, places and things (e.g., emotions, time of day) that can serve as triggers. Also, clients may have mentioned something during the *Check-in* exercise that provides a clue as to what triggers are salient to them.

It is important to talk about the timing of the consequences of use if the subject does not naturally come up in discussion. On one hand, when people drink or use drugs, they are seeking the positive consequences (e.g., temporary relaxation) that can occur during or shortly after use. On the other hand, the negative or harmful consequences are often delayed and are difficult to link with the actual substance use. For instance, a gradual decline in the quality of one's schoolwork could be a long-term result of substance use that would not be directly related to any single occasion of use.

STRATEGIES FOR CHANGE

After discussing the clients' triggers and alternatives to substance use, the counsellor encourages them to select one alternative that they are willing to try during the coming week. Sometimes clients do not feel confident about engaging in new activities in high-risk situations and these concerns need to be explored. Two useful strategies to increase clients' self-efficacy in trying alternatives are:

- identifying what clients are already doing to reduce their use. Clients sometimes fail to realize that they already engage in some activities that deal with urges or remove them from high-risk situations. Even simple things like keeping busy, listening to music, or spending time with family or friends who do not use drugs should be acknowledged and encouraged.
- drawing parallels with a previous accomplishment (e.g., "mining" the past). It is also helpful to find out if clients have tried to reduce or quit in the past and how they did so. Even if their strategies were only temporarily successful, discussing how those strategies can be modified or supplemented can be a fruitful way to build on the clients' existing resources.

TRIGGERS, CONSEQUENCES AND ALTERNATIVES EXERCISE

Triggers	Use/Craving Drug?/How much?/ How often?	Consequences Positive	 Negative	Alternatives
feelings: physical/mood				
thoughts/activities/ situations				
friends and family				
school/work				
mental health				
therapy/medication				
legal				

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PROMPTS FOR EXERCISES

Below are common triggers and consequences for use. Which ones apply to you?

Feelings	Physical	Thoughts	Mental health	Situations
○ frustrated	○ tired	○ I'm no good	○ voices	○ with friends
○ relaxed	○ awake	○ No one likes me	○ confused	○ alone
○ confused	○ sleepy	○ I'm…	○ paranoid	○ party
○ clear	○ alert	○ They're…	○ anxious	○ celebration
○ angry	○ hurt	○ waste of time	○ depressed	○ camping
○ content	○ well	○ What's the use?	○ manic	○ having fun
○ anxious	○ hungry	○ I want to feel…	○ binge eating	○ taking risks
○ calm	○ full	○ I can control it	○ purging	○ in trouble
○ sad	○ hungover	○ I don't fit in	○ not eating	○ at school
○ happy	○ healthy	○ Things are great	○ flashbacks	○ after school
○ scared	○ weak	○ No one can touch me	○ feeling calm	○ at work
○ excited	○ strong		○ thinking clearly	○ after work
○ disappointed	○ restless	○ I love…	○ concentrating	○ having money
○ bored	○ peaceful		○ hyper	○ weekend
○ lonely	○ slow		○ in control	○ court
○ overwhelmed	○ hyper		○ out of control	○ fight
○ mellow	○ horny			○ sports
	○ in pain			

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ALTERNATIVES

Below are possible alternatives to using drugs

Avoid people or places that trigger cravings or thoughts about using.	Remember the positive things about using healthy coping skills.	Read something inspiring!
Identify and avoid high-risk situations—situations in which you'd be likely to use (e.g, bars, clubs, raves).	Remember the negative consequences of using alcohol or other substances.	Ask yourself what you are feeling. (Go through a list of your common feeling triggers—am I sad, angry, anxious, stressed?)
Take a friend, someone you trust, when going to a risky place/situation.	Remind yourself that feelings, even difficult and unpleasant ones, are normal!	Give yourself permission to feel emotions without judging them.
Leave situations that seem risky or limit how long you stay.	Distract yourself by thinking about something else.	Express your feelings (cry, smile, laugh, frown, etc.).
If you're feeling triggered, call someone for support.	Recognize when you are making negative statements about yourself (i.e., I am such a loser).	Ask for support.
Go for a walk.	Plan ahead for any risky situations or obstacles to your plan.	Talk to someone about your feelings.
Read a book, magazine or go on the Internet.	Think about your future goals and how you can achieve them.	Find ways to express your feelings creatively—play some music, draw or write a poem.
Exercise or do something physical—go for a run, bike, or skateboard.	Make a commitment to yourself to fulfil a goal and remind yourself of it.	Start keeping a journal and write about yourself.
Clean up your room, take out the garbage, do some household chores.	Remind yourself that you are in charge of whatever decisions you make.	Take time to soothe yourself.
Do volunteer work.	Tell yourself that you are doing well and don't want to interfere with the progress.	Praise yourself for the progress you have made—give yourself some credit!

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SESSION 3: THINGS THAT ARE IMPORTANT TO ME

GOALS FOR SESSION 3

1. Reassess treatment/use goals.

2. Find out whether clients tried any new alternative responses since the last session.

3. Continue to explore the connection between triggers and consequences.

4. For groups, continue to highlight commonalities and build group cohesion.

5. Complete the *Things that Are Important to Me* exercise with the following goals:

- Help clients talk about the future (i.e., hopes and expectations).
- Create discrepancy.
- Explore the role of use in achieving goals.
- Review goal achievement:
  – status six months ago
  – current status
  – anticipated progress in six months.
- Try to determine plans and next steps to achieve goals.

CHECK-IN

Session 3 starts out again with the *Check-in* exercise. Although asking about triggers and alternatives to use is always an integral part of this exercise, a counsellor can probe these issues in more detail based on what was discussed in the *Triggers, Consequences and Alternatives* exercise during Session 2.

LIFE GOALS AND VALUES

Session 3 includes the *Things that Are Important to Me* exercise, which relates to clients' life goals and values. Several therapeutic approaches, such as solution-focused and motivational interviewing, support the usefulness of exploring life goals and values. Clarifying what life goals a client wants to achieve and assessing where he or she is now helps develop discrepancy, one of the key elements of Motivational Interviewing (Miller & Rollnick, 2002). Discussing the things that are important to them helps clients acknowledge their aspirations, strengths and competencies, rather than focusing exclusively on problematic areas of their lives, reflecting a solution-focussed perspective.

Understanding clients' life goals also allows for a discussion of how use affects progress towards such goals. Clients may think that drug use helps them to reach some goals, such as being popular. However, most clients will acknowledge that alcohol and other drug use impairs their ability to achieve life goals to some degree (e.g., completing school or being healthy).

The *Things that Are Important to Me* exercise should also include a discussion of what concrete steps clients can take to start progressing toward their goals. The "Top 10 Ways of Achieving Your Goals" is included in this exercise to help clients decide what the next steps are to achieving their goals. However, it is important for the counsellor to help in translating the life goals into concrete steps or activities for the client to work on, ideally, within the next week. Counsellors can assist in this part of the exercise by helping clients select short-term goals that are realistic and measurable.

GUIDELINES FOR THE COUNSELLOR

1. Check-in.

Discuss progress over the past week. For tips, see *Check-in* in Session 1.

Help clients see patterns in their use or change strategies:
- "What strategies from last week's triggers, consequences and alternatives exercise did you try?"
- "How have these last few weeks been for you—better, worse or about the same?"

Help clients to use strategies other than avoidance:
- "Avoiding triggers is the first step for a lot of people. What are the good things and not-so-good things about doing that?"
- "What is the next step?"

2. Introduce the *Things that Are Important to Me* exercise.

"This exercise is about finding out what you want from your life. Read through the whole list and pick the top 10 things that are important to you or that you want to work towards." (For larger groups, have them pick out 10, but discuss only the top two or three items.)

Affirmation: "It looks like you want to make some changes in your life and that you know what you want."

Make steps towards goals more concrete:
- "When you picture yourself doing that, what are you doing?"
- "What are the steps to get there?"

Look at the impact of drug use on achievement of goals:

- "How do drugs fit into your goals?"
- "Where were you six months ago in relation to your goals?"
- "Where do you see yourself six months from now?"
- "What about your use?"

3. Wrap up.

Integrating life goals:

- "What is one thing you can do this week that would help you move a step closer to one of your life goals?"

THINGS THAT ARE IMPORTANT TO ME EXERCISE

Choose the top 10 things that are important to you

Friends
have close, supportive friends

Hope
maintain a positive and optimistic outlook

Feel good about myself
like myself just as I am

Get things done
accomplish and achieve

Relaxation
reduce and manage stress

Fame
be known and recognized

Humour
see the humorous side of myself and the world

Loved
be loved by those close to me

Loving
give love to others

Romance
have an intense, exciting love relationship

Understand myself
have a deep, honest understanding of myself

Belonging
fit in with others

Attractiveness
be physically attractive

Trustworthy
be reliable and trusted

Flexibility
adjust to new or unusual situations easily

Fun
play and have fun

Health
be physically and mentally healthy

Independence
be free from dependence on others

Leisure
take time to relax and enjoy

Balance
avoid extremes and find a middle ground

Pleasure
enjoy good things

Popularity
be well-liked

Self-control
be in charge of my own actions

Sex
have an active and satisfying sex life

Wealth
have plenty of money

Contribution
make a difference

Creativity
have new and original ideas

Generosity
give to others

Loyalty
be there for others

Risk
try new things

Family
have a happy, loving family

God's will
follow the will of God

Inner peace
experience personal peace

Knowledge
learn and possess valuable knowledge

Structure
have a life that is well-organized

Grounded
be realistic and practical

Safety
be safe and secure

Simplicity
live life simply, with minimal needs

Honesty
be open and straightforward

Adventure
have new and exciting experiences

Respectful
be polite and considerate to others

Forgiveness
be forgiving of others

Persistence
work hard and not give up

Stability
have a life that stays fairly consistent

Spirituality
grow spiritually

Tolerance
accept and respect those different from me

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Adapted from Miller, W.R. & C'deBaca, J. (1994)

< HANDOUT >

TOP 10 WAYS OF ACHIEVING YOUR GOALS

1. **Desire**: Pick a goal that you really want to achieve.
2. **Belief**: Pick a goal that is challenging but realistic, one that you believe you can achieve.
3. **Benefits**: List the benefits that will come from achieving your goal—the more benefits, the more motivated and persistent you will be.
4. **Obstacles**: Identify some of the obstacles and think about how you are going to deal with them—there are always obstacles to achieving a worthwhile goal.
5. **Knowledge**: Find out what you need to know to achieve your goal.
6. **People**: Identify the people that can help you achieve your goal.
7. **Current status**: Figure out where you are now on your way to achieving your goal—for example, if you want to improve your self-esteem, ask yourself, on a scale of 1 to 10, "where am I now?" and "what one small step can I take to move a little closer to my goal?"
8. **Plan**: Make a plan, break things down into small manageable steps, make the steps concrete and be willing to revise your plan. Remember, no first plan is perfect.
9. **Timeline**: Set an overall timeline to achieve your goal. Then think about how much time it will take to complete the first step
10. **Persistence**: Keep in mind that mistakes and disappointments can occur, but that you can make it. It's not always smooth sailing.

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SESSION 4: STAGES OF CHANGE

GOALS FOR SESSION 4

1. Review progress and emphasize success, especially overcoming barriers to change.

2. Continue to discuss use goals in the context of life goals.

3. Discuss future treatment planning.

4. Review *First Contact* treatment and the changes made in all life areas.

5. For groups, review group process—emphasize sharing in group as positive risk-taking.

6. Acknowledge completion of *First Contact* cycle (i.e., success and achievement).

7. Complete the *Stages of Change* exercise with the following goals:

- Increase awareness of change as a process.
- Identify clients' stage of change.
- Make more concrete changes during *First Contact* treatment.
- Identify more concrete ways of getting to the next stage.

REVIEW OF CHANGE PROCESS

Session 4 is the last session in the *First Contact* program. Consequently, the primary goals for clients in this session are to review progress and affirm whatever positive changes have taken place in their lives (even if it is only increased awareness), and, if the counsellor is leading a *First Contact* group, to review group process and emphasize the sharing and support that have occurred. Because many of these young clients have difficulty completing things, it is also worthwhile to acknowledge their success in completing the *First Contact* program. Show that you recognize the motivation and courage that it takes for them to examine the impact of substance use on their lives.

The *Stages of Change* exercise is included to increase clients' understanding of change as a process and offer a long-term perspective on change. The *Stages of Change* exercise does not include the original terms used by Prochaska & DiClemente (1984). Instead, the terms for the stages have been modified, using everyday language that is more appealing to young clients.

Clients are asked to identify what stage they were in when they started *First Contact* and where they are now. This exercise highlights the changes and what they have done to make those changes. It is also helpful to talk about concrete ways to maintain gains and get to the next stage (for clients not in the maintenance stage).

TREATMENT NEEDS AND OPTIONS FOR THE FUTURE

This session is also the time to talk with the client about treatment needs after *First Contact*. The recommended treatment plan will depend on the characteristics of the client, the response to treatment and the options available. For those who have responded well and have no other urgent treatment needs, continuing care is a common suggestion. For those with additional needs, such as individual, family or specific skills (e.g., anger management), treatment should also be considered. For those who have not responded to treatment, case management and referral to a more intensive intervention (e.g., community day program) may be suggested.

GUIDELINES FOR THE COUNSELLOR

1. *Check-in*.

Discuss progress over the past week: For tips, see *Check-in* exercise from Session 1.

Help clients to consolidate change:

- "Over the course of the last four weeks, what strategies have been the most helpful?"
- "Is this pattern of use (or abstinence) something you can keep up?"

2. Introduce *Stages of Change Exercise Handout*.

Review and consolidate progress

This exercise is a way of figuring out where you are. Change is like taking a journey. Some people aren't interested; others are uncertain and are just thinking about it; and others are preparing themselves, and so on.

Look over the stages of change and tell us:

- "Where were you when you came in?"
- "Where are you now?"
- "What led to the change (if any)?"
- "What are the next steps (i.e. coping strategies, treatment referrals)?"

3. Discuss additional treatment options.

Look at future treatment planning:

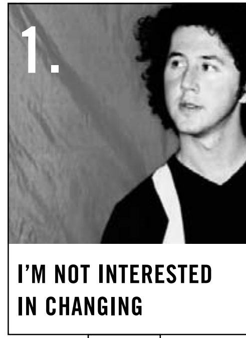
- "What kind of additional help might be useful at this point?"
- "What would you like to work on in the next month or two?"

4. Wrap up.

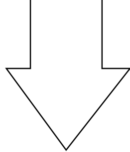
Highlight changes and progress, review treatment process, and obtain feedback:

- “What led to changes (if any)?”
- “What are the next steps (e.g., coping strategies)?”
- “What did you think about being here for the past four weeks?”
- “What was the first group session like for you?”
- “How did things change for you in the group over the four weeks?” (Emphasize the ability to stick with it despite initial discomfort.)
- “What was most helpful about the program?”
- “Do you have any suggestions about how to improve these groups?”

STAGES OF CHANGE EXERCISE

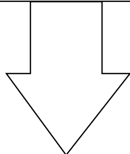


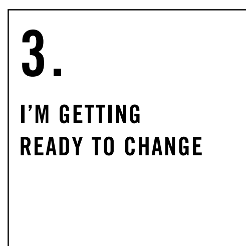
I'M NOT INTERESTED IN CHANGING



2.

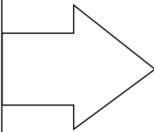
I'M THINKING ABOUT CHANGING





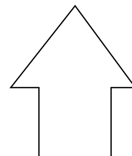
3.

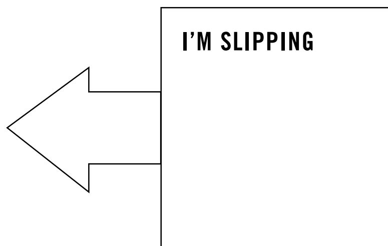
I'M GETTING READY TO CHANGE



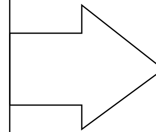
4.

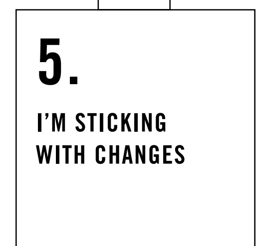
I'M MAKING CHANGES





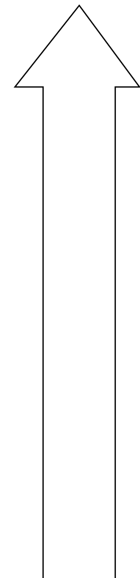
I'M SLIPPING

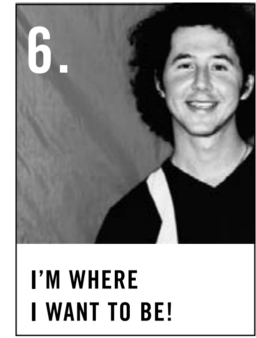




5.

I'M STICKING WITH CHANGES





I'M WHERE I WANT TO BE!

< HANDOUT >

INTRODUCTION TO ART THERAPY MODALITY

One of the central features of art therapy is its ability to help people communicate better about their issues, feelings, conflicts and preoccupations. Art provides a means for the participant to illustrate his or her various problems and channel emotions, concerns and problems associated with substance use to objectively explore the situation and find more appropriate solutions. Art therapy exercises can facilitate self-reflection. Participants can work constructively on a problem rather than internalizing it in an unhealthy way or acting out in self-destructive ways.

Youth who might benefit most from an art therapy modality include youth:

- who have difficulty focusing or a short attention span (they might benefit from an activity-based art program)
- whose verbal expression is compromised; for example, during a period of vulnerability because of mental illness
- who are withdrawn and have difficulty expressing feelings verbally (they might find art a safer way to communicate)
- who express themselves more easily through visual images, who will, therefore, feel comfortable with this mode of expression.
- who intellectualize and might be able to lower their defenses through art.
- with a language barrier, who might feel more competent in a group where visual communiction is emphasized and pictures are used as a visual aid for discussions.

GOALS AND OBJECTIVES OF ART THERAPY

The art therapy instructions that accompany each session of *First Contact* are designed to enhance the learning experience and meet the needs of the youth involved. The goal is to use the art activity to reduce barriers to awareness and facilitate their ability to look objectively at their substance use. This can occur in a number of ways:

- Encourage autonomy and self-determination while lessening dependency. Art is a hands-on activity and there are benefits from active participation. Treatment in art therapy involves doing something—art. This helps participants realize that they can examine their substance use through the process of assembling and forming art. The art itself becomes the means for self-expression around a specific problem or situation as well as the arena for further exploration.
- Accentuate time and the need to focus. Creating artwork is an easy and enjoyable activity that encourages attention; seeing shapes and colours on a piece of paper tends to help people focus. The completed image helps participants separate what is important from what is unimportant. Seeing one's substance use in this concrete form helps the individual to view it with greater objectivity and perspective.

- Foster individual growth. Art is a non-verbal activity that can overcome verbal resistance. Participants can express and find details in their artwork that they may not usually be aware of or consider. The process of making sense of the imagery, through careful inquiry and discussion, encourages this reflection. There is a sense of accomplishment, which further improves self-esteem and confidence.
- Encourage new and different perspectives through a non-verbal modality. A person's first response to treatment is often expressed in artwork as anger, confusion, panic, fear or helplessness. The person is encouraged to acknowledge and examine these emotional responses and generate new and healthy alternative views.

GUIDELINES TO HELP FACILITATORS RESPOND TO A CLIENT'S ART IN A SUPPORTIVE WAY THAT WILL ADVANCE THE GOALS OF *FIRST CONTACT*

Materials

Always use good quality materials that will withstand heavy pressure without breaking and try to have an ample supply of materials so that everyone has a choice. Suggested materials are broad-tip markers, oil pastels, pencil crayons and graphite pencils. Have pencil sharpeners, erasers and rulers available as well as good quality scissors and glue sticks for collage. Provide large sheets of paper (18" x 24") that are strong enough not to tear. Construction or cartridge paper in white or neutral colours is recommended. Have pictures from magazines cut out before the group. Images should include people representing a variety of ages, cultures and races as well as people involved in a variety of activities and expressing a range of human emotions. Include images of animals, places and things.

When looking at art and talking about art:

- Never force a participant to talk if he or she does not want to.
- Try to avoid interpreting the art by having participants describe their own work.
- Have each participant share the experience of making the picture.
- Ask what his or her feelings were about approaching and continuing the task. How would you describe the picture? What would be the title of the picture?
- Promote self-discovery by asking each participant to elaborate on parts of the picture. Ask questions that encourage the participant to project more into the art. What part of the picture do you like best (least)? Why?
- Focus on certain parts of a picture that suggest a theme, or that are distorted or exaggerated. What is the person in the picture doing? What is the person in the picture thinking or feeling? What do these colours mean to you?
- Encourage reflection. Do you ever feel that way? Do you ever do that? Does that fit with your life in any way?

SESSION 1: DECISION TO CHANGE

Art materials

- One sheet of 18" x 24" white drawing paper
- Coloured pencils, oil pastels, chalk pastels
- Magazines for collage, scissors, glue

Getting started

"Spend a few minutes considering your drug and alcohol use. What are the benefits, the good things about using, and what are the costs, the not-so-good things? If you reduce or stop your use of substances, what are the good and not-so-good things that would result?"

Art-making instructions

"Fold the sheet of paper in half. On one side make a picture about the good things about using, and on the other side, a picture about the not-so-good things.

Take a second sheet of paper, folded in half. On one side make a picture of the good things about reducing or stopping your drug use, and on the other side, a picture of the not-so-good things."

Looking at art and talking about art

"Describe your pictures and what is happening in each picture. How do they differ? What are the good things about using and the not-so-good things about using? What do you like in each picture and what don't you like?"

CHECK-IN

Art materials

- One sheet of 18" x 24" white drawing paper
- Coloured pencils, oil pastels, chalk pastels
- Magazines for collage, scissors, glue

Getting started

"Spend a few minutes to think about a good day and a not-so-good day this past week when you felt like using or you used. Where were you at the time? Were you with someone or were you alone? What was going on? What were you feeling?"

Art-making instructions

"Divide the page in the middle and on one side make a picture about a good day, and on the other side, a not-so-good day when you felt like using or used alcohol or drugs. Put as much detail as you can about where you were and what time it was. How were you feeling at the time and what was going on?"

Looking at, and talking about art.

"Describe your picture. What is happening in the picture? What made you think about using and then what happened? Did you use? What could have been an alternative to using at the time?"

SESSION 2: TRIGGERS, CONSEQUENCES AND ALTERNATIVES

Art materials

- One sheet of 18" x 24" white drawing paper
- Coloured pencils, oil pastels, chalk pastels
- Magazines for collage, scissors, glue

Getting started

"Spend a few minutes to think about a time when you thought about using this week. Where were you at the time? Were you alone or with someone? What was going on? How were you feeling?"

Art-making instructions

"Make a picture about a time this week when you thought about using alcohol or drugs. Put as much detail as you can about where you were and what time it was. How were you feeling at the time and what was going on?"

Looking at, and talking about art

"Describe your picture. What is happening in the picture? What made you think about using and what happened? Did you use? What could have been an alternative to using at the time?"

SESSION 3: THINGS THAT ARE IMPORTANT TO ME

Art materials

- One sheet of 18" x 24" white drawing paper
- Coloured pencils, oil pastels, chalk pastels
- Magazines for collage, scissors, glue

Getting started

"Think about where you would like to be in a year or two. How would you like your life to look? What would you like to accomplish? Is there someone you admire that you would want to be like?"

Art-making instructions

"Make a picture of how you would like people to see you in the future."

Looking at, and talking about art

"Talk about the picture: who you are, where you are and what you are doing. What is one thing you could do to get to where you are in the picture?"

SESSION 4: STAGES OF CHANGE

Art materials

- One sheet of 18" x 24" white drawing paper
- Coloured pencils, oil pastels, chalk pastels
- Magazines for collage, scissors, glue

Getting started

"Think about what brought you to this group and what you have learned about yourself."

Art-making instructions

"Draw a line down the middle of the page. On one side, make a picture about you when you came into the program, on the other side, a picture of where you are at right now."

Looking at, and talking about art

"Compare the pictures and describe what is different. What has changed? What other changes do you think there will be in the near future?"

ACTIVITY MODALITY

SESSION 1: DECISION TO CHANGE ACTIVITY

Materials

- A bowl of small treats like popcorn, jelly beans or smarties
- Two paper plates or cups per person. One is labelled "good things," the other, "not-so-good things"
- One copy per person of the *Decision to Change* exercise
- One copy of the list of prompts

Getting started

The group sits in a circle with the two plates in front of each person. The therapist has a *Decision to Change* exercise sheet for each person in the group and will record participants' answers on their sheet.

Introduce the activity

We would like to talk about some issues you may be struggling with in deciding to change (reduce or stop) your drug use. What will you gain or lose by changing? What about not changing?

The activity

Pass the bowl around the circle. As each person receives the bowl, they talk about a good thing about their drug use, take a treat from the bowl and place it on the "good things" plate. The therapist records each person's response on their exercise sheet. If clients have difficulty generating good things or not-so-good things, refer to the prompts list. Keep going around until everyone has talked about all the good things about their use that are important to them. Next, go around the group to have clients talk about the not-so-good things about use, and put a treat on their "not-so-good things" plate. Again, keep going around until everyone has had a chance to talk about as many not-so-good things about their drug use as they can think of.

Repeat the activity for the good things and not-so-good things about changing your drug use. In residential settings, with youth who are not using you may just want to do this part of the activity, although many of them may find it helpful to reflect on the pros and cons when they were using.

Discussion

- "When you compare the number of treats on each plate, how mixed are your feelings about making a change?"
- "Which costs (or benefits) are most important? Why are you concerned about those costs?"
- "What are some of the fears or hopes that you have right now?"

SESSION 4: STAGES OF CHANGE ACTIVITY

Getting started

Designate places in the room for each stage of the change process.

Introduce the activity

"This exercise is a way of figuring out where you are at. Change is like taking a journey. Some people aren't interested; others are uncertain and are just thinking about it; and others are preparing themselves, and so on. Let's look over the stages of change." (Read out loud each of the stages.)

The activity

Go to the spot that reflects the stage you were in when you first came to the group. Now go to the spot that reflects the stage you are in now.

Discussion

- "What led to the change (if any)?"
- "What are the next steps (e.g., coping strategies, treatment referrals)?"