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Brief Treatment for Substance Use Disorders

A Guide for Behavioral Health Providers

Karen Chan Osilla, Elizabeth J. D’Amico, Mimi Lind,

Allison J. Ober, Katherine E. Watkins

Sponsored by the National Institute on Drug Abuse
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Principal Investigator: Katherine E. Watkins

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We would also like to thank John Baer, Nancy Barnett, Steve Martino, Kimberly Hepner, and Paul Koegel for their comments on earlier versions of this guidebook.
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**Introduction**

This clinician guidebook describes a six-session brief treatment developed for patients with alcohol and opiate use disorders who are screened in a primary care setting. The goal of this treatment is to reduce or stop substance use. It is designed to help patients with substance use problems that range from moderate to severe, as well as patients with varying degrees of motivation to change their substance use. For example, patients who are motivated to change may benefit more from ideas about how to do so, whereas patients who are less ready to change may benefit from exploring the factors that may signal a need to change. This guidebook could also be used for patients who recently stopped using and patients who are contemplating change but still using.

The brief intervention discussed in this guidebook is part of the Substance Use, Motivation and Medication Integrated Treatment (SUMMIT) project. The SUMMIT study team contains a number of experts in the fields of mental health care, psychiatric medicine, substance abuse, and health care delivery at the RAND Corporation and Venice Family Clinic. SUMMIT is focused on identifying patients in primary care with alcohol or opiate use disorders. SUMMIT compares two strategies of care to help providers deliver treatment (medication and/or therapy). This guidebook provides detailed information about the brief treatment option as part of the SUMMIT project.

This intervention has not been evaluated in a formal randomized clinical trial but uses evidenced-based approaches such as the motivational enhancement and cognitive behavioral therapy (MET/CBT) approach. MET and CBT go hand in hand. Session 1 uses MET principles,\(^1\) such as structured personalized feedback and the pros and cons to drinking and using, to strengthen the client’s motivation and commitment to change. MET is used to engage the client. Sessions 2 through 6, to be used once clients express some commitment to change, focus on learning CBT skills, such as identifying triggers and improving communication. Because sessions 2 through 6 are skills based, clinicians can spend two visits on session 1 in order to increase the client’s engagement in the program. Session 1 also offers a menu of options for clients who are not yet ready to move onto the skills-based sessions. Sessions 2 through 6 can be done in any order.
example, some clinicians find that session 5 (on communication and social support) should be done earlier for clients who have little social support. A motivational interviewing (MI) style is used to deliver the MET and CBT information to the client in each session.²

This guidebook has been adapted from various evidence-based interventions developed by researchers at the RAND Corporation. These interventions have been associated with decreased substance use outcomes at follow-up.³⁻⁹ The guidebook was developed iteratively by first adapting the session content for the patient population at Venice Family Clinic in California, which predominantly consists of Hispanics, men, and chronically homeless individuals. Thereafter, three researchers outside of RAND with expertise in motivational interviewing, relapse prevention, and substance abuse provided feedback on the guidebook. Clinicians from Venice Family Clinic also provided feedback while piloting the guidebook with their clients.

MI is a “collaborative conversational style for strengthening a person’s own motivation and commitment to change.”² The four processes of MI are:

- Engaging (establishing a helpful relationship)
- Focusing (finding goals to work on)
- Evoking (eliciting the client’s motivation to change)
- Planning (developing a commitment to change and formulating an action plan).

This brief treatment uses a directive approach to build motivation to initiate substance use change and maintain recovery through the employment of MI strategies and worksheets focused on relapse prevention. The treatment places strong emphasis on patient engagement in the early phases of treatment and is appropriate for those currently committed to change and those more ambivalent to change. The treatment contains six sessions that last approximately 50 minutes each, ideally spaced a week apart. Session 1 concentrates on the engaging and focusing process, while sessions 2 through 6 focus on evoking and planning. For patients who are not ready to focus on changing their substance use at session 1, additional appointments can be spent establishing engagement and focus and discussing the patient’s ambivalence to change before going on to session 2 (see Appendix A). For patients who are ready to plan the
changes they want to make, sessions 2 through 6 incorporate relapse prevention content that focuses on identifying and coping with triggers for substance use (e.g., finding alternate activities to using, and learning how to avoid risky situations).4–7, 10 Using MI throughout the sessions is essential in order for patients to voice their motivation and ideas for change. Even in sessions that contain more psychoeducation (e.g., how to communicate assertively), we have emphasized ways to present this material in a more collaborative and MI-consistent manner versus a lecture format.

This guidebook should be used as a companion to two other resources. The first resource is a manual, The ASSIST-Linked Brief Intervention for Hazardous and Harmful Substance Use: Manual for Use in Primary Care, published by the World Health Organization,11 that briefly describes stages of behavior change, components of brief interventions that work (FRAMES), and the MI style. The second resource is an in-person training on MI that clinicians and other individuals implementing this treatment should receive (see the training page on MotivationalInterviewing.org).

This guidebook was developed for use by licensed clinical social workers with limited expertise in substance abuse treatment. It can be implemented by mental health counselors from a variety of backgrounds (e.g., social work, psychology, addiction counseling, and nursing) in a variety of settings, such as primary care and specialty substance abuse clinics. Those in training should be supervised by a licensed mental health professional who is familiar with MI strategies and well equipped to handle any potential complications or risks presenting during sessions.

This research study is funded by the National Institute on Drug Abuse (R01DA034266 01; principal investigator: Katherine E. Watkins).
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Motivational Interviewing Toolbox

Motivational interviewing (MI) is often described as a conversational style or language that a clinician uses with a client. MI is collaborative and nonjudgmental, and it focuses on strengthening the client’s own motivation and commitment to change. Using certain tools, the clinician strategically elicits from the client “change talk” statements about why it may be important to change versus reasons why the client does not want to change (i.e., sustain talk). Client change talk is associated with reduced drinking and using, and research shows that the clinician can effectively elicit this change talk through some of the tools described below. MI is used throughout the sessions, especially in the early sessions, to increase client engagement.

This toolbox contains MI reminders that are used throughout the guidebook to provide clinicians with ideas for how to present the session material in an MI-consistent manner.

<table>
<thead>
<tr>
<th>MI Tool</th>
<th>Description</th>
</tr>
</thead>
</table>
| **elicit, provide, elicit** | • Ask open-ended questions or ask for permission—e.g., “What have you heard about . . .?” “Is it OK if I share . . .?”  
• Provide information in nonjudgmental manner.  
• Ask for feedback—e.g., “How does that fit with your experiences?”  |
| **reflect**                  | • Make a statement summarizing the patient’s situation, values, or feelings—e.g., “Being a good mother is important to you.”  |
| **explore**                  | • Use open-ended questions and reflections to gather information.  
• Let the patient do most of the talking—e.g., “Tell me some of the good and not-so-good things you’ve experienced from drinking or using.”  |
| **elicit change talk**       | • Ask questions and reflect so that patients can say why change is important—e.g., “Tell me more about how you’d like to change your drinking or using.”  |
| **affirm**                   | • Reflect the patient’s strengths—e.g., “You’ve quit successfully before and have some ideas about your next steps.”  |
| **role-play**                | • Clearly explain what the patient will do.  
• The patient and the clinician role-play; keep the role-playing realistic.  
• Debrief and affirm strengths.  |
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A clinician using MI views a client’s readiness to change as dynamic. One way to think about this process is the stages of change model by James O. Prochaska and Carlo C. DiClemente. Clients can move along these stages by increasing their motivation to change.

MI clinicians frequently assess the client’s motivation so that they can tailor their strategies for the client during the session. This can be done informally through discussions with the patients (e.g., the patient states, “I am ready to make a change,” and appears to be in the action stage) and through formal assessment tools for determining the stage of change. One example is the readiness to change ruler below, with each anchor indicating a stage:

Precontemplation is when clients do not consider the possibility of change. They tend to be more resistant compared with clients in other stages; especially when they are told that they have a problem or need to change. These clients benefit most from information and feedback about their use while carefully avoiding labeling or advice giving.
Clients in *contemplation* have become aware of a problem, but they may report ambivalence about whether they should change. These clients benefit most from clinicians who explore the clients’ pros and cons to changing.

Clients in *preparation* are those who have started a plan for change.

During the *action* stage, clients are implementing steps toward change. These clients benefit most from plans to change.

Clients in the *maintenance* stage are successfully maintaining changes that they have made and can benefit most from additional strategies to help them sustain the changes they have made and prevent relapse. It is important to note that *relapse* is often part of this process of change and can be part of the process of changing. If relapse occurs, clinicians aim to address discouragement and demoralization and renew the client’s motivation to change. Clients can then begin the cycle of change again. MI allows the clinician to explore what stage the client is at and use specific strategies to increase his or her motivation to make changes.

These are suggestions to use during each stage:

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Tips</th>
</tr>
</thead>
</table>
| Precontemplation | • Offer factual information  
• Explore the pros and cons of use  
• Explore previous efforts to cut down or quit |
| Contemplation | • Explore the client’s self-efficacy  
• Explore what change means to the client and what it would involve  
• Elicit and reinforce change talk  
• Continue exploring pros and cons of use |
| Preparation | • Offer a menu of options to change  
• Identify the pros and cons of each option  
• Encourage social support  
• Emphasize the client’s self-efficacy and previous successes |
| Action | • Help identify small and realistic steps  
• Help identify high-risk situations and coping strategies  
• Encourage social support  
• Problem solve if plans do not go the way the client would like |
| Maintenance | • Help identify and try new activities |
|                      | • Maintain social support  
|                      | • Continue to problem solve if plans go awry  
|                      | • Discuss short- and long-term goals  
| Relapse              | • Frame relapse as a learning opportunity  
|                      | • Remain nonjudgmental and supportive  
|                      | • Explore triggers (explored in session 2)  
|                      | • Help develop alternative coping  
|                      | • Maintain social support |
Session 1
Exploring the Patient’s Substance Use

Description

• In this session, we focus on discussing patterns of substance use with patients and the risk level of their particular pattern of use.
• Patients will also receive information on how their drinking and/or drug use compares with national norms.
• To accommodate patients who consider both alcohol and drugs to be their substances of choice, discussion can focus on both alcohol and drug use.
• The last part of the session focuses on the pros and cons of patients’ substance use, the importance of changing to patients, and their confidence in their ability to change their use.

Worksheets

1. Personalized feedback and rulers
2. Pros and cons of change
3. Session 1 summary
4. Session 1 daily diary
5. Alcohol norms feedback
Session 1 Checklist

See the session 1 script for more detail on all the steps in this checklist.

1. Welcome and assessment (15 minutes)
   - Ask about drinking/using/medication.
   - Review MI philosophy if needed.
   - Explain agenda: substance use patterns based on questionnaire.

2. Pros and cons of using/drinking (15 minutes)
   - Ask what the patient likes and dislikes about drinking/using, pros/cons about changing his or her drinking/using, and things that can result from changing.
   - Summarize.

3. Comparing patient use to others’ using personalized feedback (10 minutes)
   - Summarize frequency and quantity.
   - Compare percentile with others in the United States. Fill in stick figures by subtracting his or her percentile from 100.
   - If applicable, discuss prescription drug use (how often and how many pills are prescribed compared with actual use). Review diagram that 3 percent of adults misuse prescriptions.
   - Explore the patient’s reactions: Surprised? Minimizing? Concerned?
   - Ask why overestimating others’ use is common and share that we normalize and rationalize our own (unhelpful) behavior and choices.

4. Rulers (5 minutes)
   - Have the patient rank the importance of changing drinking/using on a scale of 0 to 10.
   - Ask why that number? Why not a lower number?
   - If the patient is not interested in change, ask what will happen if use continues.
   - Have the patient rank his or her confidence to change using the 0–10 ruler.

5. Daily diary on mood and cravings/use (5 minutes)
☐ Discuss rationale for doing diary between sessions.
☐ Write a few words about where patient is, triggers, and happenings during cravings.
☐ Focus on episodes of depression and anxiety.

6. Lessons learned (5 minutes)—what was interesting, useful, surprising?
7. Next steps—review diary and discuss triggers
8. Next appointment—schedule and discuss any other logistics
**Session 1 Script**

<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELCOME</td>
<td>► Thank you for coming in. Before we begin, tell me what brings you in today.</td>
</tr>
<tr>
<td>MI philosophy</td>
<td>► The goal of these sessions is to provide you with information that you may decide to use in the future. These sessions are different from other sessions you may have participated in. We are going to work together, where you and I share the talking. This means I am not going to lecture at you or tell you what to do. I am here to provide you with a safe place to talk about different issues that are important to you. These discussions will focus on alcohol and drug use.</td>
</tr>
<tr>
<td>If patient drank/used in past week</td>
<td>► [If applicable:] Tell me how you did with drinking/using over the past week.</td>
</tr>
<tr>
<td></td>
<td>► Tell me more about the times you drank/used since the last session. What situations did you drink/use in? How much did you drink/use? What situations did you not drink/use in?</td>
</tr>
<tr>
<td></td>
<td>► How are you feeling about your substance use now, and what changes, if any, would you like to make?</td>
</tr>
<tr>
<td></td>
<td>► [If necessary, remind the patient about the MI philosophy:] I am interested in hearing what you have to say and what your goals are. I am not going to judge you or tell you what to do. The goal of this session is to provide you with information that you may decide to use in the future. I want to work with you on that.</td>
</tr>
<tr>
<td>TODAY’S AGENDA</td>
<td>► Today we’re going to talk about the pros and cons you experience from substance use and some information about your [primary drug of choice] use based on the questionnaire you filled out and the information I asked about in your intake session.</td>
</tr>
</tbody>
</table>
▶ People have different reasons why they want to change or not change their drinking and using. What are some of the things you like about drinking/using? How about the not-so-good things you’ve experienced from drinking/using? Let’s list these on the paper here.

▶ [Note: Encourage the patient to discuss the good things about changing [change talk] and limit the time discussing the not-so-good reasons to change [sustain talk; see Appendix A]. If the patient gives reasons why he or she doesn’t want to change, resist the urge to convince the patient otherwise. If the patient does not feel comfortable writing, please write it using his or her words verbatim and read back your writing for accuracy.]

▶ Now, what are some of the not-so-good things about changing your drinking/using? How about the good things about changing?

<elicit change talk>

▶ Let’s summarize your drinking. In the past month, you drank about [number of times per week], and typically [number of] drinks per occasion. Let’s look at this worksheet together.

▶ [Clinician: instructions reproduced in worksheet on page 28.]

▶ [Ask the patient how many drinks he or she has per day. (Example: 3.)

▶ Ask the patient how many days per week he or she drinks. (Example: 4.)

▶ Multiply the number of drinks per day by the number of drinking days per week to get the total number of drinks per week. (Example: 3 x 4 = 12.)

▶ Find the patient’s percentile in the chart on page 29, based
<table>
<thead>
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<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
</table>
| Reactions and rationalizations | on his or her age and gender. (Example for a 30-year-old male: 88th percentile, which suggests that he drinks more than 88 percent of U.S. men his age.)  
  ▶ Subtract the patient's percentile from 100. (Example: 100 – 88 = 12.)  
  ▶ [For the result obtained in step 5, fill in that number of stick figures in step 2 of the “Pros and Cons of Change” worksheet. (Example: Fill in 12 stick figures. This suggests that only 12 percent of U.S. men his age drink as much as he does.)]  
  ▶ How do you feel your drinking compares with that of other men/women your age? More? Less? About the same?  
  <elicit, provide, elicit>  
  ▶ Compared with other men/women your age in the United States, your percentile rank is [percentage], which suggests that if there were 100 people your age, you drink as much or more than [percent] of them. What do you make of this information? Why do you think your expectation was different?  
  <reflect>  
  ▶ [Possible reflections (if patient is surprised):]  
    • It’s hard for you to imagine drinking more than other men or women.  
    • Sounds as if you’re surprised by this information, and that’s very common. What you do with this information is up to you.  
    • You’re wondering how these numbers can be true.  
    • This information is hard for you to believe.  
  | HOW YOUR PRESCRIPTION DRUG USE COMPARES WITH OTHERS (Refer to step 3 on “Pros and Cons of Change” worksheet) |  
  ▶ Let’s talk about prescription drug use now. You mentioned you were using [drug name]. Tell me more about what you use it for and what your prescription is.  
  <reflect>  
  ▶ How many times are you supposed to take the medication and how many pills? [Note: fill in worksheet.] Sometimes people find they need to take more of the medication to feel relief.  |
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHY WE TEND TO OVERESTIMATE</strong></td>
<td>- How has it been for you? How often do you actually use [drug name] and how many pills each time?</td>
</tr>
<tr>
<td></td>
<td>- How common do you think it is to use more than what the prescription calls for? Out of 100 people, how many people do you think actually do this?</td>
</tr>
<tr>
<td></td>
<td>- Could I share what the actual number is? In the United States, 3 percent of adults use prescription drugs more than what’s prescribed or for nonmedical reasons. How does that fit with what you expected?</td>
</tr>
<tr>
<td></td>
<td>&lt;reflect&gt;</td>
</tr>
<tr>
<td></td>
<td>- It’s very common to overestimate how much other people drink or use. Everyone overestimates. Most people think that others are drinking more than they do. Why do you think that is (e.g., media, we remember the people who are drunk versus sober)?</td>
</tr>
<tr>
<td></td>
<td>- We normalize our own use. We tend to spend time with people who do similar things as we do.</td>
</tr>
<tr>
<td><strong>SUMMARIZE</strong></td>
<td>- So based on what we’ve discussed so far, you typically drink/use [number of days and how much], and that seems pretty similar to how much your friends drink, so it’s surprising to you that you drink/use more than most other men/women your age. You’ve experienced some good and not-so-good things from drinking/using. [Summarize. Also summarize any change talk or ambivalence regarding change.] How does that sound to you?</td>
</tr>
<tr>
<td>Patient’s use</td>
<td>- What do you think of all of this so far? How are you feeling about your drinking/using?</td>
</tr>
<tr>
<td>Pros and cons</td>
<td>&lt;elicit change talk&gt;</td>
</tr>
<tr>
<td>Change talk and Ambivalence</td>
<td>- Let’s talk a bit more about where you are at in terms of wanting to make a change in your drinking/using. What, if anything, would you like to do about your drinking/using? &lt;elicit change talk&gt;</td>
</tr>
</tbody>
</table>
### IMPORTANCE AND CONFIDENCE RULERS
(Refer to steps 4 and 5 on “Pros and Cons of Change” worksheet)

- On a scale from 0 to 10, how important is it to change your drinking/using, with 0 being “not important” and 10 being “very important”?

- [Add a reflection or open-ended question. If the patient gives a 0, ask, “What would get you to a 3?” If a patient says a higher number, ask, “Why a 4 and not a 0?”]

  <reflect> <elicit change talk>

- What do you think will happen if you continue drinking/using the way you are now?

- If you do not continue to drink/use, what’s the best thing that may happen?

- Now I have another question. How confident are you that you could change your drinking/using if you were ready to on that same 0 to 10 scale?

  <reflect> <elicit change talk>

### DAILY DIARY
(Refer to “Session 1 Daily Diary” worksheet)

- We’re about at the end of our time now. How about if we talk about next steps? Between now and our next session, on the days that you think about wanting to drink or use, would you be willing to write down a few notes about where you are and what types of things are going on at the time for us to discuss next session [illustrate an example by talking through the last time they drank/used)? Especially note feelings of depression and anxiety. Bring this with you to the next session for us to discuss.

  <affirm>

- Thank you for doing this. We find that it’s helpful between the sessions to keep track and remind ourselves how the week(s) have been going and what needs to be discussed.

  <affirm>

- [If the patient is unable to write, please ask if he or she can remember a couple notes to discuss, and then write them in for him or her at the beginning of the next session. Read back what you wrote for accuracy.]

- Before we wrap up, what’s one thing that you found interesting, useful, or new today? What did you think of
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
</table>
| NEXT STEPS AND NEXT APPOINTMENT              | *today’s session?*  
*reflect*  
*elicit change talk*  
  ▶ [Summarize the main themes from the session.] Next week, we’ll review your diary and we’ll be talking about your feelings toward drinking/using. [Describe any additional next steps—e.g., how to set up the next appointment.]
  
  ▶ [This section outlines some options for clients who have not yet engaged in the therapy and are not committed to changing. In these cases, it would be helpful to spend more time building a rapport and exploring the client’s drinking/using before moving onto session 2.]
  
  ▶ [Examples of engaging the client:  
  1. The patient’s desires or goals: “What do you hope or want to gain from our sessions together?”  
  2. How much importance the patient assigns to the goal: “How important is your goal to you and why?”  
  3. Expectations: “How does today’s session fit with what you were hoping would happen today? Was there anything we missed?”  
  4. Hope: “What have you heard about therapy? How do you think it might help you or not?”]
  
  ▶ *This therapy is about supporting you if and when you are ready to change your drinking/using. It helps people explore changing and how to change. I recognize that you’re not sure about changing right now [use the client’s words]. We have a few options today. Do you mind if I share those with you?*  
  
  ▶ *We have two main options, and you might be able to think of some more.*  
  1. The first option is to continue to see if these sessions are helpful to you. Our future sessions would focus specifically on how to change your drinking/using, like how to identify triggers and how to communicate with others better. We can review the information and you can decide if it’s helpful to you.  
  2. The second option is to take a break. Now might not be the best time for you to change your drinking/using and that’s okay. I respect that. So, we could take a break and schedule an appointment in two to three weeks to see where you’re at with your drinking/using at that... |
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassess the client’s goals</td>
<td>time. We can talk about some things you could try during that break if you’d like.</td>
</tr>
</tbody>
</table>

[Examples:
- Sobriety sampling (e.g., developing a plan to not drink/use for a specified time and reflecting on how that experience was)
- Reducing drinking/using (e.g., using fewer days or less substances each time)
- Trying out a 12-step meeting (see Appendix E)
- Talking with a supportive family member or friend about drinking/using
- Learn more about drinking/using\(^{17}\)]

▶ Are there any other options that I’m missing? Which option do you think you’re willing to try?
## Pros and Cons of Change

### Reasons Not to Change

<table>
<thead>
<tr>
<th>Reasons Not to Change</th>
<th>Reasons to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good things about drinking/using:</td>
<td>Not-so-good things about drinking/using:</td>
</tr>
<tr>
<td>Not-so-good things about changing:</td>
<td>Good things about changing:</td>
</tr>
</tbody>
</table>
2

About ___ % of men/women drink ___ drinks a week.

3

Number of times a day

My prescription:

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

__________
(Drug name)

__________
(Drug name)

My current use:

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

__________
(Drug name)

__________
(Drug name)
About 3% of people misuse prescription drugs.¹⁸

4  On a scale from 0 to 10, how important do you think it is now to make a change in your drinking/using?

<table>
<thead>
<tr>
<th>Not important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
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<tr>
<td>4</td>
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5  How confident are you that you could change your drinking/using if you were ready to?

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<th>Not confident</th>
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Session 1 Summary

- Drug/alcohol use may place us at greater risk for health problems.
- We experience good and bad things from drinking/using.
- I rank the importance of changing my drinking/using as __ out of 10.
- My level of confidence regarding changing my drinking/using is __ out of 10.
Session 1 Daily Diary

Fill in the days when you thought about using substances over the last week.

<table>
<thead>
<tr>
<th>Date</th>
<th>Where?</th>
<th>With whom?</th>
<th>Feelings?</th>
<th>Which drug/alcohol?</th>
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Please write any additional thoughts or ideas below.
Alcohol Norms Feedback

One Standard Drink:

- 12 fl oz of regular beer = 8–9 fl oz of malt liquor (shown in a 12 oz glass) = 5 fl oz of table wine = 1.5 fl oz shot of 80-proof spirits ("hard liquor"—whiskey, gin, rum, vodka, tequila, etc.)

Examples:
- 21-fluid-ounce ballpark souvenir cup of light beer = 1.5 standard drinks
- 40-fluid-ounce bottle of malt liquor = 4.7 standard drinks
- Half pint of 80-proof spirits = 4.5 standard drinks
- 25-fluid-ounce bottle of wine = 5 standard drinks
- Six pack of beer (12-ounce bottles) = 6 standard drinks
- Long Island iced tea = 4 standard drinks
- "Adios" = 5 standard drinks
- Martini = 2 standard drinks
- Margarita = 1.5 standard drinks

Instructions:
1. Ask the patient how many drinks he or she has per day. (Example: 3.)
2. Ask the patient how many days per week he or she drinks. (Example: 4.)
3. Multiply the number of drinks per day by the number of drinking days per week to get the total number of drinks per week. (Example: 3 x 4 = 12.)
4. Find the patient’s percentile in the chart in Table 1, based on age and gender. (Example for a 30-year-old male: 88th percentile, which suggests that he drinks more than 88 percent of U.S. men his age.)
5. Subtract the patient’s percentile from 100. (Example: 100 – 88 = 12.)
6. For the result obtained in step 5, fill in that number of stick figures on step 2 of the "Pros and Cons of Change" worksheet. (Example: Fill in 12 stick figures. This suggests that only 12 percent of U.S. men his age drink as much as he does.)
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Session 2
Internal and External Triggers

Description

- The main goal of this session is for patients to think about situations in which people may use alcohol or drugs to avoid stress or negative feelings, and how this may become problematic.
- The session helps patients identify the social, psychological, and physical triggers associated with substance use and reinforces how to make healthier choices by focusing on alternative ways of coping when depressed, angry, bored, or in physical pain.²
- A secondary goal of this session is to explain that people may use again and that this can sometimes be a normal part of the change process. Sometimes people may stop treatment after this happens. The session focuses on encouraging the patient to have a plan if this happens so that he or she can avoid continued use and can keep up treatment.
- If patients are not ready to change and want to explore continued use instead, refer to Appendix A.

Worksheets

1. External and internal triggers and ruler
2. Session 2 summary
3. Session 2 daily diary
**Session 2 Checklist**

See the session 2 script for more detail on all the steps in this checklist.

1. Check-in (15 minutes)
   - Ask about pressing things patient wants to discuss.
   - Review commitments from last session.
   - Ask about drinking/using/medication since last session.
   - Review MI philosophy if needed.
   - Review diary.
   - Explain agenda: Triggers.

2. Discuss how stress is a trigger (5 minutes)
   - Ask about stressful things (e.g., family, work) and how patient relieves stress or feels better.
   - Ask how those strategies (including substance use) work for the patient.
   - Ask what a trigger is and how stress can be a trigger for substance use.

3. Discuss and assess patient’s internal and external triggers (5 minutes)
   - Ask about specific **external** triggers, giving examples from worksheet (e.g., people, places, situations; refer to diary).
   - Ask which external triggers lead to drinking/using.
   - Ask about specific **internal** triggers, giving examples from worksheet (e.g., feelings, moods, pain).
   - Ask which internal triggers lead to drinking/using.
   - Ask patient to choose an internal and external trigger.
   - Brainstorm ways to avoid triggers, emphasizing past successes and change talk.

4. Brainstorm ways to avoid and manage triggers (15 minutes)
   - Discuss past experiences when strategies didn’t work and emphasize that relapse is a normal part of the process.
   - Summarize internal and external triggers and strategies.
5. Ruler for using a specific strategy to avoid and manage a trigger (5 minutes)
6. Lessons learned (5 minutes)
7. Daily diary on triggers and strategies (5 minutes)
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<tr>
<th>Section</th>
<th>Sample Script</th>
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<tbody>
<tr>
<td>CHECK-IN</td>
<td>▶ How have you been doing since we last met? Let me check in about any pressing things that have come up since our last session.</td>
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<td>▶ What questions or concerns did you want to make sure we talked about?</td>
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<td>▶ [Check in about medication and substance use (see Appendix B). If patient has a lot to discuss:] I want to make sure we have time to cover what I have, but I also want to leave time so we can talk about what’s going on for you right now.</td>
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<td>▶ [If applicable] Tell me how you did with drinking/using over the past week.</td>
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<td>▶ Tell me more about the times you drank/used since the last session. What situations did you drink/use in? How much did you drink/use? What situations did you not drink/use in?</td>
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<td>▶ How are you feeling about your drinking/using or substance use now, and what changes, if any, would you like to make?</td>
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<td>&lt;elicit change talk&gt;</td>
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<td>▶ What do you remember from our last session? Last week [summarize where patient was at with the rulers, if he or she had strategies].</td>
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<td>▶ We also talked about a diary; how did that go? [If applicable, troubleshoot why it was not completed. Explore obstacles.]</td>
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<td>MI philosophy</td>
<td>▶ [If necessary, remind the patient about the MI philosophy:] I am interested in hearing what you have to say and what your goals are. I am not going to judge you or tell you what to do. The goal of this session is to provide you with information that you may decide to use in the future. I want to work together with you on that.</td>
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<td>&lt;affirm&gt;</td>
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<tr>
<td>TODAY’S AGENDA</td>
<td>▶ Today we’re going to talk about how stress, situations, and feelings may affect your substance use. How does that sound?</td>
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<td>▶ What are some of the things that stress you out [elicit a few examples—family, unemployment, housing; refer to diary]? Think about things that have happened to you in the past week.</td>
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<td>&lt;explore&gt;</td>
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<td>▶ How do you usually relieve stress? What do you do to feel better and get more relaxed? How do those work for you [elicit a few examples, including substance use]?</td>
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<td>▶ What does the word “trigger” mean to you? How can stress be a trigger for substance use?</td>
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<td>▶ Can we talk about triggers for a minute?</td>
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</table>
Section | Sample Script
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EXTERNAL TRIGGERS (Refer to step 1 of the “External and Internal Triggers Worksheet”) | ▶ There are external and internal triggers. From this list, what do you think are some of your external triggers—for example, people, situations, and places that lead to drinking/using? When did you last experience an external trigger that led to drinking/using? Sometimes the substance use is so automatic that it’s hard to notice the trigger. What is your experience?

<explore>

▶ [If explanation needed:] There are different types of external triggers—that is, trigger outside of yourself. One example might be being with family and friends who drink/use. So, for example, if someone is around people who start drinking/using, his or her family or friends may expect this person to drink/use or pressure this person to drink/use as well.

▶ Another example may be a place. For example, maybe this person used to drink/use every day at a friend’s place after work. So every time he or she is there, it is a reminder of drinking/using and he or she feels like drinking/using again.

▶ How about some more examples of your external triggers that are not on this list?
▶ Now, let’s talk about internal triggers—for example, feelings, moods, and pains that lead to drinking/using.

▶ What are some examples of your internal triggers that may or may not be on this list?

<explore>

▶ [If explanation needed:] Internal triggers are emotions and feelings, such as stress. Another example is feeling sad. Internal triggers may also be bodily states, like feeling tired, being in pain, or being in withdrawal.

▶ For example, some people may experience physical or emotional pain that makes them feel like drinking/using. They may be in a lot of physical pain or they may feel really sad and depressed because they just lost their job. Either way, these internal triggers may make them feel like drinking or using. Another example of an internal trigger is feeling stressed at work, so they may drink/use to relax when they get home. Or someone may feel really happy and may want to drink/use to
Internal triggers are often positive feelings too. How does that fit with your experience?

- [Note: Sometimes a combination of internal and external triggers leads to substance use. For example, pain itself is an internal trigger that may be exacerbated by other internal triggers (thoughts about trauma that caused the pain and external triggers like loud noises, bright lights, or poor weather). Sometimes patients will acknowledge all or no triggers, so be prepared to explore and reflect on this.]

- Now that we have talked about the triggers that can lead to substance use, is it OK if we move on and talk about how we can use healthy ways to cope with triggers and avoid using?

- Earlier we talked about some external and internal triggers for drinking/using. Sometimes it is helpful to talk about one trigger in more detail. What do you think about that? Which would you like to discuss? [Refer to worksheet.]

- [Note: For external triggers such as risky people or situations, avoidance of these may be an important strategy. Help patients troubleshoot ways to avoid these external triggers and discuss ways they can manage triggers that they cannot avoid. (E.g., if they live with someone who is using and cannot avoid them, what can they do to effectively deal with that trigger?)

- [For internal triggers such as anxiety or depression, help patients come up with healthy ways to cope. Talking about feelings with friends or a counselor, engaging in a pleasurable task, or allowing oneself to process negative emotions without substance use are examples of healthy coping techniques.]

- So you have said that this trigger is an important one to avoid or learn how to cope with in a healthy way. What strategies have you tried in the past? What would make it easier if you wanted to try this strategy in the future? Let’s talk about another trigger and ways to avoid drinking/using. [Review the external and internal triggers most important to the patient and offer several ways to avoid or cope with triggers in a healthy way; if the patient does not have ideas,
### WHEN STRATEGIES DON’T WORK (RELAPSE)

More Optional Questions:

- What could you do to avoid drinking or using when faced with these triggers?
- If you want to make a choice not to drink or use, what do you need to do?
- What are some strategies you can follow to make a healthier choice?
- What kind of plan can you have in place?

- Sometimes, despite our best effort, the strategies may not work. Some people end up drinking or using again or use more than they want to. What do you think about this? Has this happened to you?

- [If yes:] Tell me about this [explore what happened, the feelings associated with first use (e.g., failure), and the thoughts associated with continued use or relapse (e.g., I let everyone down, so I might as well continue since I screwed up)].

  <explore>

- Would it be OK if I tell you more about this? For many people, drinking/using just once can lead to more internal triggers, such as feeling like a failure or having wasted all the time they were sober, and these feelings can be triggers to substance use.

  <elicit change talk>
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<tr>
<td></td>
<td>► Sometimes people have to change many times to reach their goal, and each change may lead them closer to their goal. For example, sometimes people have to stop smoking many times before they finally quit for good.</td>
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<td>► Relapse could happen, but this does not mean that it will happen. You don't have to relapse—it's a choice.</td>
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<td>► We realize that using again is common and that people can be successful at reducing use, even after this happens. If you end up drinking or using again, we encourage you to call a sponsor or friend to support you. Also call the clinic so we can meet for another session. How does that sound? After people use again, they may feel hopeless and depressed and may give up on their goal. If you feel ambivalent about coming, I want you to come anyway. What is important to note is that using again is going back to what you’re used to—your old patterns and behaviors. Just because you use again doesn’t mean that you can’t continue to make changes. How does that sound? [Also refer to Appendix C.]</td>
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<td>SUMMARIZE</td>
<td>► If relapse happens, what are ways to avoid or deal with those internal triggers in a healthy way? [Explore with patient.] What can you do if you’re feeling desperate and nothing is working? We’ve talked about external and internal triggers. For you, it sounds as if the most important triggers that lead to your drinking/using are [summarize], and you feel that trying [strategies to avoid or deal with trigger in a healthy way] may help.</td>
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<tr>
<td><strong>RULER</strong></td>
<td>▶ Last week, remember how we talked about the rulers? If it’s OK with you, I’d like us to look at similar ruler and think about it for your triggers. Of all the triggers we’ve discussed, what’s one trigger that leads to your drinking/using that you would like to work on?</td>
</tr>
<tr>
<td></td>
<td>&lt;explore&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ On a scale from 0 to 10, how likely is it that you are going to practice your strategies to cope with triggers between now and the next session, with 0 being “not likely” and 10 being “very likely”?</td>
</tr>
<tr>
<td></td>
<td>&lt;reflect&gt; &lt;elicit change talk&gt;</td>
</tr>
<tr>
<td><strong>DAILY DIARY</strong></td>
<td>▶ On days when you think about wanting to drink or use, would you be willing to write down a few notes about your triggers and what strategies you tried? [Illustrate an example.] Bring this with you next session for us to discuss.</td>
</tr>
<tr>
<td></td>
<td>&lt;reflect&gt; &lt;elicit change talk&gt;</td>
</tr>
<tr>
<td><strong>ONE THING I LEARNED</strong></td>
<td>▶ Before we wrap up, what’s one thing that you found interesting, useful, or new today?</td>
</tr>
<tr>
<td></td>
<td>&lt;reflect&gt; &lt;elicit change talk&gt;</td>
</tr>
<tr>
<td><strong>NEXT STEPS</strong></td>
<td>▶ [Summarize the main themes from the session.] Next week we’ll review your diary and we’ll explore how substance use can impact mood and health. [Describe any additional next steps—e.g., how to set up the next appointment.]</td>
</tr>
</tbody>
</table>
External and Internal Triggers Worksheet

My external triggers are:

☐ Being alone
☐ Having money
☐ Pressure from friends
☐ Parties
☐ Being at my workplace
☐ Being on the street
☐ The time before sex
☐ The time after sex
☐ Being with a boyfriend/girlfriend who drinks/uses

☐ Problems with family
☐ Remembering back to old drinking/using memories
☐ Certain time of the week (e.g., payday, getting off work)
☐ Having a long period of sobriety and thinking one drink will be OK
☐ ___________________________________________________________________
☐ ___________________________________________________________________
☐ ___________________________________________________________________

Ways to avoid my external triggers are:

________________________________________________________________________
________________________________________________________________________
My internal triggers are:

- Fear
- Guilt
- Embarrassment
- Relaxation
- Confidence
- Excitement
- Criticism
- Jealousy
- Pain
- Insecurity
- Anger
- Happiness
- Loneliness
- Feeling useless
- Nervousness
- Frustration
- Sadness
- Tiredness
- Stress
- Self-doubts

Ways to deal with my internal triggers in a healthy way are:

________________________________________________________________________

________________________________________________________________________

3 On a scale from 0 to 10, how likely is it that you are going to practice your strategies to cope with triggers between now and the next session?

<table>
<thead>
<tr>
<th>Not likely</th>
<th>Very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10</td>
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<td>1</td>
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<td>10</td>
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</tbody>
</table>
Session 2 Summary

- External triggers are people, places, and situations that lead to substance use.
- Internal triggers are feelings, moods, and bodily states that lead to substance use.
- Strategies to avoid and manage triggers in a healthy way are important.
- People sometimes use again—don’t give up if it happens.
- I rank how likely I will practice strategies to cope with triggers between now and the next session as ___ out of 10.
**Session 2 Daily Diary**

Fill in the days when you had internal and external triggers and what strategies you tried to overcome them.

<table>
<thead>
<tr>
<th>Date</th>
<th>Which triggers?</th>
<th>Which strategies?</th>
<th>Notes to discuss in next session</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Please write any additional thoughts or ideas below.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Session 3
Patient Substance Use, Mood/Pain, and Health

Description

• The goal of this session is to help patients think about how and why people may use alcohol or drugs to cope with different emotions, pain, and physical health issues.
• The session explores the short-term effects of substance use and how substance use affects health.
• For patients who use opiates for chronic pain, pain management will be discussed.
• This session focuses on encouraging the patient to identify ways to live a healthy lifestyle.

Worksheets

1. Substance use, mood/pain, and health and rulers
2. Session 3 summary
3. Session 3 daily diary
Session 3 Checklist

See the session 3 script for more detail on all the steps in this checklist.

1. Check-in (10 minutes)
   - Ask about drinking/using/medication since last session.
   - Review internal and external triggers and coping strategies used since last session.
   - Review diary.
   - Explain agenda: substance use, mood, pain, and health.

2. Substance use and mood/pain (5 minutes)
   - Ask what happens to mood after using substances.
   - Ask about mood/pain on 0–10 scale (handout):
     - When first drinking/using
     - During
     - When he or she drinks/uses more
     - After he or she stops drinking/using.
   - Ask how mood/pain usually changes when drinking/using more.
   - Review “Substance Use, Mood/Pain, and Health Worksheet” and ask about his or her experience.
   - State that the initial buzz/high/relief goes away as drinking/using continues and then one usually feels worse. Ask patient’s experience.
   - Discuss diagram and strategies.

3. How substance use, health, and mood/pain are connected (5 minutes)
   - Discuss diagrams and strategies.
   - Ask what tolerance means to the patient.
   - Discuss pain management (for opiate users who use for pain management).

4. Tolerance (5 minutes)
   - Ask what he or she knows about tolerance.
Define “tolerance” and discuss his or her experience.

If relevant, discuss opiates and pain management and review Appendix D.

Summarize the pt’s experiences with mood/pain, health, and substance use and the strategies he or she is willing to try.

5. Moving toward a healthy lifestyle (15 minutes)
   - Ask what a healthy lifestyle means to the patient and why it’s important to him or her.
   - Ask about ways he or she would like to be healthier and strategies to try.
   - Ask how substance use affects his or her health.
   - Ask how substance use could affect his or her health in several years.
   - Summarize.

6. Ruler for trying a specific strategy (5 minutes)

7. Lessons learned (5 minutes)

8. Daily diary on how healthy strategies affect mood and substance use (5 minutes)
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
</table>
| CHECK-IN         | ▶ *How have you been doing since we last met? Let me check in about any pressing things that have come up since our last session.*  
▶ *What questions or concerns did you want to make sure we talked about?*  
▶ *[Check in about medication and substance use (see Appendix B). If patient has a lot to discuss:] I want to make sure we have time to cover what I have, but I also want to leave time so that we can talk about what’s going on for you right now.*  
▶ *Tell me some of the times you were triggered and how you dealt with them.*  
▶ *[If applicable:] Tell me how you did with drinking/using over the past week.*  
▶ *Tell me more about the times you drank/used since the last session. What situations did you drink/use in? How much did you drink/use? What situations did you not drink/use in?*  
▶ *How are you feeling about your substance use now, and what changes, if any, would you like to make?*  
▶ *What do you remember from our last session? Last week [summarize where patient was with the ruler and if he or she had strategies to avoid or deal with triggers in a healthy way].*  
▶ *We also talked about the diary—how did that go? [If not completed, explore why.]*  
▶ *<elicit change talk> <affirm>*  
▶ *Last session we talked about the internal and external triggers that can lead to drinking or drug use—how feelings like depression, anger, and pain lead to substance use. Today I’d like us to talk about how substance use can lead to changes in people’s mood, pain, and health. First we will talk about mood and pain, then about health, and then how they fit* |
**Section**

<table>
<thead>
<tr>
<th>SUBSTANCE USE, MOOD, AND PAIN (Refer to “Substance Use, Mood/Pain, and Health Worksheet”)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Sample Script</th>
</tr>
</thead>
</table>

`together. How does that sound?`  

- **Walk me through a typical day when you’re drinking or using. How do you feel at the beginning when you first drink/use, and how does your mood (or pain) change as you drink/use more? Mark an “X” on the ruler [refer to worksheet]. How about when you stop drinking/using? What is your mood (or pain) like [mark on worksheet]? What do you do next and how does that affect your mood (or pain)? [Summarize what the patient has said.]**

<explore>

- **Your experience is really common; we find that substance use has two effects. That is, it can sometimes make us feel good in the short term but then not so good in the long term.**

<elicit, provide, elicit>

- **Can I tell you more about this? As you know, alcohol/drugs help people feel relaxed when they start drinking/using. For example, they may feel relaxed and happy because of that initial buzz or high (or pain relief). But what happens a few hours later as someone drinks/uses more? Right, the alcohol/drug wears off and that initial buzz or high (or pain relief) goes away and they don’t feel as good. Typically, people feel better only for a short while and try to drink/use again to feel better.**

- **Sometimes people may drink or use more to try and get that buzz or high (or pain relief) back, but, unfortunately, there’s no way to get it back. How does that fit with your experience?**

- **If people drink/use more to feel better, what types of problems might they experience?**

- **What we’ve discussed is how mood and pain can lead to drinking/using, but also how more drinking/using can lead to worse mood and pain [refer to use-health-mood diagram]. What do you make of this? How could you stop this cycle if you wanted to?**
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW MOOD/PAIN AND HEALTH ARE CONNECTED (Refer to “Substance Use, Mood/Pain, and Health Worksheet”)</td>
<td>▶ Now that we’ve talked about mood/pain and use, let’s talk about how your health is related. How do you think your health is affected when you drink/use more? How do you think your health is affected when you’re feeling depressed, in pain, or in other types of moods?  &lt;explore&gt;  ◀ [Summarize.] Sounds as if when you use, you are not as healthy, and when you’re depressed, your health is affected. For example, what happens when you’re in a lot of pain or are depressed? How does that affect your diet, exercise routine, and attitude?  &lt;elicit, provide, elicit&gt;  ◀ If we look at the diagram, our health, mood, and drinking/using are all connected.  ◀ When people drink/use, it often affects their health, which affects their mood/pain, which also affects their drinking/using. How does this fit with your experience?  ◀ Let’s talk about ways to stop this cycle.  &lt;elicit change talk&gt;</td>
</tr>
<tr>
<td>Section</td>
<td>Sample Script</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>TOLERANCE</td>
<td>▶ Is it OK if we talk about tolerance now? When the cycle of mood, health, and drinking/using happens, and people drink/use more and more, how can this be problematic? Over time, people tend to drink/use more to feel what they did when they first started using. Do you know what this is called? What do you already know about tolerance?</td>
</tr>
<tr>
<td></td>
<td>&lt;elicit, provide, elicit&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ “Tolerance” means that people have to keep drinking/using more and more to get the same feeling they had the first time, because their body and brains are used to the alcohol/drug.</td>
</tr>
<tr>
<td></td>
<td>▶ What has been your experience with tolerance? What do you think of this information?</td>
</tr>
<tr>
<td></td>
<td>▶ We’ve talked about how you use to help relieve your pain and how you’ve had to use more to keep up with the cycle we’ve talked about. Before we go on, I wanted to ask how you feel about your use and having to use to relieve the pain. How do you think your use is affecting your pain? How does your use affect your mood?</td>
</tr>
<tr>
<td></td>
<td>&lt;explore&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ You’re not wrong to want to find ways to make the pain go away, but I wonder how your use may also be making your pain worse. What do you think?</td>
</tr>
<tr>
<td></td>
<td>&lt;elicit change talk &gt; &lt;elicit, provide, elicit&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ As your body gets used to the drug, your body needs more in order for the pain to go away.</td>
</tr>
<tr>
<td></td>
<td>▶ Tell me about some times when you managed the pain without an opiate. What did you do or what have you heard others try (e.g., meditation, deep breathing, moderate exercise, distraction)?</td>
</tr>
<tr>
<td></td>
<td>▶ There are many options that doctors use to treat patients who are using opiates and wish to reduce their use. It involves talking with a patient about what he or she wants (e.g., you said you don’t want to be dependent on them). How would you feel about meeting with your doctor to discuss this more?</td>
</tr>
<tr>
<td>Section</td>
<td>Sample Script</td>
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<tr>
<td>▶ We’ve talked about how mood/pain, health, and your drinking/using are connected, and you’ve shared that feeling sad or being in pain triggers you to drink/use more, but that those feelings come back after you use, and that leads to more use. You’ve noticed your tolerance developing and you’re worried about that. You’ve also shared some strategies to break these connections, and I’m wondering what your next steps are for trying out those strategies.</td>
<td></td>
</tr>
<tr>
<td>▶ As we break the cycle between mood/pain, health, and use, we start thinking about ways to improve our mood and health, and how we can move toward a healthier lifestyle.</td>
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<tr>
<td>▶ What does being healthier mean to you? How important is it to be healthier, or to have a healthier family?</td>
<td></td>
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<tr>
<td>&lt;reflect&gt; &lt;affirm&gt;</td>
<td></td>
</tr>
<tr>
<td>▶ What things do you do to stay healthier? How would you know if you were living healthier? What things would you like to try in order to be healthier?</td>
<td></td>
</tr>
</tbody>
</table>
| ▶ [If there are no consequences to health, emphasize the positive things he or she is doing to stay healthy.] Some healthy behaviors are listed on the session worksheet. What are some ideas you have for these items [diet, exercise, substance use, attitude, relationships, other]?

<p>| ▶ We’ve talked about how substance use, mood/pain, and health are related. [E.g., For you, it sounds as if you tend to feel sadder as you drink/use more and that your drinking/using is affecting your weight and sleep. You also said you wanted to try (strategies) to be healthier.] |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>RULER</td>
<td>Let’s look at this ruler again and think about it for those strategies. &lt;explore&gt;</td>
</tr>
<tr>
<td>DAILY DIARY</td>
<td>On a scale from 0 to 10, how likely is it that you are going to try strategies to stop the cycle we discussed between now and the next session, with 0 being “not likely” and 10 being “very likely”?</td>
</tr>
<tr>
<td>(Refer to “Session 3 Daily Diary” worksheet)</td>
<td>What do you think about writing down in your diary the days you try [strategy] and how doing that strategy affected your mood, health, and substance use? Please write down a few notes about the people you were around, what the situation was, and how you felt.</td>
</tr>
<tr>
<td>ONE THING I LEARNED</td>
<td>Before we wrap up, what’s one thing that you found interesting or new today? &lt;reflect&gt; &lt;elicit change talk&gt;</td>
</tr>
<tr>
<td>NEXT STEPS</td>
<td>[Summarize the main themes from the session.] Next week we’ll review your diary and we’ll explore how different activities can affect drinking/using. [Describe any additional next steps—e.g., how to set up the next appointment.]</td>
</tr>
</tbody>
</table>
Substance Use, Mood/Pain, and Health Worksheet

1. Before I drink/use, I feel . . .

2. When I start drinking/using, I feel . . .

3. When I drink/use more, I feel . . .

4. After I stop drinking/using, I feel . . .
5 Substance use has two effects. Substances may help you to feel good in the short term, but then they make you feel worse later on. This can lead to more substance use.

Strategies to stop the cycle:

☐ ____________________
☐ ____________________
☐ ____________________
☐ ____________________
☐ ____________________

6 What are ways that you care for yourself?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

When you drink/use, how do you not care for yourself?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

7 On a scale from 0 to 10, how likely is it that you are going to try strategies to stop the cycle we discussed between now and the next session?

<table>
<thead>
<tr>
<th>Not likely</th>
<th>Very likely</th>
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<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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</tbody>
</table>
Session 3 Summary

- Substance use, mood/pain, and health are connected.
- Tolerance may increase substance use.
- There are ways to live a healthier lifestyle.
- I rank how likely I will practice strategies to stop the cycle between now and the next session as ___ out of 10.
Session 3 Daily Diary

Fill in the days when you tried healthy strategies and what strategies you tried.

<table>
<thead>
<tr>
<th>Date</th>
<th>What healthy strategies did you try?</th>
<th>How did they affect your mood and substance use?</th>
<th>Notes to discuss in next session</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Please write any additional thoughts or ideas below.

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Session 4
Helpful and Harmful Activities

Description

- The goal of this session is to explore the connection between daily activities and substance use.3
- Patients often engage in harmful activities that lead to substance use. This session explores ways to avoid harmful activities as well as ways to increase helpful activities—things that do not involve substance use and that make patients feel better.
- Barriers to participating in helpful activities are explored, including depression or feeling that no activity could replace substance use.
- Often, patients who are depressed or who have used substances for a long time may not be able to think of helpful activities to try. A list of helpful activities is provided in a worksheet to help with brainstorming.

Worksheets

1. Activities worksheets
2. A list of helpful activities to do when feeling triggered
3. A list of harmful activities that could lead to drinking/using
4. Helpful activities I will try this week and a ruler
5. Session 4 summary
6. Session 4 daily diary
Session 4 Checklist

See the session 4 script for more detail on all the steps in this checklist.

1. Check-in (10 minutes)
   - Ask about drinking/using since last session.
   - Review self-care strategies used since last session.
   - Review diary.
   - Explain agenda: activities that may or may not lead to use.

2. Activities (10 minutes)
   - Make a list of activities the patient enjoys or used to do for fun.
   - Discuss how some activities can lead to substance use and identify those on the patient’s list.
   - Discuss how each harmful activity is a trigger for substance use.
   - Discuss ways to avoid harmful activities, emphasizing past successes and change talk.

3. Helpful activities (20 minutes)
   - Discuss helpful activities that the patient does or used to do and why these are important.
   - Troubleshoot barriers to helpful activities.
   - Explore helpful activities to try (refer to worksheet) and emphasize that activities can be free and simple.
   - Complete the activities plan.

4. Ruler for trying a helpful activity (5 minutes)

5. Lessons learned (5 minutes)

6. Daily diary on helpful and harmful activities (5 minutes)
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK-IN</td>
<td>► How have you been doing since we last met?</td>
</tr>
<tr>
<td></td>
<td>► Let me check in about any pressing things that have come up since our last session. What questions or concerns did you want to make sure we talked about?</td>
</tr>
<tr>
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<td>► [Check in about medication and substance use (see Appendix B). If patient has a lot to discuss:] I want to make sure we have time to cover what I have, but I also want to leave time so we can talk about what’s going on for you right now.</td>
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<td>► [If applicable:] Tell me how you did with drinking/using over the past week.</td>
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<tr>
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<td>► Tell me more about the times you drank/used since the last session. What situations did you drink/use in? How much did you drink/use? What situations did you not drink/use in?</td>
</tr>
<tr>
<td></td>
<td>► How are you feeling about your substance use now, and what changes, if any, would you like to make?</td>
</tr>
<tr>
<td></td>
<td>&lt;elicit change talk&gt;</td>
</tr>
<tr>
<td>DIARY</td>
<td>► What do you remember from our last session? Last week [summarize where patient was with the ruler and if he or she tried healthy strategies].</td>
</tr>
<tr>
<td></td>
<td>► We also talked about a diary—how did that go? [If not completed, explore why.]</td>
</tr>
<tr>
<td></td>
<td>&lt;affirm&gt;</td>
</tr>
<tr>
<td>TODAY’S AGENDA</td>
<td>► Today we’re going to talk about different activities that may or may not lead to drinking/using. How does that sound?</td>
</tr>
</tbody>
</table>
## WHICH ACTIVITIES LEAD TO USE (Refer to the activities worksheet)

- **What are some activities that you enjoy or like to do for fun? If you are depressed, what did you do before you were depressed? What types of things do you do over the weekend or after work?** [List several activities; refer back to the diary exercises. For patients who do not have ideas or are depressed, ask about activities they used to enjoy even for a few minutes and refer to examples on the patient worksheet.]

<explore>

- **Are there things you are doing now that may not be helping you reach your goals?** Let’s think back to the external triggers we talked about in session 2—which of those are harmful activities that lead to drinking/using?

[Note: If the patient refers to activities he or she does but does not enjoy (e.g., spending time with unhealthy people), place these responses in the left column of step 4 of the activities worksheet for this session.]

- **Right—some activities can be harmful because they are external triggers to drinking/using.** Looking at your list, which activities are harmful? [Place a minus sign next to each harmful activity.] What makes each of these activities harmful? [Discuss each one and the reasons why each is a trigger—e.g., going to my friend’s house is a trigger because everyone drinks and it’s looked down on if you don’t drink, and I really want to fit in and not be left out.]

<reflect>

- **What we have here is a list of activities that lead to your drinking/using.** What are some ways to avoid these harmful activities? [Explore and transition to replacing harmful activities with helpful ones.] What have you done in the past? How does it work? What makes it difficult to avoid these things?

<elicit change talk>
### HELPFUL ACTIVITIES AND BARRIERS
(Refer to step 2 on the activities worksheet)

- **Helpful activities could make you feel better, give you a break from your problems, take your mind off drinking/using, make it easier not to use in the future, help you meet new people, etc.**

- **What might get in the way of doing helpful activities—for example, depression, feeling too busy, not being motivated, can’t think of anything other than drinking/using to make you feel better?**

- I’d like to share a list of beliefs that commonly get in the way of doing helpful activities [show worksheet; add additional barriers] and see what you think about these. Which are barriers for you?

### INCREASING HELPFUL ACTIVITIES

- **Tell me about a time when you were not drinking/using. What types of helpful activities did you do? How did those activities make you feel?** [If patient can’t remember a sober lifestyle, explore the types of things he or she wanted to do or is willing to try; refer to the list of helpful activities if needed.]

- **What types of things have you wanted to do that don’t involve drinking or using? What types of things did you used to do but no longer do because of drinking/using or the way you feel?**
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
</table>
| TYPES OF HELPFUL ACTIVITIES (Refer to step 3 on the activities worksheet) | ▶ Sometimes it’s hard to think of helpful activities to do. I’d like to show you some examples.  
▶ [Review list on worksheet.] How do you feel about doing something alone? Would that be a trigger for you? What activities can you do by yourself?  
**<elicit change talk>**  
▶ It is also good to have activities you can do with other people when you’re feeling down or triggered. What types of activities could you do with others? [Refer to the list of activities and fill in the lines at the bottom.] Do you have people you can do activities with? If not, where can you meet someone to do an activity with? Do you have someone to call who can help keep you accountable, like an activity partner?  
▶ Although some helpful activities cost money, there are many that are free. Helpful activities can also be short and simple, such as singing, looking out the window, going for a walk, and taking deep, relaxing breaths. What types of activities could you do that do not cost much money or are free? How about activities that are quick and simple?  
▶ Finally, helpful activities can also be planned and enjoyed over a longer amount of time. These can include learning something new and exercising. What types of longer-term activities could you do? |
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITIES PLAN (Refer to steps 4 and 5 on the activities worksheet)</td>
<td>▶ So far we’ve talked about harmful and helpful activities. I’m wondering which of these harmful activities you would be willing to avoid in the next week? [Write response on step 4 of the worksheet.] How will you do that? [Develop a concrete plan with the patient by problem solving challenges that he or she may have. Remind the patient to keep coming back to these sessions if these efforts are unsuccessful.]</td>
</tr>
<tr>
<td>RULER</td>
<td>▶ Which of these helpful activities would you be willing to try? [Step 5 is about developing a concrete plan by problem-solving what the patient needs to do to prepare for the activity (e.g., if the patient wants to go to the park, how will he or she get there, what will he or she bring, etc.). Write what the patient says on the worksheet. Encourage the patient to list a helpful activity or several activities for each day of the week. Refer to Appendix E for how to find a 12-step meeting.] How might it feel if you do the activity? What might get in the way of doing the activity?</td>
</tr>
<tr>
<td>DAILY DIARY (Refer to “Session 4 Daily Diary”)</td>
<td>▶ Remember how last week we did the ruler for avoiding and dealing with triggers in a healthy way? Let’s do that ruler again as triggers relate to your plan to do helpful activities.</td>
</tr>
</tbody>
</table>

You said that you were going to try the following helpful activities in the next week [refer to list on worksheet].

On a scale from 0 to 10, how likely is it that you are going to try some helpful activities between now and the next session, with 0 being “not likely” and 10 being “very likely”?

<reflect> <elicit change talk> |

▶ For your diary in the next week, would you be willing to write the helpful and harmful activities you did and how you felt after each activity? [Illustrate an example.] Bring this with you to the next session for us to discuss.
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE THING I LEARNED</td>
<td>▶ <em>Before we wrap up, what’s one thing that you found interesting, useful, or new today? How has this been going for you? What has been helpful?</em></td>
</tr>
<tr>
<td>NEXT STEPS</td>
<td>▶ <em>[Summarize the main themes from the session.] Next week we’ll review your diary and we’ll explore how people can impact our use. [Describe any additional next steps—e.g., how to set up the next appointment.]</em></td>
</tr>
</tbody>
</table>
Activities Worksheet

1

Activities I like to do:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
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___________________________________________________________________________________

Now add a minus sign (-) next to each harmful activity.
What makes each of these activities harmful?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
The thoughts below might get in the way of doing activities. Put a check mark next to any that sound familiar to you, and add your own if you want.

- I don't really feel like doing anything today. Maybe I will feel like it tomorrow.
- Nothing sounds that enjoyable to me.
- I don’t remember what I did when I was sober.
- I can’t enjoy myself without a drink.
- All I want to do is sleep.
- If it takes so much effort, how can it be fun?
- I don’t have the energy to take a shower or get dressed.
- I don’t deserve to have fun because of all the problems my drinking/using has caused for me and other people in my life.
- I have to do all my work before I do anything else.
- I need to focus on getting better, so there’s no time for fun.
- Doing fun stuff is just a distraction. It isn’t going to change anything and it makes it hard to think about my real problems.

How are you going to overcome these things that might get in the way of doing activities?

- ________________________________
- ________________________________
- ________________________________
A List of Helpful Activities to Do When Feeling Triggered

Here are some ideas of helpful activities that you could do. Don’t forget—a helpful activity can be as simple as smelling something pleasant.

1. Wear clothes you like
2. Listen to the radio
3. Watch people
4. Look at the clouds
5. Eat a good meal
6. Care for a houseplant
7. Show interest in what other say
8. Notice good things that happen
9. Give a compliment or praise someone
10. Talk about sports or current events
11. Attend a 12-step meeting
12. Take a walk
13. Make a new friend
14. Go to a movie or play
15. Go to a museum
16. Play cards or chess
17. Watch a sunset
18. Do artwork or crafts
19. Learn something new
20. Collect things
21. Join a club
22. Read something inspiring
23. Volunteer at the animal shelter
24. Go to a garage sale
25. Help someone
26. Rearrange your room or house
27. Talk on the telephone
28. Accept a compliment
29. Read books, magazines, or poetry
30. Daydream
31. Brush your teeth
32. Cook a good meal
33. Do crossword puzzles
34. Take a long bath or shower
35. Talk about old times
36. Write stories or poetry
37. Spend time with friends
38. Sing
39. Go to church
40. Read the newspaper
41. Go to a meeting or lecture
42. Exercise
43. Solve a personal problem
44. Listen to music
45. Do outdoor work
46. Get a haircut or get your hair done
47. Pray
48. Sit in the sun
49. Have peach and quiet
50. Go to a park, fair, or zoo
51. Write letters
52. Listen to the birds sing
53. Go to the library
54. Keep a clean house
55. Plant flower seeds
56. Spend playtime with family/children
57. Eat a piece of fresh fruit
58. Do your laundry
59. Shine your shoes
60. Recycle
61. Practice playing the guitar
62. Take a class
63. Improve your math or reading skills
64. Have the oil changed in your car
65. Learn yoga or tai chi
66. ________________
67. ________________
68. ________________
69. ________________
70. ________________
71. ________________
72. ________________
73. ________________

Add your own ideas for helpful activities.
## A List of Harmful Activities That Could Lead to Drinking/Using

<table>
<thead>
<tr>
<th>Harmful Activities That Lead to Drinking/Using</th>
<th>What I Can Do Instead</th>
</tr>
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<tbody>
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</tbody>
</table>
5 Helpful activities I will try this week:

<table>
<thead>
<tr>
<th>When?</th>
<th>Helpful activity</th>
<th>Things I need to do to plan for the activity</th>
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<tbody>
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</table>

6 On a scale from 0 to 10, how likely is it that you are going to try some helpful activities between now and the next session?

<table>
<thead>
<tr>
<th>Not likely</th>
<th></th>
<th>Very likely</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>10</td>
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<td>9</td>
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<td>9</td>
<td>2</td>
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<tr>
<td>9</td>
<td>10</td>
<td>1</td>
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</tbody>
</table>
Session 4 Summary

- Activities can be harmful or helpful.
- Helpful activities can support your recovery, and they can be done alone or with others.
- I rank how likely I will try helpful activities as ___ out of 10.
## Session 4 Daily Diary

Fill in the days when you tried helpful activities and the days when you participated in harmful activities.

<table>
<thead>
<tr>
<th>Date</th>
<th>Trigger</th>
<th>Helpful activity</th>
<th>How did it make you feel (e.g., happy, sad)?</th>
<th>Notes to discuss in next session</th>
</tr>
</thead>
<tbody>
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</table>

Please write any additional thoughts or ideas below.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
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Session 5
Communication and the Patient’s Social Support Network

Description

- The goal of this session is for patients to think about the people they spend time with and how these people affect their substance use.
- This session helps patients identify people or types of people who can trigger use and focuses on strategies to communicate assertively in these situations.

Worksheets

1. People triggers
2. How to make an assertive request
3. Refusal skills and a ruler
4. Session 5 summary
5. Session 5 daily diary
**Session 5 Checklist**

See the session 5 script for more detail on all the steps in this checklist.

1. Check-in (10 minutes)
   - Ask about drinking/using since the last session.
   - Review helpful activities tried since last session.
   - Review diary.
   - Explain agenda: substance use and people.

2. Substance use and people (10 minutes)
   - Ask about:
     - The people he or she spends time with
     - How many use and don’t use substances
     - How being alone might be a trigger to using.
   - Ask if and how friends or family can be a trigger for substance use.
   - Ask about situations that can be triggers (e.g., family party).
   - Summarize the patient’s experience with specific triggers.

3. Coping with difficult people and interactions (5 minutes)
   - Ask how he or she copes in triggering situations with others.
   - Ask what makes it hard to try strategies in those situations.
   - State that it’s difficult to avoid those situations, and healthy communication during them can help.

4. Communication (5 minutes)
   - Discuss the three types of communication and ask the patient to give an example of each way to decline an invitation to an event:
     - Passive
     - Aggressive
     - Assertive.
   - Role-play with the patient about how he or she would react to the invitation.
☐ Ask which communication style he or she uses most.
☐ Ask how communication affects his or her mood and substance use.

5. Expressing yourself assertively (10 minutes)
☐ Discuss the five steps using the assertiveness worksheet.
☐ Discuss which steps the patient already uses, and which are easier and harder.
☐ Ask who the patient is assertive with and who he or she would like to be more assertive with.
☐ Role-play refusal skills on pressure to drink/use from different types of people (use the handout).
☐ Discuss strategies if the other person doesn’t react well to assertiveness.
☐ Summarize triggers and communication strategies to try.

6. Ruler for trying assertive communication with someone (5 minutes)

7. Lessons learned (5 minutes)

8. Daily diary on assertive and nonassertive communication (5 minutes)
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
</table>
| CHECK-IN | ▶ How have you been doing since we last met?  
▶ Let me check in about any pressing things that have come up since our last session. What questions or concerns did you want to make sure we talked about?  
▶ [Check in about medication and substance use (see Appendix B). If patient has a lot to discuss:] I want to make sure we have time to cover what I have, but I also want to leave time so we can talk about what’s going on for you right now.  
▶ [If applicable:] Tell me how you did with drinking/using over the past week.  
▶ Tell me more about the times you drank/used since the last session. What situations did you drink/use in? How much did you drink/use? What situations did you not drink/use in?  
▶ How are you feeling about your substance use now, and what changes, if any, would you like to make?  
▶ <elicit change talk>  
▶ What do you remember from our last session? Last week [summarize where patient was at with the rulers, if he or she participated in helpful or harmful activities].  
▶ We also talked about a diary. How did that go? [If not completed, troubleshoot why. Explore obstacles.]  
▶ <affirm>  
| TODAY’S AGENDA | Today I’d like to talk with you about the people you spend time with and how they might affect your substance use so that we can think about strategies to support your recovery.  
▶ Tell me about the people you mostly spend time with. How many use substances? How many don’t use substances?  
▶ How about when you don’t spend time with people, when you’re by yourself—how is that a trigger for your use?  
▶ <explore>  
| SUBSTANCE USE AND PEOPLE |  

<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
</table>
| DIFFICULT INTERACTIONS WITH PEOPLE<sup>4–7</sup> | ▶ What other kinds of situations with people make you feel like drinking/using?  
<reflect>  
▶ Each person’s triggers may be different, but common triggers include:  
• Somebody offers you alcohol or drugs  
• People drink or use around you  
• You get into an argument with another person  
• Somebody criticizes you  
• You are celebrating with friends. |
| SUMMARIZE | ▶ [Example:] You mostly spend time with friends who drink/use where everyone is drinking/using after work, and you feel as if you have to drink/use when you spend time with them. You also have times when feeling lonely and not being around people triggers drinking/using. |
| COPING WITH DIFFICULT PEOPLE INTERACTIONS | ▶ What are some ways to avoid drinking/using when in those situations? [Note: Reflect patient’s ambivalence about avoiding social situations or people.]  
<elicit change talk> <reflect>  
▶ What makes it hard to try those strategies?  
<reflect>  
▶ One way to avoid drinking/using in those situations is to avoid the situations altogether. What are those situations?  
▶ Sometimes avoiding those situations is really hard to do and so finding strategies to not drink/use in those situations is also important. What are some strategies that have been helpful for you? |
How is communication an important strategy? Communicating with others is really important, but sometimes our emotions and feeling pressured makes it difficult to try this strategy. For example, if you’re at a family party and everyone is drinking/using, you may feel pressured to drink/use to fit in. If you don’t want to drink/use or don’t want to go to an event, that can be hard to communicate—or you might be alone and experience a lot of pain, and it might be hard to communicate. So, let’s talk about different ways to communicate.

What types of communication have you heard about before? The three different types are aggressive, passive, and assertive. [Refer to the worksheet on people triggers.]

What do you think the aggressive style looks like? How would someone communicate aggressively—for example, if they didn’t want to go to an event? How about the passive? What would they say? How about assertive? What would they say?

Which communication style do you tend to use?

How do you think your communication affects your mood and your substance use?

<elicit change talk>
EXPRESSING YOURSELF ASSERTIVELY  
(Refer to “How to Make an Assertive Request” worksheet)

▶ Would you be interested in hearing about the steps to being assertive? To express yourself assertively, there are four main steps. Can we go over the steps on this worksheet?

<elicit, provide, elicit>

▶ First, you identify the person with whom you want to be assertive. Second, you need to decide what you are feeling or wanting and choose words that are clear and direct, and it's important to use “I” statements for this—e.g., “I feel,” “I want”).

▶ For example, if someone brought drugs or alcohol into the house, how would you respond assertively? Pretend I'm the person you're talking with. What could you say to me?

<role-play> <affirm>

▶ Third, you decide if there is something you need as a result of your feelings or thoughts, because the person may not agree with your way of thinking. For example, if I'm feeling frustrated about being really busy at work, I might also know that it would mean a lot to me if my partner would support me more or even help me with some of my housework.

▶ Finally, the last step is to acknowledge the person for helping you by saying thank you or that you appreciate their help.

▶ What do you think of these steps? Which do you do already, and which are easier and harder for you to do?

▶ Who are you already assertive with, and who can you be more assertive with?

<reflect> <affirm>
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSAL SKILLS&lt;sup&gt;21&lt;/sup&gt; (Refer to “Refusal Skills Worksheet”)</td>
<td>▶ Let’s practice the second step—communicating clearly and directly using “I” statements. Is that OK? Imagine a situation where you are feeling triggered to drink/use. Let’s talk about two situations where that might occur. Can we role-play what you might say and how the other person might respond?</td>
</tr>
<tr>
<td></td>
<td>▶ First, what is a situation where you might be around others and feel triggered to use? How would you communicate if you didn’t want to drink/use? Pretend I’m the person—what could you say to me? Try to include some “I” statements. &lt;role-play&gt; &lt;affirm&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ How about a second situation . . . what if you are by yourself, when would that be a trigger to drink/use? Who could you communicate with in that situation? What could you say? Let’s practice. &lt;role-play&gt; &lt;affirm&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ Let’s go over this worksheet and think about more situations. How does that sound? &lt;affirm&gt;</td>
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<tr>
<td></td>
<td>▶ These are some people who might offer you a drink or ask you to use. &lt;affirm&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ For example, what if someone close to you who knows that you want to quit asks you to drink/use? &lt;affirm&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ How about your co-worker? [Continue with boss, new friend, relative.] &lt;affirm&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ Are there other people we’ve missed who might ask you to drink/use? How would you respond to them? &lt;affirm&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ How do you think the person would react? &lt;affirm&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ How do you think you would feel if you expressed yourself in this way? &lt;affirm&gt;</td>
</tr>
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<td>Sample Script</td>
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</table>
| WHAT IF THINGS DON’T GO AS PLANNED? | ▶ What if you express yourself assertively and the other person doesn’t listen or gets upset?  
▶ An important thing to remember is that we have control over what we communicate and how we do it, but we can’t control how people listen and understand. Some people may listen better than others, and all we can do is communicate clearly and assertively. |
| SUMMARIZE | ▶ So, we’ve talked about how certain situations, such as being with people or being alone, can trigger substance use. We’ve also talked about different ways to communicate your thoughts and feelings. For you, it sounds as if [name the people] trigger your drinking/using the most and you feel that communicating to them [recap the patient’s preferred assertive language] may help. |
| RULER | ▶ I’d like us to look at the ruler again. Of all the types of people we listed here, who would you be willing to communicate with in the next week?  
▶ On a scale from 0 to 10, how likely is it that you will practice assertive communication between now and the next session with 0 being “not likely” and 10 being “very likely”?  
<reflect> <elicit change talk> |
<p>| DAILY DIARY (Refer to Session 5 Daily Diary) | ▶ What do you think about writing down in the diary when you communicated assertively and when you did not? Please write down a few notes about the people you were around, what the situations were, and what you said. |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
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<tbody>
<tr>
<td>ONE THING I</td>
<td>▶ Before we wrap up, what’s one thing that you found interesting or new today? &lt;reflect&gt; &lt;elicit change talk&gt;</td>
</tr>
<tr>
<td>LEARNED</td>
<td></td>
</tr>
<tr>
<td>NEXT STEPS</td>
<td>▶ [Summarize the main themes from the session.] Next week we’ll review your diary and we’ll have our last session. We’ll review our sessions and discuss ways to continue supporting you. [Describe any additional next steps—e.g., how to set up the next appointment.]</td>
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### People Triggers Worksheet

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<tr>
<th>People Triggers</th>
<th>Strategies</th>
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</table>

### Three Basic Communication Styles

<table>
<thead>
<tr>
<th>Style</th>
<th>Description</th>
<th>Example (situation: waiting in a long line)</th>
<th>Example (situation: conflict with another person)</th>
<th>Example (situation: waiting for someone)</th>
<th>Respects wishes of others</th>
<th>Respects own wishes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Passive</td>
<td>Holding in or withholding how you feel or think.</td>
<td>&quot;I guess there’s nothing I can do. I’ll just go home.&quot;</td>
<td>Saying to self, &quot;Oh no, when will this ever end?&quot;</td>
<td>&quot;Umm, umm… I’m waiting…”</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Aggressive</td>
<td>Expressing your thoughts or feelings in outbursts—shouting, yelling, arguing, throwing things, or hitting people.</td>
<td>&quot;Look, I’ve been waiting for over an hour! When is someone going to help me? You guys must be completely incompetent!&quot;</td>
<td>&quot;You are an evil person! Everything you do is just to drive me crazy!&quot;</td>
<td>&quot;Will you just hurry up!&quot;</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Assertive</td>
<td>Expressing positive or negative feelings and thoughts calmly, honestly, and respectfully.</td>
<td>&quot;Excuse me, I know you’re really busy, but I really need some information about my housing application. Is there someone I can talk to?&quot;</td>
<td>&quot;I feel bad when I think I have been put down and I don’t like how I feel when I put you down. Can we talk about what we can do to be kinder to each other?&quot;</td>
<td>&quot;I know you are busy, but we’re running late and need to go now.&quot;</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
How to Make an Assertive Request

Decide:

- Who you want to express yourself to.
- What to say. Say “I” statements (“I feel . . .” and “I think . . .”) rather than “you” statements (“You always do that” and “You just don't understand”).
- If you need something as a result of your feelings or thoughts. The other person may not agree with your way of thinking or understand your feelings. Decide ahead of time if there is something you want to ask for. Ask for what you need in a way that is clear and direct.
- How to acknowledge the person. For example, be ready to say, “Thank you.”
Give It a Try: Express Yourself Assertively

Imagine a situation where you want to express how you feel or think to another person. You could be talking to a person you are having problems with.

• Decide who you want to express yourself to: _______________________

• Decide what to say. Say “I” statements (“I feel . . .” and “I think . . .”) rather than “you” statements (“You always do that” and “You just don’t understand”).

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

• Decide if you need something as a result of your feelings or thoughts. The other person may not agree with your way of thinking or understand your feelings. Decide ahead of time if there is something you want to ask for. Ask for what you need in a way that is clear and direct.

________________________________________________________

• Decide how to acknowledge the person. For example, be ready to say, “Thank you.”

________________________________________________________

• How do you think you would feel if you expressed yourself in this way?

________________________________________________________
Refusal Skills Worksheet

Listed below are some people who could offer you a drink or ask you to use. How would you respond? Please write your responses under each item:

Someone close to you who knows that you want to work on your substance use:

Coworker:

New friend:

Relative at a family gathering:

Someone else:

Yourself:

Being alone may also trigger drinking or using. How would you communicate to someone in that situation?
**On a scale from 0 to 10, how likely is it that you will practice assertive communication between now and the next session?**

<table>
<thead>
<tr>
<th>Not likely</th>
<th>Very likely</th>
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<tbody>
<tr>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
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<td>3</td>
<td>7</td>
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<td>8</td>
<td>2</td>
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<tr>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>
Session 5 Summary

- You can choose to communicate with others in a way that improves your relationship and supports your recovery.
- Assertive communication can be a good way to express yourself.
- I rank how likely I will practice assertive communication as ___ out of 10.
### Session 5 Daily Diary

Fill in the days when you communicated assertively and nonassertively with others.

<table>
<thead>
<tr>
<th>Assertive Communication</th>
<th>Notes to discuss in next session (things you did well and had trouble with)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Where? Who with?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Nonassertive Communication</th>
<th>Notes to discuss in next session (things you did well and had trouble with)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Where? Who with?</td>
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</tbody>
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89
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Session 6
Moving Forward into the Future

Description

- The goal of this last session is for patients to continue thinking about their social support network and how they’ll continue getting support after this session (including self-help groups, AA, NA).
- The session helps patients identify the people that provide social support to them and helps them explore what types of support they need most.
- The purpose of this session is also to reinforce the positive gains patients have made throughout the sessions and discuss their future plans for change.

Worksheets

1. Mapping your social support network
2. Social support network reference card
3. Meeting new people
4. Commitments and ruler
5. Certificate
6. Session 6 summary
Session 6 Checklist

See the session 6 script for more detail on all the steps in this checklist.

1. Check-in (10 minutes)
   - Ask about drinking/using since the last session.
   - Review communication and refusal skills used since the last session.
   - Review diary.
   - Explain agenda: social support and future plans.

2. Social support network (5 minutes)
   - Ask about people who provide the patient support and the types of support.
   - Review handout, have the patient add names, websites, and resources, and look for gaps.

3. Meeting new people (5 minutes)

4. Looking into the future (5 minutes)
   - Review some of the positive gains the patient has had.
   - Explore strategies to avoid future challenging situations.

5. Commitments (5 minutes)
   - Discuss how the patient will obtain social support in his or her daily life.
   - Discuss concrete things to do the next time he or she feels like using.
   - Write these strategies on the handout.

6. Ruler (5 minutes)

7. What you will remember (10 minutes)?
   - Ask what the patient will remember most from the sessions.
   - Ask what things will help him or her continue to make positive changes.
   - If the patient has been making changes and is ready to continue making changes, ask him or her to complete the change plan worksheet (skip if the patient is not ready to make changes).

8. Good-byes (5 minutes)
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK-IN</td>
<td>► <em>Today is your last session</em> [if not continuing for more sessions]. <em>How have you been doing since we last met?</em></td>
</tr>
<tr>
<td></td>
<td>► Let me check in about any pressing things that have come up since our last session. What questions or concerns did you want to make sure we talked about?</td>
</tr>
<tr>
<td></td>
<td>► <em>Check in about medication and substance use</em> [see Appendix B]. [If the patient has a lot to discuss:] I want to make sure we have time to cover what I have, but want to leave time so we can talk about what’s going on for you right now.</td>
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<tr>
<td></td>
<td>► [If applicable:] <em>Tell me how you did with drinking/using over the past week.</em></td>
</tr>
<tr>
<td></td>
<td>► <em>Tell me more about the times you drank/used since the last session. What situations did you drink/use in? How much did you drink/use? What situations did you not drink/use in?</em></td>
</tr>
<tr>
<td></td>
<td>► How are you feeling about your substance use now, and what changes, if any, would you like to make?</td>
</tr>
<tr>
<td></td>
<td>&lt;elicit change talk&gt;</td>
</tr>
<tr>
<td></td>
<td>► <em>What do you remember from our last session?</em> Last week [summarize where patient was at with the rulers, and if he or she had opportunities to be assertive].</td>
</tr>
<tr>
<td></td>
<td>► <em>We also talked about a diary—how did that go?</em> [If not completed, troubleshoot why. Explore obstacles.]*</td>
</tr>
<tr>
<td></td>
<td>&lt;affirm&gt;</td>
</tr>
<tr>
<td></td>
<td>► <em>Today is your last session, and I’d like us to focus on your support network and the resources you’ll continue to need to support you as you try to make changes. How does that sound?</em></td>
</tr>
<tr>
<td>TODAY’S AGENDA</td>
<td></td>
</tr>
<tr>
<td>YOUR SOCIAL SUPPORT NETWORK (Refer to the “Mapping Your Social Support Network” worksheet)</td>
<td></td>
</tr>
<tr>
<td>Sample Script</td>
<td></td>
</tr>
<tr>
<td>▶ Who are the people in your life who give you support? Last session we discussed the people you could be assertive with. These people can be friends, partners, family members, people you are in groups with, coworkers, church members, and people at this clinic. What type of support do they give you?</td>
<td></td>
</tr>
<tr>
<td>▶ Which people can you really count on when you need someone to be there for you?</td>
<td></td>
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<tr>
<td>▶ If the answer is no one: What do you think about that?</td>
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<tr>
<td>▶ How does that support your recovery?</td>
<td></td>
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<tr>
<td>▶ Would you like to talk about ways to meet new people?</td>
<td></td>
</tr>
<tr>
<td>▶ If the patient has no one in his or her social support network, refer to the second version of the worksheet “Finding Ways to Build Your Social Support Network.”</td>
<td></td>
</tr>
<tr>
<td>▶ If you look at this worksheet [“Finding Ways to Build Your Social Support Network”], it goes over some of the things you were just talking about. Each square focuses on a different type of support that people in your life might give you, like practical support, advice or information, companionship, or emotional support.</td>
<td></td>
</tr>
<tr>
<td>▶ Think about people or resources that give you each kind of support. Write their names in the squares. For example, who helps you with practical, everyday things? Who would give you a ride to the doctor or hospital? The same name can be written in more than one square.</td>
<td></td>
</tr>
<tr>
<td>▶ Social support goes two ways. Who leans on you for practical support, advice, companionship, or emotional support? Write the names of the people you support in the squares.</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Sample Script</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>BROADENING YOUR SUPPORT NETWORK</td>
<td>▶ What do you notice about the names or resources you filled in? Where do you have plenty of support? Where are there gaps in support? How can you fill those gaps so that you don’t use again?</td>
</tr>
<tr>
<td></td>
<td>▶ Let’s brainstorm more people and resources we can add to this network.</td>
</tr>
<tr>
<td></td>
<td>▶ [Other resources to add:</td>
</tr>
<tr>
<td></td>
<td>• AA or NA sponsor (refer to Appendix E for more information)</td>
</tr>
<tr>
<td></td>
<td>• SMART Recovery: <a href="http://www.smartrecovery.org/">http://www.smartrecovery.org/</a></td>
</tr>
<tr>
<td></td>
<td>• National Suicide Prevention Lifeline: 800-273-TALK or 800-273-8255</td>
</tr>
<tr>
<td></td>
<td>• Venice Family Clinic Staff</td>
</tr>
<tr>
<td></td>
<td>• Clare Foundation (treatment center): 310-314-6200 ext. 3152 or 866-452-5273 (toll free)]</td>
</tr>
<tr>
<td>HOW TO MEET NEW PEOPLE</td>
<td>▶ In addition to the people you already know, sometimes being sober also means meeting new people who do not drink/use. How do you feel about meeting new people?</td>
</tr>
<tr>
<td>(Refer to the “Meeting New People” and “Making Plans to Get to Know Someone Better” worksheets)</td>
<td>▶ How would you do it and where would you start? What would get in the way of meeting new people or what has prevented you from meeting new people before? How can you overcome those barriers? For example, what was it like meeting me for the first time a few weeks ago, and how did you do it? &lt;explore&gt;</td>
</tr>
<tr>
<td></td>
<td>▶ Let’s look at these worksheets and see if we can think of some ideas about meeting new people. [Refer to Appendix E for how to find a 12-step meeting.]</td>
</tr>
<tr>
<td>Section</td>
<td>Sample Script</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>LOOKING INTO THE FUTURE</td>
<td>▶ We’ve met several times now. [State some affirmations here. E.g., “It must feel good to have made progress with your goals. You stopped drinking/using for several weeks now. I know that it has been hard for you, but you did it.”] Thinking ahead into the future, what kind of challenging situations might come up for you that might involve substance use? How can you see yourself avoiding those situations or using your strategies in those situations?</td>
</tr>
<tr>
<td>WHAT WILL YOU REMEMBER</td>
<td>▶ Now think about our meetings over the past three months. What will you remember most about those meetings? What are some things that you think might help you continue to make positive changes in your substance use?</td>
</tr>
<tr>
<td>RULER</td>
<td>▶ Let’s use the ruler one last time. If it’s OK with you, I’d like us to look at this ruler again. What will you do the next time you feel like drinking or using?</td>
</tr>
<tr>
<td></td>
<td>▶ OK, and you said that [summarize commitment]. What other things would you like to add?</td>
</tr>
<tr>
<td></td>
<td>▶ On a scale from 0 to 10, how likely is it that you will get support when you feel like drinking or using, with 0 being “not important” and 10 being “very important”?</td>
</tr>
</tbody>
</table>

**Sample Script**

▶ What type of activities could you do around other people? Even if you don’t make a new friend, you will be doing something pleasant, you won’t feel as if you wasted your time, and there won’t be any pressure on you to meet people.

▶ In addition to meeting new people, how about getting to know someone better? Are there others you know who can help you find more supportive people? Is there anyone who you would like to get to know better? If not, how about in the [activity] you mentioned earlier? How might you get to know someone better from that?

<explore>

▶ We’ve met several times now. [State some affirmations here. E.g., “It must feel good to have made progress with your goals. You stopped drinking/using for several weeks now. I know that it has been hard for you, but you did it.”] Thinking ahead into the future, what kind of challenging situations might come up for you that might involve substance use? How can you see yourself avoiding those situations or using your strategies in those situations?

<affirm> <elicit change talk>

▶ Now think about our meetings over the past three months. What will you remember most about those meetings? What are some things that you think might help you continue to make positive changes in your substance use?

<elicit change talk>

▶ Let’s use the ruler one last time. If it’s OK with you, I’d like us to look at this ruler again. What will you do the next time you feel like drinking or using?

▶ OK, and you said that [summarize commitment]. What other things would you like to add?

▶ On a scale from 0 to 10, how likely is it that you will get support when you feel like drinking or using, with 0 being “not important” and 10 being “very important”?  

<reflect> <elicit change talk>
<table>
<thead>
<tr>
<th>Section</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOOD-BYES</td>
<td>▶️ I appreciate you sharing with me about your substance use and how you’ve been able to use [strategies] to drink/use less. This is our final session, but you can call me as needed. It’s been a pleasure talking with you during our meetings. [Add any other closure statements.] [Refer to Appendix F if continuing with additional sessions.] &lt;affirm&gt;</td>
</tr>
</tbody>
</table>
Mapping Your Social Support Network

**Practical Support**
Who would drive you to the hospital?  
Who would loan you something?  
*Who supports you?*

*Who do you support?*

*Who should you avoid?*

**Companionship**
Who is good company? Who will walk around the park with you, or share your joys?  
*Who supports you?*

*Who do you support?*

*Who should you avoid?*

**Advice or Information**
Who do you ask for advice if you are feeling angry/sad or don’t understand how to do something?  
*Who supports you?*

*Who do you support?*

*Who should you avoid?*

**Emotional Support**
Who do you share your feelings with? Who encourages you, or helps you feel less depressed?  
*Who supports you?*

*Who do you support?*

*Who should you avoid?*
# Finding Ways to Build Your Social Support Network

<table>
<thead>
<tr>
<th><strong>Practical Support</strong></th>
<th><strong>Advice or Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>How or where could you meet people who could give you a ride to the hospital or loan you something?</td>
<td>How or where could you meet people if you weren’t feeling well or needed to know how to do something?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Companionship</strong></th>
<th><strong>Emotional Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>How or where could you meet people to spend time with? For example, if you wanted to go for a walk with someone or share common joys.</td>
<td>How or where could you meet encouraging people, to help you feel happier, supported, and less depressed?</td>
</tr>
</tbody>
</table>
My Wallet Reference Card

Write in some names from your social support network and print out your wallet reference card.
Meeting New People

The easiest way to meet people is to do something that you like doing. Even if you don’t make a new friend, you will be doing something pleasant, you won’t feel as if you wasted your time, and there won’t be any pressure on you to meet people.

Choose activities where there will not be alcohol or drugs and where you can meet people who do not use alcohol or drugs.

Be patient. New friendships develop slowly. You can test a new acquaintance for trustworthiness and keep yourself physically and emotionally safe by taking small steps or pacing yourself. For example:

1. Make plans to have coffee. Meet in a public place and take care of your own transportation. Make similar arrangements for the next few times you get together.
2. The next step might be to meet for a walk or to attend a free event together.
3. Later, you might agree to share a ride or go together, or spend more time together.

What activities could you do around other people?

- Attend church or find out about church activities/classes/groups
- Attend sports events
- Attend a free concert
- Go to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings (or any 12-step meeting) or family of alcoholics meetings (Al-Anon)
- Volunteer (at an animal shelter, at a litter-pickup day, at church, at a 12-step meeting, at a library, etc.)
- Help a neighbor with something
- Join the Venice Family Clinic book club (310-664-7500)
- Go to free museum days or nights
- Go to free comedy nights (see LA Weekly for listings)
- Go to a Venice Family Clinic health education class or activity
- __________________________________
- __________________________________
- __________________________________
- __________________________________
- __________________________________
- __________________________________
Making Plans to Get to Know Someone Better

1. **Identify a person** you would like to get to know better. Somebody at church? Somebody in your AA group? A neighbor? A parent of one of your children’s friends? If you don’t know the person’s name, write a description, such as: “The friendly woman at church.”

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

2. **What steps can you take** to get to know this person better?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________
Commitments Worksheet

1. How will you get support in your everyday life when you are no longer coming to these sessions?

_____________________________________________________
_____________________________________________________
_____________________________________________________

2. What will you do the next time you feel like drinking or using?

_____________________________________________________
_____________________________________________________
_____________________________________________________

3. On a scale from 0 to 10, how likely is it that you will get support when you feel like drinking or using?

Not likely 0 1 2 3 4 5 6 7 8 9 10 Very likely
Congratulations!

Name

You have successfully completed and graduated from SUMMIT!

Date

Staff Member

Project Director
Session 6 Summary

• A balanced social support network supports recovery.
• Meeting new people can be challenging.
• SUMMIT graduation certificate
• I rank how likely I will get support when I feel like drinking or using as ___ out of 10.
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Appendix A

How to Respond to Sustain Talk

Description

When a patient doesn’t feel the need to change, he or she often communicates through “sustain talk”—that is, statements that suggest he or she is fine with the way things currently are (e.g., “I really don’t think I need to change”). This sustain talk is a way for clients to say that they are okay with the status quo (e.g., continuing their drinking/using in the same pattern) and are reluctant to change. Sustain talk often increases when a clinician argues for change. Sustain talk often leads the clinician to argue why change is important, which is not always helpful. Below are the subtypes of sustain talk and some examples of how to respond to sustain talk.

Ways to Respond to Sustain Talk

The research shows that the more sustain talk the client voices, the less likely he or she is to change.12-15 In essence, the more clients talk themselves out of changing, the less likely they are to actually change. Your job as a clinician is to limit the amount of sustain talk they voice by asking questions and reflections to reorient them. Here are some examples.

1. **Reflection (repeating what the patient is saying):** You don’t see any reason why you need to change.

2. **Double-sided reflection (repeating the sustain talk and change talk together):**
   On the one hand, you don’t want to change and, on the other hand, your family is suggesting that it is important.

3. **Emphasizing autonomy (acknowledging that change is up to the patient):** It’s really up to you what you decide to do about your drinking/using. Your family cannot make that decision for you.
4. **Reframing (adding perspective to what the patient is describing):** Your family really cares and is worried about you.

5. **Agreeing with a twist (agreeing with the patient):** You don’t want to change; it’s so important that you continue to drink/use no matter what the cost.

6. **Running head start (elicit the main reasons why the patient doesn’t want to change and then ask about the advantages of change):** I hear you saying that you really don’t want to change; you have a lot of fun and you feel as if you’re not having any problems. On the other hand, how might coming here be useful for you?

7. **Ask extreme questions**
   - What concerns you the most about . . . ?
   - Suppose you do nothing about . . . , what is the worst thing that will happen?
   - What were things like before you started drinking?

8. **Look toward the future . . .**
   - If you make a change, what do you hope to be different?
   - How would you like things to be in ten years?

9. **Select out the change talk . . .**
   - You said you’ve stopped using before. Tell me how you did that.
   - You said that you were worried about your health. Tell me more about that.

When sustain talk comes up, clinicians often want to rush in and convince the client why change is important—resist the urge to do this. The goal is to let the patient do most of the talking and strategically reflect on what the patient says about his or her drinking/using (e.g., “I’m hearing that your family is really important to you, that your drinking/using is causing some stress in your family, and that you hope our time together could help with that stress”). Also, reflect on the patient’s ambivalence or reasons why he or she wants to change or not (e.g., “Your family wants you to stop drinking/using, but you’re wondering if you can stop”). Oftentimes, these reflections help the patient voice his or her concerns even further, which opens up the opportunity for the patient also to voice why change is important to him or her.
As a clinician, try to understand why the patient wants to see you, assess what he or she wants, help the patient feel welcome, and provide the patient with some sense of how you might be able to help. Also help the patient to understand the distance between his or her current drinking/using and the goals he or she wants to achieve (e.g., “Being a role model to your children is important to you, and you’re worried that you can’t do that with your current drinking/using”). Finally, offer hope as to how this brief treatment can help him or her and share how it has helped others in the past.

In summary, your response as a clinician to a patient’s sustain talk can either motivate or demotivate a patient toward change. In motivational interviewing, the appropriate response for sustain talk is to reflect and communicate to the patient that you understand what the patient is saying, and to not argue with the patient about why you feel that change should be important.
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Appendix B
Monitoring Patients on Medication or Assessing If Patients Are Interested in Medication

Description

Patients who are receiving medication for alcohol (monthly injectable naltrexone) or opiate (buprenorphine/naloxone) dependence will receive some follow-up from their physicians. If they are receiving therapy, it is also important for the therapists to ask about their treatments. Below are some suggestions for medication management follow-up during therapy sessions.11 (Note that the medical safety check of follow-up is not included here; these checks should be conducted regularly by the medical provider to determine if there are any medical side effects from the medication.)

Medication Follow-Up Visit Overview

At each follow-up session, make the following assessments:

1. Check the patient’s medication adherence:
   • For buprenorphine/naloxone, patients should be taking the medication daily.
   • For naltrexone, patients should be visiting the doctor once a month for an injection.
2. Check the patient's drinking and drug use status.

Based on whether or not the patient has been medication adherent and on whether or not the patient continues to drink, make recommendations for the upcoming weeks.
**Brief Assessment—Medication Adherence (5 minutes)**

Patient adherence to the medication needs to be obtained by tactful questioning of the patient and probing as necessary.

If the patient took the medication as prescribed (buprenorphine/naloxone is taken daily; injectable naltrexone is taken monthly), praise him or her for adhering to the treatment regimen. If the patient skipped any doses or injection visits, inquire about the reasons. Most patients say that they skipped a dose because they forgot to take the medication. Although this is true for some patients who are unaccustomed to taking medication, other patients may say this because it is the easiest answer to give.

If the patient tells you that he or she "forgot" at other sessions, probe further into the circumstances. Try to determine why nonadherent patients skipped dose(s) so that you can provide helpful advice for future adherence. For example, if a patient tells you that he or she didn't take buprenorphine/naloxone because he or she was using other opiates, determine whether the patient skipped the medication and then used, or used first and then missed the medication. If the latter, determine whether the patient used other opiates and then forgot to take the medication, or decided to skip a dose after using because of not wanting to mix the medication with the other opiates. Point out that, regardless of the specifics, the patient's opiate use was related to missing doses.

**Brief Assessment—Drinking/Opiate Use Status Check (5 minutes)**

Ask the patient about his or her drinking and opiate use, and about attendance at mutual-support groups, since the last session.

Allow for some open-ended discussion of the patient's current concerns about drinking, opiate use, or the medication. Reward any positive steps the patient has made toward achieving recovery. Continue to provide the patient with optimism that he or she can recover.

The examples that follow suggest questions to ask about different aspects of the patient's drinking and opiate use status.
**THERAPIST:** How have you been since our last session? What was difficult? What went well? Have you been seeing the doctor for your monthly injections [for alcohol dependence]/taking your buprenorphine [for opiate dependence]?

How well were you able to stay with your goal for abstinence from alcohol/reducing your drug use?

**If the patient is still drinking or using drugs:** What were the circumstances under which you drank/used? Remember, change occurs in small steps; keep trying; don’t get discouraged.

**If the patient continued with abstinence:** Congratulations on staying away from alcohol/opiates. You are demonstrating your determination to change. You are making great progress toward your recovery!

**Finish the session with positive, supportive statements, such as:** It sounds as if things are going well. Let’s keep working together on this! OR Keep up the good work!

---

**Troubleshooting Outcomes, Making Recommendations (5–10 minutes)**

At each follow-up session, patients will have achieved one of four possible outcomes:

1. The patient is not drinking or using drugs and is medication adherent.

2. The patient is drinking or using drugs but is medication adherent.

3. The patient is not drinking or using drugs but is medication nonadherent (only relevant for naltrexone patients).

4. The patient is drinking or using drugs and is medication nonadherent.

**Outcome 1. The patient is not drinking or using drugs and is medication adherent.**

Many patients will take the medication faithfully and discontinue drinking and drug use (or reduce drug use, per the change plan). Some will be adherent early in treatment, others will become adherent at midtreatment, and some will not achieve adherence until treatment is almost completed. Whenever the patient achieves adherence:
• Reinforce the patient’s ability to follow advice and stick to the change plan. Discuss how most patients have trouble achieving abstinence and being medication adherent. Ask the patient to tell you specifically how he or she did so well.

• Address the common, incorrect belief that the patient can put aside the change plan as soon as he or she feels successful in treatment. Focus on the fact that, if the patient completes treatment as prescribed, recovery is more likely to continue following treatment. Explain that, even when recovery has been progressing well for some time, these sessions serve as booster shots or a form of insurance that a successful response to treatment can continue beyond treatment.

• Review the benefits of abstinence in general terms (e.g., improved health, fewer drinking-related problems) and the benefits of medication treatment.

• Conclude the session with positive, supportive statements, such as: “It sounds as if things are going well. Keep up the good work!”

Outcome 2. The patient is drinking or using drugs but is medication adherent (i.e., got the naltrexone shot or is taking buprenorphine/naloxone). This is one of the most difficult situations encountered in pharmacotherapy treatment. It can occur early in the course of treatment, at midtreatment, or at the end. If your patient is in this situation in early treatment, encourage him or her by saying that the medication may not yet be working fully. Patients who start drinking later in treatment may be encouraged to attend mutual-support groups, such as AA and SMART Recovery. Although some patients may have initially informed you that they have no intention of attending such meetings, they now may be willing to do so. You can help them overcome a fear of groups or previous negative experiences by suggesting alternative options (e.g., attending a small or same-sex AA meeting, attending SMART Recovery instead of AA).

In addition, you may choose to:

• Be supportive that the patient took the medication as prescribed, but remind him or her that medication takes time to work.
• Praise any small steps the patient has made toward achieving abstinence. Reassure your patient that recovery is a gradual process and that an occasional return to drinking and drug use sometimes occurs.

• Review the benefits of abstinence (e.g., improved health, fewer drinking-related problems) and the benefits of medication treatment. Encourage the patient to give abstinence a chance. Tell the patient that beginning abstinence is typically the most difficult time but that maintaining abstinence usually becomes easier.

• Review the ways the patient can reduce drinking and drug use.

• Review the benefits of support group meetings.

Outcome 3. The patient is not drinking but is medication nonadherent. This outcome is relevant for naltrexone patients ONLY (if patients with opiate dependence are not using opiates or taking buprenorphine, they should be praised for reaching the treatment goals). Some patients will discontinue drinking but report difficulties in getting their monthly injection. This can occur early in treatment, at midtreatment, or at the end. When this occurs:

• Congratulate the patient for not drinking.

• Review the benefits of abstinence (e.g., improved health, fewer drinking-related problems) and the benefits of medication treatment.

• Further probe why the patient is not getting the injections and address problems, such as side effects, that you can help the patient resolve.

• Tell the patient that taking the medication may significantly improve his or her chances for sustained improvement
**Outcome 4. The patient is drinking or using drugs and is medication nonadherent.**

Patients who continue drinking or using drugs frequently will report difficulty in routinely taking medication. This can occur early in treatment, at midtreatment, or at the end of treatment. When this occurs:

- Review the benefits of abstinence (e.g., improved health, social functioning, and quality of life, as well as fewer drinking- or drug-related problems).

- Praise any small steps that the patient made toward achieving abstinence. Reassure your patient that recovery is a gradual process and that occasional slips or returning to risky drinking or drug use sometimes occurs.

- Review the benefits of medication treatment.

- Probe why the patient is not taking medication regularly and address problems, such as side effects, that you can help the patient resolve.

- Encourage the patient to give the treatment a chance. Explain that although it is very difficult to give up drinking or drugs, it is a lot easier to routinely take medication (particularly a monthly injection).

- Tell the patient that taking the medication may significantly improve his or her chances for sustained improvement.

- Remind the patient of the specific reasons that he or she originally sought treatment.

- Review the information gathered during the sessions about the consequences of the patient’s drinking or drug use.

- Review the benefits of attending as many mutual-help group meetings as possible to maintain abstinence. If the patient had negative experiences previously, suggest alternative options (e.g., attending a small or same-sex AA meeting, attending SMART Recovery instead of AA).
Appendix C
Handling Relapse and No-Shows

Step 1: Reconnecting with the Patient

As stated in session 2, patients often have to change many things to reach their goal, and some people may use again even after a period of abstinence or successful attempts at reducing their drinking/using. In fact, relapse is an expected part of recovery and should be seen as an opportunity to learn about triggers and to develop coping skills. However, until you can reformulate relapse as a learning opportunity, patients will often feel a mix of emotions that may cause them to be no-shows at future therapy sessions.

The following strategies are recommended when attempting to reconnect with patients who were a no-shows at one or more therapy sessions:

- Encourage patients to come back to therapy and to talk about the process.
- Use a nonjudgmental tone and invite them to come back when they are ready.
- Be genuine and say that you would like them to return to therapy as soon as they are able.
- Appreciate their honesty if they admit that they have used.
- Normalize this process; it is part of the change process and is an opportunity to learn.
- Invite them to discuss how you both can learn from this experience.

Step 2: Relapse Prevention Session

This step may take the full session or they may be supplemented with a session in the protocol (e.g., session 2 on triggers). The steps can be conducted at any point in the treatment. These steps are designed to elicit information from the patient and guide the
patient to learn about what triggers caused him or her to use again and how to approach these triggers differently if they occur again.

First: Affirm the patient for coming to the session

- Genuinely express that you are glad to see the patient, especially if it was challenging for him or her to return.
- Emphasize that this discussion is meant to be an opportunity for learning instead of a way to embarrass, shame, or judge.
- Emphasize that even though drinking/using occurred, the patient can make a different choice in the future and can choose to not use again.
- Instill hope that the patient can get back on track—there is no shame in starting again.
- Empathize with the patient’s feelings and reflect those emotions (e.g., “You’re really upset this happened after doing so well”).

Second: Assess the relapse

- Ask the patient to tell you about what happened.
- Ask the patient for specific details so you understand the sequence of events:
  - What were your internal triggers or early warning signs?
  - What were your external triggers?
  - Where were you?
  - What did you use, how much, over how long?
  - How many days did you use?
- Ask the patient to compare this relapse with other relapses (if there have been others).
  - How did this relapse compare with your other ones?
  - What’s similar or different?
  - Was it worse or better?
- Highlight positive changes compared with previous episodes (if there have been others).

Third: Problem solve

- What would you have done differently?
- How can you deal with internal triggers in a healthy way? How about the external triggers?
• How will you avoid the triggers if you are in the same situation again?
• What are you committed to do to prevent this from happening again?
• Do you still have alcohol or drugs in your possession?
Prevention Worksheet

Details

What were your internal triggers or early warning signs?

What were your external triggers?

Where were you?

What did you use, how much, over how long?

How many days did you use for?

How did this experience compare with your other ones (if there have been others)? What’s similar or different? Was it worse or better?

Problem Solving

How can you deal with the internal triggers in a healthy way? How about the external triggers?
How will you avoid the triggers if you are in the same situation again?

What are you committed to do to prevent this from happening again?

Do you still have alcohol or drugs in your possession?

What would you have done differently?
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Appendix D
Resources for Pain Management Therapy

Description

Cognitive behavioral therapy (CBT) has been shown to be effective for patients with chronic pain issues. Several CBT techniques are included in the guidebook, such as identifying triggers (session 2), relapse prevention (session 3), and pleasant activity scheduling (session 4). In addition, clinicians may help patients with cognitive restructuring (identifying and changing automatic thoughts that lead to drinking/using), anger management, and relaxation techniques.

Therapy Manuals


Websites

American Academy of Pain Management: http://www.aapainmanage.org/

American Chronic Pain Association (see the “Pain Management Tools” page): http://www.theacpa.org/

Emerging Solutions in Pain (create a login and see the tools section): http://www.emergingsolutionsinpain.com/
Appendix E
How to Find a 12-Step Meeting

Description

Twelve-step meetings can be a helpful resource because meetings are held 24 hours a day and at many convenient locations. Meetings vary in their style and demographics, so it is important that patients find the meetings that they enjoy. Listed below is some information to help facilitate the process of finding an Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meeting. Remember that these meetings are free and voluntary, and there is no requirement to speak or be in recovery.

Finding Out About the AA Philosophy

- Patients can complete 12 questions to determine if the AA philosophy is a good fit for them: http://www.aa.org/pages/en_US/is-aa-for-you-twelve-questions-only-you-can-answer
- AA offers an introductory brochure for the program: http://www.aa.org/pdf/products/p-1_thisisaa1.pdf
- Contact information for AA: 800-923-8722 (24 hours a day, seven days a week) and 323-750-2039 (for Spanish speakers)

Finding an AA Meeting

Patients can call 800-923-8722 or 323-936-4343 (for Spanish speakers) or look online for meetings in their local area: http://www.lacoaa.org/.
Finding Out About the NA Philosophy

- Written material about NA is available in English and Spanish: http://na.org/?ID=literature and http://na.org/?ID=PR-index.
- Contact information for NA: 818-773-9999 extension 771.

Finding an NA Meeting

Patients can either call 818-773-9999 extension 771 or look online for meetings in their local area: http://portaltools.na.org/portaltools/MeetingLoc/ and http://na.org/?ID=phoneline
Appendix F
Continuing with MI Sessions

Description

Always consult with your supervisor if the patient wants or needs more therapy. If the patient is interested in continuing therapy after his or her six sessions are completed, clinicians have several options. They may repeat existing sessions that would be helpful to the patient. For example, for a patient who is isolated, a clinician might intensively work toward helping the patient build a social support network (session 5). Or, for a patient who recently relapsed, time may be spent on identifying triggers (session 2), or clinicians may specifically focus on other issues the patient brings up. If patients continue their sessions, a motivational interviewing style should be used throughout. Refer to the “MI Toolbox” after the introduction.
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Appendix G

Patient Worksheets
Session 1 Worksheets

1. Personalized feedback and rulers
2. Pros and cons of change
3. Session 1 summary
4. Session 1 daily diary
5. Alcohol norms feedback
Pros and Cons of Change

1

<table>
<thead>
<tr>
<th>Reasons Not to Change</th>
<th>Reasons to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good things about drinking/using:</td>
<td>Not-so-good things about drinking/using:</td>
</tr>
<tr>
<td>Not-so-good things about changing:</td>
<td>Good things about changing:</td>
</tr>
</tbody>
</table>
2 About ___ % of men/women drink ___ drinks a week.

3 Number of times a day

**My prescription:**

<table>
<thead>
<tr>
<th></th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Drug name)</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

**My current use:**

<table>
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<tr>
<th></th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
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</tbody>
</table>
About 3% of people misuse prescription drugs.\textsuperscript{18}

4 On a scale from 0 to 10, how important do you think it is now to make a change in your drinking/using?

<table>
<thead>
<tr>
<th>Not important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10</td>
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<tr>
<td>1</td>
<td>9</td>
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<tr>
<td>2</td>
<td>8</td>
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<tr>
<td>3</td>
<td>7</td>
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<tr>
<td>4</td>
<td>6</td>
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<tr>
<td>5</td>
<td>5</td>
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<td>6</td>
<td>4</td>
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<td>7</td>
<td>3</td>
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<td>8</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>

5 How confident are you that you could change your drinking/using if you were ready to?

<table>
<thead>
<tr>
<th>Not confident</th>
<th>Very confident</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>10</td>
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<tr>
<td>1</td>
<td>9</td>
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<tr>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
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<tr>
<td>6</td>
<td>4</td>
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<tr>
<td>7</td>
<td>3</td>
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<tr>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>

\textsuperscript{18} Data from [source](https://www.example.com)
Session 1 Summary

- Drug/alcohol use may place us at greater risk for health problems.
- We experience good and bad things from drinking/using.
- I rank the importance of changing my drinking/using as ___ out of 10.
- My level of confidence regarding changing my drinking/using is ___ out of 10.
Session 1 Daily Diary

Fill in the days when you thought about using substances over the last week.

<table>
<thead>
<tr>
<th>Date</th>
<th>Where?</th>
<th>With whom?</th>
<th>Feelings?</th>
<th>Which drug/alcohol?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Please write any additional thoughts or ideas below.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Alcohol Norms Feedback

One Standard Drink

<table>
<thead>
<tr>
<th>12 fl oz of regular beer</th>
<th>8–9 fl oz of malt liquor (shown in a 12 oz glass)</th>
<th>5 fl oz of table wine</th>
<th>1.5 fl oz shot of 80-proof spirits (“hard liquor”— whiskey, gin, rum, vodka, tequila, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>about 5% alcohol</td>
<td>about 7% alcohol</td>
<td>about 12% alcohol</td>
<td>about 40% alcohol</td>
</tr>
</tbody>
</table>

The percent of “pure” alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

Examples:
- 21-fluid-ounce ballpark souvenir cup of light beer = 1.5 standard drinks
- 40-fluid-ounce bottle of malt liquor = 4.7 standard drinks
- Half pint of 80-proof spirits = 4.5 standard drinks
- 25-fluid ounce bottle of wine = 5 standard drinks
- Six pack of beer (12-ounce bottles) = 6 standard drinks
- Long Island iced tea = 4 standard drinks
- “Adios” = 5 standard drinks
- Martini = 2 standard drinks
- Margarita = 1.5 standard drinks

Instructions:
1. Ask the patient how many drinks he or she has per day. (Example: 3.)
2. Ask the patient how many days per week he or she drinks. (Example: 4.)
3. Multiply the number of drinks per day by the number of drinking days per week to get the total number of drinks per week. (Example: 3 x 4 = 12.)
4. Find the patient’s percentile in the chart in Table 1, based on age and gender. (Example for a 30-year-old male: 88th percentile, which suggests that he drinks more than 88 percent of U.S. men his age.)
5. Subtract the patient’s percentile from 100. (Example: 100 – 88 = 12.)
6. For the result obtained in step 5, fill in that number of stick figures on step 2 of the “Pros and Cons of Change” worksheet. (Example: Fill in 12 stick figures. This suggests that only 12 percent of U.S. men his age drink as much as he does.)
<table>
<thead>
<tr>
<th>Table 1</th>
<th>Cumulative percentile of drinks per week by age and gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men age</td>
</tr>
<tr>
<td>18-20</td>
<td>32%</td>
</tr>
<tr>
<td>21-25</td>
<td>20%</td>
</tr>
<tr>
<td>26-29</td>
<td>19%</td>
</tr>
<tr>
<td>30-34</td>
<td>21%</td>
</tr>
<tr>
<td>35-39</td>
<td>25%</td>
</tr>
<tr>
<td>40-44</td>
<td>26%</td>
</tr>
<tr>
<td>45-49</td>
<td>27%</td>
</tr>
<tr>
<td>50-54</td>
<td>28%</td>
</tr>
<tr>
<td>55-59</td>
<td>32%</td>
</tr>
<tr>
<td>60-64</td>
<td>36%</td>
</tr>
<tr>
<td>65+</td>
<td>45%</td>
</tr>
<tr>
<td>Total</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Women age</td>
</tr>
<tr>
<td>18-20</td>
<td>40%</td>
</tr>
<tr>
<td>21-25</td>
<td>27%</td>
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<tr>
<td>26-29</td>
<td>30%</td>
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<td>30-34</td>
<td>32%</td>
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<td>35%</td>
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<td>36%</td>
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<td>50-54</td>
<td>42%</td>
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<td>43%</td>
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<tr>
<td>60-64</td>
<td>50%</td>
</tr>
<tr>
<td>65+</td>
<td>63%</td>
</tr>
<tr>
<td>Total</td>
<td>41%</td>
</tr>
</tbody>
</table>
Session 2 Worksheets

1. External and internal triggers and rulers
2. Session 2 summary
3. Session 2 daily diary
External and Internal Triggers Worksheet

1

EXTERNAL TRIGGERS

My external triggers are:

☐ Being alone
☐ Having money
☐ Pressure from friends
☐ Parties
☐ Being at my workplace
☐ Being on the street
☐ The time before sex
☐ The time after sex
☐ Being with a boyfriend/girlfriend who drinks/uses

☐ Problems with family
☐ Remembering back to old drinking/using memories
☐ Certain time of the week (e.g., payday, getting off work)
☐ Having a long period of sobriety and thinking one drink will be OK
☐ ______________________________
☐ ______________________________
☐ ______________________________

Ways to avoid my external triggers are:

________________________________________________________________________

________________________________________________________________________
2 Internal Triggers

My internal triggers are:

☐ Fear ☐ Criticism ☐ Loneliness ☐ Stress
☐ Guilt ☐ Jealousy ☐ Feeling useless ☐ Self-doubts
☐ Embarrassment ☐ Pain ☐ Nervousness ☐ __________
☐ Relaxation ☐ Insecurity ☐ Frustration ☐ __________
☐ Confidence ☐ Anger ☐ Sadness ☐ __________
☐ Excitement ☐ Happiness ☐ Tiredness ☐ __________

Ways to deal with my internal triggers in a healthy way are:

____________________________________________________________________________

____________________________________________________________________________

3 On a scale from 0 to 10, how likely is it that you are going to practice your strategies to cope with triggers between now and the next session?

<table>
<thead>
<tr>
<th>Not likely</th>
<th>Very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>
Session 2 Summary

- External triggers are people, places, and situations that lead to substance use.
- Internal triggers are feelings, moods, and bodily states that lead to substance use.
- Strategies to avoid and manage triggers in a healthy way are important.
- People sometimes use again—don’t give up if it happens.
- I rank how likely I will practice strategies to cope with triggers between now and the next session as ___ out of 10.
**Session 2 Daily Diary**

Fill in the days when you had internal and external triggers and what strategies you tried to overcome them.

<table>
<thead>
<tr>
<th>Date</th>
<th>Which triggers?</th>
<th>Which strategies?</th>
<th>Notes to discuss in next session</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please write any additional thoughts or ideas below.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Session 3 Worksheets

1. Substance use, mood/pain, and health and rulers
2. Session 3 summary
3. Session 3 daily diary
Substance Use, Mood/Pain, and Health Worksheet

1. Before I drink/use, I feel...
   - Sad, anxious, lonely, _______
   - OK/average
   - Really good

2. When I start drinking/using, I feel...
   - Sad, anxious, lonely, _______
   - OK/average
   - Really good

3. When I drink/use more, I feel...
   - Sad, anxious, lonely, _______
   - OK/average
   - Really good

4. After I stop drinking/using, I feel...
   - Sad, anxious, lonely, _______
   - OK/average
   - Really good
5 Substance use has two effects. Substances may help you to feel good in the short term, but then they make you feel worse later on. This can then lead to more substance use.

Strategies to stop the cycle:

☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________

6 What are ways that you care for yourself?

---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

When you drink/use, how do you not care for yourself?

---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7 On a scale from 0 to 10, how likely is it that you are going to try strategies to stop the cycle we discussed between now and the next session?

Not likely                               Very likely
0 1 2 3 4 5 6 7 8 9 10
Session 3 Summary

- Substance use, mood/pain, and health are connected.
- Tolerance may increase substance use.
- There are ways to live a healthier lifestyle.
- I rank how likely I will practice strategies to stop the cycle between now and the next session as ___ out of 10.
**Session 3 Daily Diary**

Fill in the days when you tried healthy strategies and what strategies you tried.

<table>
<thead>
<tr>
<th>Date</th>
<th>What healthy strategies did you try?</th>
<th>How did they affect your mood and substance use?</th>
<th>Notes to discuss in next session</th>
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Please write any additional thoughts or ideas below.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
Session 4 Worksheets

1. Activities
2. A list of helpful activities to do when feeling triggered
3. A list of harmful activities that could lead to drinking/using
4. Helpful activities I will try this week and rulers
5. Session 4 summary
6. Session 4 daily diary
Activities Worksheet

1 Activities I like to do:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Now add a minus sign (-) next to each harmful activity. What makes each of these activities harmful?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
The thoughts below might get in the way of doing activities. Put a check mark next to any that sound familiar to you and add your own if you want.

- I don't really feel like doing anything today. Maybe I will feel like it tomorrow.
- Nothing sounds that enjoyable to me.
- I don’t remember what I did when I was sober.
- I can’t enjoy myself without a drink.
- All I want to do is sleep.
- If it takes so much effort, how can it be fun?
- I don’t have the energy to take a shower or get dressed.
- I don’t deserve to have fun because of all the problems my drinking/using has caused for me and other people in my life.
- I have to do all my work before I do anything else.
- I need to focus on getting better, so there’s no time for fun.
- Doing fun stuff is just a distraction. It isn’t going to change anything and it makes it hard to think about my real problems.

How are you going to overcome these things that might get in the way of doing activities?

- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________
A List of Helpful Activities to Do When Feeling Triggered

Here are some ideas of helpful activities that you could do. Don’t forget—a helpful activity can be as simple as smelling something pleasant.

1. Wear clothes you like
2. Listen to the radio
3. Watch people
4. Look at the clouds
5. Eat a good meal
6. Care for a houseplant
7. Show in interest in what other say
8. Notice good things that happen
9. Give a compliment or praise someone
10. Talk about sports or current events
11. Attend a 12-step meeting
12. Take a walk
13. Make a new friend
14. Go to a movie or play
15. Go to a museum
16. Play cards or chess
17. Watch a sunset
18. Do artwork or crafts
19. Learn something new
20. Collect things
21. Join a club
22. Read something inspiring
23. Volunteer at the animal shelter
24. Go to a garage sale
25. Help someone
26. Rearrange your room or house
27. Talk on the telephone
28. Accept a compliment
29. Read books, magazines, or poetry
30. Daydream
31. Brush your teeth
32. Cook a good meal
33. Do crossword puzzles
34. Take a long bath or shower
35. Talk about old times
36. Write stories or poetry
37. Spend time with friends
38. Sing
39. Go to church
40. Read the newspaper
41. Go to a meeting or lecture
42. Exercise
43. Solve a personal problem
44. Listen to music
45. Do outdoor work
46. Get a haircut or get your hair done
47. Pray
48. Sit in the sun
49. Have peach and quiet
50. Go to a park, fair, or zoo
51. Write letters
52. Listen to the birds sing
53. Go to the library
54. Keep a clean house
55. Plant flower seeds
56. Spend playtime with family/children
57. Eat a piece of fresh fruit
58. Do your laundry
59. Shine your shoes
60. Recycle
61. Practice playing the guitar
62. Take a class
63. Improve your math or reading skills
64. Have the oil changed in your car
65. Learn yoga or tai chi

Add your own ideas for helpful activities.

66. ___________________________
67. ___________________________
68. ___________________________
69. ___________________________
70. ___________________________
71. ___________________________
72. ___________________________
73. ___________________________
# A List of Harmful Activities That Could Lead to Drinking/Using

<table>
<thead>
<tr>
<th>Harmful Activities That Lead to Drinking/Using</th>
<th>What I Can Do Instead</th>
</tr>
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<tbody>
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</table>
5 Helpful activities I will try this week:

<table>
<thead>
<tr>
<th>When?</th>
<th>Helpful activity</th>
<th>Things I need to do to plan for the activity</th>
</tr>
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</table>

6 On a scale from 0 to 10, how likely is it that you are going to try some helpful activities between now and the next session?

<table>
<thead>
<tr>
<th>Not likely</th>
<th>Very likely</th>
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<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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</table>
Session 4 Summary

- Activities can be harmful or helpful.
- Helpful activities can support your recovery, and they can be done alone or with others.
- I rank how likely I will try helpful activities as ___ out of 10.
### Session 4 Daily Diary

Fill in the days when you tried helpful activities and the days when you participated in harmful activities.

<table>
<thead>
<tr>
<th>Date</th>
<th>Trigger</th>
<th>Helpful activity</th>
<th>How did it make you feel (e.g., happy, sad)?</th>
<th>Notes to discuss in next session</th>
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Please write any additional thoughts or ideas below.

________________________________________________________________________________________

________________________________________________________________________________________
Session 5 Worksheets

1. People triggers
2. How to make an assertive request
3. Refusal skills and a ruler
4. Session 5 summary
5. Session 5 daily diary
# People Triggers Worksheet

## People Triggers

<table>
<thead>
<tr>
<th>People Triggers</th>
<th>Strategies</th>
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</table>

## Three Basic Communication Styles

<table>
<thead>
<tr>
<th>Style</th>
<th>Description</th>
<th>Example (situation: waiting in a long line)</th>
<th>Example (situation: conflict with another person)</th>
<th>Example (situation: waiting for someone)</th>
<th>Respects wishes of others</th>
<th>Respects own wishes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Passive</td>
<td>Holding in or withholding how you feel or think.</td>
<td>“I guess there’s nothing I can do. I’ll just go home.”</td>
<td>Saying to self, “Oh no, when will this ever end?”</td>
<td>“Umm, umm… I’m waiting…”</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Aggressive</td>
<td>Expressing your thoughts or feelings in outbursts—shouting, yelling, arguing, throwing things, or hitting people.</td>
<td>“Look, I’ve been waiting for over an hour! When is someone going to help me? You guys must be completely incompetent!”</td>
<td>“You are an evil person! Everything you do is just to drive me crazy!”</td>
<td>“Will you just hurry up!”</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>3. Assertive</td>
<td>Expressing positive or negative feelings and thoughts calmly, honestly, and respectfully.</td>
<td>“Excuse me, I know you’re really busy, but I really need some information about my housing application. Is there someone I can talk to?”</td>
<td>“I feel bad when I think I have been put down and I don’t like how I feel when I put you down. Can we talk about what we can do to be kinder to each other?”</td>
<td>“I know you are busy, but we’re running late and need to go now.”</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
How to Make an Assertive Request

Decide:

- Who you want to express yourself to.

- What to say. Say “I” statements (“I feel . . .” and “I think . . .”) rather than “you” statements (“You always do that” and “You just don’t understand”).

- If you need something as a result of your feelings or thoughts. The other person may not agree with your way of thinking or understand your feelings. Decide ahead of time if there is something you want to ask for. Ask for what you need in a way that is clear and direct.

- How to acknowledge the person. For example, be ready to say, “Thank you.”
Give It a Try: Express Yourself Assertively

Imagine a situation where you want to express how you feel or think to another person. You could be talking to a person you are having problems with.

• Decide who you want to express yourself to: ______________________

• Decide what to say. Say “I” statements (“I feel . . .” and “I think . . .”) rather than “you” statements (“You always do that” and “You just don’t understand”).

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

• Decide if you need something as a result of your feelings or thoughts. The other person may not agree with your way of thinking or understand your feelings. Decide ahead of time if there is something you want to ask for. Ask for what you need in a way that is clear and direct.

________________________________________________________

• Decide how to acknowledge the person. For example, be ready to say, “Thank you.”

________________________________________________________

• How do you think you would feel if you expressed yourself in this way?

________________________________________________________
Refusal Skills Worksheet

Listed below are some people who could offer you a drink or ask you to use. How would you respond? Please write your responses under each item:

Someone close to you who knows that you want to work on your substance use:

________________________________________________________

Coworker:

________________________________________________________

New friend:

________________________________________________________

Relative at a family gathering:

________________________________________________________

Someone else:

________________________________________________________

Yourself:

________________________________________________________

Being alone may also trigger drinking or using. How would you communicate to someone in that situation?

________________________________________________________
On a scale from 0 to 10, how likely is it that you will practice assertive communication between now and the next session?
Session 5 Summary

- You can choose to communicate with others in a way that improves your relationship and supports your recovery.
- Assertive communication can be a good way to express yourself.
- I rank how likely I will practice assertive communication as ___ out of 10.
# Session 5 Daily Diary

Fill in the days when you communicated assertively and nonassertively with others.

## Assertive Communication

<table>
<thead>
<tr>
<th>Date</th>
<th>Where? Who with?</th>
<th>What did you say?</th>
<th>Notes to discuss in next session (things you did well and had trouble with)</th>
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## Nonassertive Communication

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<tr>
<th>Date</th>
<th>Where? Who with?</th>
<th>What did you say?</th>
<th>Notes to discuss in next session (things you did well and had trouble with)</th>
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</table>
Session 6 Worksheets

1. Mapping your social support network
2. Social support network reference card
3. Meeting new people
4. Commitments and ruler
5. Certificate
6. Session 6 summary
Mapping Your Social Support Network

**Practical Support**
Who would drive you to the hospital?  
Who would loan you something?  
*Who supports you?*

*Who do you support?*

*Who should you avoid?*

**Advice or Information**
Who do you ask for advice if you are feeling angry/sad or don’t understand how to do something?  
*Who supports you?*

*Who do you support?*

*Who should you avoid?*

**Companionship**
Who is good company? Who will walk around the park with you, or share your joys?  
*Who supports you?*

*Who do you support?*

*Who should you avoid?*

**Emotional Support**
Who do you share your feelings with?  
Who encourages you, or helps you feel less depressed?  
*Who supports you?*

*Who do you support?*

*Who should you avoid?*
Finding Ways to Build Your Social Support Network

**Companionship**
How or where could you meet people to spend time with? For example, if you wanted to go for a walk with someone or share common joys.

**Practical Support**
How or where could you meet people who could give you a ride to the hospital or loan you something?

**Advice or Information**
How or where could you meet people if you weren’t feeling well or needed to know how to do something?

**Emotional Support**
How or where could you meet encouraging people, to help you feel happier, supported, and less depressed?
My Wallet Reference Card

Write in some names from your social support network and print out your wallet reference card.
Meeting New People

The easiest way to meet people is to do something that you like doing. Even if you don’t make a new friend, you will be doing something pleasant, you won’t feel as if you wasted your time, and there won’t be any pressure on you to meet people.

Choose activities where there will not be alcohol or drugs and where you can meet people who do not use alcohol or drugs.

Be patient. New friendships develop slowly. You can test a new acquaintance for trustworthiness and keep yourself physically and emotionally safe by taking small steps or pacing yourself. For example:

1. Make plans to have coffee. Meet in a public place and take care of your own transportation. Make similar arrangements for the next few times you get together.
2. The next step might be to meet for a walk or to attend a free event together.
3. Later, you might agree to share a ride or go together, or spend more time together.

What activities could you do around other people?

- Attend church or find out about church activities/classes/groups
- Attend sports events
- Attend a free concert
- Go to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings (or any 12-step meeting) or family of alcoholics meeting (Al-Anon)
- Volunteer (at an animal shelter, at a litter pickup day, at church, at a 12-step meeting, at a library, etc.)
- Help a neighbor with something
- Join the Venice Family Clinic book club (310-664-7500)
- Go to free museum days or nights
- Go to free comedy nights (see LA Weekly for listings)
- Go to a Venice Family Clinic health education class or activity
- ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________
Making Plans to Get to Know Someone Better

1. **Identify a person** you would like to get to know better. Somebody at church? Somebody in your AA group? A neighbor? A parent of one of your children's friends? If you don’t know the person’s name, write a description, such as: “The friendly woman at church.”

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

2. **What steps can you take** to get to know this person better?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________
Commitments Worksheet

1. How will you get support in your everyday life when you are no longer coming to these sessions?

_____________________________________________________
_____________________________________________________
_____________________________________________________

2. What will you do the next time you feel like drinking or using?

_____________________________________________________
_____________________________________________________
_____________________________________________________

3. On a scale from 0 to 10, how likely is it that you will get support when you feel like drinking or using?

Not likely

0 1 2 3 4 5 6 7 8 9 10

Very likely
Congratulations!

Name

You have successfully completed and graduated from SUMMIT!

Date

Staff Member

Project Director
Session 6 Summary

- A balanced social support network supports recovery.
- Meeting new people can be challenging.
- SUMMIT graduation certificate
- I rank how likely I will get support when I feel like drinking or using as ___ out of 10.
Notes


