Cognitive Behavioral Therapy II

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Pre-Contemplation / Contemplation
Sessions
Purpose of the group: To provide information to participants about Stages of Change. To help participants understand how behaviors change.

Goals for this group: Participants will understand Stages of Change
Participants will be able to identify Stages from scenarios
Participants will be able to identify their current Stage of Change

What you need to conduct this group:
Handouts: Stages of Change
What is my current Stage of Change?
A good understanding of Stages of Change
Read p. 39 – 46 in Velasquez Group Treatment for Substance Abuse

The Process: You will likely have participants who are in a pre-contemplation/contemplation Stage. Participants in stage may be in the group as a result of behaviors that have involved them in the criminal justice system or under duress to attend treatment. These participants may be resistant to treatment so it is important to engage them as much as possible and make them feel welcome in the group. Be prepared to use your best MI skills. It’s very important to avoid “resisting the resistance”. Participants who feel forced into treatment may test you and attempt to set you off or otherwise create havoc in a group.

It’s important to engage, meet them where they are and help them feel comfortable in group by inviting them to participate, asking permission at every step and complementing and thanking them whenever possible. It is important to create an environment in group that is inviting and safe. There should be no confrontation, put downs or interrogation from anyone.

STEP ONE: Start this first group by establishing group rules. Have an easel and flipchart to record the rules the group agrees to abide by to help create a feeling of safety and cohesion. Record the rules and then post those for future reference as needed. When a participant violates a rule, gently remind everyone of the rules and ask if participants will be willing to abide by the rules.

Some suggestions for rules:
1. Respect oneself and others in the group
2. Avoid interrupting when others are talking
3. Avoid “cross-talk” and private conversations
4. Avoid name calling or put downs of any kind
5. Provide feedback in a respectful manner
6. Accept feedback without becoming defensive
7. Ask permission for content to be confidential
8. Cell phones should be off
9. No eating, drinking or chewing
10. Assist group members in creating any additional rules to provide for safety
STEP TWO:
Introduce the Group to Stages of Change by providing handouts and explaining the Stages.

Precontemplation – This stage is one in which the individual is unaware or unwilling to consider that a problem exists. This typically means that the individual sees no need for change in his/her life.

Contemplation – The individual in contemplation is often considering that there may be a problem or concern in his/her life. They are considering the need for a change in their lives but are not yet ready to take any action. They may be evaluating options or searching for answers. They often want to know “how other people do it”.

Preparation – In preparation, the individual has acknowledged that problems exist and is ready to make a commitment to changing. This individual has a plan in mind and may need support and direction to get started.

Action – Individuals in the action stage are actively engaged in making changes in their lives. They have a plan; they are executing a strategy to make change permanent.

Maintenance – Persons in this stage have made changes in their lives and are now integrating the changes in his/her lives so those changes feel normal. This individual usually feels secure with the change but continues to need support and encouragement.

It is important to explain that ambivalence is normal. People move from one stage to another constantly depending on the day, the mood and the situation. It is very easy to “revisit” a stage or “recycle” through the stages several times before successfully making permanent change in one’s life.

Discuss the concept of “ambivalence” and how normal individuals change their mind about many things on a day to day basis before having an absolute opinion about something. Ask how individuals come to a conclusion about how they feel about something. Examples: Do I want a hamburger or a salad for lunch today? Do I want to go see a movie tonight or have a quiet night at home? Ask participants what it takes for them to “make up their mind” about anything in which they experience ambivalence or an inability to make a decision.

Allow discussion. Explain that often it is a matter of obtaining information. When an individual believes he/she has the necessary information to come to a conclusion about an issue, at that time and at that time only, individuals “make up their minds”.

STEP THREE:
Read the scenarios that illustrate the various Stages of Change. Ask participants to refer to the characteristics of each stage to identify which stage is represented in each of the scenarios.

You may want to have copies of the scenarios available for participants as you read to them.

Help them come to a correct conclusion by providing hints as needed.
**STEP FOUR:**
Provide the handout “Where am I?” (Velasquez, page 46)

Ask participants if they are willing to select the Stage of Change that represents their position at this time. Allow for discussion and acknowledge that it is ok to be at any Stage. There is NO right answer and no pressure for any participant to be at any particular stage.

**STEP FIVE:**
Close the group by asking the group to provide feedback regarding the value of this group. Ask them to be specific and indicate what they learned as a result of being in the group.

Remind the group of the next meeting date for this group. Thank them for their attendance and participation. Since this is a first group, it is a good idea to allow additional time for any questions or clarification.
Randall has been thinking about going on a diet. He recently got word from his doctor that his glucose level is elevated and his blood pressure is at a level that requires medication. He quit eating breakfast for a couple of weeks but has now returned to his standard breakfast of eggs, bacon and toast with orange juice and a bagel. He asked one of his friends how he had lost weight and even joined a gym. When his friend called to work out with Randall at the gym, Randall made an excuse rather than go work out with his friend. Randall wants to lose weight and get his blood glucose and blood pressure under control. He thinks he will make it his New Year’s resolution and get serious about the diet and work out plan in about six weeks.

( precontemplation )

Patsy used cocaine for about 10 years before she entered treatment and successfully completed a residential program. Since finishing her treatment Patsy has been involved in a community sponsored recovery group which she attends every week at least once. She remembers the difficulty she experienced in her life and her family during those years she was addicted. She is happy to have her anger under control and no longer hang out with friends who only goals in life are to find the day’s supply. Patsy says she feels so much better about herself and the new job she has now held for the past two years.

( maintenance )

Edward wants to quit smoking so he recently attended a meeting at a community based treatment center focused on smoking cessation. He is determined to kick his habit so he had visited his physician and obtained a prescription for the nicotine patches. He feels very anxious about trying to quit without support. Many of his friends and co-workers are smokers. He has cut down to half pack a day and wants to find a support group that he can attend in the evenings when he usually smokes the most. Edward is convinced that smoking is making him feel weak and lacking in energy.

( contemplation )

Jason has quit drinking after his second DUI. He learned about the disease of alcoholism in the DUI classes he was required to attend. Jason started attending a local meeting of Alcoholics Anonymous and is going on a regular basis. He still feels insecure about his ability to quit drinking permanently so he has found a counselor who will see him weekly in addition to his meetings. Jason has started walking for exercise and spends his evenings helping his two children with their homework. He is often tempted to have a drink when he is stressed but thinking about his family and his job have kept him from returning to his drinking behavior.

( action )

Janet wants to quit over eating. She recently went to lunch with friends and had only a salad with a teaspoon of dressing and two crackers. When her friends noticed her eating pattern and asked how much weight she had lost, she lied and told them she had lost about 10 pounds. When Janet got home she had pie and ice cream with her sister. They had a good laugh together when Janet told her sister about the lunch. Janet promised her sister she would look into going to Jenny Craig. She thinks about how much better she would look and feel about herself if she lost weight. She justifies her weight by saying she is tall and manages to look pretty good in spite of her weight. She sneak two donuts in her purse so she could have an afternoon snack that her sister wouldn’t know about.

( precontemplation )
The Stages of Change

*Prochaska & DiCliminte, 1986
Consider “Stages of Change”

Prochaska & DiClemente, 1982; 1986

1. Pre-Contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse
1. Pre-Contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse
Pre-Contemplation

“I don’t have a problem”

Person is not considering or does not want to change a particular behavior.
Maybe I have a problem.

Person is certainly thinking about changing a behavior.
Person is seriously considering & planning to change a behavior and has taken steps toward change.

"I've got to do something, but what?"
Person is actively doing things to change or modify behavior.

Pre-Contemplation

Contemplation

Preparation

Action

"I'm ready to start."
Person returns to pattern of behavior that he or she had begun to change.

“What went wrong?”

Relapse

Preparation

Action

Maintenance

Contemplation

Pre-
How do I keep going?

Person continues to maintain behavioral change until it becomes permanent.
1 Session II – How CBT Works

**Purpose of the group:** To provide information to participants about the relationship between thinking and behaving. This session is intended to introduce participants to the use of CBT forms and demonstrate how they can use these forms as they anticipate change in their lives. The form in this session is titled “How CBT Works” and is intended to help participants begin the process of connecting thinking and behavior.

**What you need to conduct this group:**
Handouts: “How CBT Works” blank form  
“How CBT Works” completed form as an example

A good understanding of CBT and an example for demonstration with the group.

**The Process:**
Ask the group if there are questions from Session I “Stages of Change”. Ask the group if they are aware of their current stage at this moment and have each elaborate if they are willing to share. In this session, the counselor will explain how CBT works and provide examples on the form "How CBT Works". The plan for this session is to introduce participants to the process and ways to record thoughts and behaviors. Your patience is required since this may be confusing and there may be resistance to connecting thoughts and behaviors.

**STEP ONE:**
Explain that this group is intended to introduce participants to the process used in CBT that will assist in making change occur if they are ready to make changes. Do a walk through the form reading the example. You may start on the right side of the form which is contrary to usual human reading. If you start on the right side which is an explanation of the consequence of a behavior, explain that you are beginning with the resulting consequence of a behavior that originated with a thought. It is often good to have an example in which there is a positive consequence. Participants often experience negative consequences and typically seem to present those consequences and behaviors instead of the positive behaviors which often result in positive consequences. Guiding the participants to create an example of a positive consequence can be a good place to start.

After doing a “walk through” reading the example of how the form should be completed, ask participants to write an example of a consequence they have experienced. Some may feel more comfortable beginning on the left side of the form which is the “trigger” or originating thought that led to a behavior. It’s important for the participant to understand the purpose of the form and then use it in the way that is meaningful to them. Avoid being rigid in the manner in which they choose to fill in the columns. Allow them to make it theirs by doing it the way it makes the most sense to each individual.

**STEP TWO:**
Ask participants to share their experience by reading it aloud. Ask if they recognize how the thinking or trigger contributed to the behavior and therefore the consequence. It is important to make that connection as future consequences are recorded on the form. There may be a pattern to certain triggers that consistently result in similar consequences and behaviors. It is important for the participants to recognize any patterns of thinking and behavior/consequences.
Explain that homework is essential in a CBT type intervention. Ask participants if they are willing to discuss other examples of behaviors that have had negative consequences and write those as well. If they are unwilling to do additional writing, ask if they are willing to discuss those. It is important to engage the participants and help them understand the importance of recording events that have both positive and negative consequences.

The group is now invited to share examples of both positive and negative consequences and talk about the thinking process that leads to these consequences.

**STEP THREE:**
After the discussion and examples of “How CBT Works” ask the group if they are aware of the core beliefs that guide their thinking. These may be best explained as “values”. Many people have values that are guiding principles in their lives. Frequently people are willing to live by these values and principles and perhaps die for them. Ask participants if they are willing to write their values. Then ask if they are willing to share those with others in the group. Give examples of values that people have such as: family, work, integrity, honesty, being truthful. Also give examples of core beliefs such as: Fords are just better than a Chevy, Democrats are always better leaders than Republicans, men are stronger than women, men must be in control, women belong in the kitchen, women should be responsible for raising the children. Use outrageous examples to stimulate thinking among the participants and see if they are willing to share core beliefs or values with the group.

After participants have shared, ask them if they can imagine how some of their core beliefs or values guide their thinking and consequently their behavior. As an example, ask if they can imagine how a person might behave if he/she truly believes that men must always be in control. Engage the participants to suggest possible thinking and behavior as a result of that type core belief or value. Have the participants discuss core beliefs and values that others have and how that may guide their thinking and behavior. Ask if they are aware of the way in which their personal core beliefs and values impact their thinking and behavior. Then ask if they have any core beliefs and values that create thinking and behavior that they would like to change.

**STEP FOUR:**
Thank participants for sharing in the group. Ask them if they are willing to record at least 3 incidents during the following week in which they have positive consequences and three examples where their consequences turned out to be negative. Ask if they are willing to bring those in for next week’s group discussion.

Remind the group of the next meeting date for this group.
I got involved in a wreck that wasn't really my fault because I was emotional and thinking about sad things that had happened to me in my life. I ran into that car because he was stopped there and I didn't see him. I couldn't help it. I was crying and my feeling were hurt. It's not my fault. It just happened. It could have happened to anybody. I couldn't be to blame for the other guy's injuries.

I started thinking about all the good times we had and how much fun it was to hang out with friends, drink, do some drugs occasionally and just enjoy life. I remembered the night he dumped me at the club and said he never wanted to see me again and I got all sad and the way I was thinking about him the next day was I really my friend and I get involved in a week

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<tbody>
<tr>
<td><strong>BEHAVIOR</strong></td>
<td><strong>Thoughts / Feelings</strong></td>
<td><strong>Trigger</strong></td>
<td><strong>Negative Consequence</strong></td>
</tr>
<tr>
<td>I started to cry and get all emotional</td>
<td>thinking about that bastard</td>
<td>was no longer wanted in the group and I made him feel like I was no longer wanted</td>
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<td>Negative Consequences</td>
<td>Positive Consequences</td>
<td>Behavior</td>
<td>Thoughts and Feelings</td>
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<tr>
<td>What negative things happened?</td>
<td>What positive things happened?</td>
<td>What did I do then?</td>
<td>What was I thinking?</td>
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</table>
1 Session III - Managing Cravings, Coping Skills, Refusal Skills, Irrelevant Decisions

**Purpose of the group:**
*To provide information about cravings and assist participants in developing a plan to successfully deal with cravings.
*To provide information about coping skills and how to develop and execute coping skills in making life changes.
*To develop refusal skills that will be necessary when friends and former "using" friends offer drugs or drinking opportunities.
*To understand risky vs. safer decisions. It is important for participants to understand their decision making process and how it impacts behavior.
*To understand basic communication skills such as assertive, passive, passive-aggressive and aggressive responses.

**Goals for this group:**
*Participants will have an understanding of cravings and the power of cravings as they attempt to establish sobriety
*Participants will identify personal cravings, learn to chart using a cravings form
*Participants will develop strategies to engage in alternative activities when cravings become overwhelming and respond to positive "cues"
*Participants will learn refusal skills and practice in role plays
*Participants will examine their decision making processes and how decisions impact their ability to remain sober
*Participants will practice socially appropriate communication skills

**What you need to conduct this group:**
1. Knowledge about cravings and their impact, the power they have over recovery
2. Handouts: Craving Record example and Craving Record blank forms
3. Sufficient blank forms to use in the group as well as having enough for each participant to take at least one blank form with them
4. "Coping with thoughts about using" form and example
5. "Seemingly Irrelevant Decisions" form and example
6. "Refusal Skills" worksheet and example
7. Knowledge about communication skills and role play scenarios
The Process:
You have some materials provided to explain and lead a discussion about cravings. If participants have not obtained a period of sobriety, cravings pose the greatest threat to that happening. If participants have achieved sobriety, they are most likely experiencing cravings that may be extreme and overwhelming at time.

It is important to discuss the ways in which cravings may appear. While they all represent an overwhelming urge, some cravings have a physical manifestation while others are psychological.

Allowing participants to discuss cravings and possible coping strategies allows them to share ideas and perhaps discuss strategies to overcome the urges to use.

It is important at this stage to discuss coping strategies and ways in which participants have learned to manage cravings without using. Positive affirmations may be helpful as a reminder why participants continue to struggle to obtain sobriety and establish a program of recovery.

Ask participants about decisions they make and how significant those decision are in being safe during a vulnerable time. Seemingly irrelevant decisions offers the participants the opportunity to examine their decision making process and examine alternatives that may be safer.

Finally, establishing refusal skills that will work in a time when participants are tempted to use with friends or those around them who will offer them drugs or alcohol. Use the Refusal Skills form to create scenarios that might work.

STEP ONE:
Introduce the topic and ask if participants are experiencing cravings. Ask them to identify cravings; what they are and how they impact each participant. Ask them if they have any workable strategies to manage cravings and maintain sobriety.

STEP TWO:
Introduce the form "Craving Record". Have each participant recall a recent event in which cravings were strong and overwhelming. Ask them to record on the form exactly what happened, how long the cravings lasted, the intensity of the cravings and the methods they used to cope with cravings or if they used as a result of the cravings. Ask participants to share what works and how they manage cravings rather than use.
Identify the terms "triggers" and "cues"

**Triggers** are those thoughts, physical manifestations or beliefs that make an individual want to use or drink. A trigger can be the sight of a friend who has been a using friend. It can be a bar or location in a town. Triggers can just be thoughts or feelings that seem uncontrollable.

"Cues" can be the message that occurs when a trigger appears that guides the individual in a positive direction instead of responding to the trigger.

**EXAMPLE:** When I'm driving down the street with my window open and get a whiff of fried chicken as I pass a KFC, I suddenly get a visual image of fried chicken and can remember how tasty and juicy that fresh hot fried chicken taste. My mouth starts to water and I feel hunger in my tummy. Just that smell makes me want to get some friend chicken. While I may resist the urge to stop immediately, that image stays in my mind all day and by dinner time, I find myself driving into a KFC to order chicken strips for my evening meal.

A "cue" **would act in this way.** I'm driving down the street with my window open and get a whiff of fried chicken. I acknowledge that it smells good and tempting, but instead of thinking of eating fried chicken, my cue is that when I smell fried chicken, I need to order a salad. If I respond to the cue instead of the trigger, I avoid eating something that would not be on my diet. Cues are learned, practiced and reinforced until they become routine. I smell chicken; I go have a salad.

**STEP THREE:**
Ask participants if they can think of any cues they can practice when they are tempted by triggers and cravings. Ask them if they are willing during the week to use the blank form and write their experiences with craving for a week.

Ask them what might prevent them from completing the Craving Record for the week and see if they are willing to make a commitment to record cravings for one week.

**STEP FOUR:**
Introduce the "Coping with Thoughts about Using" form. Ask participants to discuss ways in which they cope with cravings rather than use. Ask participants to think of positive affirmations they would write on this form. Ask them if they will read these affirmations daily to help remind them of the reasons they struggle daily to remain sober.
STEP FIVE:
Introduce the "Seemingly Irrelevant Decisions" form and lead a discussion about the way in which decisions are made on a daily basis. Many decisions may put the participants in threatening situations. The discussion focuses on decision-making and ways to choose safe alternatives rather than risky alternatives.

STEP SIX:
Introduce the "Refusal Skills" form. Ask participants to think of the persons who might offer them drugs or alcohol or in some way tempt them to use. By identifying those individuals and practicing a scenario that would be effective, the participants then practice in role plays the use of these refusal skills.

STEP SEVEN:
This group is loaded with a lot of forms and a lot of role playing. It may take more than one session to complete. Plan to use this session for two or more groups and it may be used in lieu of the Alcohol/Drug Physiology session.

Ask participants to evaluate the benefits of these tools and how these can contribute to their recovery program.

Thank participants for their participation and for sharing. Ask them to commit to using the forms the following week and be prepared to share with the group.
I went to my neighbor’s house and told him the kids were driving me nuts. He suggested we take my kids and his and walk down to the park so they could play.

He recognized I was in a risky situation and talked to me about finding ways to manage the stress rather than try to escape from it. He didn’t judge me but just listened and let me talk. He offered suggestions about how he copes with stress.

My wife went shopping with her friend and left me to watch the kids this morning. They were screaming at each other and fighting. I just wanted to get away and get loaded so I wouldn’t have to deal with them. She called to ask me how things were going and I told her I couldn’t do this.

I felt like I was in a box and it was closing in on me and I needed to escape somehow and get away from the kids.

I went to a meeting at noon and felt better before it goes out. I went to a meeting at noon and felt better about bringing around other people who talked about mistakes they make. I went to a meeting at noon and felt better about bringing around other people who talked about mistakes they make.

I talked to a co-worker and he said the boss liked a big loser that I couldn’t do and called him. My boss came into my office and chewed me out because I made a mistake on a report that goes out. My boss came into my office and chewed me out because I made a mistake on a report that goes out.

He offered me suggestions about how to manage the stress and the stress rather than try to escape from it. He recognized I was in a risky situation and talked to me about finding ways to manage the stress rather than try to escape from it. He didn’t judge me but just listened and let me talk. He offered suggestions about how he copes with stress.

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**Craving Record**

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Situation, Thoughts, Feelings</th>
<th>Intensity of craving (1 - 100)</th>
<th>Length of craving (minutes)</th>
<th>How I coped</th>
</tr>
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<tbody>
<tr>
<td>March 12, 9:30 am</td>
<td>My boss came into my office and chewed me out because I made a mistake on a report that goes out.</td>
<td>90</td>
<td>20</td>
<td>I called my wife and she took the kids for lunch.</td>
</tr>
<tr>
<td>Saturday, March 17, 8:00 am</td>
<td>I felt like I was in a box and it was closing in on me and I needed to escape somehow and get away from the kids.</td>
<td>90</td>
<td>15</td>
<td>I went to my neighbor’s house and told him the kids were driving me nuts. He suggested we take my kids and his and walk down to the park so they could play. He recognized I was in a risky situation and talked to me about finding ways to manage the stress rather than try to escape from it. He didn’t judge me but just listened and let me talk. He offered suggestions about how he copes with stress.</td>
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<td>80</td>
<td>20</td>
<td>I called my wife and she took the kids for lunch.</td>
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<td>Date and Time</td>
<td>Situation, thoughts, feelings</td>
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</table>
My co-workers spend a lot of time talking about non-work when they are at work. I'm glad to hear they are enjoying their lives. I'm going to concentrate on getting my work completed on time and with a minimum of errors. If I don't participate in that conversation, I'll get more work done and they won't distract me. They are good people and good friends. I need to just think about my work and not be annoyed by their conversations.

These people make me nuts. Who cares about the new house and the friends they had over. I just wish they would shut up and focus on getting their work done. Damn, I need a drink right now to relax and calm down.

I love my kids and I want to be a good dad for them. I can cope with their behavior. I will spend quality time with them so I can cope with them by learning to discipline fairly and setting limits for their behavior. I love my kids and I want to be a good dad for them.

I could just have a drink right now, I'd be more relaxed and able to handle the kids. It would take the edge off and I wouldn't feel like I need to scream and yell at them. If I could just have a drink right now, I'd be more positive thinking.

<table>
<thead>
<tr>
<th>Coping with Thoughts about Using</th>
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<td>Change thinking</td>
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<td>Positive thoughts, coping skills I can use to change thinking</td>
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Coping with Thoughts about Using Positive thoughts, coping skills I can use to change thinking

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<th>Thoughts I am having about using</th>
<th>Positive thoughts, coping skills I can use to change thinking</th>
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Coping with Thoughts about Using Positive thoughts, coping skills I can use to change thinking
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<th>Refusal Skills</th>
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<tr>
<th>This is what I'm willing to say to them:</th>
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<tr>
<td>Those who might offer me drugs or try to get me to use:</td>
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<thead>
<tr>
<th>Richard, friend</th>
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<tr>
<td>You use or offer me drugs anymore. I need your support with this.</td>
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<tr>
<td>I'm not doing that anymore. I really need you to understand that I can't be around you when you use.</td>
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<th>Mary, co-worker</th>
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<tr>
<td>Something about it. Can I count on your support with this?</td>
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<tr>
<td>I hope you understand that I have a problem with using and I have to do something about it. I would appreciate if you don't use around me or offer me drugs anymore. I have used with you in the past but I'm not like your help with my addiction problem. I have used with you in the past but I'm not.</td>
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<tr>
<td>This is what I'm willing to say to them:</td>
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<tr>
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<td>This is what I'm willing to say to them:</td>
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<tr>
<td>Risky Alternative</td>
<td>Safe Alternative</td>
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| ```
while we and see what's going on,
I'll just go sit and hang out in the park for

see whose cars are there today.
with my buds. I won't stop; I just want to
and pass by the bar where I used to hang
I'll drive home on Lombard Street today.

quit coughing.
I'll just drink from the bottle and use it until I
``` | ```
bikes while I'm walking.
neighborhood and let the kids ride their
I'll take the dog for a walk in the

family.
I'm going on home to my
areas altogether. I'll do better next time.
I'll take Rampart Street and avoid the bar

label.
and follow the directions for use on the
I will take only the prescribed amount
``` | ```
I need to get out of the

I drive home after work.
``` |

Seemingly Irrelevant Decisions
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<th>Risky Alternative</th>
<th>Safe Alternative</th>
<th>Decision</th>
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Seemingly Irrelevant Decisions
1 SESSION IV - Drug and Alcohol Physiology

Purpose of this group: It is important at this stage in treatment to provide factual information about the use of drugs and alcohol. One of the strategies to help move participants from a "precontemplation / contemplation stage is to provide information and increase awareness. This skill is referred to as consciousness raising and is intended to increase knowledge about the reality of one's use of drugs and alcohol.

While most people who use alcohol and/or drugs have a pretty good idea what those do for them, they may not be aware of the negative aspects of drinking and drug usage. This session attempts to enlighten participants about their usage by offering them the opportunity to take the AUDIT (Alcohol Use Disorder Identification Test) and the Drug Screening Inventory.

Goals for this group: *Participants will understand the effects of drugs and alcohol on the body *Participants will increase their understanding of personal use or drugs and alcohol *Participants have the opportunity to assess their levels of acuity in their personal use of drugs and alcohol

What you need to conduct this group:
Handouts: AUDIT and the scoring tool (Velasquez et al, p 56 - 57.)
You may make and use copies after purchasing this publication
"What Can Alcohol Do?" (Velasquez et al, p 59 & 60)
Drug Screening Inventory (Velasquez et al, p 66)
"What Can Drugs Do?" (Velasquez et al p 68 - 69)
Personal knowledge of drug and alcohol facts with statistical data and information

The Process:
While most participants recognize they have used and abused drugs or alcohol in their lives, they may not have a clear understanding of the impact of drugs and alcohol on the human body. In addition, participants may not have a clear understanding of how much they have used or the personal harm alcohol and drugs have caused in social relationships with friends, family and the community. This group will offer the opportunity for participants to explore the impact of drug and alcohol usage and participate in a standardized assessment tool that may reveal information previously unavailable.
It is important to use caution when conducting this group as it has the potential of raising defensiveness. It is important that a debate does not result from this information. What is important is that the counselor manages any resistance without creating resistance. This is an informational group in which the counselor provides factual information about how alcohol and drugs have impacted the majority of the people who abuse them.

One method of presenting information may be to ask participants which of these facts relate to them and which are not true for them at all since everyone will not have experienced many of the negative consequences of alcohol/drug abuse at this stage of their abuse or dependency.

This is a group in which updated and current information, especially statistical data, may be introduced. The information should be from a reliable source.

Be certain to assure participants that their participation in the AUDIT and the Drug Screening Inventory is voluntary. They should also be aware that they will be the only persons seeing the results of the inventories. They are not required to reveal any of their answers or turn in the completed forms. Often this allows them to take the completed screening tools with them for future reference. Sometimes the immediate impact of factual information does not result in behavioral change but it may be significant at a later date in making decisions about future usage.

It is important to remember that your purpose is not to convince participants that drugs or alcohol is bad for them, but simply to provide factual information so that they can make more informed decisions about personal use. You represent the conduit from which information flows; your purpose is not to convince anyone that they have a problem.

**STEP ONE:**
Start the group by acknowledging that participants probably know what alcohol and drugs do to their bodies. Explain that it is often useful for individuals to have a sense of the facts about alcohol and drugs in the human body and that you will be offering them the opportunity to do a self-assessment using a standardized instrument if they choose to participate.

**STEP TWO:**
Provide each participant with a copy of the handout "What Can Alcohol Do?" READ each paragraph for participants and allow time for personal disclosure or questions. Be aware that the information itself may create defensiveness. Keep saying, "while this information may not pertain to you personally, it is a summary of facts that the majority of persons who use and abuse drugs and alcohol experience over time".
STEP THREE:
Distribute copies of the AUDIT to each participant. Even if they choose not to participate in the assessment, provide them with a copy for future reference. Ask participants to complete the AUDIT by circling the answer that most closely applies to their situation. After everyone has completed the AUDIT, provide copies of the handout "Scoring the AUDIT" and ask each individual to complete the scoring. Explain how the scoring is calculated and give an example.

STEP FOUR:
After everyone has had a chance to complete the scoring ask if anyone is interested in sharing their information. Ask if they feel it is an accurate interpretation of their drinking behavior. Allow for discussion without prejudice or judgments. Remember this is informational only.

STEP FIVE:
Provide the handout "What Can Drugs Do?" and read the information to the participants. Allow for questions and discussion. Remember as the counselor you are not to defend any position; just provide factual information from a majority of persons who have used or abused drugs.

STEP SIX:
Provide the handout "Drug Screening Inventory" and ask participants to complete this screening if they are willing. READ the instructions for scoring the instrument and ask participants to compete the scoring for their assessment. Provide time for interaction and discussion.

STEP SEVEN:
Close this session by acknowledging that there has been a lot of information presented in the group. Thank participants for their willingness to explore their personal usage patterns and share with the group. Remind the group that you are not there to make judgments about their usage but to provide information so that they can make more informed decisions about what they want or need to do in their personal lives. Remind them that you are available if they need further information or "talk" time to discuss any concerns they have.
1 Session V - Personal Relationships, Roles and Communication

**Purpose of this group:** To assist participants in defining meaningful relationships in their lives and how their personal behavior impacts others. This exercise will help participants understand how relationships have changed as a result of drinking or using behavior. The final section of this exercise will enable participants to identify the ways in which they respond to others and offer a choice of aggressive, passive aggressive, assertive or passive responses.

**Goals for this group:**
* Participants will identify personal relationships
* Participants will recognize how relationships may have changed as a result of drinking or using behavior
* Participants will learn communication styles including aggressive, passive aggressive, assertive and passive responses
* Participants will role play communication styles

**What you need to conduct this group:**
Blank sheets of paper for each participant to draw the "circle of relationships".
An example of how the "circle" might look.
Clear definitions of aggressive, passive aggressive, assertive and passive communications.
"Roles" handout

**The Process:**
Begin this group by asking participants if they are willing to identify their personal relationships by importance in their life. After completing the exercise, participants will describe the roles they play in each of these individuals lives, such as father, spouse, son, friend, co-worker, etc. The discussion will center on the different ways in which participants act with each of those persons and how they act differently with those who mean the most to them.

The second part of the group is to identify communication styles. The group leader will identify communication styles such as aggressive, passive aggressive, assertive and passive and provide definitions and examples of each. The role play which follows will offer the participants an opportunity to express each of the communication styles and identify which style they use most frequently with those persons they have indicated on their personal relationships bulls' eye.

The role playing exercise in which participants "try on" these different role is key. Participants will identify which are most frequently used and which feel most comfortable. There should also be an opportunity for participants to suggest which styles are most effective in communicating effectively.
STEP ONE:
Hand out a blank sheet of paper and ask participants to draw a "bull's eye" on the blank page with smaller and smaller circles towards the center and then write "ME" right in the center of the bull's eye. Have an example to guide their drawing. Have participants identify persons in their life by placing them in the circles. Those closest to "ME" will be in the inner circles and those who are not as significant will be in the outer circles. Ask participants to identify those persons who are of the most significance in their lives and those who play less important roles.

STEP TWO:
Ask participants to now identify the role they play in each of those lives they have indicated on the bull's eye in step one. Discuss the different ways in which one might act or work to maintain a relationship in each of those circles.

For example: "with my wife, I will be somewhat passive and let her feel like she runs things. I tend to let her tell me what to do when I'm at home. I always give in to what she wants and pretty much let her have her way. She does most of the parenting for our children and I just reinforce what she says and back her up."

OR: "with my dad, I'm always trying to be a man and show him I am in control. That works pretty well until he and my wife are in the same room. With her I tend to be more passive and with him I'm trying to act assertive. It gets confusing for me when I'm around both of them at the same time."

STEP THREE:
Identify and describe or ask participants to describe aggressive, passive-aggressive, assertive and passive communication styles. Ask participants if they use these particular types of communication with those persons in their circles. Ask them to describe the different communication techniques they use in each relationship and the degree of effectiveness with each.

STEP FOUR:
Ask participants to role play the various communication styles.

STEP FIVE:
Ask participants if they have learned anything from these group exercises. If so, what is the value of these exercises to establishing recovery. End this group by thanking participants for their willingness to share and play the various roles.
Personal Relationships, Roles and Communications

Ask participants to listen while you read these scenarios. Ask them if they can identify the communication style used in each.

Passive communication is when an individual says nothing and allows a more dominant communicator to control and dominate a conversation.

Passive aggressive communicators say very little, but then talk "behind the back" or act in an aggressive manner away from the person with whom they have a conflict.

Aggressive communicators demand attention and create a presence with their loud and often acting out behavior. They tend to frighten others because they are loud, use foul language and often threaten, point fingers and refuse to yield the conversation to hear others.

Assertive communicators listen carefully and allow others to speak but also make it clear that they have something to say as well and expect to be heard and respected. They are careful not to mimic the aggressive communicator but will be heard.

Scenario one:
Mario is loud and demanding. He refuses to respect others' space and gets so close to the face that one can smell his breath and may get showered with spittle as he bullies his way to making his point. He is disrespectful to others and is always the loudest one in the room when he is talking with others.

Marsha is quiet and always allows others to express their opinions. She nods quietly as others talk but won't make any attempt to express her opinion or enter into a conversation. When she is with other close friends, she is quick to bad mouth others and talk behind their back. She is rarely happy about her relationships and thinks others see her as a pushover.

Edward is quiet and respectful. He has no opinion and feels anything he would say in a conversation would be worthless, so he rarely speaks. He won't often make eye contact and frequently dismisses himself from conversations in that he feels he had nothing to add to a conversation. He has difficulty engaging in or initiating conversations.

Janet is an excellent listener and attends to every word others say. When the time is right, she makes herself heard and will voice her opinion. She will defend her position with facts and while she is an avid conversationalist, she is quick to yield to others who want to express their ideas and opinions. Janet will always manage to be heard but finds that others respect her and value her communication style and her input.
Preparation / Action Sessions
Purpose of this group: The intent of this session is to help those participants who are now ready and willing to begin a plan for change in their lives. It is important to re-visit the Stages of Change handout and ask participants where they are today in relation to beginning a change process for their lives. This would be the opportunity for those who are not at least at the Preparation Stage to create a plan for "no change". Those who are ready and willing to create a plan should continue with setting their goals.

This is a self-liberation activity and requires a level of readiness that suggests participants are now at a point where they are willing to make changes in their lives and commit to a change strategy include developing goals for their future. This session is intended for those participants who are in a Preparation Stage of Change.

Goals for this group: *Participants will discuss changes they are interested in making in their lives
*Participants will create a "Goals Worksheet" outlining broad goals for the next 12 months in their life
*Participants will identify beginning steps they are willing to explore to initiate change in their lives

What you need to conduct this group:
"Goals Worksheet" handout
"Goals Worksheet" example
Information about goals, how to establish goals and how to write objectives that will help achieve goals.

The Process:
Assuming at this point you have a select group of participants who are in the "Preparation Stage of Change" ask them to look at the Goals Worksheet. Ask participants "if you were to begin a change process for your life, what would be a first step you would be willing to take and commit to in the next week?"

Have a discussion about goals, about objectives and ways to achieve goals. Ask participants to recall a time when they have set and met goals in their lives and how they accomplished those goals. Possibly they have begun to think about things they would like to change by this point in their treatment process; however, they are now being asked to commit to and develop a plan. It is important to use the Goals Worksheet so that the persons who can help them achieve their goals are identified as well as any barriers.
If the participants are still using drugs or alcohol, it is a point in which they may need to make a decision about future usage and make a commitment to change that behavior soon.

**Preparing for Change - Goals and Intentions**

**Page Two**

**STEP TWO:**
Introduce the Goals Worksheet and explain the sections. Ask participants if one of them is willing to allow the group to use their goal for an example so that there is common understanding about the use of the form.

Ask participants to write the goals they would like to achieve, why they want to make the change, indicate steps in the process of change, who might be of help and support in making the changes and the barriers.

Ask participants to work on only one goal at a time and help them in being realistic about what can be achieved.

**STEP THREE:**
Ask participants if they are willing to share with the group their plans for change. Ask group participants to provide feedback only by suggesting how they might attempt to achieve the goal if it were theirs. Avoid any criticism; only offer support.

**STEP FOUR:**
Ask participants to commit to initial steps in achieving their first goal this week. Ask them to detail exactly what and how they are going to achieve step on.

Thank them for their participation and encourage them to begin their work on the first goal during the week.
If I become stressed and frustrated and do not have an outlet.
If I hang out with my buddies who I usually drink with and party.
If I don't go home after work.
If I don't engage and talk with my family and my wife.
If I don't elicit support from my friends and family and be honest with them about my drinking problem.

Bernard, my best friend
Ariel, my wife
Dominick, my boss
Eric, my oldest son
Damian, my youngest son
Trina, my daughter
My mother and father
My brothers, Donny and Simion

Be available to talk with me when I am stressed and craving alcohol.
Find a sponsor who will be available to talk with me or meet me when I am at risk for drinking.
Ask my family to spend time with me and be available in the evenings.
Seek support from my boss and co-workers.
Engage in treatment and attend every week. Start attending AA this week.
Find alternative activities to occupy my time in the evenings and spend time enjoying my family.

Engage with my family and be present with them every evening.

I want to improve my health, my relationship with my wife and kids and assure that I will not lose my job.
I want to wake up in the mornings feeling good instead of being hung over.
I want to be a dad to my kids and a husband to my wife.
I want to be able to maintain my job.
I want to be able to games with them.
I want to be a dad to my kids and a husband to my wife.
I want to be able to games with them.
I want to be able to games with them.

The people I can depend on to help me with these changes:
My mother and father
Dominick, my boss
Ariel, my wife

The people I can depend on to help me with these changes:
My brothers, Donny and Simion

The ways in which others can help me accomplish these changes:
My family can help me.
My friends can help me.
Others can help me.

The ways in which others can help me accomplish these changes:
The ways in which others can help me accomplish these changes:
Others can help me.

The steps I plan to take in order to accomplish these changes:
Engage in treatment and attend every week.
Engage with my family and be present with them every evening.
Reduce the number of days I am missing work so that in the next three weeks I have no absences.

The reasons why I want to make these changes:
To improve my health.
To improve my relationship with my family.
To assure that I will not lose my job.
To wake up in the mornings feeling good instead of being hung over.
To be a dad to my kids and a husband to my wife.
To maintain my job.

The things I want to change in the next 12 months are:
Reduce my drinking to no more than 3 drinks per day over the next 4 weeks.
Engage with my family and be present with them every evening.
Quit drinking any alcoholic beverages.

Goals Worksheet

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### Goals Worksheet

<table>
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<tr>
<th>Some things that might keep me from achieving these changes:</th>
<th>The people I can depend on to help me with these changes:</th>
<th>The ways in which others can help me accomplish these changes:</th>
<th>The steps I plan to take in order to accomplish these changes:</th>
<th>The reasons why I want to make these changes:</th>
<th>The things I want to change in the next 12 months are:</th>
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Purpose of the group: *To provide information about cravings and assist participants in developing a plan to successfully deal with cravings.  
*To provide information about coping skills and how to develop and execute coping skills in making life changes.  
*To develop refusal skills that will be necessary when friends and former "using" friends offer drugs or drinking opportunities.  
*To understand risky vs. safer decisions. It is important for participants to understand their decision making process and how it impacts behavior.  
*To understand basic communication skills such as assertive, passive, passive-aggressive and aggressive responses.

Goals for this group: *Participants will have an understanding of cravings and the power of cravings as they attempt to establish sobriety  
*Participants will identify personal cravings, learn to chart using a cravings form  
*Participants will develop strategies to engage in alternative activities when cravings become overwhelming and respond to positive "cues"  
*Participants will learn refusal skills and practice in role plays  
*Participants will examine their decision making processes and how decisions impact their ability to remain sober  
*Participants will practice socially appropriate communication skills

What you need to conduct this group:  
1. Knowledge about cravings and their impact, the power they have over recovery  
2. Handouts: Craving Record example and Craving Record blank forms  
3. Sufficient blank forms to use in the group as well as having enough for each participant to take at least one blank form with them  
4. "Coping with thoughts about using" form and example  
5. "Seemingly Irrelevant Decisions" form and example  
6. "Refusal Skills" worksheet and example  
7. Knowledge about communication skills and role play scenarios
Coping with Cravings
Page Two

The Process:
You have some materials provided to explain and lead a discussion about cravings. If participants have not obtained a period of sobriety, cravings pose the greatest threat to that happening. If participants have achieved sobriety, they are most likely experiencing cravings that may be extreme and overwhelming at time.

It is important to discuss the ways in which carvings may appear. While they all represent an overwhelming urge, some cravings have a physical manifestation while others are psychological.

Allowing participants to discuss cravings and possible coping strategies allows them to share ideas and perhaps discuss strategies to overcome the urges to use.

It is important at this stage to discuss coping strategies and ways in which participants have learned to manage cravings without using. Positive affirmations may be helpful as a reminder why participants continue to struggle to obtain sobriety and establish a program of recovery.

Ask participants about decisions they make and how significant those decision are in being safe during a vulnerable time. Seemingly irrelevant decisions offers the participants the opportunity to examine their decision making process and examine alternatives that may be safer.

Finally, establishing refusal skills that will work in a time when participants are tempted to use with friends or those around them who will offer them drugs or alcohol. Use the Refusal Skills form to create scenarios that might work.

STEP ONE:
Introduce the topic and ask if participants are experiencing cravings. Ask them to identify cravings; what they are and how they impact each participant. Ask them if they have any workable strategies to manage cravings and maintain sobriety.

STEP TWO:
Introduce the form "Craving Record". Have each participant recall a recent event in which cravings were strong and overwhelming. Ask them to record on the form exactly what happened, how long the cravings lasted, the intensity of the cravings and the methods they used to cope with cravings or if they used as a result of the cravings. Ask participants to share what works and how they manage cravings rather than use.
Identify the terms "triggers" and "cues"

**Triggers** are those thoughts, physical manifestations or beliefs that make an individual want to use or drink. A trigger can be the sight of a friend who has been a using friend. It can be a bar or location in a town. Triggers can just be thoughts or feelings that seem uncontrollable.

"**Cues**" can be the message that occurs when a trigger appears that guides the individual in a positive direction instead of responding to the trigger.

**EXAMPLE:** When I'm driving down the street with my window open and get a whiff of fried chicken as I pass a KFC, I suddenly get a visual image of fried chicken and can remember how tasty and juicy that fresh hot fried chicken taste. My mouth starts to water and I feel hunger in my tummy. Just that smell makes me want to get some friend chicken. While I may resist the urge to stop immediately, that image stays in my mind all day and by dinner time, I find myself driving into a KFC to order chicken strips for my evening meal.

A "**cue**" *would act in this way*. I'm driving down the street with my window open and get a whiff of fried chicken. I acknowledge that it smells good and tempting, but instead of thinking of eating fried chicken, my cue is that when I smell fried chicken, I need to order a salad. If I respond to the cue instead of the trigger, I avoid eating something that would not be on my diet. Cues are learned, practiced and reinforced until they become routine. I smell chicken; I go have a salad.

**STEP THREE:**
Ask participants if they can think of any cues they can practice when they are tempted by triggers and cravings. Ask them if they are willing during the week to use the blank form and write their experiences with craving for a week.

Ask them what might prevent them from completing the Craving Record for the week and see if they are willing to make a commitment to record cravings for one week.

**STEP FOUR:**
Introduce the "Coping with Thoughts about Using" form. Ask participants to discuss ways in which they cope with cravings rather than use. Ask participants to think of positive affirmations they would write on this form. Ask them if they will read these affirmations daily to help remind them of the reasons they struggle daily to remain sober.
STEP FIVE:
Introduce the "Seemingly Irrelevant Decisions" form and lead a discussion about the way in which decisions are made on a daily basis. Many decisions may put the participants in threatening situations. The discussion focuses on decision-making and ways to choose safe alternatives rather than risky alternatives.

STEP SIX:
Introduce the "Refusal Skills" form. Ask participants to think of the persons who might offer them drugs or alcohol or in some way tempt them to use. By identifying those individuals and practicing a scenario that would be effective, the participants then practice in role plays the use of these refusal skills.

STEP SEVEN:
This group is loaded with a lot of forms and a lot of role playing. It may take more than one session to complete. Plan to use this session for two or more groups and it may be used in lieu of the Alcohol/Drug Physiology session.

Ask participants to evaluate the benefits of these tools and how these can contribute to their recovery program.

Thank participants for their participation and for sharing. Ask them to commit to using the forms the following week and be prepared to share with the group.
Coping with Cravings

Goals for this topic:
1. Understand the client's experience with cravings
2. Convey the nature of cravings as a normal, time-limited experience.
3. Identify triggers as well as avoidance cues.
4. Practice craving control using avoidance cues.

Key Interventions:
It is important for the client to understand that craving is normal and common among those who have a history of substance use including alcohol. Craving does not mean that something is wrong or that the client "wants" to use drugs. It is a physiological and psychological experience often triggered by an event, an environment or a person associated with previous substance use experiences.

Pavlov best explained conditioned cues in that there is a paring of events, one of which will trigger the other. In situations in which an animal being given food powder coupled with the ringing of a bell, the ringing of the bell would, over time, elicit expectation including drooling by the animal with an expectation that the food powder would be forthcoming. In situations with substance users, certain environments such as bars with certain smells, dark environments, or neon lights advertising alcoholic beverages or the mere sight of a "bar" sign may create a "trigger" or a need to use.

In other situations, persons who used drugs together may be triggered by seeing this individual long after the last usage. While an explanation of the phenomenon may be helpful to the recovering client, it will not preclude the actual experience. Most persons who have been users in the past seem to experience cravings at some time in their recovery.

Cravings are urges to use and they may be manifested in any number of ways. Some clients report "I just get a feeling in my stomach" or "my heart races" or "I start smelling it" or "I can't get it out of my head" and "it calls me". All of these are urges or cravings that, if not controlled can lead to further usage.
It is important in this session to get a sense of cravings the client may be experiencing. If there are cravings, it is important to identify the triggers or causes or events or environments that create the craving. Some clients report mild cravings that do not represent a risk, while other are so bothered by cravings that they feel unable to control them. It is important also to know how long the cravings last and what coping mechanisms are used to control these cravings.

Begin by working with the client to create a list of triggers. While a client may be able to identify immediately any number of triggers, others may occur to the client outside the treatment environment. Ask the client to keep a running list of triggers that they identify on a day-to-day basis in their every day life. Create a priority list indicating those which are most powerful and those occurring most often.

A good strategy for the client is to learn to identify, avoid and cope. The counselor should explore the client's ability to avoid and then cope with cravings without using. This may involve avoiding certain people, environments, staying away from places where previous incidences of use occurred. It may include avoidance of carrying or having large amounts of money or ready access to the drugs of choice.

While a client may not feel vulnerable to certain drugs, it is important to acknowledge a vulnerability to other drugs as well as other impulsive type behaviors that might lead to usage.

Explore with the client a variety of strategies for coping with cravings and which the client is willing to integrate into his/her recovery strategies. Distraction is a common coping strategy which means the client must be able to distract themselves from the craving or the environment by finding a safe alternative.

Talking about the cravings with someone such as a therapist or a sponsor can be effective. Going with the craving or allowing it happen and just experience the feeling without responding to the feeling can be useful and using positive self-talk to find a safe place with safe people and literally talking oneself out of the craving.
Many former users seem to find physical activity as a good distracter. It may be helpful to create a list of possible physical activities the client can rely on when distraction is needed. Taking a walk, playing basketball, tennis or golf, doing yoga or relaxation activities may be helpful. A list is essential. It must be realistic and doable.

Talking about the craving may help. Finding the right person to share the feelings with is also important. For significant others who may not understand the cravings, it may be fearful and seem as if the client is on the verge of using again. A sponsor or clinician is often a safer place to share information about cravings.

"Going with the craving" means staying in the feeling, allowing it to peak and subside without fighting the feeling or giving in to it. This may take some practice and is best practiced in a safe environment with a clinician. It is important to note when the craving is occurring and under what circumstances. This information is important in creating an accurate list of triggers and cues to prepare avoidance and coping skills.

When clients experience craving it is often associated with pleasurable experiences from the past using experiences. They often forget the negative consequences of use. They will frequently need to be reminded of the benefits of abstinence and recovery and reinforce the positive benefits by creating a list of reasons why abstinence is important.

Many clients will report automatic thoughts and feelings associated with cravings. While the resulting behavior may not lead to use, it may lead to risky behaviors that are associated with previous use or being in situations that are indeed threatening to recovery. For example, a client may report that in craving, he or she needs to drive fast or frequent a casino. Neither of these may directly lead to use but each may be risky and represent a previous association with use. Approximations which may not lead to use are dangerous and often threatening to sobriety. Explore these with the client and again define those behaviors that are "approximations" of use.

**Work for this session:**
1. Make a list of cravings, triggers, urges and associated thoughts and behaviors.
2. Create a list of alternative activities to distract from the cravings.
3. Keep a one-week record of cravings using the form indicated.
Craving Record

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Situations, Thoughts, Feelings</th>
<th>How I Coped</th>
<th>Length of Craving (minutes)</th>
<th>Intensity of Craving (1 – 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, March 17 8:00 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I went to my neighbor’s house and took my kids and his and walk down to the park so they could play.</td>
<td>He recognized I was in a risky situation and talked to me about finding ways to manage the stress rather than try to escape from it. He didn’t judge me but just listened and let me talk. He offered suggestions about how to cope.</td>
<td>I went to my neighbor’s house and took him kids and his and walk down to the kids were driving me nuts. He suggested I take my kids and his and walk down to the park so they could play.</td>
<td>15</td>
<td>90</td>
</tr>
<tr>
<td>My wife went shopping with her friend and left me to watch the kids this morning. They were screaming at each other and fighting. I just wanted to get away and get loaded so I wouldn’t have to deal with them.</td>
<td>She suggested I go to the neighbor next door and let me to watch the kids this morning. They were screaming at each other.</td>
<td>I went to my neighbor’s house and took him kids and his and walk down to the kids were driving me nuts. He suggested I take my kids and his and walk down to the park so they could play.</td>
<td>15</td>
<td>90</td>
</tr>
<tr>
<td>Monday, March 12 9:30 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I called my wife and she talked to me for a while; made me feel a little better. She suggested that I take a walk and calm myself down and plan to go to a meeting at the lunch hour.</td>
<td>I talked to a co-worker and he said the boss wouldn’t be mad if I went to a meeting at noon and felt better.</td>
<td>I went to a meeting at noon and felt better.</td>
<td>20</td>
<td>90</td>
</tr>
<tr>
<td>My boss came into my office and chewed me out because I made a mistake on a report that goes out. I didn’t send it over to his office to review before I sent it out. When it got to the client, they noticed the error right away and called him.</td>
<td>My boss came into my office and chewed me out because I made a mistake on a report that goes out. I didn’t send it over to his office to review before I sent it out. When it got to the client, they noticed the error right away and called him.</td>
<td>I called my wife and she took me for a walk and calm myself down and feel better. She suggested I take my kids and his and walk down to the kids were driving me nuts. He suggested I take my kids and his and walk down to the park so they could play.</td>
<td>20</td>
<td>90</td>
</tr>
<tr>
<td>How I coped</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date and Time</td>
<td>Situation, thoughts, feelings</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---------------</td>
<td>------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensity of craving (1–100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of craving (minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How I coped</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Topic 2: Encouraging, Motivating and Getting A Commitment to Stop

Goals for this Topic:

1. Clarify treatment goals
2. Acknowledge and address ambivalence about abstinence and recovery
3. Learn to identify and cope with thoughts about using

Key Interventions:
By this time, there is familiarity between the counselor and the client. The functional analysis has been completed and the client has a general idea about the direction for treatment. The client may or may not have stopped using completely. The client may have a better understanding of the role of addiction in his/her life if there has been a period of sobriety. They are also aware of the thoughts about using, the temptations and urges, cravings and difficulties in being sober. This is a time to address ambivalence.

While it is hopeful that the use has stopped; realistically it may take an external motivator such as the criminal justice system to provide the impetus to quit completely. With random UAs, clients tend to be more serious about sobriety; with random visits from parole or probation officers, clients often understand that they have to clean it up or go to jail. This may be a time when the client will switch from one drug to another but not give them up completely. This makes it a good time to address ambivalence about sobriety and commitment to abstinence as well as reaffirm goals for treatment.

This is also a good time to assess readiness for change, current attitude towards abstinence and a sense of other problems that may be occurring. This is a good time to practice those Motivational Interviewing skills. "It is up to you what you want to do about this".
The counselor might ask "have you thought about where you want to be in 12 weeks or what your life might be like in 12 months?" This will often elicit other problems or concerns that will need to be addressed which often involve legal matters, medical concerns, family/social problems, mental health problems, employment/support and other issues that will directly affect sobriety and ultimately abstinence. Using the CBT model may uncover thoughts and feelings associated with many of the other problems as well as substance use or addiction.

Addressing ambivalence should be a priority in this session. Ambivalence or feeling many different ways about any number of things at any given time and then feeling something completely different shortly thereafter is NORMAL, not pathological. Talking about ambivalence is encouraged. Talking about ambivalence makes it normal instead of secretive and encourages discussions about other concerns and conflicts.

A decision matrix may be beneficial at this point. Write the pros and cons of using. Do not be surprised if there are a lot of pros initially. When a client states that "there is no excitement in my life without drugs", it is an excellent opportunity to again use MI and reply, "using does create excitement, what else creates excitement in your life?" With the matrix card in the client's pocket he or she can often recall this conversation and be aware of the positive reasons for ceasing use of drugs or alcohol. Remember that once a user becomes addicted, his or her whole life tends to revolve around getting, using, sharing and thinking about drugs or alcohol. Take that away and life seems empty, hard to manage and hardly worth it. Reinforce "recognize warning signs and triggers, avoid the temptation to act on the thoughts and feelings and cope using mechanisms the client is willing to act upon.

Be aware of these self defeating thoughts and beliefs the client may be having:

1. Testing control: "I could go to a party and not use" "I could be around my friends while they use and not do it myself"

2. Life will never be the same: "I love being high, it makes life worthwhile"

3. Failure: I've been in treatment before and it has never worked; there is little hope for me this time."

4. Diminished pleasure: "Life is boring without drugs"
5. Entitlement: "I deserve a little reward every now and then"

6. Feeling uncomfortable: "I don't know how to act around people when I am not high"

7. What the hell: "I screwed up again, I might as well get loaded"

8. Escape: "My life is so screwed up, I'd just need a break for awhile"

These thoughts and statements are common. There are a number of strategies that may be helpful:
1. Help the client think through the elation of being high. Help them to recall the downside of use and the problems it has created. Have them recall negative experiences associated with use rather than just the good times.

2. Challenge the thoughts. Ask the client to practice positive beliefs by making positive statements "I've dealt with cravings in the past and I have not given in to them. I can keep doing that".

3. Review negative consequences. Remember the downside of using. There are usually many to recall.

4. Distraction. As cravings peak and eventually dissipate, so do thoughts about using. Thoughts about using will become less and less frequent the more time there is since the last usage. Find something positive to do and do it.

5. Talking. Find a supportive friend or a sponsor who will listen without giving advise. Identify appropriate others who will provide time and not be judgmental to be available when talking would help.

**Work for this session:**
1. Complete a list of positive and negative consequences of use.

2. Complete a GOALS WORKSHEET

3. Review the GOALS WORKSHEET and the CRAVINGS WORKSHEET
Some things that might keep me from achieving these changes:
The people I can depend on to help me with these changes:
The ways in which others can help me accomplish these changes:
The steps I plan to take in order to accomplish these changes:
The reasons why I want to make these changes:
The things I want to change in the next 12 months are:

<table>
<thead>
<tr>
<th>Changes:</th>
<th>...</th>
<th>Changes:</th>
<th>...</th>
<th>Changes:</th>
<th>...</th>
<th>Changes:</th>
<th>...</th>
</tr>
</thead>
<tbody>
<tr>
<td>accommodating these changes:</td>
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<td>accommodating these changes:</td>
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<td>accommodating these changes:</td>
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<td>accommodating these changes:</td>
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</tbody>
</table>
TOPIC 3: Refusal Skills and Assertiveness

Goals for this topic:
1. Assess availability of drugs and alcohol and take steps to reduce assessability.
2. Create strategies to break contacts with dealers and friends who would supply drugs, encourage the use of drugs and/or alcohol.
3. Develop and practice refusal skills.
4. Understand the difference between passive, aggressive and assertive responses and practice those in using refusal skills.

Key Interventions:
The counselor and client should assess the availability of drugs and alcohol and create strategies that the client is willing to use to limit the availability. This includes friends who are dealers and those friends who would encourage use rather than abstinence. This evaluation must include the client's living situation and family members. At this point the client must be willing to indicate to family members, friends and others that he or she is in a treatment program and that he or she is no longer using drugs or alcohol. This includes an assessment of current supplies of drugs that may be readily available. Ask the client "If you wanted drugs right now, how long would it take for you to get those drugs?" "Are there drugs still in your house or living situations or at your work?" "Have you told your friends you are no longer using drugs?" "Are you in a relationship with a person who continues to use drugs or drink alcohol?" These will be critical questions for the client at this point.

The client may be in a living situation where drugs are readily available or in a relationship in which the partner is still using. In each situation, the client faces a major change in his or her life. At this point, it is critical to ask the client what he or she is willing to do to provide an environment conducive to abstinence.
Refusal Skills:
There are three basic rules when using refusal skills:
1. Respond rapidly without hemming and hawing around to let the individual know that you are no longer using or drinking alcohol.

2. Make and hold eye contact.

3. Respond with a firm and clear "no" when offered drugs or alcohol.

Many clients will feel uncomfortable refusing and attempt to avoid saying "no". It becomes important for the client to learn how to refuse and mean it so that offers will no longer be made. This often means loosing friends and even changing living situations.

This is an excellent opportunity to do role playing and practicing in the counseling session. Pick a real situation or perhaps one person who is unaware that the client is no longer using. Create the role play and rehearse several times, discussing the discomfort and concerns. These refusal skills should be practiced in several sessions repeatedly to provide a greater level of comfort.

**Work for this Session:**
USE REFUSAL SKILLS FORM
Refusal Skills

This is what I'm willing to say to them:
Those who might offer me drugs or try to get me to use:
I'm not doing that anymore. I really need you to understand that I can't be around you when
you use or offer me drugs anymore. I need your support with this.

Richard, friend

I'd like your help with my addiction problem. I have used with you in the past but I'm not
doing that anymore. I would appreciate if you don't use around me or offer me drugs
anymore. I hope you understand that I have a problem with using and I have to do
something about it. Can I count on your support with this?

Mary, co-worker

This is what I'm willing to say to them:...
Topic 4: Seemingly Irrelevant Decisions

Goals for this Topic:

1. Understand Seemingly Irrelevant Decisions and the relationship of those decisions to high-risk situations.

2. Identify examples of current Seemingly Irrelevant Decisions in the client's life.

3. Practice safe decision making.

Key Interventions:

Many times a client makes seemingly irrelevant decisions which will place them at risk for relapse. Without thinking about it, decisions are often made which may place the client in a compromising situation that creates triggers or opportunities to use. Marlatt and Gordon, 1985, refer to those decisions, rationalizations and minimizations of risks that move patients closer to or even into high-risk situations, although at the time, the decision did not seem risky.

Working with seemingly irrelevant decisions emphasizes the cognitive aspects of CBT treatment. Those who benefit most from this process of identifying these decisions tend to possess intact cognitive functioning and have some ability to reflect on their cognitions. "What was I thinking?" is a general response when one realizes that a seemingly irrelevant decision has created a risky situation. This exercise is very helpful for those clients who have difficulty connecting behavior and its consequences. This may take some practice and repeated use of the CBT form that connects thoughts, feelings and behaviors.

The purpose of this topic is to help clients recognize and interrupt seemingly irrelevant decisions before the consequences of the decision result in an unexpected behavior. It requires that a client begin to "think through" a decision at the inception of the decision rather than at the end of the chain which may have lead to a behavior or a situation that is risky. An example: A client is invited to a birthday party for an old friend. He or she immediately accepts the invitation.
without thinking where the party is being held or who will be attending. After accepting the invitation, the client then thinks through the situation and realizes many of the friends who will attend still use drugs and alcohol and that there will be availability of both at the party. In addition, the party will be held in a neighborhood in which the client previously used, bought and dealt drugs. By thinking through what seemed at the time to be an irrelevant decision, the client realizes the risk involved before heading out for the party.

Recognition of seemingly irrelevant decisions is the key. Many decisions are made without thinking. A client in early recovery is invited to learn to think through decisions in these exercises.

Use an example such as this one:
David left work after a hard day and started his drive home. He has been using an alternative route to avoid an area of bars and clubs where he previously used and sold drugs with his friends. Today, under stress, he failed to remember to take the alternative route and found himself on a street full of clubs where he knew his "old" friends would be celebrating happy hour. Feeling frustrated, tired and overwhelmed from his hard day at work, he decides to stop by and have just a soft drink with his former friends since his wife is away on a business trip. He manages to have a soft drink but when he goes to the bathroom, his friends add a couple of shots of bourbon to his glass. The alcohol taste good and he realizes immediately that his friends have spiked his soft drink. They tease him and tell him to relax and have a drink. One surelly won't hurt. The alcohol affects his judgment and when he is offered heroin from his former dealer, he heads off to the bathroom for a fix.

Ask the client to identify the points in which this person in the story set himself up by making seemingly irrelevant decisions. How did he talk himself into "high risk" situations that lead to a relapse? What would the client have done differently to avoid such a situation?

Have the client give examples in his own life of seemingly irrelevant decisions and how he prevented high risk situations or found him/her self at risk by now thinking through the decision.
Encourage the client to make safe decisions by thinking through even the smallest and seemingly irrelevant decisions to the logical consequence. Use numerous examples that seem irrelevant and how they can lead to risky situations and encourage the client to evaluate current decision making.

Situations that frequently lead to seemingly irrelevant decisions and risky situations:

1. Being in the presence of persons who use drugs or alcohol.
2. Keeping drugs or alcohol in the living situation.
4. Going to parties where drugs and alcohol are readily available.
5. Interacting on a regular basis with persons who use or drink.
6. Avoiding telling others of the decision to no longer use.
7. Not planning for free time.
8. Becoming too tired, too lonely, too bored, too stressed.

**Work for this session:**
Use the "Identifying safe versus risky decisions" form
<table>
<thead>
<tr>
<th>Risky Alternative</th>
<th>Safe Alternative</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'll just sit and hang out in the park for a while while I'm walking.</td>
<td>I'll take the dog for a walk in the neighborhood and let the kids ride their bikes.</td>
<td>I need to get out of the house for awhile.</td>
</tr>
<tr>
<td>See whose cars are there today. I won't stop. I just want to see whose cars are there today.</td>
<td>If I'm going on home to my family, is over there, I'm going on home to my family. If it doesn't matter who areas altogether. I'll do to matter who.</td>
<td>I'll drive home after work.</td>
</tr>
</tbody>
</table>
| I'll drive home on Lombard Street today. | I'll take Rampart Street and avoid the bar label. | I coughed up a little.

and follow the directions for use on the label. I'll only take the prescribed amount. |

I decided to take a little cough syrup for my cough. |

Seemingly Irrelevant Decisions
<table>
<thead>
<tr>
<th>Decision</th>
<th>Safe Alternative</th>
<th>Risky Alternative</th>
</tr>
</thead>
</table>

Seemingly Irrelevant Decisions
TOPIC 5: Developing a Coping Plan

**Goals for this Topic:**

1. Anticipating high risk situations
2. Developing a realistic coping plan

**Key Interventions:**

While all high risk situations cannot be avoided, it is essential to prepare clients to cope with everyday life. Stressors often lead to high risk situations, so now is the time for the client to identify those stressors which create vulnerability. In preparing for those situations which the client knows may create high risk situations, he or she will be more prepared for those unanticipated high risk situations as well. It is good to have a "foolproof" coping strategy in case there is an unanticipated crisis; those will occur.

Creating a coping plan is the primary focus of this session. The plan should include:

1. A list of persons and their contact that can always be relied upon for support.

2. Recall or remembering to read the negative consequences of previous use.

3. Positive thoughts that can be substituted for high risk thoughts.

4. A safe place where the client can go or be in the event he or she finds themselves in a risky situation and a plan to get to the safe place.

**Work for this session:**

Complete the All Purpose Coping Plan Form and discuss.
<table>
<thead>
<tr>
<th>Coping with Thoughts about Using</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thoughts</strong></td>
<td><strong>Coping with Thoughts about Using</strong></td>
</tr>
<tr>
<td><strong>Coping with Thoughts about Using</strong></td>
<td><strong>Thoughts</strong></td>
</tr>
<tr>
<td>My co-workers spend a lot of time talking about non-work when they are at work. I'm glad to hear they are enjoying their lives. I need to just think about my work and not be annoyed by their conversations.</td>
<td>They will also enjoy our time together. I will spend quality time with them so they will also enjoy our time together.</td>
</tr>
<tr>
<td>I'm going to concentrate on getting my work completed on time and with a minimum of errors. If I don't participate in that conversation, I'll get more work done and they won't distract me. They are good people and good friends. I'm going to think about my work and not be annoyed by their conversations.</td>
<td>I will spend quality time with them so they will also enjoy our time together.</td>
</tr>
<tr>
<td>These people make me nuts. Who cares about the new house and the friends they had over. I just wish they would shut up and focus on getting their work done. Damn, I need a drink right now to relax and calm down.</td>
<td>If I could just have a drink right now, I'd be more relaxed and able to handle the kids. It would take the edge off and I wouldn't feel like I need to scream and yell at them.</td>
</tr>
<tr>
<td>Positive thoughts, coping skills I can use to change thinking</td>
<td></td>
</tr>
<tr>
<td>Positive thoughts, coping skills I can use to change thinking</td>
<td></td>
</tr>
</tbody>
</table>
Coping with Thoughts about Using Positive thoughts, coping skills I can use to change thinking Thoughts I am having about using
TOPIC 6: Problem solving

Goals for this session:
1. Introduce a problem solving plan
2. Practice problem solving using the plan

Key Interventions:
This session focuses on developing a plan for solving problems. While people solve problems on a daily basis without thinking about it, those persons who are new to recovery, may experience difficulty in solving simple problems. To help eliminate additional stress, the client should have a problem solving strategy that can be applied in any situation.

A simple strategy has these steps:

1. Identify that there is a problem and identify the problem.

2. Consider various approaches to solving the problem and the consequences of each possible solution. This is often accomplished by brainstorming or creating as many possible solutions as possible to imagine. Writing these ideas is important as they may be useful in the future. Not making a decision is in fact, making a decision! Sometimes not making a decision becomes a viable option.

3. Select an approach. Thinking through the process what are possible results of selecting this approach. This step involves objectives or incremental steps in the approach selected.

4. Do something. After selecting an approach, put it to work and assess the results and effectiveness of this approach.

Ask the client to select a couple of recent problems he/she has faced. Apply the problem solving technique and have the client work through the process to become familiar with the steps.

Work for This Session:
Use the Problem Solving Form
A Problem Solving Strategy

1. Identify the problem.
2. Identify the desired outcome.
3. Consider possible courses of action to achieve the goal.
4. Who can I depend upon for support?
5. Who can I share this dilemma with who can rationally give me feedback?
6. Choose a course of action and begin the plan.
7. Evaluate progress towards achieving the goal.
8. If the outcome is not achieved, return to step 1.
2 Session III - Managing Thoughts, Managing Anger

**Purpose of this group:** In this group or groups in which managing thoughts and anger will be addressed, participants will be asked to learn methods of managing and redirecting thoughts that could lead to drug usage or drinking. By learning to recognize thinking that often leads to negative consequences, participants can learn to redirect the thought process before acting on it. This section will focus on redirecting those thoughts and utilize counter conditioning to replace unhealthy thoughts with positive ones.

In addition, participants will be asked to focus on anger and the manner in which anger is manifested in their lives. Often enough, anger is an emotion that causes distress in one's life and can also lead to negative thoughts, negative behaviors including drinking and substance abuse. While there are appropriate methods of expressing anger, participants may need to learn ways to express anger so that anger does not manage them.

This is a stimulus control, counter conditioning and reinforcement management exercise.

**Goals for this group:**
*Participants will learn methods to control negative thoughts and replace those with positive thinking*
*Participants will acknowledge their expressions of anger and evaluate their effectiveness in expressing anger*
*Participants will learn how to express anger appropriately*

**What you need to conduct this group:**
Handouts:  
How CBT Works  
Managing my Thinking  
Managing my Anger
Managing Thoughts, Managing Anger  
Page Two

The Process:
It is important to have a discussion with participants about how thinking can tempt one or lead one to drinking and using drugs. It is also important for participants to realize they are not a victim of their thinking; they can be a master of their thinking. While people often say they are unable to control their thinking, this session is designed to empower participants to take greater control over their thinking and manage thinking in such a way that it leads to positive consequences rather than negative ones.

Use the "How CBT Works" form that was used early in the treatment process to help participants identify the process which leads from thinking and believing to a behavior. Suggest ways in which thinking can be controlled by recognizing the "stinking thinking".

STEP ONE:
Begin a discussion with the participants by explaining how thoughts play a big role in the decisions we make and that we have thoughts constantly. Why we pay attention to some thoughts and let others go is a mystery. In fact some thoughts seem to "get stuck in our head" and plague us for hours while others are fleeting. Discuss the differences among these types of thoughts and how they might be managed. The "unhealthy" thoughts often lead us to unhealthy behaviors if the thoughts are not managed. For example: If I think long and hard enough about how good a beer would taste while I'm out working, getting all hot and sweaty, then the likelihood of acting on that thought probably increases. If I can dismiss that thought and think instead of how great a cool bottle of water will taste, I might be able to redirect my thinking to avoid drinking a beer. A lot depends on the ability of the individual to control one's thinking rather than letting the thinking control the individual. The key to controlling thinking is learning to "stop" before acting on the thought and consider alternatives that might be less risky and more productive.

Perception is a significant part of our thinking. The manner in which we perceive situations often guides thinking. If one takes a negative approach in perception, then negative thinking is likely to result. If the perception is reframed into a positive look at a situation, the likelihood is that positive thoughts and therefore, positive behavior will result.

Negative thinking is responsible for negative feelings about oneself. Negative thinking can often lead to poor self esteem, depression, frustration or anger.
Managing Thoughts, Managing Anger
Page Three

In order to begin a process of changing thinking it is necessary to recognize the negative thinking as it begins to occur, stop the negative thinking and substitute more national or positive thinking. It's a matter of control and practice, practice, practice.

STEP TWO:
Handout the "Managing my Thinking" form and ask participants to write several examples of negative thinking and the negative behaviors that resulted from that thinking. It is important to have participants think through a behavior so they can recognize the role that thinking played. You may want to refer back to the "How CBT Works" form as well.

Ask participants to share their experiences with negative thinking. In the second column participants are asked to think of ways they might control their thinking and what substitutes might result in positive thinking and therefore positive behaviors.

Share with the group.

STEP THREE:
Discuss ways in which participants have managed to ignore negative thoughts, "stinking thinking" in the past as they were able to let go of or ignore negative thoughts. Ask participants how they managed the negative thoughts and what they did instead of dwell on the negative thoughts. Discuss alternative ways of managing, controlling and stopping negative thoughts.

Ask participants to ways they can manage negative thoughts in the second column of the "Managing my Thinking" form. Share with the group.

STEP FOUR:
Address anger as an emotion and ask participants to share how they express anger. While anger is a good emotion, it is often manifested in negative ways which cause trouble or creates violence.

In view of the previous discussion, are they ways in which anger can be managed as a thought? What are alternative methods of managing anger? Use the Managing Anger handout and ask participants to complete the form and discuss their personal expressions of anger.

Ask participants to write strategies to control anger and ways in which they would be willing to practice expressing anger other than previous methods that may have created problems.
STEP FIVE:
Ask participants if they are willing to work on managing thoughts and anger during the next week. Ask them to keep these worksheets with them and when they are feeling overwhelmed with negative thoughts or anger, re-read these sheet and take time to develop a plan for negative thinking and anger rather than act on it. Ask them to record or recall the events that created the negative thinking or anger to share with the group in the next session.

STEP SIX:
Thank participants for their honesty in sharing difficult feelings and for attendance today. Ask if they are willing to commit to writing thoughts and attempting to control anger this week by using the forms provided in this session.
<table>
<thead>
<tr>
<th>Negative thoughts are:</th>
<th>Some ways I am willing to control my behaviors resulting from my negative thoughts are:</th>
<th>Some of my negative thoughts are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some negative thoughts are:</td>
<td>Some ways I am willing to control my behaviors resulting from my negative thoughts are:</td>
<td>Some of my negative thoughts are:</td>
</tr>
<tr>
<td>Some negative thoughts are:</td>
<td>Some ways I am willing to control my behaviors resulting from my negative thoughts are:</td>
<td>Some of my negative thoughts are:</td>
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Managing My Thoughts
<table>
<thead>
<tr>
<th>Trigger</th>
<th>What made me angry?</th>
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<tbody>
<tr>
<td></td>
<td>How does anger feel?</td>
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<tr>
<td></td>
<td>Thoughts that occur when I am angry</td>
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<tr>
<td></td>
<td>Behaviors that occurred when I was angry</td>
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<td></td>
<td>Consequences</td>
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<td></td>
<td>What happened?</td>
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<td>What am I willing to do to manage anger?</td>
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Managing My Anger
An example – How CBT Works

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Thoughts / Feelings</th>
<th>Behavior</th>
<th>Negative Consequence</th>
<th>Positive Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>An example – How CBT Works</td>
<td>I got involved in a wreck that wasn't really my fault because I was emotional and thinking about sad things that had happened to me in my life.</td>
<td>I started to cry and get all emotional. I started thinking about all the good times we had and how much fun it was to hang out with friends.</td>
<td>I was sad.</td>
<td>I got a lot of good drinks, met up with friends occasionally and just hung out and had fun.</td>
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<tr>
<td>Trigger</td>
<td>What happened?</td>
<td>Positive Consequences</td>
<td>What happened?</td>
<td>Positive Consequences</td>
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Session IV - Values and Core Beliefs

**Purpose of this group:** To assist participants in identifying the values that are most important to their lives and the meaning of those values in their day to day lives. This is an exercise in *self-evaluation* which is a higher level skill in CBT. The idea is to help participants identify the values they hold and how their current behaviors relative to drinking and using drugs may conflict with those values or core beliefs. Core beliefs and values will be used interchangeably in this discussion. Values and core beliefs are so deeply ingrained in certain individuals that they cannot separate themselves from their beliefs. The core beliefs often define who they are as well as how they act. When a conflict occurs between the ways in which a person thinks, believes and how they act, cognitive dissonance occurs. It is difficult for a person to see themselves as representatives of certain values and beliefs and acting in a totally different manner. This session offers an opportunity for participants to reaffirm their values and beliefs or acknowledge they are acting in a manner inconsistent with those values and beliefs.

**Goals for this group:**
*Participants will identify values and core beliefs*
*Participants will justify current behavior in relation to their values*
*Participants are invited to challenge their core beliefs and/or behavior*

**What you need to conduct this group:**
"Values/Core Beliefs (grid) handout
Personal House handout
Pop cycle sticks
Ball point pens

**The Process:**
Begin this session by discussing and identifying "values". Substitute the term "core belief" at some point early in the session to let participants know these have the same meaning. Ask participants to verbalize values they hold; those thing that are so important in their lives they are willing to live by those values and often die for them. Discuss the ways in which one develops these values; sometimes from parents or significant persons in their lives or circumstances or lessons they have learned through often hard experiences. Often enough, we learn something through a negative or traumatic experience that teaches us a lesson and creates a core belief. Example: a child who was abandoned in the 4th grade by his parents and sent to live in a foster home may have a difficult time trusting adults or authority figures. As this matures into adulthood if the mistrust is not challenged, this individual may have a difficult time trusting other and have a core belief that "no one can really be trusted".
Values and Core Beliefs
Page Two

STEP ONE:
Using this example, ask how you think a person would behave with such a core belief and how that might lead to difficulties in relationships with others. It could lead to drinking or using behavior because drugs and alcohol can always be trusted to do exactly what they are supposed to do, every single time whereas, human relationships may often let you down or provide disappointment.

Give additional examples of core beliefs for discussion such as:
Fords are better than a Chevy
Men must be in control of their family
Women should always obey their husbands
Adults should always be treated with respect
Republicans are just wealthy old men
Mothers will always love their sons
God is the spiritual commander for everyone
My family always comes first
Adults cannot be trusted

Ask participants to add others that they feel people have as values and core beliefs. What types of behaviors might be expected of persons in the most extreme situations if they act of these beliefs. After adequate discussion and examples so that participants now have an idea of values and core beliefs, move to the written exercise.

STEP TWO:
Handout the Values/Core Beliefs grid sheet and ask participants to think for a few minutes about their own values and core beliefs and write those down on the left side of the page. Ask them how their behavior is inconsistent with those values and beliefs and describe that behavior in the second column. Ask if there are any discrepancies where the core belief does not match the behavior.

Examples:

<table>
<thead>
<tr>
<th>Values</th>
<th>Conflicting Behavior</th>
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</thead>
<tbody>
<tr>
<td>being a good father</td>
<td>I have neglected my kids when I go out drinking because I am not at home with them for dinner or to help with their homework or to tuck them into bed at night.</td>
</tr>
</tbody>
</table>
Values and Core Beliefs
Page Three

my religion

I don't really live by the Christian values that I think are important. I don't go to church regularly and I feel like I sin every week.

my health

I want to be healthy but I know the amount and frequency with which I drink can't be good for me. I think I eat right, but when I'm drinking I don't really eat at all and then when I have a hangover I just want a drink to take away the pain. Sometimes I go all evening without a meal and then start the next day without breakfast. That can't be healthy.

my job/career

I miss way too much work. I know I can get by with it because I am a supervisor but one of these days they are going to get tired of my excuses and absences, being late for work and I really can't afford to lose my job.

Ask participants to justify the value or core belief with that behavior if they are willing to engage in that discussion. The idea is for participants to acknowledge areas in which their behaviors are inconsistent with stated values or core beliefs. This means they either have to give up the value or core belief or change the behavior. Ask for examples from the participants when their values and core beliefs have not been supported by their behavior.

Ask how values and beliefs have changed over time in their lives and if they still cling to some values and core beliefs that no longer fit with their lifestyle.

Example:
I grew up being a Christian and I believe in God I haven't attended a worship service with my family in the last 5 years
**Values and Core Beliefs**  
**Page Four**

**STEP THREE:**  
Ask participants if it is time for a re-evaluation of values and core beliefs or time for a change in behavior. Ask them now to write what they are willing to do to support their values and core beliefs that will represent a change in behavior. This represents a commitment to change.

Ask participants to share their values and beliefs that they will support and indicate the behaviors that will support those values and beliefs. Be certain they write these down in the third column of the Values/Core Beliefs grid handout.

**STEP FOUR:**  
Handout the "My Personal House" and ask participants if they would write some information in each of the areas indicated. Coach them using the examples indicated below. Ask if they will take a few minutes to reflect on the following:

- **Foundation:** write the values or life governing principles that guide your life?  
- **Roof:** what protective mechanisms are being used to shield you from your fears?  
- **Attic:** what are the fears?  
- **Door:** thing you may have learned from others that are important to you.  
- **Trash can:** thing in your life you would like to get rid of.  
- **Walls:** persons who support you and care for you.  
- **Chimney:** ways in which you relieve stress or relax.  
- **Chest in the attic:** secrets or personal things you want to protect others from knowing but might be willing to share with this group.  
- **Mirror:** how you see yourself right now.

Allow participants to discuss with the group those things they are willing to share.

**STEP FIVE:**  
Hand out 5 pop cycle sticks to each participant and ask them to write their 5 most important values or beliefs; one on each stick. Then ask if they will write a commitment on the opposite site of the pop cycle stick that will serve as a reminder of the behavior needed to stay connected behaviorally to the value or belief. Ask if they will carry those around for a week and look at them during the day at least three times every day.
STEP SIX:
End this group by asking participants if they have learned or realized anything about themselves as a result of these exercises. If so, what would be a first step to change behaviors that are inconsistent with their values. Are they willing to make a plan for changing behaviors? Have they started changing behaviors already and if so, what is being done.

Thank participants for their honesty in sharing personal information. Ask them to take these worksheets with them especially if they are willing to share them with family members or loved ones.
# Values / Core Beliefs

<table>
<thead>
<tr>
<th>What I am willing to change</th>
<th>Behaviors that are inconsistent with my values</th>
<th>Core Beliefs</th>
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</table>
HOW DO YOU CONSTRUCT YOUR PERSONAL HOUSE?

FOUNDATION: Life Governing Principles
ROOF: Protective Mechanisms
ATTIC: Fears
WINDOW: Things You're Proud Of
DOOR: Things You Have Borrowed From Others
TRASH CAN: Things You Want To Get Rid Of.

WALLS: Means of Support
CHIMNEY: Ways to Relieve Stress
CHEST: Something Personal, You're Willing To Share
MIRROR: How You See Yourself
Purpose of this group: In this group or groups, participants will begin to identify new sober social support systems and make a plan to access those supports within the community. Once sobriety is obtained, it is important to reinforce that sobriety with a social support system that will help with behavioral changes. It is important that participants not feel alone and recognize that there are social support systems as well as individuals who are willing to help with all the newness of being abstinent. Participants will need to support one another as well as reach out for support from those who have gone before them who made significant changes in their lives.

Participants will soon realize that there is strength in relationships that are supportive of their change. While family members, spouses and significant others may not be available as support systems, support is available from the recovering community. Organizations such as Alcoholics Anonymous, Narcotics Anonymous, church groups, community groups and service organizations within communities are available when called upon. It is important for participants to recognize that they may need to reach out rather than sit and wait for support to arrive on wings.

Goals for this group: *Participants will identify unmet social needs
*Participants will identify those who are readily available as supporters
*Participants will do an inventory of needs and available resources to assist in meeting those needs
*Participants will create a list of resources which they are willing to contact for support
*Participants will brainstorm ways in which they can be supportive of one another

What you need to conduct this group:
Handouts: Needs Inventory Form and Resource Guide
Knowledge of local resources and community service organizations
Lists of local community and service organizations

The Process:
By this time in the treatment process, participants should have a period of abstinence and will be keenly aware of the loneliness and boredom that often accompanies major life changes. There may be a need to reach out for social support within the community to assist with unmet personal needs. Many of those needs can be met within communities, however, it is the responsibility of participants to seek out those resources rather than imagine the resources will come to them.
This will be an opportunity for participants to role play and practice asking for help. Many may have never asked another person or organization for help and will not know the first step to getting support from others.

It is also a time for participants to become resourceful and seek information about organizations within the community that may play a role in their recovery.

**STEP ONE:**
Ask participants to complete the "Needs Inventory and Resource Guide" to identify unmet needs and find resources to match the needs. This is an opportunity for participants to search the neighborhood or community and find available resources. Participants will share information with one another as they find resources.

**STEP TWO:**
Participants must "get real" with the identification of needs. Each must be aware of unmet personal needs and how to access community resources. Provide resource guides to assist in their search and share information about services that may be available.

**STEP THREE:**
Ask participants to share needs and resources with one another. The sharing process may provide awareness of community resources or names of individuals at resource agencies.

**STEP FOUR:**
Challenge participants to use the resource guide to follow up on unmet needs and assist in accomplishing goals indicated on the Goals Worksheet. This is a time to revisit the Goals Worksheet and evaluate progress towards achieving established goals.
<table>
<thead>
<tr>
<th>Area</th>
<th>Category</th>
<th>Resource and Name</th>
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<td>Body</td>
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<td>Education</td>
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## NEEDS INVENTORY

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<th>Example</th>
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</table>
RESOURCES and BIBLIOGRAPHY


ALSO, see Amazon.com Cognitive Behavioral Therapy for additional resources and current publications.