Teaching Skills to Reduce DUI Recidivism

An Evidence-Based Cognitive Behavioral Therapy Program
This manual presents RE-thinking Avenues for CHange (REACH), a 12-session cognitive behavioral therapy program developed for clients with a first-time driving under the influence (DUI) offense. Each session is interactive and encourages clients to share ideas and information; examine the thoughts, feelings, and behaviors that put them at risk for drinking and driving; learn or enhance existing coping skills; and provide group members with peer support.

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Overview of the REACH Program

The purpose of this manual is to assist counselors in implementing RE-thinking Avenues for Change (REACH), a 12-session cognitive behavioral therapy (CBT) program developed for clients with a first-time driving under the influence (DUI) offense who are enrolled in a DUI program. REACH was developed collaboratively with DUI program administrators, counselors, and clients with the goal of preventing future DUI offenses.1 Funded by the National Institute on Minority Health and Health Disparities (NIMHD; study ID number R01MD007762), we conducted a randomized clinical trial evaluating how helpful REACH was compared with existing DUI groups in program for individuals with a first-time DUI offense.2 We found that clients who received REACH reported lower odds of impaired driving, both upon program completion (about four months after intake) and ten months later, than did clients in existing groups.3 Overall, clients in both groups reported reduced alcohol consumption and alcohol-related consequences. This manual presents the 12-session REACH protocol used in the research study. It is highly recommended that counselors using this manual be trained in CBT and motivational interviewing (MI). Counselors should also receive supervision or consultation from a licensed clinician with CBT and MI expertise when first implementing REACH to ensure that the therapy is delivered with fidelity (http://www.findcbt.org/FAT; https://motivationalinterviewing.org). We describe the goals of REACH and the structure of the manual below.

The ultimate goal of REACH is to prevent drinking and driving. We acknowledge that clients will have different ways of achieving this goal. Some may feel that they need to stop or reduce their alcohol consumption to prevent drinking and driving, while others may not want to change their drinking and may instead want to improve their coping skills in high-risk situations. REACH is designed to help clients with a variety of drinking behaviors, including those who report experiencing no alcohol-related problems and those who report experiencing more moderate problems. Those who are experiencing more severe problems, such as withdrawal symptoms, may require more intensive ancillary services (e.g., outpatient or residential treatment).

We designed REACH to accommodate rolling group admission, where new clients can enroll in a session at any time. Each of the 12 sessions lasts 90 minutes, and REACH meets

California Title 9 requirements for DUI programs.⁴ Programs that are organized into nine two-hour sessions can extend the length of each session with additional role-plays and practice on the designated session topic, and/or introduce the next session’s topic. Each session is interactive and encourages clients to share ideas and information; examine the thoughts, feelings, and behaviors that put them at risk for future drinking and driving; learn or enhance existing coping skills; and provide fellow group members with peer support. Each session has a specific topic, but all begin with group member introductions, check-ins, a review of practice, and a CBT overview.

The content of each session is derived from several sources. Session 1 draws on Dimeff et al.’s Brief Alcohol Screening and Intervention for College Students (BASICS).⁵ Sessions 2 and 3 draw on Dimeff et al. (1999) and Monti et al.’s Treating Alcohol Dependence.⁶ Session 4 and sessions 7 through 12 draw on Monti et al. (2002). Session 6 draws on Hepner et al.’s Building Recovery by Improving Goals, Habits, and Thoughts (BRIGHT-2).⁷

This direct, skills-based CBT treatment content is intended to be delivered in a client-oriented and collaborative therapeutic style known as motivational interviewing (MI).⁸ MI is a “collaborative conversational style for strengthening a person’s own motivation and commitment to change.” The four processes of MI are (1) Engaging (establishing a helpful relationship), (2) Focusing (finding goals to work on), (3) Evoking (eliciting the client’s reasons and motivation to change), and (4) Planning (developing a commitment to change and formulating an action plan). REACH is appropriate for those currently committed to change and those more ambivalent about change. Using MI throughout REACH is essential for encouraging clients to voice their motivations and ideas for change. For example, counselors should discuss skills in a collaborative manner, eliciting input from clients as much as possible (for example, asking questions such as “If you were going to be assertive, what steps would you take?” or “How would your tone of voice and your body language be important?”) rather than lecturing or educating clients without a discussion. Similarly, counselors should refrain from criticizing and labeling. Specifically, clients may feel judged when hearing terms such as “offender,” “alcoholic,” and “addict.” Such labels often are associated with resistance and defensiveness from clients and might negatively affect the group dynamic. Please refer to Appendix A for specific MI-consistent strategies on (1) responding to difficult clients in the group, (2) bringing different topics and members into group discussion, (3) using key statements throughout different stages of treatment to facilitate collaboration and client engagement, and (4) eliciting reasons for change.

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**Session Introduction**

**Note for Counselor**
This introduction should be repeated at the beginning of each session. You should have the CBT circle poster board on hand.

**Agenda and Announcements (1 min)**

<table>
<thead>
<tr>
<th>Welcome and agenda</th>
<th>Welcome, everyone! Today, we will talk about [topic; overview of the sessions’ activities; make any announcements].</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group philosophy</td>
<td>These groups are different from other groups you might have participated in. <strong>We are going to work together, where you and I share the talking.</strong> 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. <strong>The goal of our groups is to prevent future drinking and driving, and I realize there are many ways to do that.</strong> For example, some of you may be thinking about quitting or cutting down on your drinking, and we’ll share some examples of how others have been able to successfully do this. Some of you might not feel like you have to change your drinking, but would like to work on making better decisions, and we’ll discuss that, too. The point is that I want this group to be <strong>respectful to everyone.</strong> You know yourself best, and I want you to choose what’s best for you.</td>
</tr>
</tbody>
</table>

**Introductions (20–30 mins)**

| Check-in | Before we start today, let’s go around and introduce ourselves. My name is [counselor name]. This is our check-in time. If you are new, please introduce yourself and tell us about the circumstances that brought you to this program. We do this every session as a way of introducing you to the group. I know it can be awkward since it’s a new group of people, but this group is meant to be supportive of you and a safe place to share. We don’t judge. What you say here stays in the group [ask new members to share, ask existing members to support/share any similar experiences]. If you are not new, please share how things |
have been going since our last group. [If there is a large group, consider a shorter check-in question (e.g., Did you drink and drive since the last group?) so that this check-in and practice review is limited to 30 minutes or less.]

**Review practice**

Last group, we discussed [topic] and your **practice exercise** was to [exercise]. The reason why we have practice after each group is because we are only here for 90 minutes, and the skills we discuss in session are not going to be successful unless they’re used in the real world. Any tools we learn, we need to practice.

**How did the practice go? How many** of you did the practice? For those that didn’t, **what got in the way?**

Thanks for sharing and doing such a great job practicing outside of the group! I know it takes an extra effort to do so. Let’s review what this program is about and then start the new material.

### What Is CBT? (5–10 mins)

**The CBT circle**

This group is based on cognitive behavioral principles. **Cognitive** refers to thoughts or sentences we say to ourselves. How many thoughts do you think we have a day? (Thousands of them.) **Behaviors** refers to the things we do, such as drinking and driving. They can be activities we do alone or with others. **Therapy** refers to applying what we learn in our daily lives.

These arrows show that thoughts can increase the likelihood of engaging in certain behaviors that can then affect one’s mood. But, it can also go the other way: Maybe we start with a mood that leads to behaviors and thoughts.

Have any of you ever woken up grumpy? What are some behaviors you do when you wake up grumpy? Right, you might be really short or rude to your family or coworkers. When I’m grumpy, I’m really impatient and rush through things, and then I think “When is this day going to end, I wish it were the weekend,” which then makes me even more grumpy! So, mood can affect our behaviors and thoughts.

We call this the CBT circle, or the Cognitive Behavioral Therapy circle.

Can anyone describe the CBT circle in their own words, using an event that happened to them recently? [If no examples:] Basically, an event happens that can be good or not-so-good [alternate good/not-so-good every other group]. Let’s use an example like losing a job.
[If describing a not-so-good example:] When someone loses a job, how might that affect their mood? How might they feel? Yes, exactly, they are likely to be sad and upset, or maybe even relieved or happy if they don’t like their job. What are some harmful or upsetting thoughts they can say about themselves? Right, they might say to themselves “I’m useless” or “This always happens to me.” How about some helpful thoughts they might have? [For example, “I’ve been wanting another job anyway—this is my chance to find a better job.”]

[If describing a good example:] When someone gets really good news, like a promotion at work, what are some helpful thoughts they can say to themselves? How do those thoughts influence their mood and behaviors? How about harmful thoughts? Sometimes we may have these thoughts even in response to positive events. What are some examples of harmful thoughts that one might have after being promoted? Yes, worries about not being able to meet the new responsibilities of their job or handle more pressure at work.
If someone has harmful thoughts, how might that influence their mood or feelings?

If they feel that way, how might that affect their behaviors? For example, what do people do when they’re sad or angry? Right, some may drink or use drugs. How about the activities they enjoy? Right, they might not do their hobbies as much. If that person doesn’t do the things they used to enjoy, how might that affect their thoughts and mood? Great, can you see how thoughts, mood, and behaviors are all connected?

When we have harmful thoughts, we may feel down or upset, and that affects our decisions and behaviors, which then affects our thoughts and mood again. The cycle repeats and repeats. That’s where this CBT group comes in. We have the power to change our thoughts, mood, and behaviors to disrupt the cycle, and those are the types of skills we will learn in this group. Are there any questions or comments?
Session 1
Making Informed Choices About Drinking (Part 1)

Session Overview for Counselor

The goal of Session 1 is to help clients make healthier choices about their drinking, thus reducing alcohol-related harm, such as future drinking and driving. To accomplish the Session 1 objectives, the following topics are introduced and discussed during the session: (1) blood alcohol content (BAC), (2) effects of alcohol on decisionmaking, and (3) alcohol-related social facilitation expectancies (i.e., balanced placebo design).

To illustrate the importance of this session’s topic, the session starts with a discussion about clients’ experiences of learning how to drive a car versus how to drink alcohol, with the hope that clients will be more engaged for the remainder of the session. When BAC is discussed, the main messages to convey are (1) *time* is the only way to reduce the amount of alcohol in your blood and (2) increased alcohol consumption increases one’s chances of experiencing adverse consequences rather than having an enjoyable time. BAC information cards are provided in Appendix D.

Alcohol can also affect decisionmaking. When describing the balanced placebo design, the purpose of the experiment is to show that our beliefs about what alcohol will do (e.g., make us more social) typically determine how we will act if we expect we are drinking alcohol.

Finally, the session concludes by discussing the effects of alcohol on decisionmaking. The main point to convey there is that alcohol impairs our cognitive abilities by making it more difficult for us to consider the long-term consequences of our actions in comparison to the immediate rewards, even though the latter might be risky.

At the end of the session, clients are given the opportunity to select strategies they can use to decrease their not-so-good experiences with alcohol and likely increase their chances to prevent future drinking and driving.

Session Introduction (30 mins)

See pages 1–4.

- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle
Session Rationale (20 mins)

Learning to drive safely vs. to drink safely

Our topics will always go back to this CBT circle. Today, we will be focusing on the behaviors part and talking about how to make healthier choices about drinking to prevent future drinking and driving.

I want you to think back to when you were first learning to drive. How did you learn how to drive safely? What are some of your experiences in learning how to drive? [Elicit examples.] So, some of you took a class, others of you were taught by a trusted or loved one, while others learned on your own.

Now, how about drinking? Think back to when you first started drinking? How did you learn to drink safely? How was that experience similar to or different from when you were learning how to drive? [Elicit responses.]

So it seems like, quite often, you learned about alcohol from your own experiences, both positive and not-so-positive, and from your friends rather than from your parents and loved ones.

I know that everyone is at different places with their drinking—some of you might not feel you need to change your drinking, while others may feel like it’s time to do something different. Today is all about those choices and how we can use information about alcohol to inform the decisions we make. This group is about sharing some information about alcohol, and how you use this information is completely up to you.

[Summarize discussion.] So we’ve talked about both good things and not-so-good things about drinking, and how we can reduce the latter by making informed choices about drinking.

Today’s goal: Preventing DUI by making informed drinking choices

[Note: Clients will likely share that law enforcement can pull you over at any BAC. Use that as an opportunity to reflect that any driving after drinking may be risky driving.]

How do you think your knowledge about alcohol affects your chances of a future DUI? [Reinforce responses linking lack of knowledge/risky drinking to future DUI.] For example, if you knew more about what drives your blood alcohol content (BAC) up or down, how could that help you prevent a future DUI?

What I hear you say is that both how much we drink and how much we know about alcohol’s effects on how we feel, think, and act might influence the chances of a future DUI. Even with expe-
ience, there are certain aspects about alcohol and its effects that we might not know as much about as we would like to.

So, today, we will cover a few aspects that might be of interest to you in achieving a more balanced relationship with alcohol and helping prevent future drinking and driving.

Knowledge is power when we want to minimize risks and not-so-good things about alcohol, such as getting a DUI. So let’s have a discussion about alcohol and its effects. Here is a list of topics we’ll talk about today:

- How does alcohol affect our body and health?
- How does alcohol affect our decisionmaking?
- Does alcohol make me more social?

What do you already know about blood alcohol content, or BAC? Right, BAC is the amount of alcohol in your bloodstream, and it’s an indicator of the extent to which alcohol is affecting your body and behavior. For example, what is the legal BAC limit for driving? Right, the legal limit is 0.08. Still, any drinking may be risky and dangerous when driving, and you can get pulled over for a lower BAC.

The same number of drinks will have different effects on people. Other than how many drinks you have had, what are factors that affect your BAC? [Solicit responses.] Yes, exactly, how fast someone drinks matters, as do their weight and gender. What other things have you heard of? What old wives’ tales or myths have you heard?

Contrary to what we all have heard at one time or another, a coffee, a cold shower, exercise, or any kind of a “special” concoction doesn’t speed up how fast alcohol is metabolized or how quickly you can sober up. Things like a cold shower or coffee may help you feel better, but because alcohol goes directly into your blood, the only thing that can reduce your BAC is time.

There are a few factors that might result in your BAC being higher than expected: drinking on an empty stomach, mixing alcohol with drugs or certain medications, and being fatigued, dehydrated, or ill. How does that sound?

Another way to look at your drinking is to estimate how intoxicated you become when you drink. BAC is a way to estimate this.
I have a bunch of **BAC cards** [pass out cards] for different weights, separated for men in one pile and for women in other. Go ahead and choose the weight that comes closest to yours. Is it okay if we take a look at this together? The front of the card shows the number of hours a person drinks and the number of drinks a person has. When we say one drink, we mean what you might get at a restaurant, so a 5 oz. glass of wine, 12 oz. bottle of beer, or 1 oz. shot of hard liquor.

The back of the card lists some effects of alcohol as someone drinks more alcohol. What do you notice as **BAC gets higher**? How does that fit with your experience? How many of you have heard the myth that if you drink more, you’ll feel better?

Great discussion. Please remember that these are **just estimates**, and as we just discussed, our own BAC levels might be different from one day to another depending on different factors.

Tell me about the last time you were drinking. How many drinks did you have and over how much time? You can see that as someone drinks more, their BAC gets higher. **BAC is like a thermometer: The higher it is, the greater the intoxication.**

[Summarize discussion.]

Before we move on to another topic, are there any questions, thoughts, or concerns about what we just discussed?

**Alcohol affects our decisionmaking**

So, how do you think **alcohol affects our decisionmaking**?

Great responses. Alcohol can affect our decisionmaking—for example, suddenly you are very attracted to someone you might not normally be attracted to, and sometimes we make risky choices while intoxicated.

What about later **regretting something you did when you were drinking**? How many have had this happen to you? What would you have done differently if you were not drinking?

Exactly. Great examples of how things could be done differently when not drinking. When we drink, our thinking is distorted, and we focus on immediate effects rather than long-term future consequences. It’s common! This kind of thinking can often be associated with **poor decisions, such as drinking and driving** and conflicts with friends or family.

Consider this scenario. You are driving to meet your friends for dinner, and you plan to call a taxi to drive you home in case you drink too much. You are having fun, though, and decide to go along with your friends to another venue. However, there is no
extra space in their car. Your friends are eager to go and won’t wait for you to get a taxi. You don’t want to be left out of all of the fun, so you think, “I’m okay, I’m just going to drive a few blocks away,” so you drive your car while drunk.

What do you think about this situation? How do you think alcohol affected decisionmaking in that example? Alcohol impairs our ability to make decisions, and we tend to focus on the “here-and-now” when we drink. In this example, we just want to continue celebrating with friends and might not think about the future consequences of drinking and driving. We focus on what is in front of us, and we are less affected by things that take effort to consider.

Now, let’s talk about some of the reasons people enjoy alcohol. What are some benefits of drinking? [Elicit responses describing social facilitation effects of alcohol or any other examples of positive alcohol expectancies.] How do we know if any of these things are because alcohol makes us do it? Right, it’s hard to tell. Some of these things might be because of the alcohol, and some might not be.

There’s some really interesting research that tests this question. Can I tell you more about that? This research was done to help us understand what happens when people think they’re drinking alcohol.

Do you know what a placebo is? Yes, a placebo is like a sugar pill. Well, there’s an experiment where you can give someone an alcohol placebo. What do you think that means? Right, it’s when someone thinks they will get a drink with alcohol in it, but they actually get a drink with no alcohol in it.

[Note: Elicit participation from clients as much as possible when describing each of the four conditions to increase client engagement.]
### Balanced Placebo Research Design

<table>
<thead>
<tr>
<th>Actually Received</th>
<th>Expected to Receive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Alcohol: 1st situation</td>
</tr>
<tr>
<td>No Alcohol</td>
<td>Alcohol: 3rd situation</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Soda water: 4th situation</td>
</tr>
<tr>
<td>No Alcohol</td>
<td>Soda water: 2nd situation</td>
</tr>
</tbody>
</table>

1st situation: Expect alcohol, get alcohol

I’ll tell you four different situations in this experiment, and you let me know what you think. In the first situation, people think they are getting alcohol and they do get a drink containing alcohol. When a group of people are drinking alcohol, how do you think they’ll act with each other? Right, they may be loud, goofy, outgoing, confident, relaxed, etc. Is it because of the alcohol or because they think they’re drinking alcohol? Right, it’s hard to tell.

2nd situation: Expect soda, get soda

In the second situation, people think they are not getting alcohol, and indeed they aren’t. They get soda water. So what do you think happens in this situation when they correctly think they aren’t getting alcohol? How do they act? Interestingly, the room is quieter; people may look at their watches, commenting on how bored they are. It’s definitely different.

3rd situation: Expect soda, get alcohol

In the third situation of the experiment, people think they are not getting alcohol, but they actually get alcohol. Now, usually people don’t believe this situation when I describe it, but let me say that this experiment has been done hundreds of times, and researchers have perfected how to pull this off successfully with people. Researchers put a lot of lime in the drinks so people can’t taste the alcohol and are completely fooled. It’s like drinking one of those lemonade beers and not tasting the alcohol. Plus the amount of alcohol was such that participants would not get a BAC higher than 0.05 or so. Hence, not a lot of alcohol, and researchers tested out these drinks to make sure the taste of alcohol was undetectable.

So what might happen when they think they’re not getting alcohol? How do they act? Interestingly, people in this situation act very much like people in the previous one, when their expecta-
tion of drinking soda water was matched with what they were actually drinking. So, the room is quiet, people are bored, not much is going on, except one thing: Some of the true physical effects of alcohol are still there (e.g., they may feel warmer, tired, and sleepy). So, all they are getting are the not-so-fun true effects of alcohol while other, social effects we often attribute to alcohol aren’t there.

It’s very similar to how people behave differently when drinking at home versus drinking at a party. Have you noticed this? Right, you can have the same amount of alcohol in either place, but behave very differently. Why do you think that is? Right, how we behave is more about our “thoughts” about what we’re supposed to do—if we drink at a party or in a social situation, we think that we’re supposed to be loud and more social, but if we are at home drinking wine with our grandparents, we act differently based on how we think we’re supposed to act.

In the fourth situation, a different group of people get an alcohol placebo. What do we mean by this? Right, they think they will get a drink with alcohol, but they actually get soda water. In this situation, they think they are getting vodka because the researchers rub some vodka on the rim of the glass to trick them. How do you think this group will react? Interestingly, they act just like the first group—they’re loud, goofy, outgoing, etc.

So, both groups that thought they were drinking alcohol, regardless of whether they actually were, were having fun. Those who didn’t expect to drink alcohol, even the group that did have an alcoholic drink, weren’t enjoying themselves at all.

What do you think of this information? How do you think it relates to why people like to drink? Right, people often think that alcohol will make them more social or sexy, but being social and sexy is not because of the alcohol. It’s because of what we think or expect will happen when we drink. [Summarize discussion.]

What do you all think about these topics we just discussed? How was that, hearing and talking about alcohol and how it affects our thinking, behavior, etc.? Did some of you learn some information that was surprising, or different from what you heard from others or assumed about alcohol? [Elicit responses.]

How does this new knowledge/information relate to your future decisions about drinking? How do any of these topics relate to making informed decisions about drinking? [Elicit responses, personalize for each client, making sure to link new information to healthier drinking practices.]
Group Exercise (20 mins)

Worksheet
Partner up

OK, now that we’ve talked about the effects of alcohol and how this information affects our decisions about drinking, I would like you to develop your own list of tips and strategies for healthier, less-risky drinking. [Pass out Session 1 worksheet.]

I’d like you to complete this worksheet with a partner. I know sharing with folks in the group may be awkward, but give it your best shot. I want you to divide up into pairs. [Group members can choose someone next to them or counselor can assign pairs.]

I’d like you to do two things. First, check off which strategies you have used in the past or would like to try out in the future. Then, after a minute or two, talk with your partner about your ideas.

For example, if you want to try setting a drinking limit for nights out when you will be drinking, your partner might ask you questions about how you will decide how much to drink. The goal is for your partner to help set you up for success. Then, switch and your partner will share their plan with you.

[After activity.] What types of strategies did you check off? Have you tried that strategy before? [Build self-efficacy; elicit reasons for change.] What was your experience talking about different strategies and your plans for trying out some of them? Why do you think it’s important to share with others what you want to do? How does that help motivate you to follow-up with your plans? What are some of the good things your partner said? What’s something you heard that you could use in the future?
Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next group. Would anybody be willing to share?

Great! There are two takeaway points from today that I hope will be beneficial to you all.

Take-home points:

• Through trial and error, we learn about both positive and negative aspects of drinking.
• Knowing about alcohol and its effects is empowering because it helps us make informed decisions whether to drink, and, if so, how much, where, with whom, etc.

For your practice exercise, please take a look at the Tips for Reduced Risk Drinking worksheet. Think about which of the strategies you checked off (in the group exercise) you would be willing to try between now and our next group. We will check in about this practice at the beginning of our next group.
Session 1 Worksheet: Making Informed Choices About Drinking

Tips for Reduced Risk Drinking:

• Set your drinking limit before entering a social, drinking occasion.
• Keep track of how much you drink.
• Slow down your drinking.
• Alternate between alcoholic drinks and non-alcoholic beverages.
• Drink for quality rather than quantity (e.g., enjoying a nice glass of wine).
• Avoid drinking games.
• Avoid ordering rounds of drinks that could increase the chances of others ordering rounds afterwards.
• If you choose to drink, do it slowly.
• Arrange for how you will get home before drinking.
• If you plan to drink, don’t drive.
• Leave your car keys at home, or with a designated driver.
• If feeling pressured to drink, say you’re feeling sick.
• Have a friend let you know when you have had enough.
• Decide ahead of time what time you want to leave the bar/party.
• Stop drinking at a predetermined time.
• Avoid trying to “keep up” or out-drink others.
• Put extra ice in your drink.
• Make sure you go home with a friend.
• Know where your drink has been all the time.
• Only bring a little cash.
• Consider ride sharing, Uber, or Lyft when you need a ride.
• Add phone numbers for local taxi companies:

___________________________________________________________
___________________________________________________________

Other Strategies:

• __________________________________________________________________________
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• __________________________________________________________________________
Session 1 Worksheet (page 2)

Today’s Summary:
Remember the following points in making informed decisions about drinking:

- Through trial and error, we learn about both positive and negative aspects of drinking.
- Knowing about alcohol and its effects is empowering because it helps us make informed decisions about whether to drink, and, if so, how much, where, with whom, etc.
- Use the list of tips on the previous page as a work in progress and add new strategies that will help you make informed decisions about drinking and avoiding future drinking and driving.

One thing I learned or found interesting today:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Session Practice:
New strategy I’m willing to try:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
**Session 1 BAC Card Example**

An example of BAC card is shown below. The one pictured is for men weighing 200 to 209 pounds. Appendix D provides cards for men and women, by weight in 10-pound increments. Give a card to each client based on their sex and weight.

### Front:

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<th>Blood Alcohol Content</th>
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<th>200-209 lbs</th>
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### Back:

- **Pass out, coma, or death**: 0.30+
- **Blackouts, vomiting, and/or likely injury**: 0.20
- **Severely drunk**: 0.16
  - *Sadness, nausea; judgment and perception problems*
- **Legally impaired**: 0.08
  - *Balance, speech, vision, reaction time, and judgment problems*
- **Slightly drunk**: 0.04
  - *Relaxed; reasoning impaired*
- **Sober**: For more information about Blood Alcohol Content (BAC), see: www.ou.edu/oupd/bac.htm.

BAC values are only estimates and should not be used to determine if you are under the legal limit and okay to drive. For more information about BAC, see: depts.washington.edu/mcsurvey/bal/index.php.

For more information about Project REACH, call 1-800-447-2631 x 6074. For more information about Blood Alcohol Content (BAC), see: www.ou.edu/oupd/bac.htm.
Session Overview for Counselor

Session 2 is a continuation of the discussion about healthier drinking choices from Session 1. In this session, clients explore their own drinking, how it relates to others, and their own drinking goals—whether it is to reduce drinking, maintain sobriety, or make no changes for now. To accomplish the Session 2 objectives, the following topics are introduced and discussed during the session: (1) pros and cons of drinking, (2) alcohol-related normative feedback, (3) drink refusal skills, and (4) importance and confidence rulers.

Often, clients are only asked about the not-so-good things about drinking (e.g., DUI) and not asked what they like about drinking. Thus, the session starts with a t-chart discussion of the good and the not-so-good things about drinking, with hopes that clients will be more engaged for the remainder of the session. During the normative feedback discussion, clients are given a percentile to compare how their drinking relates to other men and women their age. Clients are typically surprised by this information, because the percentile tends to be higher than what they expect. Be sure to refer to the example reflections, and don’t feel pressured to argue why the percentiles are true.

Next, clients are introduced to some helpful drink-refusal strategies. It’s important to point out to the group that these strategies might be useful for some of them immediately (i.e., those who want to reduce drinking), while for others (i.e., those not sure whether they want to make any changes) these skills might come in handy at some later point. The discussion about new drink-refusal skills is followed by exploration of clients’ drinking goals, including any plans for making changes in their alcohol consumption.

Lastly, clients are given the opportunity to practice some of the new drink-refusal strategies with a partner at the end of the session.

Session Introduction (30 mins)

See pages 1–4.

- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle
Session Rationale (20 mins)

Our topics will always go back to this CBT circle. Today, we will focus on the behaviors part and talk about how our behaviors, such as how we communicate with others, can influence our drinking and driving.

While last week we talked about how alcohol affects most people, today we will explore your own drinking, what you like and don’t like about drinking, and where you are at with your drinking goals.

How do you feel about talking about your drinking? How might it be helpful? [Reinforce responses linking more knowledge about one’s drinking and consequences to lower DUI risk.] Great examples!

Today, we will continue our conversation from last week about informed choices by discussing how we can use information about our own drinking to inform the decisions we make about drinking in the future. How you use this information is completely up to you. How does that sound?

Skills Discussion (40 mins)

Good and not-so-good things about drinking

[Write underlined steps on the board.] Let’s start our group with talking about both things we like and don’t like about drinking. What are some of the good things about drinking? [Solicit responses and list them on the board in the left column.]

If we experience good things after we drink, how does that affect our thoughts, feelings, and future drinking? [Elicit responses.] Right, if we experience good things, we’re likely to experience good thoughts and feelings, and that would likely increase our drinking.

How about not-so-good things about drinking? What are they? [Solicit responses and list them on the board in the right column.] Great examples! What do you all think about this list?

Let’s go back to the CBT circle again. If we experience not-so-good things after we drink, how does that affect our thoughts, feelings, and future drinking? [Elicit responses.] For example, getting a DUI is one of the not-so-good things about alcohol you mentioned earlier along with some more positive experiences. How has getting a DUI affected your thoughts and feelings about drinking, if at all? [Elicit reasons for change.]
[Summarize discussion.] We’ve talked about both good things and not-so-good things about drinking, and how much we would prefer to minimize the latter. Next, let’s talk some more about your experiences with alcohol and how your drinking compares with that of others.

[Pass out worksheet.] I want you to think about how many drinks in the past week you have had. By one drink, I mean one 12 oz. can of beer, one glass of wine, one mixed drink, or one shot of liquor. Think about how many drinks you had in the past week.

Now look on the table here for your gender and weight. The chart for men is on the top, the chart for women is on the bottom, and then the numbers at the top, 0, 1, 2–3, 4–5, etc., are the number of drinks one person might have in a week. For example, if I’m a 19-year-old man and drink two drinks per week, my percentile is 71%. Do you see how I got that percentage? Before we talk about what that percentage means, see if you can find yours. Find the right row for your gender and age, and then the number of drinks.

Let’s talk about this percentage. These percentages are from a large survey that collected data from thousands of men and women across the United States. Your percentage tells you how many men or women you drink more than. So, if your percentile was 71%, that means you drink as much or more than 71% of men or women your age. What do you make of this information? Why do you think your expectation was different?

[Note: If someone asks about the percentage of people drinking 0 drinks, you can say, “That is the percentage of people your age who do not drink.” If someone asks about the 100% column, you could say “In a typical week, most people your age do not drink xx drinks.”]

[Possible reflections (if client 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.

Why do we overestimate how much others drink?

It’s very common to overestimate how much other people drink or use. Most people think that others are drinking the same as,
or more than, they do. Why do you think that is? [For example, portrayals of drinking in the media, we remember the people who are drunk versus sober.] Also, we tend to spend time with people who do similar things as we do.

[Summarize discussion.] Great discussion about how our drinking compares with how much other people drink, and with our own estimates of other people’s alcohol consumption. Do you have thoughts about our discussion so far before we move on to the next topic? [Elicit responses.]

**Drink refusal skills**

Now, let’s talk about some strategies you might use if you wanted to change your drinking.

Specifically, we will talk about **what to do when you are offered a drink**, but you are not interested. **What are some situations you’ve been in when you don’t want to drink and someone offered?** [For example, you decided to not drink anymore, chose to limit your drinking and didn’t want any more to drink, drove and didn’t want to drink and drive, had an early work day and didn’t want to be hung over, didn’t feel well.] [Write situations on the board.]

Great examples! What do you all think about this list? [Reinforce clients’ observation that drinking is very common, part of many gatherings, celebrations, etc., and that there are many opportunities when one might be offered an alcoholic beverage.]

As you all mentioned, **social drinking is very common in our culture**, and it’s encountered in a wide variety of situations and settings—for example, family gatherings, sports events, office parties. So, a variety of different people might offer you a drink—relatives, coworkers, new acquaintances, etc.—and they might or might not know your drinking history and where you are at with your drinking right now. Also, some might give you a single casual offer, whereas others might be more insistent.

What you need to do when offered a drink will vary, depending on who is offering and how the offer is made. Sometimes a simple “No, thank you” is sufficient, but not always. In what types of situations would it be okay for you to say “no thank you”? [Reflect client’s strengths.]

In some cases, telling the other person about your DUI or your drinking goal will be useful in eliciting helpful support, but this is not always necessary. Has anyone ever experienced this?

Great, we just brainstormed several situations where someone might offer you a drink, but you don’t want to take it. What
are some ways you have responded to such drink offers? [For example, statements, body language.] How did it turn out? [Elicit responses, emphasizing that there are many occasions where alcohol is served, some easier to anticipate than others, and reinforce clients’ examples of helpful strategies for drink refusal.] Thank you for sharing!

**Different situations are difficult for different individuals.** Being able to turn down a drink requires more than a sincere decision to do so. So, practicing drink-refusal skills will help you to respond more quickly and effectively. Some of you already shared a few tips about how one might handle drink-offer situations. [Briefly list some examples clients brought up earlier in this session.]

Let’s talk about some additional strategies, and we’ll keep talking about these communication strategies in future sessions. When you want to drink, but made a goal not to, keep the following steps in mind [write underlined steps on the board]:

- **Make direct eye contact** and say “no” in a clear, firm, and unhesitating voice. Otherwise you invite questioning whether you mean what you say.

- **Then, change the subject** to avoid getting drawn into an uncomfortable debate about drinking. For example, you might say, “No, thanks, I don’t want a drink right now/I don’t drink. You know, I’m glad I came to this party. I haven’t seen a lot of these people in quite a while, including you. What have you been up to, lately?”

- **Suggest an alternative**, such as something else to do and/or something else to eat or drink. For example, you might say, “Would you be interested in going for a walk instead of heading over to the bar for a happy hour?”

- **Ask them to stop offering**, if they persist. For example, you might say, “Please stop offering. I’m not interested.”

- **Avoid using excuses** (i.e. “I’m on medication for a cold right now”) or **vague answers** (i.e. “Maybe later”), except as a last resort. Both imply that, at some later date, you will accept an offer to drink, which might be misleading.

[Summarize.] What do you all think about these steps? Would you find them useful in your own similar situations? Are there any steps or strategies that aren’t there? [Elicit responses.]
**Importance and confidence rulers**

I know that everybody is at different places with their drinking. Some of you might have changed your drinking, while others haven’t. Any changes you make are up to you.

If you don’t mind sharing, where are you at with your drinking? Specifically, on a scale from 0 to 10, how important is it to change your drinking, with 0 being “not important” and 10 being “very important”?

**Why a [] and not a lower number? Or not a zero?**

[For those who gave a higher number:] How did you know that changing your drinking would be helpful? What changes have you made to your drinking? If you do not continue to drink, what’s the best thing that may happen? [reflect; elicit examples of reasons to change.] Great. Thank you for sharing.

[For those who gave a low number:] How would you know in the future if you needed to make some changes? What would get you to a 3? What do you think will happen if you continue drinking the way you are now? [Reflect; elicit reasons for change.] Great.

Now I have another question. **How confident are you that you could change your drinking or using if you were ready to on that same 0 to 10 scale?** [Reflect; elicit change talk.]

**Why a [] and not a lower one? Or not a zero?**

What do you think is different between where you were at on the importance ruler and where you were at on the confidence ruler? [Reflect that some might not feel it is important to change now, but that they are confident they could if they needed to—use this opportunity to elicit change talk (sounds like you’re confident you can change if you needed to, how would you know if you needed to? What skills would you use?)]

Great discussion, everyone! Thank you all for sharing!

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**Counselor Modeling (5 mins)**

How about we put all this new knowledge into practice?

[Choose a client to role-play a situation in which he/she offers a drink to someone (i.e. the counselor) at a party. Ask the client to say the following while he/she is making a gesture of handing you a drink: “Here, help us celebrate.” The client will, then, ignore counselor’s first refusal by saying “Oh, come on, one drink won’t hurt you.” Your response will serve as an example of an effective way to handle the situation.]
[Debrief after the exercise:]

[Ask the volunteer:] How was that?

[Ask group members:] Thoughts about the role-play? What do you think you would have said instead in this situation? How do you think the person who is offering the drink would react in this situation? [Elicit responses.] Great discussion!

**Summarize**

What do you all think about everything we just discussed? [Elicit responses.]

How does this information affect your **future decisions** about drinking? How do any of the drink refusal skills relate to your own drinking goal? [Elicit responses, personalize for each client, making sure to link new information to healthier drinking practices.] Great examples!

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**Group Exercise (20 mins)**

**Partner role-play**

OK, you’re going to have an opportunity to practice in a little bit, and before you do that, let’s brainstorm a few more situations, in addition to those we listed earlier, in which you are likely to be offered a drink.

[After brainstorming 5–6 situations, say:] Now, it’s your turn to practice! The reason why we practice with each other is because we have old habits that are hard to change. This group is about moving forward and trying new things. I know practicing in the group can be awkward, but give it your best shot.

I want you to divide up into pairs. [Group members can choose someone next to them or counselor can assign pairs.]

Figure out who is going to practice first. You’ll each have a turn. Then, I’d like you to do three things. First, explain the situation to your partner. Your partner should be persistent and offer the drink at least three times to you. Then, think about an appropriate response to their offer. Finally, after a minute or two, talk with your partner about how that process was for you and see if your partner has additional suggestions for how you could have responded in a better way.

If you’re role-playing the person who is offering the drink, be sure to be realistic and not too pushy. When we role-play like this, it’s common to go over the top, and we want to make sure we’re setting up our partner for success and being realistic.
Then, switch, and your partner will practice next. I will walk around the room and listen in. If there’s an opportunity for me to give you feedback, I will try to do that, so don’t be surprised if I jump in.

[When listening to clients’ role-plays, be mindful that the situations are realistic and clients “offering the drink” aren’t unrealistically pushy after refusal from their practicing partner.]

[After role-play:] How did it go? What did your partner say? What are some of the good things your partner said about the way you handled this situation? What’s something you heard that you could use in the future?

Wrap Up (10 mins)

One thing you learned
Before we end today’s group, think about one thing you learned from group today, or one thing you want to work on between now and our next group. Would anybody be willing to share?

Today’s summary
Great! There are two take-away points from today that I hope will be beneficial to you all.

Take-home points:

• Knowing about our own alcohol consumption and both its positive and negative effects is empowering because it helps us make informed decisions about drinking.
• Utilizing helpful drink-refusal steps when we choose to reduce or stop drinking will go a long way to achieving our drinking goals.

Practice
For your practice exercise, please write down your response to the situation described in the worksheet on Making Informed Choices About Drinking (Part 2).

Remember when we talked briefly about how it would be more difficult to respond to a drink offer made by some people or in certain situations than others? It might be useful to think ahead about what you would say in similar situations. Then, you would be better prepared by having completed this practice exercise if such a situation comes up in the future.

We’ll check in about this practice at the beginning of our next group.
Session 2 Worksheet: Making Informed Choices About Drinking

1. How many drinks do you typically have in a week?: ________drinks
   (One drink = one 12 oz can of beer, one glass of wine, one mixed drink, or one shot of liquor. Think about how many drinks you had in the past week.)

2. Look at the chart below for your gender and age, and then find your percentile under the number of drinks per week.

3. Compared with other men/women, _______ (your percentile) of men/women your age drink that amount or less.

Cumulative percentile of drinks per week by age and sex

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Session 2 Worksheet (page 2)

Group Exercise:

Please think of a person who might offer you a drink in the future or a specific situation in which you might be offered a drink. Explain the situation to your partner so they can role-play that person. Then think about an appropriate response to their offer. Finally, after a minute or two, talk with your partner about how that was for you, and see whether your partner has additional suggestions for how you could have responded in a better way.

Today’s Summary:

When you are urged to drink, keep the following in mind:

- Make direct eye contact and say “no” in a clear, firm, and unhesitating voice.
- Change the subject.
- Suggest an alternative activity or beverage.
- Ask them to stop offering if they persist.
- Avoid using excuses or vague answers except as a last resort.

One thing I learned or found interesting today:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Session Practice:

Listed below are some people who might offer you a drink in the future. Give some thought to the situation of how this might happen, and how you would respond to them. Write your responses under each item.

Someone close to you, who knows your goal to be sober/reduce drinking: _______________
___________________________________________________________________________
Coworker: __________________________________________________________________
___________________________________________________________________________
Boss: ______________________________________________________________________
___________________________________________________________________________
New acquaintance: ___________________________________________________________
___________________________________________________________________________
Relative at a family gathering: _________________________________________________
___________________________________________________________________________
Waiter or waitress with others present: _________________________________________
___________________________________________________________________________
Session Overview for Counselor

The goal of Session 3 is to continue the theme from earlier sessions, which was to increase knowledge about alcohol in order to reduce harmful effects and help clients in making informed drinking choices. Specifically, Session 3 is focused on the reciprocal relationship between alcohol and mood. First, mood is discussed as a risk factor for drinking. Second, clients have the opportunity to learn more about alcohol’s effects on mood through the discussion about the biphasic effect of alcohol. Finally, strategies are provided for coping with anger. It is important to emphasize that these coping skills can be as effective for other feelings as well. Clients will have the opportunity to practice each step they just learned about anger management with a partner.

Session Introduction (30 mins)

See pages 1–4.

• Welcome and agenda
• Introduce group members
• Check in about practice
• Describe CBT circle

Session Rationale (20 mins)

Today’s goal: Recognizing the relationship between emotions and drinking

Our topics will always go back to this CBT circle. Today, we will be talking about how our mood or feelings and our drinking behaviors are related.

How do you think knowledge about alcohol and mood affects your drinking choices? How does it affect risk for future DUI? [Reinforce responses linking lack of knowledge and risky drinking to future DUI.]

[Write underlined steps on the board.]
Skills Discussion (40 mins)

Our feelings affect how much we drink and how we will feel at the end of the drinking episode

What types of feelings do you have when you want to drink? [Write responses on the board.] [Elicit responses linking different emotional states to risk for drinking, such as to cope with stress, uncertainty or irritability; feeling happy and wanting to celebrate; feeling nervous.] Great, all types of feelings can be associated with wanting to drink.

Now think about what feelings are more risky for you—the feelings that are often associated with wanting a drink. Which feelings are most relevant for you?

Great examples! Thank you for sharing! From what I’m hearing, it’s common for all types of feelings to be associated with drinking. So, identifying which of your feelings increase the risk of drinking is important.

There is another reason why we might want to think about mood in the context of drinking. Have you all heard about the “happy drunk,” “angry drunk,” and “depressed drunk?” [Solicit examples of each.] Yes. Exactly!

The way we feel when we start drinking is going to play a big role in how we will feel at the end of the night. Basically, if you go out angry and irritated and drink alcohol, you will often feel these emotions even more intensely and be prone to finding more reasons to feel that way. So, what does this information tell you? [Solicit responses.] Exactly. Our mood and how we feel has a big influence on how alcohol will affect us.

[Summarize discussion.] Before we move on to another topic, are there any questions, thoughts, concerns about what we just discussed?

The biphasic response to alcohol: our mood after drinking

We just talked about how our feelings can affect our drinking by (1) being a risk factor for drinking and (2) contributing to our experience during and after drinking.

Now, let’s discuss the effects of drinking on our feelings. Specifically, how about we consider actual physiological effects of alcohol on our mood? What do you think I mean by physiological effects? Right, it’s what alcohol does to our mind and body. In Session 1, we talked about alcohol’s physiological effects on our body, such as how it affects our decisionmaking. Who is willing to share what they remember from Session 1? [Elicit responses, and, if need be, say explicitly that you are referring to effects after drinking.] Thank you for summarizing it so nicely!
Today, we will learn some more about alcohol’s physiological effects—this time, on how we feel. Think about the last time you drank, maybe even the last time you drank more than usual. What was your mood like when you first started drinking? How did you mood change with time? [For example, later that night as you continued drinking.] [Solicit examples.] What you all shared suggests **alcohol can make us experience some positive feelings and not-so-positive ones.** That’s exactly right!

[Draw the figure below on the board and say:] We talked about this a bit in Session #1. [**Refer to the arrow in the diagram.**] This arrow helps us visualize what most people believe about alcohol. What do you think that is? Right, that the more you drink, the better you’ll feel. How true do you think that is? Before we continue our discussion, let me quickly go over the graph I just drew on the board. That way, we all will be on the same page.

**Alcohol’s Biphasic Effect**

![Diagram showing the biphasic effect of alcohol on feelings over time]

[Point to the vertical line and say:] This line is called the “Feeling Scale,” and it ranges from (+) “Happy/Excited” to (–) “Sad/Irritated.” The positive and negative feelings could be different for everyone. For example, some people feel stimulated or hyper on the +, and others feel angry on the –. What are the + and –’s like for you? This line helps us see a range of feelings associated with different stages of intoxication.
Speaking of intoxication, this line going from left to right corresponds to time—drinking more in one sitting, so having multiple drinks in a night, for example.

What happens is that there are two phases. In the first phase, we feel happy, excited, and stimulated. As we drink more, our mood goes down in the second phase, and we get back to zero. [Draw the upside down U on the graph as narrated.] Do you experience this? Is it interesting how alcohol can be both stimulating and depressing?

The key to this graph is what happens after multiple drinks over the course of the night—with each drink, the graph shifts in a downward direction, resulting in reduced mood and larger depressant effects. [Draw shifted line.] How does that sound? More alcohol does not produce more stimulation or a better mood.

This graph can also be used for picturing what happens after you have been drinking for a while and tolerance develops. What is tolerance? What happens to your mood as tolerance develops?

Right, for those with tolerance, they need more drinks to feel the same effects. So, people may keep drinking to get that same stimulating effect, but what happens over time is that those with tolerance do not feel the stimulating effects of alcohol at all. How does that information fit with you?

What does that say about drinking and how to keep the stimulating effects of alcohol?

It is better to drink moderately and enjoy the stimulating effects of a few doses and not develop tolerance.

What do you think about this information? Does anyone have any questions about it? [Elicit responses.] OK, so far, we have covered how our mood and drinking are connected. Any objections to moving onto another topic?

Now, let’s focus our discussion on some of these emotions we identified earlier. (Point to anger and irritability.) Specifically, let’s talk about anger or irritability. I’ll use these two words interchangeably today—irritable and angry—you choose what makes the most sense for you, because we all experience these emotions to some extent.

What are some common situations that people feel most irritable or angry in? [For example, someone wrongs us, and we
aren’t getting what we want or think is right. How are irritability and drinking related? Who would like to share an example? [Elicit responses suggesting anger is a risk factor for drinking.] Great examples! Thanks for sharing!

As these examples show, **we might get angry or irritable when** things seem out of control, we think someone wrongs us, and we aren’t getting what we want or think is right.

**What do you think of anger? Do you think it’s a good or not-so-good emotion?** [Elicit responses.] Let’s go back to the CBT circle. There is a **distinction between anger as a feeling, and the behaviors we do when we are angry.** What do you think I mean by that? [Elicit responses.] What are some examples of what people do when they’re angry or really irritable? How does drinking affect that? Although we tend to think about anger as a “negative” emotion, anger itself is neither good nor bad. Rather, anger or being really irritable can be an intense feeling, and the reaction to that feeling may be harmful or helpful. How does that sound?

How can anger be helpful? [Elicit responses and then add tips from below.] What are some examples of how anger or irritation can be harmful? [Elicit responses linking anger to some negative consequences, including drinking.] Great examples!

**Anger can be helpful. Here is why:**

1. Anger or irritation can **give you a signal that there is a problem and encourage you to solve it.** Has anyone experienced this helpful side of anger? [Elicit from the group.]

2. **Anger can increase your self-esteem and, if used in healthy ways, may help** you avoid future misunderstandings, strengthen a relationship, etc. Who has a good example for this upside to irritation? [Solicit examples from the group.]

**Anger can be harmful because:**

1. It has a harmful effect on our ability to think clearly and objectively, to make decisions. As a result, **anger often leads to impulsive actions and risky decisions such as drinking.**

2. When we respond in an unhealthy manner to irritation or anger, **we risk alienating others and damaging our relationships.** Can you think of some examples in your life when responding to anger or irritation has backfired? [Wait for a response from clients.]
3. Anger can leave you feeling helpless or depressed, can create a barrier to communication, and can build resentments that may lead to drinking. Anyone willing to share an example? [Elicit from the group.]

So how does anger lead to these harmful consequences, such as drinking, for example? Why do you think that might be? [Solicit input from the group indicating that anger is an emotional reaction to our harmful thoughts about a given situation.] Great ideas, everyone! Thank you for sharing! As was just mentioned, we often think that situations or events make us angry or irritable, but anger doesn’t just happen automatically. Rather, it’s our thoughts about the situation or an event that might result in anger. Let’s go back to the CBT circle with an example of how anger can be harmful or helpful based on our thoughts. What if you were driving on the freeway and someone cut you off without putting their turn signal on? What are some harmful thoughts you might have that could lead to feeling angry? And if you had those thoughts and felt angry, what types of behaviors would you have? [For example, road rage, dangerous driving, honking the horn.]

OK, now let’s use the same event of someone cutting you off on the freeway—what are some helpful or neutral thoughts you could say to yourself? When you do that, how does that affect your feelings and behavior? [For example, they may still be angry or offended, but not engage in risky driving.] So, you might not be as irritable as the first example and that might influence your behaviors.

[After discussing the example:] What do you all think? How does this fit with your experiences? [Solicit responses.] How many of you can benefit from changing your thoughts in this way? Thank you for sharing!

**Anger management guidelines**

Before we discuss strategies to cope with being irritable or angry, I’m interested in hearing about how you all have been able to successfully manage feelings of anger or irritation, as I’m certain you have had many opportunities to try out some strategies. What have you found helpful? What didn’t work as well as you expected? [Elicit responses and reinforce healthy coping strategies as well as lessons learned from using unhealthy coping mechanisms, such as drinking.] Thank you for sharing! We will, in fact, discuss some of the strategies you just shared [say this only if it’s true].
Now, let’s go over some more steps to cope with anger. Remember, the same steps can also be applied to other feelings. [Write underlined steps on the board.]

Recognizing situations that trigger anger is the first step. In our example earlier, traffic was a trigger, which I’m sure many of you can relate to. What are some other examples of triggers for you? [Elicit examples]. Great examples!

1. **Become aware of triggers** (situations that trigger anger).
   a. Direct triggers: direct attack on you, whether verbal (i.e., insult) or nonverbal (i.e., physical attack).
   b. Indirect triggers: observing an attack on someone else, or your appraisal of a situation (i.e., feeling that you are being blamed, thinking that someone is disapproving of you).

OK, now that we have the trigger identified, what do we do next? Any ideas? [Solicit responses suggesting slowing down and reflecting upon the situation. If clients don’t bring it up, say:] How does slowing down and trying to calm yourself down sound? That way, you are more likely to have a balanced appraisal of the situation.

So, if you wanted to calm down, what could you say to yourself? [Elicit suggestions from the group.] Great ideas! Let’s consider a few more that I have written on the board.

3. **Identify and change thoughts about the trigger** that are associated with anger.
   a. The first thing to do is calm down. As long as you keep cool, you will be in control of the situation. You might say to yourself, “Slow down,” “Take it easy,” “Take a deep breath,” “Chill out,” “Relax,” or “Count to 10.” Sometimes it’s hard **not to feel angry**, so you might even find that you feel angry and behave that way **before you realize that you want to calm down**.

[Afterward, say:] What do you all think about these phrases? Would you find them useful in your situation to help you calm down? [Elicit reactions from the group.] Great. Moving on to the next step!

We are likely much calmer now. How would you go about evaluating the situation and how you reacted to it? What might you say to yourself to help you see the situation in a more balanced way? [Elicit examples.] Yes. Great examples of how we might question our perception of what happened.
What do you think about these questions? [Write questions below on the board and solicit reactions.]

b. After you have slowed yourself down, think about the situation: “What’s getting me angry? What are my thoughts?” Think about whether your reaction was realistic: “Is it really that bad?” “Am I overreacting?” “Is it really worth getting stressed over this little thing?”

c. Think about whether there might be another interpretation of the situation.

After we have calmed down, we can also consider consequences of feeling angry, which we discussed earlier. What comes to mind? What harmful things might happen? [Elicit responses.]

d. Think about the negative consequences of getting angry: “If I blow up, I’ll drink.” “If I yell, I will just make things worse.”

We will talk more about this strategy in a few weeks, so I will just briefly mention it here. [Say what’s below:]

e. Replace the harmful thoughts with more helpful thoughts: “Life is too short to sweat the small stuff.” “This will be over soon, I can handle it.”

Now, the next step would be to do something different, more helpful, than we have done in the past whenever we were irritated or angry. How might you go about it? What can you do instead? [Solicit suggestions from the group, then go over steps 3a and 3b.]


a. Think about your options: “What’s in my best interest here?” “What can I do?” “What is the best thing for me to do?”

b. Choose possible behaviors that will make you calmer or solve the problem: leave the situation, take time out, use clear and calm language to request a change.

Nice work, everyone! Still, as hard as we might try to use all of the steps we just discussed, sometimes the best strategy is to “shake it off.” Would anyone be willing to share a situation in which they weren’t able to affect what was happening or to solve the problem? What did you do in that situation? What might be helpful? [Elicit examples.] Thanks, everyone, for sharing! Great examples! I have a few more suggestions to share.
4. **If you are unable to solve and/or make better the situation that triggered your irritation, consider the following steps:**

- **Talk with someone you trust.** Sometimes it helps to have someone listen to what you’re going through, and other times it helps to get advice about your situation. Choose someone you trust that can give you what you need. For example, if you really want someone to listen to you, don’t choose someone that tends to have strong opinions or tends to judge. On the other hand, if you need someone to “tell it to you straight,” choose someone with that type of personality. **Who are those people for you?** [Elicit responses.]

- **Do an activity you enjoy.** Sometimes doing an activity that you enjoy helps to improve your mood. Whether it’s a massage, reading a good book, or going to the movies or the gym, activities that you like to do may help. We will talk more about enjoyable activities in another session.

- **Journal.** It may be helpful to write about how you’re feeling. Try writing about your situation and how it is making you feel.

**Summarize**

What do you all think about these strategies or steps? Which strategies or steps are most important to you and your situation? I realize some strategies or steps might be easier or harder than others, so think of what is most helpful to you. How can the same steps be applied to other emotions? [Elicit responses, discuss.]

---

**Group Exercise (20 mins)**

**Worksheet**

OK, time for practice! [Pass out Session 3 worksheet.]

I’d like you to **complete this worksheet** with a partner. I know sharing with folks in the group may be awkward, but give it your best shot. I want you to divide up into pairs. [Group members can choose someone next to them or the counselor can assign pairs.]

I’d like you to do the following things. First, identify the trigger situation. Second, write down some examples of calming phrases. Then, identify thoughts about the situation that led to anger. Finally, generate more helpful thoughts about the situation and/or list some actions to solve the problem and/or feel calmer. After a minute or two, **talk with your partner** about your ideas.
[After activity:] How did the discussion go? Why do you think it’s important to share with others? What are some of the good things your partner said? What’s something you heard that you could use in the future?

Wrap Up (10 mins)

One thing you learned
Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next group. Would anybody be willing to share?

Today’s summary
Great! There are two take-away points from today that I hope will be beneficial to you all.

Take-home points:
- Anger, irritability, and other emotions might put us at risk for drinking (and future DUls).
- Anger, and other emotions, often result from the way we think about things.

Practice
For your practice exercise, please pay attention to your responses to situations that spark feelings of irritability. Try to identify and change your thoughts about those situations. Pick one occasion before the next session involving irritability (or other feelings that might put you at a high-risk for drinking). Use the worksheet example you discussed with your partner just now to describe the situation, your thoughts, etc.

We will check in about this practice at the beginning of our next group.
Session 3 Worksheet: Connecting Emotions and Drinking

Group exercise:

Please complete this worksheet and discuss with your partner. Think about the last time you felt irritable. First, identify the trigger situation. Second, write down some examples of calming phrases. Then, identify thoughts about the situation that led you to feel irritable or angry. Finally, generate more helpful thoughts about the situation and/or list some actions to solve the problem and/or feel calmer. After a minute or two, talk with your partner about your ideas.

Trigger situation: __________________________________________________________________________

Calm-down phrases: ______________________________________________________________________

Thoughts leading to more irritability: __________________________________________________________________

Thoughts leading to less irritability: __________________________________________________________________

Actions to feel calmer or solve the problem: __________________________________________________________________

Today’s Summary:

When you experience an angry reaction to a situation, remember the following:

- Calm down.
- Identify and change the thoughts that increase your irritability about the situation.
- Do something to solve the problem.
- If the problem won’t go away, let it go and do something fun, such as calling a friend.

One thing I learned or found interesting today:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Session Practice:

Please pay attention to situations that increase your anger or irritability. Try to identify and change your thoughts about those situations. Pick one occasion before the next session that sparks feelings of irritability (or other feelings that might put you at a high risk for drinking), and record the following:

Trigger situation: _____________________________________________________________
___________________________________________________________________________

Calm-down phrases: __________________________________________________________
___________________________________________________________________________

Thoughts leading to more irritability: _____________________________________________
___________________________________________________________________________

Thoughts leading to less irritability: _____________________________________________
___________________________________________________________________________

Actions to feel calmer or solve the problem: _______________________________________
___________________________________________________________________________
Session 4
Navigating Risky Situations

Session Overview for Counselor
The goal of this session is for clients to identify the high-risk situations that increase their risk of future drinking and driving. To increase group engagement, it is important to brainstorm many situations that present a high risk for these clients and discuss why it is important to do so, referencing the goal of this program whenever appropriate. Once these client-specific situations are identified, you can follow up with some additional common categories of high-risk situations that have been mentioned already.

Continue the discussion by soliciting from clients how they might have managed those high-risk situations in the past. Then, if need be, you can follow up afterward with additional strategies.

During the group exercise, clients will have a chance to identify why they are committed to preventing another DUI. Be sure to use reflective statements to reinforce these reasons. The exercise can be an influential opportunity for group members to hear from their peers.

Session Introduction (30 mins)
See pages 1–4.
- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle

Session Rationale (20 mins)
Our topics will always go back to this CBT circle. Today, we will be focusing on behaviors and talking about preventing events that often are associated with drinking and driving, and what to do when these situations occur. [Point to the top of the CBT circle.]

What are some common situations in which people may drink and drive? [Write situations on board.]

Why do you think it’s important to know which situations are associated with drinking and driving? [Elicit responses.] Right, if
you know which situations are common for you, you could plan ahead to not be in that situation or, if you’re in that situation, you can plan not to drink and drive.

Some people are used to drinking and driving—some of you have shared how you have done so several times before you got caught. So, the purpose of today is to identify those situations or events that can increase the chances of drinking and driving, and some ways to prevent drinking and driving.

**Today’s goal**

Today, we’ll talk about how to identify high-risk situations that can increase the chances of drinking and driving and how to manage them.

---

**Skills Discussion (40 mins)**

**Categories of high-risk situations**

Let’s go back to the common situations you mentioned that increase the risk of drinking and driving. When we say high-risk or risky situations, we’re referring to those that increase the risk of drinking and driving. Which of these situations are similar to each other? How are they similar? [Elicit responses trying to group situations into categories below, then review below categories not mentioned, asking whether these are common or relevant.]

**Mood**—We talked about this last week. Does anyone remember how can mood be a high-risk situation? [Elicit from the clients a summary indicating understanding that mood can be a trigger for drinking.] Nice job! Thank you for summarizing it so well. It’s common for all types of feelings to be associated with drinking. So, identifying which of your feelings increase the risk of drinking is important.

Let’s talk about additional categories of situations. Think about which are relevant for you:

- **Routine**—Some people may go to happy hour every Friday after work and drive home afterward.
- **People or places**—Who are the people you tend to drink more with, and how does that increase risk for drinking and driving? How about the high-risk places that might increase the chances of drinking and driving—such as parties, bars, concerts, restaurants, and sporting events? Some places where alcohol is served may increase one’s risk of drinking and driving.
• **Feeling uncomfortable about not driving**—Some people may feel responsible for driving. [They might think, for example, “I had the least to drink, so I should drive,” or they might worry about what others will think if they do not drive (for example, if you’re meeting someone new).]

• **Holidays or celebrations**—Which holidays or celebrations can often be associated with drinking and driving? [For example, New Years, birthdays, the Super Bowl.]

Which of these are common risky events for you? What thoughts and feelings do you have and how do you manage them? Are there certain people that, when they are around, it’s harder to cope with these situations? How have you managed to avoid drinking and driving with these people around? What worked for you?

**Steps to manage risky situations**

Now that we’ve talked about risky situations, let’s go over specific steps to prevent drinking and driving. Keep in mind these are just guidelines, they’re ideas—some of them might be really easy for you, some of them might be hard. You might even find that just doing one or two of the guidelines will be enough for you, and that if you focus on those specific guidelines, you can avoid drinking and driving. Think about what would be most important to you.

**Change or avoid the risky event**

Since we discussed how to manage our feelings in the last session, let’s talk about other risky situations, rather than mood, today. If you knew that you’re likely to drink and drive in one of these situations, how could you change or avoid that situation? What would you do? [Elicit responses and then reinforce points below.]

• **Plan ahead to prevent avoidable risky events.** Don’t drive to parties or restaurants where alcohol is served. Plan sober activities for Friday and Saturday nights, if those times are risky events, or plan to drink at home. When you’re already drinking, it’s hard to make informed choices, so planning ahead can be helpful.

• **Leave the situation.** If you find yourself in a risky situation, go to a safe place or person, then think about how to use your skills to avoid drinking and driving. For example, if you are at a party where after you had been drinking, you are being pressured to give someone a ride home, what can you do? [For example, excuse yourself before giving your answer or offer to call Uber or a cab.]
• **Delay the decision to drink and drive.** When you have a thought to drink and drive, how about putting off the decision to drive for 15 minutes? With time, you might find another way home or seek support for someone. The thought to drive might not go away, but you may find an alternative if you wait awhile.

What do you think of these steps? Are there any situations coming up where you could use these strategies? [For example, an upcoming event or party where you know they will be drinking, such as the Super Bowl.] [Engage the group members to help each other in thinking about the above two steps. Then continue onto the other steps and continue with brainstorming.]

**Think about why you don’t want to drink and drive**

Think about all the benefits of **not drinking and driving** that matter to you. Thoughts about the positive consequences of **not** getting another DUI can help to weaken your urge to drink and drive. Make your own personal list of positive rewards, such as not hurting someone, not having to come to these groups again, setting a good example for your kids, and having increased self-respect and respect from others. When you have a thought of drinking and driving, it helps to think about these positive rewards of not drinking and driving. You might carry a card listing the benefits and look at it whenever you catch yourself thinking about drinking and driving. Put an asterisk by the positive rewards that matter most to you.

**Think about the negative consequences of drinking and driving.** It may help to remind yourself of what you would lose if you got another DUI. This can be different from losses in the past. Think about what you would lose in the future if you returned to drinking and driving. Try to think of an image of a specific unpleasant consequence of drinking and driving. Make a list of the negative consequences on the reverse side of the card that lists the benefits of not drinking and driving, and put an asterisk by the ones that matter most to you. At moments of temptation, think about the consequences or take out the card and read it slowly three or four times. You can counteract urges to drink and drive by thinking about the “cons” of drinking and driving, and the “pros” of not drinking and driving.
Thanks for sharing your ideas. What do you all think about these strategies or steps? Which strategies or steps are most important to you and your situation?

Which strategies or steps do you think you’re good with and what others do you want to work on?

I realize some strategies or steps might be easier or harder than others, so think of what is most helpful to you. There may be some additional strategies or steps not on here that might be helpful, too.

**Group Exercise (20 mins)**

**Worksheet Partner up**

OK, now that we’ve talked about different strategies you can try, I’d like you to develop your own plan for what you will do when faced with a risky situation. [Pass out practice exercise worksheet.] I’d like you to complete this worksheet with a partner. I know sharing with folks in the group may be awkward, but give it your best shot. I want you to divide up into pairs. [Group members can choose someone next to them or the counselor can assign pairs.]

I’d like you to do two things. First, complete the worksheet with your partner listing the benefits of not drinking and driving, and the unpleasant consequences of drinking and driving. Then, after a minute or two, talk with your partner about what would help you avoid drinking and driving in the future. The goal is for your partner to help set you up for success. Then, switch and your partner will share their thoughts with you.

[After activity:] What are some of the things you wrote down? How was that, talking about the benefits of not drinking and driving? Why do you think it’s important to share with others what you want to do? What are some of the good things your partner said? What’s something you heard that you could use in the future?
### Wrap Up (10 mins)

<table>
<thead>
<tr>
<th><strong>One thing you learned</strong></th>
<th>Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next group. Would anybody be willing to share?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Today’s summary</strong></td>
<td>Great! There are three take-away points from today that I hope will be beneficial to you all.</td>
</tr>
</tbody>
</table>
| **Take-home points:**     | • Your mood can increase the chances of drinking, and then drinking and driving.  
• Avoid risky situations that increase the chances of drinking and driving.  
• When you can’t avoid risky situations, you could call a friend or family member for support and think about the benefits of not drinking and driving. |
| **Practice**              | For your practice exercise, please write down any situations that might come up in the future that might increase your risk of drinking and driving. Describe how you might manage those risky situations. We will check in about this practice at the beginning of our next group. |
Session 4 Worksheet: Navigating Risky Situations

One way to cope with thoughts about drinking and driving is to remind yourself of the benefits of not drinking and driving, and of the unpleasant things that would happen if you returned to drinking and driving. Use this sheet to make a list of these reminders.

Benefits of not drinking and driving: ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

Unpleasant consequences of drinking and driving: _________________________________
___________________________________________________________________________
___________________________________________________________________________

What would help you avoid drinking and driving?: _________________________________
___________________________________________________________________________
___________________________________________________________________________

Today’s Summary:

Here are several ways to avoid and prevent risky situations that increase the chances of drinking and driving:

• Find ways to address your mood if it leads to drinking more, or drinking and driving.
• Change or avoid the risky event: Plan ahead to prevent risky events or leave the situation.
• Think of the benefits of not drinking and driving.
• Think of the negative consequences of drinking and driving.
• Carry photographs of loved ones who would be disappointed if you drank and drove.
• Delay the decision to drink and drive and think of an alternative.
• Call a support person and try to talk it out.

One thing I learned or found interesting today:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Session practice:

Write down any situations that might come up in the future that might increase your risk of drinking and driving. Describe how you might manage those risky situations.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Session Overview for Counselor

The goals of this session are to (1) help clients make the connection between their thoughts and feelings and (2) introduce them to the idea of, and helpful strategies for, monitoring their thoughts in a more deliberate manner than most of them are accustomed to. Often, it is challenging for clients to successfully incorporate this coping skill into their routines. For example, when asked for examples of their thoughts, they might identify a feeling instead. Thus, it is important to guide clients throughout this process. (For example: “‘Upset’ is a feeling. When you are feeling upset, what do you say to yourself?”) Often, it helps clients to identify their feelings first, and then what they are thinking.

As part of CBT, we learn the skills that will empower us to examine and change our thoughts and feelings if needed. Still, by no means do we want to convey the message to the group that life is supposed to be perfect and that all harmful thoughts need to be replaced with helpful ones. Rather, we want to communicate the power of changing our thoughts and feelings. Ideally, by the end of this session, clients will have understood why being mindful of their thoughts is helpful in achieving a healthier lifestyle. Consequently, they will be motivated to learn in Session 6 about effective strategies to address unhealthy thoughts. To illustrate the importance of this coping skill, the rain cartoons provide an opportunity for a discussion about how you can’t change the situation you are in, but you can change how you think and feel about it.

Also, a group exercise is facilitated to show how thinking about good memories can lead to a positive mood. Then, clients identify harmful thoughts that increase the chances of both unpleasant feelings and drinking and driving. If several are identified, help clients hone in on the riskiest harmful thought for them. These examples will be asked for again in Session 6.

Session Introduction (30 mins)

See pages 1–4.

- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle
Session Rationale (30 mins)

Thoughts are sentences we tell ourselves. Our topics will always go back to this CBT circle. Today we will talk about identifying the different types of thoughts we have and how they are connected to our feelings and behaviors.

Thousands of thoughts pass through our heads each day. Thoughts are sentences we tell ourselves. Some are neutral or factual, such as “Today is Monday.” Others may be more harmful or helpful because of how they make us feel or how they influence the decisions we make. We often don’t pay attention to all these thoughts, but with practice, you can learn to notice your thoughts and decide whether they are harmful or helpful to your mood and decisionmaking.

What are some examples of some thoughts you’re having now? [For example, “It’s early, I don’t want to be here,” “I’m curious what we’ll talk about.”]

[As clients identify thoughts, make sure that group members have not identified a statement of fact about things that are difficult, such as “I got a DUI.” Help them understand the difference between having thoughts about a difficult situation and having thoughts that make a difficult situation worse. For example, a person might think “I got a DUI” (a statement of fact), “and therefore my family looks down on me” (a harmful thought). You can help a group member understand this difference by asking them to complete this sentence: “I got a DUI, and because of that . . .” Or, “I am a former drug user, and because of that . . .”]

[Pass out worksheet on thoughts and feelings; review section on thoughts.] Turn to the first page of your handout. The first thought on the sheet is “I did a good job at work today.” Is that a helpful, harmful, or neutral thought? Why? How about the second one, “I will never amount to anything”? Is that a helpful, harmful, or neutral thought?

How that thought makes you feel or behave determines whether it is a harmful or helpful or neutral thought. How about the thoughts in the cloud? Are those helpful, harmful, or neutral? Why? [They might not affect your mood or behaviors.]

Thoughts can also be images or pictures in your mind—for example, if you close your eyes and imagine your favorite place to be, you might have an image in your mind. What types of favorite places would you picture?
Does anyone have any questions about what a thought is?

OK, let’s move on to what feelings are. **Feelings are emotions or moods.** What are some examples of feelings? Please turn to the next page with all the faces. **What other feelings have you had that aren’t listed here?** [Elicit responses.] Which are common feelings for you? When you are feeling this way, what types of thoughts do you have? What sentences do you say to yourself?

[Refer to the CBT circle.] As we discussed earlier, your thoughts are connected to your mood and behaviors. **Harmful thoughts can bring your mood down.** Also, when your mood is low, you are more likely to have more harmful thoughts. Does anyone have any examples of this? Helpful thoughts can improve your mood, and when you are feeling better, you are more likely to have more helpful thoughts. **Thoughts can have the same type of effect on your decisions.** How do you think harmful thoughts affect your decisions or behaviors? How about helpful thoughts? [Elicit responses.]

**Identifying thoughts can be tricky at first, but it will get easier.**

[Refer to rain cartoon.] Look at the rain cartoons on your worksheet. What do you think is happening in the pictures? What might the person be thinking in the first cartoon? In the second cartoon? What is the person’s mood like after he has these thoughts? [For example, for the first cartoon: “I hate rain. I’m getting all wet, and I’ll probably catch a cold.” For the second cartoon: “Oh, how fun, it’s raining. I can run home, make hot chocolate, and feel cozy.”]

[After hearing from the group:] The person in the cartoons can’t change what is real—it is raining. **But he can change what he thinks about the rain, and that can change his mood.** When he had more helpful thoughts, his mood was better.

Neither I nor **this program expect you to see the world through rose-colored glasses.** But this program will teach you to notice your thoughts, identify your harmful thinking habits, and choose helpful thoughts that make you feel better. **It’s important to remember that everyone has both helpful and harmful thoughts, so this is normal.** You are in no way “bad” if you have harmful thoughts. The most important thing, as we will learn in this and next group, is **how you manage or “work with” your harmful thoughts and change them to more helpful thoughts.**

Today, we’ll talk about how to make the **connection between our thoughts and feelings.** As we discussed, harmful thoughts...
might increase your chances of a future DUI. Also, harmful thoughts can repeat themselves over and over again, leading to that cycle we talked about before, and repeat feelings of low self-respect, anger, depression, stress, anxiety, or boredom.

For example, tell me whether you ever had a similar experience to mine. Have you ever had a bad day when nothing was going right and everything seemed to be going wrong? Yeah! You might wake up late, feel rushed to get to work or school, get stopped at every single red light or miss the bus, and then spill coffee on your shirt. What thoughts do you say to yourself on days like that? [For example, “It’s going to be a bad day,” “I wish it were Friday.”] How do you feel during the day? How do you feel at the end of the day? [For example, irritable, tired, angry.]

The thoughts we say to ourselves affect our feelings and mood. Our feelings affect the thoughts we have, and it’s a cycle. Does anyone have any questions about how our thoughts and mood are connected?

Let’s go through some examples of helpful thoughts. These are things we say to ourselves that help us improve our mood and make healthy decisions. For example, I like to go running before work, but sometimes it’s really hard to wake up early to do that. Sometimes when I tell myself “I can do it, it’ll help me feel better,” those thoughts are helpful to get myself out of bed. Then, after my run, I feel really good and accomplished. So, my thoughts can influence my behaviors and my mood.

Now it’s your turn: Relax and try to remember the last time you did something enjoyable, fun, and rewarding for yourself. [Go around the room and make sure each participant has identified an enjoyable activity that is healthy.]

OK. Now, take a few deep breaths and place yourself back in that situation. Before you did that activity, what were some thoughts you said to yourself? How did you feel after you did that activity? Remember, thoughts are things you say to yourself, such as “I can do this” or “I deserve a reward like this.” [Pause briefly.]

How are you feeling right now? As you pictured yourself back then, what kinds of changes did you notice in how you felt? How do you feel compared with before you started this exercise? [Elicit responses suggesting that participants recognize that by just remembering a positive event they can trigger different feelings.]
Yes. Exactly. Just thinking about good memories influences how we feel. Pretty powerful, right?

Today’s goal: What you think affects what you do

Today, we’ll talk about how to make the connection between our thoughts, feelings, and behaviors. The goal is to make the connection between your thoughts and the things you do, which ultimately affect how you feel. How does this sound?

Skills Discussion (40 mins)

Introduction

To accomplish today’s goal of learning how to make the connection between our thoughts, feelings, and behaviors, we first need to learn how to pay attention to our mood and thoughts.

It takes a lot of practice to notice and recognize how we feel and think, especially during times when we’re upset or stressed. We often operate on “autopilot” and have one thought, then the next, then another thought, and so on, without even recognizing our negative thinking for a while. Then, we might notice that we feel a little annoyed or irritated without any “apparent” reason.

Have you had similar experiences? What have you experienced? [Solicit responses.] Great example. Thank you for sharing.

How to identify thoughts

Sometimes it’s easiest to identify your mood and then your thoughts. For example, if you won the lottery, how would you feel? [For example, excited, happy.] Then, what thoughts would you have? (For example, “I get to quit my job,” “My family and I are set for life!”)

Let’s talk about some ways to identify thoughts. Remember, thoughts are things we say to ourselves. Sometimes they start with “I,” like “I am a good person” or “I’m not feeling appreciated,” or they can be about an event or person, like “He is working really hard” or “I just happened to get caught.” Compared with identifying your feelings, how difficult is it to identify your thoughts? [Elicit responses; it’s normal for it to be harder to identify thoughts than feelings.] In what situations might it be more difficult for us to recognize our thoughts? [Elicit examples; for some clients, it may be more difficult to identify thoughts if they are feeling upset because they’re on “autopilot”—they commonly get upset in a situation and it’s hard to slow down to think about their thoughts.]
Connecting harmful thoughts with unhealthy behaviors and negative mood

Thoughts work in both directions. We talked about helpful thoughts. **Sometimes we have helpful thoughts** that help us feel good and do healthy things. **At other times, though, we have harmful thoughts** that increase the risk of being in a bad mood and making unhealthy behaviors and decisions.

Let’s take a closer look at your thoughts and try to identify some thoughts that are associated with drinking and driving. We call these “harmful thoughts.” Can you remember the last time you drank and drove? Take a moment to close your eyes and try to picture yourself in the situation **just before you decided to drive**. [Wait a moment to allow the group members to picture the moment.] Now, with your eyes still closed, try to **remember the thoughts you were having at the time and the thoughts that encouraged you to drive**. OK, now open your eyes. What thoughts did you remember? How about feelings? [Write on the board.]

On the back page of the helpful thoughts is a list of **more harmful thoughts that might be associated with drinking and driving**. Which of these thoughts are similar to thoughts you have had? [Write on the board.] Circle the ones that you think about. You can also add in any additional ones too. Anyone willing to share additional thoughts not listed? [Write on the board.]

**Which thoughts are most common for you that may be associated with future drinking and driving?** [For example, “I’m careful when I drive,” “I can hold my drinks and drive fine,” “I don’t have a problem with my drinking.”] Please write them on the bottom right of your harmful thoughts example worksheet. You may have many thoughts, but identify the most risky ones. How do these thoughts affect your mood and behaviors? How might your mood increase some of these harmful thoughts?

Why do you think it is important to identify these harmful thoughts and to remember them? [Elicit responses.] Yes, these thoughts have come up before and have led to a DUI and they might come up again. So it will be important to **find ways to manage these thoughts when they come up so that it doesn’t increase the chances of a future DUI**. What did you think of the exercise, how does this affect you, and how might you prevent drinking and driving in the future?
Summary
So far, we’ve talked about how our **thoughts, behaviors, and feelings affect each other**, and why it’s really important to work toward paying attention to how we feel and what we think throughout any given day. Depending on our thoughts, our behaviors could get better or worse.

What do you all think about our discussion so far? From your perspective, what’s the **benefit** of identifying our thoughts and mood throughout the day? [Elicit responses suggesting participants understand the benefits of thoughts/mood monitoring.] Great discussion! Let’s talk about some helpful things you can do moving forward.

Wrap Up (10 mins)

One thing you learned
Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next session. Would anybody be willing to share?

Today’s summary
Great! There are four take-away points from today.

**Take-home points:**
- Harmful thoughts put us at risk for future drinking and driving.
- Our thoughts affect our mood; our mood affects our thoughts.
- Thoughts affect our decisions, and how we feel and act.
- We can make choices about the way we think.

Practice
For your practice exercise, please keep track of your mood on this worksheet. You have a space for each day. Throughout the day, write down thoughts that make you feel worse on the side labeled (–) to indicate negative mood. Write down thoughts that make you feel better on the side labeled (+) for positive mood.

Try to write for as many days as you can before the next session, including today. Please do so for at least two days.

We will check in about this practice exercise next group.
Session 5 Worksheet: Connecting Situations, Thoughts, and Feelings

Thoughts: sentences you tell yourself.
- I did a good job at work today.
- I will never amount to anything.

I will wear my blue shirt tonight. My throat is a little sore. This job is taking too long. Today is Thursday. I can't wait until lunch. I am the slowest worker in the whole factory. That movie was really funny. Nobody wants to work with me.

Thoughts can also be images or pictures in your mind.

Feelings: emotions or moods. (See more examples on the next page.)
- Happy
- Sad
- Angry
Look at the cartoons below. What do you think the person is thinking in each cartoon? There are no right or wrong answers.

1. 

2. 

- The person was faced with the same reality in both cartoons: it is raining.
- The person’s mood was different in the two cartoons.
- Why did the person have different moods?

Your mood and the decisions you make can be improved by how you think and how you react to what happens to you.
1. I was able to resist driving after I had a few drinks, even after someone asked me for a ride.
2. I didn’t drink and drive at all last week.
3. I’m making some good changes. I don’t hang around the same people anymore.
4. I don’t want my job to be affected by this DUI.
5. I can’t afford to get another DUI.
6. I’m committed to not drinking and driving again.
7. If I’m going to drink, I’m not going to drive.
8. I don’t want to risk hurting anyone by driving.
9. Even though things are bad right now, they are bound to get better.
10. I’m taking care of business so this doesn’t happen again.
11. I deserve credit for trying hard.
12. That was a nice thing for me to do.
13. I really feel great.
14. This is fun.
15. I’m a good person.
16. I can do just about anything if I set my mind to do it.
17. I have great hopes for the future.
18. I have good self-control.
19. I’m doing this for my family.
20. I really handled that situation well.
21. People are OK once you get to know them.
22. I work hard.
23. I’m easy to get along with.
24. If I can just hold on until [a certain date], I’ll be OK.
25. A nice, relaxing evening can sure be enjoyable.
26. I have many blessings in my life.
27. I’m considerate of others.
28. I have time to accomplish most things I want to do.
29. Someday I’ll look back on today and smile.
30. I like people.
31. I always find the strength to handle whatever comes up.
32. I’m a good parent/friend/spouse.
33. I’m a sensitive person.
34. I’m honest.
35. I could probably handle a crisis as well as anyone else.
36. I’m pretty lucky.
37. I’m responsible.
38. My experiences have prepared me well for the future.
39. It’s going to be okay.
40. I’m pretty smart.
41. I’m physically attractive.
42. I am looking forward to that event.
43. I am doing the best I can.

What are your helpful thoughts?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Examples of Harmful Thoughts That Are Associated with Drinking and Driving

Circle which thoughts are harmful to you.

1. I can drink and drive, and not get in trouble.
2. Everyone drives after drinking, I’ll be fine.
3. I can hold my liquor.
4. I can drive, I’ve only had a few drinks.
5. Everyone drives after a few drinks.
6. I’m just driving down the street.
7. I have to drive, people are counting on me.
8. All my friends drank more than me, so I need to drive.
9. I’ll be embarrassed if I don’t drive.
10. I’ll look bad if I don’t drive.
11. I don’t care, I just want to get home.
12. I’ll just drive this one time.
13. I’m responsible, I can handle driving.
14. I’ve driven after drinking plenty of times and have never gotten caught.
15. I don’t think having a few drinks is really so bad for my driving.
16. I have no one I can trust to drive me home.
17. I have wasted my life because of the DUI.
18. Nobody loves me. Might as well go out for a few drinks and have fun.
19. I’ll end up living all alone because nobody trusts me now after the DUI.
20. Now that I decided not to drink and drive, I don’t have anyone to hang out with.
21. I don’t have any patience to hear all those lectures from my loved ones about why I cannot have a few drinks and drive.
22. It’s no use to try. Everyone says I will get busted for a DUI again anyway.
23. I will be a burden to others if I ask for help.
24. I can’t say no to driving.
25. I don’t want to spend money on a ride.
26. It’s all my fault that we are having so much stress at home.
27. Work has been so stressful, I just want to get home.
28. I can do whatever I want.
29. I don’t have what it takes to not drive after drinking.
30. I really screwed up with the DUI.
31. I don’t see how trying to avoid drinking and driving will help me in any way right now.
32. I like to drink, and it’s really inconvenient to think about getting a ride from someone when I go out.
33. Everyone is judging me because of this DUI.
34. I know they are talking about me. I will show them I can drive.
35. I feel like I can’t have any fun.
36. Life is unfair. Everyone drinks and drives, and I’m the only one who got caught.
37. I can handle my alcohol.
38. I’m responsible, I won’t get in trouble.
39. I am too sensitive. Why do I even care what others think about drinking and driving?

What are your harmful thoughts?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
Today’s Summary:

- Harmful thoughts put us at risk for future drinking and driving.
- Our thoughts affect our mood; our mood affects our thoughts.
- Thoughts affect our decisions, and how we feel and act.
- We can make choices about the way we think.

One thing I learned or found interesting today:
Session 5 Worksheet (page 6)

On the chart below, keep track of your thoughts and mood. Each day, write down thoughts that make you feel worse (–) and thoughts that make you feel better (+).

Try to write on as many days as you can before the next group. Do your best to write down thoughts for at least two days. Bring your worksheet with you for the next group.

<table>
<thead>
<tr>
<th></th>
<th>Better (+)</th>
<th>Worse(–)</th>
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<td>Sunday</td>
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Session Overview for Counselor

The goal of this session is to “talk back” to harmful thoughts using an exercise called “Catch It, Check It, Change It.” If a client has not attended Session 5, it will be very important to start with a thorough review of what thoughts are and how they can be helpful or harmful before proceeding to the exercise. Utilize the help of existing clients!

In “Catch It,” clients identify harmful thoughts that might increase their risk of drinking and driving. Several clients might have mentioned these thoughts in Session 5 or identified them during the between-session practice assignment. In “Check It,” clients verify that these are harmful thoughts by examining the evidence for why the thoughts might be harmful. Finally, in “Change It,” clients practice reframing the thoughts using strategies such as “Yes, but” and rewording the thoughts to be more helpful. After each step is reviewed, clients then participate in a group exercise to practice the “Catch It, Check It, Change It” exercise further with their partners.

As per CBT philosophy of generalizing coping skills to other parts of clients’ lives, this exercise is helpful with other harmful thoughts not related to drinking and driving (e.g., when they are angry or stressed).

Session Introduction (30 mins)

See pages 1–4.

- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle

Session Rationale (20 mins)

Last group summary: Connecting thoughts and feelings

Our topics will always go back to this CBT circle. Last group, we talked about how thoughts are sentences we say to ourselves. We also discussed what helpful and harmful thoughts are. Who remembers what the difference is? [Elicit responses.]

Great, we also went over the rain cartoon. [Pass out worksheet with cartoon.] Who remembers that cartoon, and what
was important about it? [Elicit responses.] Great, the person in the cartoons can’t change what is real—it is raining. **But he can change what he thinks about the rain, and that can change his mood.** When he had more helpful thoughts, his mood was better. **Our thoughts affect our mood and behaviors.**

Any other comments about our last group? For those of you who are new, I have some worksheets I can give you if you would like.

**Today’s goal:**
**Managing harmful thoughts**

Today is about managing those harmful thoughts, and replacing them with helpful thoughts if we need to. **How do we know whether we need** to replace a harmful thought? Why would it be important to do so? [Elicit examples that thoughts impact our behaviors and feelings.]

Harmful thoughts can repeat themselves over and over again, leading to that cycle we talked about before, and repeat feelings of low self-respect, anger, depression, stress, anxiety, or boredom. For example, if you are at work and keep thinking to yourself that you’re tired, don’t want to be there, would rather be at home—how would these thoughts affect your work performance? How would they affect your mood? Right, if you keep thinking you’re tired and don’t want to be at work, you’re likely going to look tired and be slower at work, and people will start to notice. People might even comment about you “looking tired,” acting stressed out or grumpy, etc. Those comments might make you feel even more depressed and down on yourself.

Harmful thoughts are connected to negative feelings, and when that happens, we’re likely to do harmful things, too, like drinking and driving. It all goes back to the CBT circle. **So, by finding ways to manage our harmful thoughts, we also find ways to manage our negative feelings and future drinking and driving behavior.**

What do you think? [Elicit responses suggesting that clients understand this connection.] Great discussion! Thank you all for sharing. Any questions before we move on?
Session 6: Talking Back to Harmful Thoughts

Last week, we also talked about how harmful thoughts can put us at risk for drinking and driving.

We’ll talk today about talking back to harmful thoughts, because that’s what we have the power to change. We can’t change the situation, we can only change how we think or feel about it. What do you think it means to “talk back” to your thoughts? [Ask the group for their ideas. Make sure the group understands that talking back to their harmful thoughts means examining them and replacing them with helpful thoughts.]

Still, usually, talking back to your thoughts doesn’t make you feel better instantly. It takes time and practice before you learn to talk back to your thoughts. So, just because you don’t notice yourself feeling much better the instant you change your thinking doesn’t mean it’s not working.

Today, we’ll go through an exercise called “Catch It, Check It, Change It.” It’s a strategy to identify and examine harmful thoughts, and then to change or replace the harmful thoughts if needed. Again, the CBT circle is not about viewing the world with “rose-colored glasses,” as if life is perfect. It’s about learning to manage or “work with” your harmful thoughts and to change them to more helpful thoughts so that you feel better and make better decisions. It’s all about the connection!

Skills Discussion (40 mins)

Introduction

Last week, we also talked about how harmful thoughts can put us at risk for drinking and driving.

We’ll talk today about talking back to harmful thoughts, because that’s what we have the power to change. We can’t change the situation, we can only change how we think or feel about it. What do you think it means to “talk back” to your thoughts? [Ask the group for their ideas. Make sure the group understands that talking back to their harmful thoughts means examining them and replacing them with helpful thoughts.]

Still, usually, talking back to your thoughts doesn’t make you feel better instantly. It takes time and practice before you learn to talk back to your thoughts. So, just because you don’t notice yourself feeling much better the instant you change your thinking doesn’t mean it’s not working.

Today, we’ll go through an exercise called “Catch It, Check It, Change It.” It’s a strategy to identify and examine harmful thoughts, and then to change or replace the harmful thoughts if needed. Again, the CBT circle is not about viewing the world with “rose-colored glasses,” as if life is perfect. It’s about learning to manage or “work with” your harmful thoughts and to change them to more helpful thoughts so that you feel better and make better decisions. It’s all about the connection!

Catch It

The Catch It, Check It, Change It method ties together the process of identifying a harmful thought, questioning the thought, and then coming up with a replacement thought.

For Catch It, we are trying to identify or “catch” when we’re having a harmful thought. For example, what thoughts increase the chances of drinking and driving for you? [Write on the board.] How did you identify those thoughts? [For example, remembering back to the situation and reflecting what they were thinking.]

Which one of these thoughts is most risky for you in terms of drinking and driving? Please write that under “Catch It” on your worksheet. Why do you think it’s important to identify those thoughts? [Strengthen rationale for this exercise—e.g., if they often think they can drive because they’re only driving a few blocks away, perhaps they can say “Yes, but I can still get a DUI if driving a short distance, so if I go to that bar, I will not drive.”]
Once we identify a harmful thought, we need to “Check It” to see whether it really is a harmful thought and then explore whether we want to “Change It” by deciding whether this thought is true or false.

Let’s do that now. Take a look at your worksheet and then ask yourself the first question, “How is this thought harmful to you?” As we look at the thoughts on the board, what do you think? [Elicit responses.]

OK, once we know that the thought is harmful, then we can look at the harmful thought more closely and see whether it is completely or 100% true. Think about the second question now, “What is the evidence that your thought is true? How much of it is true?” Who could go through their thought and provide some examples? [Elicit responses.]

How about the evidence that your thought is false? How much of it is false? Who would like to share? [Elicit responses.]

To recap, first, we check whether a thought is harmful and then we check what aspects of any given thought are true or false. If a thought is not entirely true, then we might be able to Change It so that it is more accurate. What do you think of this information so far? Any questions?

So far, we’ve talked about how to catch a thought and how to examine whether it is a harmful thought. Those are the Catch It and Check It steps. Now, let’s talk about what to do if the thought is harmful and you want to change it.

What do you do when you have a harmful thought? How do you replace it with a helpful one? [Elicit responses.]

After you notice a harmful thought, you can replace your harmful thought with a helpful thought. If your thought is incomplete, for example, you can replace it with a complete thought. Or, you can reword the harmful thought so that it is more helpful. For example, if it’s not 100% true—for example, “I’ll never get caught, I’m a good driver”—sometimes rewording the thought helps to prevent risky behavior—for example, “I have gotten caught despite being a good driver.”

Sometimes, it’s hard to change a thought because we really believe something despite the fact that it is not entirely true. In those cases, saying “Yes, but . . .” can help. So in this example, the thought is changed by saying: “Yes, I’ve had a few beers, but I don’t want a DUI again so I’m going to get a ride home.” What
do you think of that strategy? Can someone try this with their thought? [Elicit responses.]

Let’s try it with the thoughts on your worksheet. How might you change some of those thoughts? [Elicit responses.]

**Summarize**

So far, we talked about how to use Catch It, Check It, Change It to manage harmful thoughts that are associated with unhealthy decisions and behaviors, such as drinking and driving.

Again, it’s worth remembering that since these steps are really challenging—practice is key.

What do you all think about our discussion so far? What are your thoughts about practicing and using these steps in the future? [Elicit responses.]

Any other thoughts or questions before we go to the next part of our discussion?

---

**Group Exercise (20 mins)**

**Catch It, Check It, Change It—Putting it all together**

You have done a great job, and I want to put the Catch It, Check It, Change It steps together now. [Pass out table worksheet.]

I’d like you to complete this worksheet with a partner. I know sharing with folks in the group may be awkward, but give it your best shot. I want you to divide up into pairs. [Group members can choose someone next to them, or the counselor can assign pairs.]

Think about a harmful thought you have had that is related to drinking and driving and fill out your own Catch It, Check It, Change It chart with your partner. If you already shared your harmful thought, choose a new one.

[After activity:] How did the discussion go? What were some of the things you wrote down on your worksheet? Was it helpful to discuss these things with your partner? Do you have anything else to add?
**Wrap Up (10 mins)**

<table>
<thead>
<tr>
<th>One thing you learned</th>
<th>Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next session. Would anybody be willing to share?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Today's summary</strong></td>
<td>Great! There are two take away points from today that I hope will be beneficial to you all.</td>
</tr>
<tr>
<td><strong>Take-home points:</strong></td>
<td>- You can learn ways to “talk back to your harmful thoughts.”</td>
</tr>
<tr>
<td></td>
<td>- Replacing a harmful thought with a helpful one might reduce your chances of drinking and driving.</td>
</tr>
<tr>
<td><strong>Practice</strong></td>
<td>For your practice exercise, please fill out another Catch It, Check It, Change It chart. Think about another harmful thought you have that may increase the chances of drinking and driving in the future. Please do the chart at least once.</td>
</tr>
<tr>
<td></td>
<td>We will check in about this practice at the beginning of our next group.</td>
</tr>
</tbody>
</table>
Regardless of the situation, we can change the way we think and feel about it.
### Session 6 Worksheet (page 2)

**Catch It, Check It, Change It**

The next time you have a thought that leads to unhealthy decisions such as drinking and driving, try examining your thought to find out more about it.

<table>
<thead>
<tr>
<th>Catch It:</th>
<th>Check It:</th>
<th>Change It:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the thought</td>
<td>Examine the evidence</td>
<td>Replace the harmful thought with a helpful thought.</td>
</tr>
<tr>
<td></td>
<td>1. What is the evidence that your thought is true? How much of your thought do you think is true?</td>
<td>1. Considering all the evidence, how could you change your thought to be more helpful?</td>
</tr>
<tr>
<td></td>
<td>2. What is the evidence that your thought is false? How much of your thought is false?</td>
<td>2. Is there a “Yes, but…”?</td>
</tr>
</tbody>
</table>

**Example:**
I've only had a few beers, I'm fine to drive.

This thought isn't entirely true. I got busted when drinking a few beers.

Yes, I've had a few beers, but I don’t want a DUI again so I'm going to get a ride home.
Today’s Summary:

When you experience an angry reaction to a situation, remember the following:

1. **Catch It:**
   – Identify the thoughts that increase your chances of drinking and driving.

2. **Check It:**
   – Examine whether each thought is harmful and decide whether it is entirely true.

3. **Change It:**
   – Challenge your harmful thoughts.
     i. Replace harmful thoughts with helpful ones that are more accurate.
     ii. Try a “Yes, but . . .” statement.

One thing I learned or found interesting today:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Session practice:
Please fill out another row in your Catch It, Check It, Change It chart on the previous page. Think about another harmful thought you have that may increase the chances of drinking and driving in the future. Please do the chart at least once.
Session Overview for Counselor

The goal of this session is to discuss how clients can effectively handle criticism related to getting their DUI. While some clients may experience changes in their relationships after the DUI (such as erosion of trust from loved ones), others might not. Regardless, be sure to communicate to the group that this skill could apply to general criticism they may receive in their lives and even self-criticism. Sometimes clients feel that “criticism” has a negative judgement associated with it (e.g., that receiving it is a sign of weakness or that criticism is like complaining), so it may be helpful to talk about criticism as unhelpful things someone says to them or things we say to ourselves.

To accomplish the Session 7 goals, spend time eliciting from clients what types of criticism they have experienced in relation to their DUI. Spending time to do this in the beginning of the group is important before reinforcing their examples with the material in the manual. Next, introduce the discussion about strategies to effectively cope with criticism by asking clients how they have managed criticism in the past. Then, follow up with the guidelines in the manual while remembering to incorporate client examples from the earlier discussion. Eliciting this information first from clients is important in increasing engagement. Likewise, client participation and engagement are likely to be improved as a result of a role-play with a client volunteer in which you will further demonstrate the skill of coping with criticism. Lastly, clients will work with a partner to practice how they would effectively respond to DUI-related criticism.

Session Introduction (30 mins)

See pages 1–4.

- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle
Today, we’ll talk about how to effectively cope with criticism and judgment from getting a DUI. What are some of the criticisms or judgments associated with having a DUI? [Elicit responses.] When someone says or thinks you’re, for example, irresponsible, how does that affect your thoughts about yourself? How about your feelings?

Here’s another example: How many of you have friends and loved ones who don’t trust you anymore because of your DUI? [For example, people that don’t want to get in your car.] How does that make you feel? (For example, ashamed, embarrassed.) How does that affect your relationship and the time you spend with them? [For example, isolating yourself and limiting contact to new acquaintances who don’t know about your DUI; constantly fighting or arguing with others who do know about the DUI.] How does the criticism affect your risk of a future DUI? [If clients say they experience no criticism, ask them for examples of criticism not related to DUI (e.g., criticism at work) or self-criticism.]

What do you do? What do you say to your loved ones when they criticize you? How do you take care of yourself when this happens?

How do you think they would react if you said something to them? [Elicit both positive and negative reactions.] So there are positive and negative reactions. These are examples of events [point to the top of the CBT circle]. How do the positive ones affect your thoughts, behaviors, feelings? How do the negative ones affect your thoughts, behaviors, feelings? Great examples.

[Summarize discussion.] So what we’ve talked about is how the DUI-related criticism and judgment from others is hurtful and has negative influences on our relationships, and how this affects our thoughts and feelings.

Today, we’ll talk about how to effectively cope with criticism and judgment from others related to getting a DUI.

You can use these skills to handle all kinds of criticism effectively. We often encounter critical statements in everyday life; one of the most difficult things to do in our interactions with people is to receive criticism gracefully. What do you think that means?
It is important to not allow criticism to take you away from your goals of drinking less, or not at all, and/or from avoiding DUIs in the future.

Criticism, if delivered appropriately, provides us with a valuable chance to learn things about ourselves and how we affect other people. We all have room for improvement, and constructive feedback from others helps us to make positive changes in ourselves.

Skills Discussion (35 mins)

Introduction

OK, let’s talk about how to effectively cope with criticism from others. First, think about some examples of criticism you have heard from others about your DUI.

What things do you need to consider so you know how to effectively handle these criticisms and judgments? [Have clients brainstorm things they need to consider. For example, who is criticizing you? What type of criticism is it? Is there any truth to the criticism? Write these briefly on the board and reflect on points that are consistent with the guidelines below, asking why they think that specific step is important.]

Great, you mentioned a lot of the steps and things to consider that we’re going to talk about today. Before we go over specific steps to deal with criticism, let’s discuss different types of criticism we might need to learn how to cope with.

Types of criticism

[Write underlined words on the board.] There are two basic types of criticism to which we may be exposed: constructive and destructive. What do you think is the difference? How does each affect our thoughts and feelings? For some people, criticism is not really talked about because it’s viewed as a sign of weakness or like complaining. Have you heard that before? How many of you have experienced this? We know that criticism happens a lot in different ways and today we want to talk about how to cope with it.

Constructive (or assertive) criticism is directed at behavior and not at the person. In this case, the other person describes their feelings with regard to something you are doing and asks you to change in some way. For example, “When you come home late, I start to worry that you are drinking and driving. Could you call me when you start running late, so that I know you’re OK?” Another example is if they provide you with advice that is meant to be to your benefit. For example, “You shouldn’t hang out with
Jose because you tend to get into trouble with him when you do.”

Destructive (or aggressive) criticism occurs when someone criticizes you as a person, rather than criticizing your behavior, or when the intention of the criticism is to hurt you. This type of criticism is often related to the other person’s emotional state, rather than an appropriate reaction to your behavior. Name-calling, or using words such as “never” or “always,” are examples of destructive approaches. For example, “You’re home late again, and I know that you were drunk and driving home! You’ll never change!”

Whether the criticism is constructive or destructive, it is not worth a fight. It is better to separate the information in the criticism from our emotions about the criticism, and not respond emotionally. This is hard to do, but let’s talk about some ways to do that.

There are several ways people may criticize and judge you about getting a DUI:

Accusations or inquiries about getting into trouble again. For example, “You’re home late. I know you’ve been drinking and driving again.”

Even when you have made a sincere decision not to drink and drive, and are fully engaged in treatment, it may take time for others in your life to increase their trust and to reduce their own anxiety and worry about future DUIs.

Sometimes the criticism is unfounded, and occasionally the criticism may be accurate. In either case, it is important to be able to respond to the criticism in a way that opens up helpful conversations and does not start a fight.

Similarly, even if the criticism is delivered in a destructive way, you need to be able to respond assertively and effectively. Why would comments like this be upsetting to us? [Elicit responses.] Yes, it feels unfair because you have been working hard, trying to improve your situation, and you are being accused of something you didn’t do.

Bringing up past events or negative consequences related to DUI. It may be either destructive—for example, “You getting a DUI wrecked our home and family”—or constructive—for example, “Don’t go out with Jose, he always makes you drive after drinking.”
However the criticism is phrased, it is important to be able to respond to it effectively and to focus on here-and-now solutions, without getting sidetracked into a nonproductive rehashing of past conflicts. Remember that you can’t change the past, only the future. How would it feel when someone brings up a past event? [For example, “You drink too much.”] [Elicit responses.]

DUI-related criticism as a substitute for a discussion about another problem. For example, your loved one may be upset about you spending a lot of time at these groups and neglecting your family. However, instead of directly criticizing those behaviors that are disturbing, they get mad that you didn’t throw out the trash and say you don’t help out at all in the house.

The main goal in effectively managing negative judgment and criticism is to prevent escalation into a fight. A second goal should be to try to understand the important information in the criticism and to help the other person to express their thoughts and feelings in a more productive and helpful way. Even some destructive criticism, although presented in an ineffective and potentially hurtful way, may contain useful information from which we can learn. Even negative judgment and criticism can give us a chance to grow and improve.

[Summarize.] So far, we’ve talked about the different types of criticisms you might hear from others. Now let’s talk about how you can manage the criticism so you can avoid having a future DUI.

[Write underlined words on the board.] Keep in mind these steps are just guidelines; they’re ideas—some of them might be really easy for you, some of them might be hard. You might even find that just doing one or two of the guidelines will be enough for you, and that if you focus on those specific guidelines, you’ll be able to effectively cope with judgment and criticism. Think about what would be most important to you.

1. Don’t get defensive, don’t get into a debate, and don’t talk back with criticism of your own. Doing so will only escalate the argument and decrease the chance of effective communication between the two of you. Sometimes people feel that if they don’t get defensive and “fight back,” it’s a sign of weakness. How many of you have experienced this? How can not fighting back be a strength and not a weakness? [For example, it may be harder to not get defensive.]
2. Sincerely question the other person in order to clarify the criticism, so that you’re clearer about its content and purpose. By asking for more information about critical statements, you encourage straightforward statements about your behavior. You try to get these restated in ways that are likely to improve the communication between yourself and the other person.

For example, if a loved one criticizes you for going out with your co-workers after work, a non-defensive reply, which would help to clarify the criticism, would be something like “What is it about me being out that is upsetting?” spoken in a calm tone of voice.

3. Find something to agree with in the criticism, and restate it in a more direct fashion. This is particularly important when you are being criticized by someone you respect and when this person is at least in partly correct in their criticism. Instead of responding with guilt or hostility, we can accept and admit those things about ourselves that are negative.

For example, if you have not been drinking and driving but your partner says to you, “You’re home late. I know you’ve been out drinking and driving again,” you might agree with their criticism by saying “You’re right, I am home later than usual today. I can see why you’re worried, but I was just working late. I was not drinking and driving.”

This approach takes away much of the negative impact of the criticism and allows the partner to be more objective in responding.

4. Work out a compromise. This consists of proposing some behavioral change in response to the criticism.

For example, you know you will have to work late a lot this week. When you tell your partner, they respond, “I know this is just an excuse for you to go out with your friends and drink! You better not drive home.” Using compromise, you meet halfway, and agree to check in with your partner while late at work to assure them that you are indeed working.
What do you all think about these strategies? Which strategies are most important to you and your situation? Which strategies do you think you’re good with and what others do you want to work on?

Counselor Modeling (5 mins)

How about we put all this new knowledge into practice? Remember that example I mentioned earlier about distancing yourself from friends and family because of negative judgment and criticism about your DUI? Let’s talk about an effective way of responding in this situation using one of the strategies we just learned.

[Choose a client to role-play a family member or friend; talk with that client off to the side about what to say; describe that you’ll do the role-play and then you will ask the group what type of coping strategy was demonstrated.]

[Client goes first, then counselor, then counselor asks group which strategy was used.]

[Client example—family member or friend saying the client deserved to get the DUI because they had been drinking and driving long before they got caught:]

• “It’s about time you got caught for drinking and driving. You’ve been doing that for years and I’m surprised you didn’t get caught sooner.”

[Counselor demonstrating one of the strategies from above:]

Find something to agree with:

• “You’re right; I should have got caught sooner. I was putting myself and others at risk. I’m working on that now, and having your support would be really helpful so I don’t do it again.”

[Debrief after the exercise:]

How was that? [Ask the volunteer how it felt when you agreed with him/her about the concern instead of arguing about it.]

[Ask group members:] What do you think you would have said instead in this situation?

How do you think the person who is criticizing would react in this situation? Yeah, they would be surprised, as they are expecting an argument, a fight, not an agreement, right?
So, what are some benefits of this strategy? [Elicit responses about avoiding unnecessary stress due to a fight or an argument.]

**Group Exercise (20 mins)**

You’re going to have an opportunity to practice in a little bit, but before you do that, let’s brainstorm a few situations in which you might encounter criticism or negative judgment from having a DUI.

[Brainstorm 5 or 6 clear, simple, and specific situations that may vary depending on (1) the person delivering the criticism (e.g., employer, friend, spouse), (2) constructive versus destructive style of delivery or intent, and (3) accurate versus unfounded criticism.]

OK, now, it’s your turn to practice! The reason we practice with each other is that we have old habits that are hard to change. This group is about moving forward and trying new things. I know practicing in the group can be awkward, but give it your best shot.

I want you to divide up into pairs. [Group members can choose someone next to them, or the counselor can assign pairs.]

Figure out who is going to practice first. You’ll each have a turn. Then, I’d like you to do three things. First, think of the person who is most likely to criticize you for having a DUI and think about what they might say. Explain the situation to your partner so they can role-play that person. Then, think about an appropriate coping response to their criticism. Finally, after a minute or two, talk with your partner about how that process was for you and see if your partner has additional suggestions for how you could have responded in a better way.

Then, switch and your partner will practice responding to criticism next. I will walk around the room and listen in. If there’s an opportunity for me to give you feedback, I will try to do that, so don’t be surprised if I jump in.

[After role-play:] What did you write down? Which coping strategy did you choose as a response? How did it go? What did your partner say? What are some of the good things your partner said about the way you handled this situation? What’s something you heard that you could use in the future?
### Wrap Up (10 mins)

**One thing you learned**

Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next group. Would anybody be willing to share?

**Today’s summary**

Great! There are two take away points from today that I hope will be beneficial to you all.

**Take-home points:**

- Finding a small thing we can agree on with the person who is giving criticism can help us receive criticism gracefully.
- Criticism can help us learn about ourselves and how we affect others.

**Practice**

For your practice exercise, please write down your response to the situation described in the worksheet on coping with criticism.

Remember when we talked briefly about how it would be more difficult to respond to criticism from some people? It might be useful to think ahead about what you would say to them in similar situations. Then, in the event you are faced with having to listen to and address their judgment and criticism, you will be better prepared by having completed this practice exercise.

We will check in about this practice at the beginning of our next group.
Session 7 Worksheet: Coping with Criticism

Group exercise:
Please think of the person who is most likely to criticize you for having a DUI and think about what they might say. Explain the situation to your partner so they can role-play that person. Then, you should think about an appropriate coping response to their criticism. Finally, after a minute or two, talk with your partner about how that was for you and see whether your partner has additional suggestions for how you could have responded in a better way.

Today's Summary:
When you receive criticism about your DUI, remember the following:

- Don’t get defensive, don’t debate, don’t counterattack.
- Ask sincere questions for clarification until you are clear about what is meant.
- Find something to agree with in the criticism.
- Manage anger or frustration. Remember what you are trying to achieve.
- Work out a compromise: Agree to keep the criticizer better informed about your feelings and moods, your activities, and any slips you may have.

One thing I learned or found interesting today:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Session practice:
Imagine the following situation: You come home from work after a long, hard day. You’ve not been drinking and driving for about 3 months and have had nothing to drink today. However, your eyes are red, and you’re feeling somewhat “down” and irritable. Your loved one (or someone you live with) approaches you, smells your breath, and says, “You’ve been drinking again—you drove home, didn’t you?”

In the space below, write an appropriate coping response:
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Session 8

Everyday Choices Can Increase the Chances of Drinking and Driving

Session Overview for Counselor

The goal of this session is to emphasize how (1) several, however minor and seemingly inconsequential, decisions can lead up to the ultimate decision to drink and drive and (2) that one can intervene early on, by making a less risky choice, to prevent drinking and driving from happening.

These objectives are achieved by starting with the discussion about decisions that led “John” to drink and drive, and how he could have made different choices. Then a chaining exercise helps clients in identifying specific choices that led up to their DUI. Be sure to give a detailed explanation about this process during the chaining exercise discussion, as clients often can experience some difficulty in recognizing how earlier decisions, that they thought were not related to drinking and driving, nonetheless increased their chances of ultimately putting themselves and others at risk.

Session Introduction (30 mins)

See pages 1–4.

- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle

Session Rationale (20 mins)

CBT circle—Everyday choices that increase the chances of drinking and driving

Our topics will always go back to this CBT circle. Today, we will be talking about the behaviors part and how everyday choices may be associated with drinking and driving, and what to do when these events occur. [Point to the top of the CBT circle.] What I mean by “everyday choices” are the things we do in the day that might not be related to drinking and driving at first, but that actually do bring us a step closer to drinking and driving.

Here is an example: John was up late catching up on some episodes of his favorite TV show and fell asleep on the couch. He did
not set his alarm and woke up late the next day. He arrived late to work, and one of his coworkers said to him, “It’s about time you showed up.” He was already irritated about being late, but he was now upset after his coworker’s comment. It was almost the end of the day, and he really wanted a drink. He texted his friends to see what their plans were, and they decided to meet for happy hour. When work ended, he drove to the bar and had four beers. It was getting late and he was getting tired. He drove home.

What do you all think? Can anyone relate? [Elicit responses.]

What we’re talking about is identifying those everyday choices that we make that may be associated with a DUI. Why do you think that might be important? [Elicit responses.] Exactly, great ideas! Often, if we have a goal of not drinking and driving, we can plan ahead and do something about the everyday choices so they don’t increase the risk of drinking and driving.

It’s hard to recognize what those little decisions are, and it may feel awkward at first to have to consider everything so carefully, but after a while, it becomes second nature and happens automatically, without much effort. In fact, you might have already started to examine some of the choices you had made prior to your decision to drink and drive and what you would have done differently.

Today, we’ll talk about what those everyday choices are and how to manage them.
What were some of the everyday choices that eventually led to John driving home? What’s the first choice he made? [Fill in table, make sure decisions are actions or choices and not neutral facts—e.g., “He forgot to set alarm” versus “Alarm was not set.”]

Example:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>He was getting tired and wanted to go home.</td>
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<tr>
<td>2</td>
<td>He had four beers.</td>
</tr>
<tr>
<td>3</td>
<td>He drove to the bar.</td>
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<tr>
<td>4</td>
<td>He decided to go out with friends to a bar after work.</td>
</tr>
<tr>
<td>5</td>
<td>He texted friends about their plans.</td>
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<tr>
<td>6</td>
<td>He finished work and was in a bad mood.</td>
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<tr>
<td>7</td>
<td>He was stressed at work and was annoyed by a coworker.</td>
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<td>8</td>
<td>He got in late to work, and his coworker made an insulting remark.</td>
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<tr>
<td>9</td>
<td>He forgot to set his alarm and woke up late.</td>
</tr>
<tr>
<td>10</td>
<td>He was up late the night before watching TV, and fell asleep on the couch.</td>
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</tbody>
</table>

Sometimes people think, “I was out and drove home, I happened to get caught, and that’s how I got a DUI,” but if you really magnify the situation, there are many “little” decisions that could bring a person closer and closer to drinking and driving. So in the example we just went over, what were some of the risky choices John made? Where could you have made a different choice?

Now let’s go with an example from you. Would someone volunteer to talk more about the decisions that led to their DUI? The goal would just be to gather information and not to judge you in any way.

Thanks for volunteering—again, we’ll just gather some information from you so that we can understand the decisions that you made the day you got your DUI. [If necessary, ask these questions. If not, start with the situation they said earlier.] So, really briefly, where were you when you got your DUI? What were you doing right before? [Elicit responses and fill in chaining table below, starting at the top with the DUI event—see example below.] What decisions did you make that led to your drinking and driving? What about before? Great, these are good examples.
What you shared is really common. **How many of you can relate to what they just shared?**

We just listed about 10 choices that you made prior to drinking and driving. What do you notice about this exercise? [Elicit responses.]

**Looking back**

Which of these choices was more risky than others?

Looking back, where could you have made a different choice? How would a different choice affect your chances of drinking and driving? What other options would you consider next time? How would those options affect your chances of drinking and driving? [Reflect reasons for change.]

What do others think? **How does this relate to you?**

**Group Exercise (20 mins)**

Now let’s get everyone to practice. I want you to think about when you got your DUI. What **decisions led up to your drinking and driving?** Think about the chart we just did on the board. Then, I want you to share with a partner what types of choices you identified and what you could do instead. [Pass out practice exercise worksheet.]

[After activity:] What are some of the things you wrote down on your worksheet? What would you have done differently? What was helpful about it? [Ask partner.] Do you have anything else to add?

**Summarize**

Thanks for sharing your ideas. What do you all think about these everyday choices?

I realize some choices are easier or harder to change than others, so think of what is most helpful to you. There may be some additional choices not on here that might be helpful too.
Wrap Up (10 mins)

One thing you learned
Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next session. Would anybody be willing to share?

Today’s summary
Great! There are two take away points from today that I hope will be beneficial to you all.

Take-home points:

• Everyday decisions that don’t seem related to drinking can increase the risk of drinking and driving.
• Think ahead about your decisions and what your options are to avoid drinking and driving in the future.

Practice
• For your practice exercise, please think about a decision you have made recently or are about to make. The decision could involve any aspect of your life, such as your job, fun activities, friends, or family. Identify “safe” choices and choices that might be more risky.
Session 8 Worksheet: How Everyday Choices Can Increase the Chances of Drinking and Driving

Group exercise:

Please write down the choices that led to your decision to drink and drive. What choices and actions did you make before you decided to drink and drive? Please add that to #1. Then, keep thinking about what you did right before #1, and fill in as many of the rows as you can. Discuss these choices with your partner. Looking back, what other choices could you have made, and how would those choices have affected your chances of drinking and driving?

<table>
<thead>
<tr>
<th>Decisions That Increase Risk of Drinking and Driving</th>
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<tr>
<td>1</td>
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</table>

Things I could have done differently:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Today’s Summary:

Little everyday decisions can move you closer to drinking and driving. When making any decision, whether large or small, do the following:

• Consider what options you may have.
• Think ahead to the possible outcomes of each option. What positive or negative consequences can you anticipate, and what are the risks of drinking and driving?
• Select one of the options:
  – Choose one that will minimize your drinking and driving risk.
  – If you decide to choose a risky option, plan how to protect yourself while in the high-risk situation.
Session 8 Worksheet (page 2)

One thing I learned or found interesting today:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Session practice:

For your practice, I would like you to continue to work on identifying both “risky” and “safe” choices that may put you at risk for another DUI. Think about a decision you have made recently or are about to make. The decision could involve any aspect of your life, such as your job, fun activities, friends, or family. Identify “safe” choices and choices that might increase your odds of drinking and driving or other risky alternatives.

Decision to be made: _________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Safe alternatives: _____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Risky alternatives: ____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Session 9

Communicating in Difficult Situations

**Session Overview for Counselor**

The goal of this session is to help clients communicate assertively, especially in high-risk situations, in order to avoid drinking and driving. Clients are first asked what passive, passive-aggressive, and aggressive styles of communication look and sound like. This leads to a discussion about how assertive communication is different and more productive than passive, passive-aggressive, or aggressive communication. As in earlier sessions, be sure to elicit examples from the group before explaining each communication style. Likewise, be sure to ask them about strategies to communicate assertively before introducing and reviewing these strategies as presented in the manual.

Following the group discussion, clients will have two practice opportunities. First, you will conduct the role-play by modeling different types of communication styles with a client volunteer and asking the clients what style you are acting out. Be sure your example clearly demonstrates a very specific style to ensure that clients can easily ascertain what type of style you are conveying (i.e., over-exaggerating is okay). Afterward, clients will work with a partner to brainstorm and practice assertive communication during a realistic scenario in which someone is asking them to drink and drive.

**Session Introduction (30 mins)**

*See pages 1–4.*

- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle
Our topics will always go back to this CBT circle. Today, we will be talking about the behaviors part and how to communicate in difficult situations. Let’s go through an example. We discussed how drinking and driving can increase harmful thoughts and behaviors, and how harmful thoughts and behaviors can be associated with drinking and driving. Now, let’s talk about how to address them. Today, we’ll talk about how to communicate and what to say in those difficult situations.

For example, you drove to a work event that you didn’t think you would drink at. You end up having a drink or two and now need a ride home. What would you do? Who could you ask for help if a cab was not available or if you couldn’t walk home? Who are some of the people that are easier to ask for help in this situation? Who are some of the people that are harder to ask for help? What makes it easier or harder? [Elicit responses.]

What would you say? [Elicit responses.] How do you think they would react? [Elicit both positive and negative reactions.] What if they decline to give you a ride? [Elicit responses.] So, there are positive and negative reactions—these are examples of events [point to the top of the CBT circle]. How do the positive ones affect your thoughts, behaviors, feelings, and chances of future drinking and driving? How do the negative ones affect your thoughts, behaviors, feelings, and chances of future drinking and driving? Great examples.

What we’re talking about is planning ahead to prevent future drinking and driving. Why do you think planning ahead is important? Often, with some thoughtful planning before we go out, we might be able to avoid facing some of these difficult situations.

[Summarize discussion.] So, what we’ve talked about is how different events can put us at risk for drinking and driving in the future, and why it’s important to plan ahead and to communicate effectively in these situations to prevent future drinking and driving.

Today, we’ll talk about more ways to communicate in difficult situations and what to do when you’ve communicated really well and the other person still doesn’t respond well.

There are different ways of communicating. We’ll talk about communicating assertively, which is about respecting yourself
and the other person, and we will cover other important conversational skills.

Ultimately, it’s important to find ways to communicate what is going on with you in a way that is respectful, and that’s hard to do in difficult and upsetting situations. So, the skills we will discuss today are intended to help you handle these situations in a more productive way.

Skills Discussion (35 mins)

Communication styles

There are different styles of communicating. [Write underlined words from below on the board.] There are assertive, passive, passive-aggressive, and aggressive styles. Some of us are more assertive than others, and it’s easier for more assertive people to say “no” in these difficult situations. Therefore, planning ahead and practicing these skills might be even more important for those of us who are less assertive.

Describe passive communication style. When we use passive communication, we don’t communicate what we are thinking or feeling, or if we do, we don’t do it in a way that people can hear us. For example, if I look down and ask really softly “Can you give me a ride home?”[demonstrate nonverbal behaviors, such as looking down at your shoes], would my request come across clearly? Or, if I’m really upset with something a friend said, but don’t say anything and just bottle those feelings in, am I communicating clearly? When we use a passive communication style, other people have no way of knowing what we want, and so they do whatever they want, and we seldom have our needs met. In addition, others may come to resent when we don’t communicate our needs to them. How might someone using a passive communication style respond in the situation we discussed? [Elicit responses.]

Someone using a passive-aggressive communication style is being indirect. Passive-aggressive communication is not communicating when you know what you want, and then getting upset and aggressive later. Who can describe passive-aggressive style? When we communicate that way, we may hint at what we want, make sarcastic comments, or mumble something, without ever directly stating what is on our minds. We might say, “If you love me, you would know.” Or you might be dating someone, and they ask you where you want to go to dinner and you say, “I don’t know,” but really you’re hoping for a fancy restaurant, and then you get upset when your date brings you to a fast food place. Or we may act out what we want to say, by
slamming doors, giving someone the “silent treatment,” being late, or doing a sloppy job. Unfortunately, people around us do not get the message, and they become confused or angry, so the passive-aggressive style of communicating ends up making us feel frustrated or victimized. How might a passive-aggressive person respond in the work party situation we discussed? [Elicit responses.]

How about an aggressive communication style? What is that communication style like? When we use an aggressive communication style, we tell the other person our opinion rather than listening to what they have to say. We might yell at the other person or try speak over them. Some might even threaten the other person. When we use this style, we disregard others to achieve our own goals. However, other people don’t like this, and may try to “get even” later. How might someone using an aggressive style respond in the situation we discussed? [For example, “You better drive me home or else I’ll give you more work later tomorrow.”]

When we use assertive communication, we decide what we want, plan an appropriate way to involve other people, and then act on this plan. Usually, the most effective plan is to state one’s feelings or opinions clearly, and directly request the changes that one would like from others, while avoiding threats, demands, or negative statements directed at others. For example, in our scenario, assertive communication would be saying something like “I’ve had a lot to drink and don’t feel comfortable driving home. Would you mind giving me a ride? I’ll trade you for coffee tomorrow!” Are there other ways you could ask assertively in that situation? [Elicit responses.] In another example, if the trash needs to be taken out, I might say to my partner “Can you take the trash out? That would really help me out”—instead of “Wow, that trash is piling up, isn’t it?” which would be more passive-aggressive, or “You better take that trash out now,” which would be more aggressive. How does that sound?

However, a person who is usually assertive may decide in certain circumstances that a more passive response is the only safe one—for example, with a totally insensitive boss—or that an aggressive response is necessary—for example, after confronting a “pusher” who won’t back off after a several polite requests. However, what is unique about assertive people is that they adapt their behavior so that it best fits the situation; they do not always react in the same manner to all situations. How might someone using an assertive style respond in the situation we discussed? [Elicit responses.]
Assertiveness is the most effective way to let everyone know what is going on with you, or what effect their behavior has on you. Being assertive often results in correcting a problem that is a source of stress and tension. Therefore, being assertive leads to you feeling more in control of your life and resolving uncomfortable feelings that otherwise might remain and build up.

Your goals can’t be met in all situations; it isn’t possible to control how the other person will respond. Nevertheless, acting assertively increases the chances that your goals will be met, and you will feel better about your own role in the situation.

Sometimes we feel we’re being assertive, but we’re being aggressive. Today we want to talk about how to be assertive because sometimes what we say is perceived differently by the other person, so let’s take a closer look at this.

Now that we’ve learned about different styles of communication and benefits of assertiveness, let’s go over specific steps to assertive communication [Write underlined words from below on the board.]

What steps do you take if you want to be assertive about not drinking and driving? [Summarize the steps to being assertive using the information below as clients give examples of each; prompt other types of support clients do not bring up.]

Keep in mind these steps are just guidelines; they’re ideas—some of them might be really easy for you, some of them might be hard. You might even find that just doing one or two of the guidelines will be enough for you, and that if you focus on those specific guidelines, you can be assertive. Think about what would be most important to you.

Think before you speak. Decide what you are reacting to. What did the other person do? Try not to make assumptions about the other person’s intentions. Don’t assume that they must know what’s on your mind. Why would it be important to be clear about what you want to say?

Plan the most effective way to make your statement. Why would it be important to plan ahead? Be specific and direct in what you say. Don’t bring in extraneous issues. Don’t put the other person down; blaming others only causes them to feel defensive, and they will be less likely to hear your message. Being firm, certain, and confident reminds yourself and others about your commitment to not drink and drive and increases the likelihood...
that the other person will respect your decision after this first step.

*Pay attention to your body language.* Make sure that your words, expression, and tone of voice communicate the same message. In order to get your point across, speak firmly and be aware of your appearance, your voice, your expression, and so on.

*Give others your full attention* when they reply to you; try to understand their point of view and seek clarification when necessary. If you disagree with something, discuss it with the other person. Don’t dominate or submit, but strive for a sense of equality.

*Be willing to compromise.* Others will work with you if you let them know that you are willing to work things out. No one has to leave the situation feeling as if they have lost everything. Try to find a way for both of you to “win.”

If you feel that you are not being heard, you may need to restate your assertive request. In some instances, persistence and consistency are necessary parts of assertiveness.

It’s hard to be assertive if you’re used to communicating differently, so it may be awkward, but keep trying! Old habits are hard to change. It takes practice before this feels natural.

[Summarize.] What do you all think about these steps? Which steps are most important to you and your situation? Which steps do you think you’re good with and what others do you want to work on?

**Counselor Modeling (5 mins)**

How about we put all this new knowledge into practice? Remember that example I mentioned earlier about asking for a ride home from one of your friends? Let’s talk about different ways of responding in this situation. I’ll say a response and you tell me whether the response is passive, passive-aggressive, aggressive, or assertive.

[Choose a client to role-play the friend. Talk with that client off to the side about what to say, describing that you’ll do the role-play four times, each time practicing a different communication skill. After each scene, ask the group what type of communication was demonstrated and whether your goals—getting a ride home and keeping the friendship—were met.]
Session 9: Communicating in Difficult Situations

[Client goes first, then counselor, then counselor asks group which style; repeat for each style.]

Client Examples (friend saying they don’t want to drive counselor home):

- “I can’t drive you, I have plans afterwards.”
- “Why can’t you drive yourself? I saw your car in the parking lot earlier.”
- “I really don’t see what the issue is, just drive yourself.”

Counselor demonstrating different communication styles:

- Passive: “OK.” [Look down or away.]
- Passive-aggressive: “OK, guess I’m not giving you a ride anymore.”
- Aggressive: “I always help you when you ask me! Don’t you care about me?”
- Assertive: “I know it’s out of your way, but I would really appreciate a ride. A cab is expensive and it would help me out because I’ve had too much to drink can’t drive.”

[Ask group members:] What do you think? What other examples of assertive responses, from those we discussed, would have been helpful here? So, what are some benefits of being assertive? [Elicit responses about avoiding unnecessary stress due to misunderstandings or not expressing how one truly feels or thinks.]

Group Exercise (20 mins)

You’re going to have an opportunity to practice in a little bit, but before you do that, let’s brainstorm a few situations where it might be harder to say no to drinking and driving. [Brainstorm 5 or 6 clear, simple, and specific situations.]

OK, now, it’s your turn to practice! The reason we practice with each other is that we have old habits that are hard to change. This group is about moving forward and trying new things. I know practicing in the group can be awkward, but give it your best shot. I want you to divide up into pairs. [Group members can choose someone next to them, or the counselor can assign pairs.]

Figure out who is going to practice first. You’ll each have a turn. Then, I’d like you to do three things. First, choose a situation and think about how you’ll respond assertively. Then, your partner will pretend to be the other person—try not to be too easy or too hard. Help make the person practice assertive requests a couple times. Finally, after a minute or two, talk
with your partner about how that was for you and ask whether your partner has additional suggestions for how you could be assertive in that situation. Then, switch and your partner will practice being assertive.

[After role-play:] How was that, practicing assertive communication? What types of things did you say? What worked for you? What are some of the good things your partner said? What’s something you heard that you could use in the future?

Wrap Up (10 mins)

One thing you learned
Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next session. Would anybody be willing to share?

Today’s summary
Great! There are two take away points from today that I hope will be beneficial to you all.

Take-home points:

• By being assertive and expressing what you want and how you feel in a respectful way, you can improve relationships with others.
• Being assertive allows you to manage your mood and your life by choosing when and where to express how you think and feel.

Practice
For your practice exercise, please write down three situations between now and next session and how you communicated in them. You’ll write a sentence or two about the situation and your response, and then circle whether you communicated in a passive, aggressive, passive-aggressive, or assertive way.

Remember, we talked briefly about how it would be more difficult to say “no” to some people. So, it might be useful to think ahead about what you would say to them in similar situations. Then, if you are faced with having to refuse to drink and drive, you will be better prepared by having completed this practice exercise. We will check in about this practice at the beginning of our next group.
Session 9 Worksheet: Communicating in Difficult Situations

Group exercise:

Please choose a situation and think about how you’ll respond assertively. Then, your partner will pretend to be the other person—try not to be too easy or too hard. Help make the person practice assertive requests a couple times. Finally, after a minute or two, talk with your partner about how that was for you and see if your partner has additional suggestions for how you could be assertive in that situation. Then, switch and your partner will practice being assertive.

Today’s Summary:

Remember the following points in practicing assertiveness:

• Think before you speak. Question your assumptions about the other person’s intentions.
• Be specific and direct in what you say. No side issues. No put-downs.
• Pay attention to your body language.
• Be sure you understand the other person’s point of view.
• Be willing to compromise.
• Restate your assertion if you feel that you’re not being “heard.”
• It takes practice before this feels natural.

One thing I learned or found interesting today:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Session practice:

This exercise is to help you become aware of your style of handling various social situations. The four common response styles are passive, aggressive, passive-aggressive, and assertive. Pick two different situations prior to the next session. Write brief descriptions of them and your responses to them. Then, decide which of the four common response styles best describes your response.

In the space below, write an appropriate coping response:

Situation 1: _________________________________________________________________
___________________________________________________________________________
Your response: ______________________________________________________________
Circle your response style:     Passive    Aggressive    Passive-aggressive    Assertive
Situation 1: _________________________________________________________________
___________________________________________________________________________
Your response: ______________________________________________________________
Circle your response style:     Passive    Aggressive    Passive-aggressive    Assertive
Session 10
Establishing Supportive Relationships

Session Overview for Counselor

In this session, the goal is to discuss ways to enhance supportive relationships. In some cases, clients will report that their relationships have changed since their DUI (e.g., no longer going out with certain friends; isolating more because they no longer drive). While for others, their relationships might not have changed significantly. To assist clients whose support system might be inadequate after the DUI, this session focuses on introducing clients to new effective strategies that will increase their support networks. Specifically, you will discuss with the group how some types of support may be harder to ask for than others (e.g., borrowing money, asking for a ride).

In some cases, clients will think about relationships that are damaging. Help clients explore the thoughts that make it harder to ask for support (e.g., “I’ll look weak,” “They’ll say no”), yet be cautious of group members that share about damaging, perhaps even abusive, relationships. First, acknowledge and thank them for sharing. Then, discuss individually after the group when there is more time. As in earlier sessions, ask clients to first give you examples of what types of support are common, who they would go to, and how they might do that, before giving guidance from the manual.

At the end of the session, clients are asked to name people they have recently interacted with and whether any of them have given the clients support. Also, during their discussion with a partner, clients are asked to identify an individual they would like more support from and articulate how they might work towards accomplishing this task.

Session Introduction (30 mins)

See pages 1–4.

- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle
Session Rationale (20 mins)

CBT circle—Changes to relationships after DUI

Our topics will always go back to this CBT circle. Today, we will be talking about ways to increase or enhance your relationships so they are more supportive (point to interactions with others on the CBT circle).

What do supportive relationships mean to you? What are the advantages of having supportive people in your life?

Right, these people are family, friends, and acquaintances who help you when problems come up. They help you, and often it’s a two-way street—you help and support them too.

Sometimes after the DUI, your relationships change. How many of you have experienced that? What types of things have you experienced? [For example, no longer hang out with old friends, friends don’t want to hang out with you, feel like you’re treated differently, you don’t want to talk with anyone anymore because you don’t want to be judged, avoiding people who can get you in trouble.]

What were some of your thoughts that played a role in your decision to make some changes in your relationships and led to changing your relationships? [For example, “I don’t want another DUI,” “I’m starting to drink too much,” “No one called to see whether I was okay.”] What are some thoughts that are barriers toward changing or reevaluating your relationships? [For example, “I don’t want to be alone,” “I don’t know anyone else,” “I won’t have fun otherwise.”]

[Reflect discussion using the CBT circle.] Let’s go back to this CBT circle. [Write “DUI” as the event.] It sounds like it is common for relationships to change after the DUI. For some, you’ve noticed that you don’t hang around people who party or drink anymore; for some, you don’t talk to certain family or friends anymore because you don’t want to be judged. [Add client examples to behaviors in the CBT circle.]

How have changes to your relationships affected your life? Were these people that had provided you support in the past involved in the changes you made? When these changes happen, what types of thoughts and feelings are you experiencing? [Add to CBT circle.]

How do these changes influence your decisions about drinking and driving?
[Summarize discussion and CBT circle.] So, what we’ve talked about is how the DUI may cause changes in some of our relationships, and how this may affect our thoughts and feelings, and may potentially influence our decisions to drink and drive.

**Stress and supportive relationships**

You’re in this program and dealing with a lot of stressors, such as not driving, coming to this group, maybe going to Alcoholics Anonymous meetings, and maybe even not doing the things you used to do. Why are supportive relationships important now, in the midst of all this stress?

How easy or hard is it now to get support when you need it? Who are people that are easier to ask for support? How about those people from whom it’s harder? What thoughts get in the way?

People who have a supportive network usually feel more confident about themselves and are able to handle challenging things, like drinking and driving, when they come up. So, it’s really beneficial for us to work on building our support system.

Still, for some of us, it’s easier to ask for help and get the support we need while for others, it’s more difficult to ask for help and develop these relationships. Let’s keep that in mind as we move on, and make sure we discuss specific steps for all different types of people.

Today, we’ll talk about the supportive people in your life and the importance of appropriate types of support in challenging situations.

**Skills Discussion (40 mins)**

**Introduction**

OK, let’s talk about how to get the support you need when you need it. First, think about something that you are struggling with in your life right now that you might need some support with.

What things do you need to consider to get the support you need? [Have clients brainstorm things they need to consider—for example, who to call, type of support. Write these briefly on the board, and use reflective statements to reinforce when clients say ideas consistent with the guidelines below.]

Great, you mentioned a lot of the steps that we’re going to talk about today.
Keep in mind these steps are just guidelines; they're ideas—some of them might be really easy for you, some of them might be hard. You might even find that just doing one or two of the guidelines will be enough for you, and that if you focus on those specific guidelines, you can obtain social support. Others might want to do all the steps. Think about what would be most important to you.

Consider what type(s) of support you would like

[Write underlined words from below on the board.] Who we ask for support depends on what type of support we need. For example, we might be more willing to ask our parents or family for certain things, but not our friends. What are some examples of different types of support?

Types of support:

- **Help with information, resources, emergencies, or problem-solving.** You might need information about apartments for rent, available jobs, small loans, needed items, transportation, and so on. This might come from someone who can share what they know and help you weigh the choices, or someone who has gone through a similar problem.

- **Supportive friendships or family members.** It helps to have the support of friends or family members with similar values so you can compare your reactions with theirs and have someone you can count on for support. For example, if you’re committed to not drinking and driving now or drinking less or not at all, how could a friend or family member with those same goals be helpful to you? Right, they may provide you with moral support and encouragement, team up with you so that you can stay true to those goals, and give you messages of understanding, encouragement, or hope. This support can be provided without actually working on problem-solving. Often, this type of social support can help you to collect information and identify resources.

- **Someone to share the load or help with tasks, as needed.** This may include family cooperation with household chores or help from a coworker in completing a job before a deadline.

[Summarize the types of support using the information above as clients give examples of each. Prompt other types of support clients do not bring up—for example, support friendships and people who have the same values as you, such as not wanting to party or drink too much. How is that a helpful type of support?]
As we discussed, the DUI experience can change our relationships. Some of you may still have supportive relationships and need to think about how to get more support. Some of you might have lost support or realized your current relationships don’t provide you with much support, or even that some friends lead you to risky choices, so you might need to think about how to gain more supportive relationships in your life. **How does this relate to you?** What do you think about this so far? [Summarize the steps clients discuss, describing the information below, as clients give examples of each. Prompt other types of support clients do not bring up.]

**Who can support:**

- People who are already important in your life and usually supportive of you and your choice to not drink and drive.
- People who might potentially play a more supportive role. These may be people you know or those you don’t know well yet, including an acquaintance you haven’t yet approached for help, someone in this group, or a relative who knows little about your drinking and driving experience.

Be aware of people who are not helpful to your goals or have different values, even if they were helpful in the past. Some of them might become supportive, with some effort on your part. Most should be avoided.

[Summarize the “what” and “who” steps.] So far, we’ve talked about the different types of support you might need and why that’s important in determining who you can call on to help you. Now let’s talk about how you can get the help you need.

Once you’ve figured out the type of support you need and who you’re going to ask, what do you think are the next steps? What do you need to do to connect with that person?

What about the current people in your life? What would you do if you wanted to spend less time around those who are not supportive of you?

[Summarize the steps clients discuss, describing the information below, as clients give examples of each. Prompt other steps clients do not bring up. Write underlined words on the board.]
How to get support:

**Ask for what you need and be specific.** We need to make our needs known. Let the person know how they can help you. Whether you are asking for help with a task, for advice, or for moral support, the more specific and direct your request, the more likely you will get the help you want.

**Be an active listener.** Whether you are giving support to someone else or thinking about a friend’s advice about your own problems, it’s important to pay attention and make sure you hear accurately. Active listening includes being attentive, not interrupting, asking questions for clarification, paraphrasing what you heard to make sure you understood, and responding to the speaker’s nonverbal message, as well as to their words.

**Give feedback about the help you receive.** Sometimes people are embarrassed to ask for help. Your friends and family won’t always give you the most constructive or satisfying help the first time you ask, even though they’re trying. They need your guidance about what was or was not useful after they tried to help. Also, by thanking them for their support, you are more likely to get their help again. For example, you might say, “I really appreciate your helping me think through my choices objectively, even though you have strong ideas about what I should do” or “I know you’re trying to make me feel better when you say ‘It’ll all work out,’ but it would be more helpful if you’d help me come up with some ideas for what to do.”

**Lend your support to others.** Reliable support is a two-way street. A mutually supportive relationship is more reliable and satisfying than a situation in which one person always gives and the other always receives. Helping someone else out not only benefits the recipient, but it also strengthens your own coping skills. Plus, it feels good to help others!

Spend less time with those are not supportive of you. It might be easier to spend less time with certain people (such as friends), while it might be much harder to spend less time with others (such as family members or your partner). For those who are easier to spend less time with, try communicating why you do not want to go out with them using the strategies above. For example, “I really need to be around people who do not drink and drive right now.” For those who are harder to spend less time with, seek support from others about what to do. Maybe it’s a situation in which you need to make decisions about a relationship, and seeking counseling or advice from a person you trust might help you figure out what to do. Spending less time
with these people can be really challenging and may take some time. Examine your thoughts about why you want to spend less time with these people. For example, “I deserve to be treated better.”

[Summarize discussion.]

Add new supportive people

For one reason or another, you may find that your current group of helpers does not provide the kind of help you need for the problem at hand. You may be the first in your group going through a major transition, such as commitment to sobriety or drinking less or not drinking and driving.

You need people who can give you an accurate picture of what to expect. You may simply wish for a new source of moral support—a person who will understand your situation. People usually enjoy sharing their experiences, and your first request may open the door for a new friendship.

How would you add more supportive people to your network if you needed to? Where could you meet new people? [Emphasize that where they meet people might be important—e.g., if their goal is to drink less, meeting new people at the bar might not be the best option.]

Summarize

Thanks for sharing your ideas. What do you all think about these steps? Which steps are most important to you and your situation?

Which steps do you think you’re good with and what others do you want to work on?

I realize some steps might be easier or harder than others, so think of what is most helpful to you. There may be some additional steps or strategies not on here that might be helpful, too.

Group Exercise (20 mins)

Now I want you to think about the people you know, people you’ve had contact with in the past two weeks. On this worksheet, please list 10 people you’ve had contact with—this could be by phone, email, or in-person—who have been helpful and supportive to you in some fashion. [Pass out worksheet.]

[Give clients a few minutes to list 10 people and then describe exercise.] When you’re done with that, you’re going to talk about two things with a partner. First, talk about the people in your
network that give you good social support. Then talk about the people you would like more support from.

Think about those people you want more support from and share 1 or 2 ideas with your partner about how you might get to know those people more. It is not easy to develop new close and supportive relationships, so the goal of talking with your partner is to get 1 or 2 ideas for how you might do this.

Then, switch, and your partner will share their worksheet with you. I know sharing with folks in the group may be awkward, but give it your best shot.

[After the exercise:] What were some of the things you wrote down on your worksheet? What ideas did you have for getting more support? [Ask partner.] Was it helpful to discuss these things with your partner? Do you have anything else to add?

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**Wrap Up (10 mins)**

<table>
<thead>
<tr>
<th>One thing you learned</th>
<th>Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next group. Would anybody be willing to share?</th>
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</thead>
<tbody>
<tr>
<td><strong>Today’s summary</strong></td>
<td>Great! There are two take away points from today that I hope will be beneficial to you all.</td>
</tr>
</tbody>
</table>
| **Take-home points:** | • Social support networks sometimes change after a DUI, but can help you prevent future DUIs from happening.  
• Think about the type of support you might need, who might be able to be helpful to you, and how you will go about getting the support you need. |
| **Practice**          | For your practice exercise, please think about someone you want more support from. Describe how you could get that support—for example, scheduling an activity, such as going to coffee. Choose the time and situation that works for you, and then write down what happened on your worksheet. We will check in about this practice at the beginning of our next group. |
Session 10 Worksheet: Establishing Supportive Relationships

Group exercise:
Write down 10 people you have had contact with in the past two weeks. Then, discuss with your partner who gives you good support and who you might want more support from.

_____________________________           ____________________________
_____________________________           ____________________________
_____________________________           ____________________________
_____________________________           ____________________________
_____________________________           ____________________________

Today’s Summary:
What types of support will be most helpful?
• Help with information, resources, emergencies, or problem-solving
• Friends that have fun in other ways besides drinking
• Someone to share the load

Who might be able to be helpful to you? This includes people who have been:
• Usually supportive
• Neutral, but might be supportive if asked
• Not helpful, but they may become supportive with some effort

How can you get the support or help you need?
• Ask for what you need; be specific and direct
• Be an active listener when giving or receiving support
• Give feedback about what was or wasn’t helpful; thank the person for their support
• Lend your support to others; support is a two-way street

One thing I learned or found interesting today:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Session 10 Worksheet (page 2)

Session practice:

Please think about someone you want more support from. Describe how you could get that support (e.g., scheduling an activity like going to coffee).

Who might you want more support from? ____________________________________________

Describe how you’ll get that support:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How did this interaction affect your thoughts and feelings?

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Session Overview for Counselor

The goal of this session is to help clients increase activities that do not increase the risk of drinking and driving. Since some clients may report that they isolate more after their DUI, or don’t engage in the same activities that they used to do (e.g., going to the bar), it might be beneficial for them to learn how to increase healthy and enjoyable activities, thus increasing their quality of life and ensuring that they won’t put themselves at risk for future DUI. In other cases, clients will continue doing the same activities, but will use new strategies to prevent drinking and driving.

This session begins by exploring the risk of doing a lot of chores and possibly demanding, unpleasant activities (e.g., DUI program requirements)—thus neglecting to prioritize time for activities that are enjoyable, contribute to a healthy lifestyle, and reduce the risk of drinking and driving. As in earlier sessions, be sure to elicit a lot of examples from the clients before introducing and reviewing the guidelines in the manual. At the end of the session, clients discuss an Activities Plan with a partner in which they choose an enjoyable activity they would like to complete for their practice.

Session Introduction (30 mins)

See pages 1–4.

- Welcome and agenda
- Introduce group members
- Check in about practice
- Describe CBT circle

Session Rationale (20 mins)

Our topics will always go back to this CBT circle. Today, we will be talking about the role of enjoyable activities in supporting a healthy lifestyle and how these activities influence mood.

When you think of enjoyable activities, what comes to mind? What are examples of enjoyable activities? How do they influence your thoughts and feelings?
How might your lifestyle change after a DUI—what happens to the fun things you used to do? For some, the enjoyable things are the same. For others, they are different. How does that affect you thoughts and feelings? [Reflect that, in some cases, mood improves because they’re no longer engaging in risky activities, but sadness is also common when those enjoyable and risky activities are not replaced with other activities.]

How do these changes influence your decisions about drinking and driving?

[Reflect discussion using the CBT circle.] Great feedback! When you do fewer enjoyable activities [use examples from clients], you may be more likely to feel negative feelings, such as boredom, loneliness, embarrassment, and depression. You’re also more likely to have negative thoughts, such as “I’m alone” [use examples from clients]. You might isolate yourself instead of going out, or you might go out anyway with your friends because you don’t want to stay home.

So, today, our goal is to talk about other fun things that you might consider doing that might not always involve drinking or put you at risk for drinking and driving. As we discussed, these activities are not only fun in the moment, but they help us have more helpful thoughts and feelings, even afterward. Sometimes just remembering the fun things we used to do can improve our mood, too.

Skills Discussion (35 mins)

Introduction

As we discussed earlier, many people adjust their lifestyle after their DUI. Some of these changes mean not doing the things you used to enjoy, and sometimes having to do more things that you “should” do as a result of getting the DUI.

Most people tend to do things they “have” to do rather than things they “want” to do. For example, parents often do a lot of things for their family, but they have little time to do something enjoyable for themselves.

How about you? What are some of the activities you “have” to do now because of the DUI, and how do those activities affect your thoughts and feelings? [For example, feeling resentful or upset from having to go to Alcoholics Anonymous meetings and groups; feeling ashamed that you can’t drive.]
How do those thoughts and feelings affect your chances of drinking more or drinking while driving? [For example, some may say that they never want to drink and drive again because they don’t want to go through the program again; others might have a lot of anger about having to go through these requirements and may continue to drink and drive.]

What’s the risk of spending all your time doing activities you have to do and no time doing healthy activities for yourself? [For example, some may give up on the “have” to’s, want to rebel and engage in risk behaviors, feel more upset and angry with others, or not live a balanced lifestyle.]

Exactly. Great examples. What we want to do is talk about how to have a more balanced lifestyle so that we are satisfied with the amount of activities we have to do and those that are enjoyable and healthy for us to do.

[Write underlined words on the board.] There are two main steps to doing more enjoyable activities that are part of a healthier lifestyle. You have to figure out what they are and then develop a plan to complete the activities. To figure out what activities you enjoy, you could develop a menu of things you like to do or used to like to do. Then, you could see if some of those enjoyable activities can replace unhealthy activities. OK, let’s talk about this.

Develop a menu of enjoyable activities. The first step in having a healthier lifestyle is to figure out what enjoyable activities you can do. Let’s brainstorm a list and pick out some activities that are enjoyable for you. Let’s remember that people are very different in their interests and hobbies. Some of you might like to cook, while others might like to fly remote control airplanes! There’s no judging. Let’s just brainstorm many different enjoyable activities people might have fun doing. Let’s also highlight ones that are not associated with drinking and driving. [Write list on the board. Brainstorm activities that are free, cost money, can be done in groups or alone, and at varying times of day and duration.]

This list forms a “menu” of enjoyable activities. Some of them may be things you used to enjoy but haven’t done in a long time. Other items on your menu may be new things you have wanted to do but never got around to trying.

Enjoyable activities might not feel so good at first but may be more fun as time goes on and are very beneficial in the long run.
It’s like learning the piano or learning to play any sports game like baseball or football—once you get better at it, it feels good.

Would any of these activities be unhealthy for you? [Validate that some activities might be healthier for some, but not others—e.g., someone might not prefer to watch a movie because they prefer to go for a run.]

Replace unhealthy activities. Sometimes, we can replace unhealthy activities with more healthy and enjoyable ones. What are some unhealthy activities that you would like to do less? [Write list on the board. Prompt drinking and drug use if needed.] How do those unhealthy activities affect your mood and thoughts?

Great, you have done a great job of identifying enjoyable activities that are healthy for you, and those that would improve your thoughts and mood. Now, let’s talk about how to do it. If you wanted to do one of these enjoyable activities, how would you plan for it? What works for you in setting things up? Why are those strategies helpful in getting you to do something? What has gotten in the way before? [Elicit planning strategies and reinforce steps and rationale noted below. Validate that everyone’s planning is different—some prefer to write down the details of when and where, whereas others can effectively do an activity by being spontaneous and not detailing a plan.] Great, so as we can see, everyone is different in their planning and that’s okay—there’s no one right way to do things. What’s most important is what works for you and sets you up for success.

Create an activities plan. This type of plan helps those who like the details. Similar to what some of you suggested, a plan allows you to schedule a block of time each day (30–60 minutes) for enjoyable activities. Why do you think it’s important to schedule just a small block of time versus more time? [Reinforce responses that indicate that we want the activity to be simple, manageable and successfully completed.]

Begin this “personal time” by sitting quietly, imagining your menu of enjoyable activities. You probably will not want to do the same thing every day. One day, you may feel the need for relaxation, another day, for exercise, and yet another day for gardening or music. Schedule some time each day, but do not feel you have to schedule the activity, so that what you do in your personal time does not become another obligation. In some cases, you might have to schedule an appointment (for example, massage).
Think through potential obstacles that might get in the way. Part of planning ahead is thinking about what might get in the way. Some of you mentioned the following to set you up for success:

- **Commitment**—Saying to yourself that you’re going to do an activity, and sticking to it.
- **Not overdoing it**—Not taking on too much, and knowing when the best time to do an activity is (such as not going for a run at the end of the day if you know you’ll be really tired after work).
- **Choosing activities you want to do**—It’s no fun planning for those “should” activities you don’t like. These activities need to be things you want to do.
- **Managing “what if’s”**—Choose an activity that doesn’t depend on a lot of “what if’s” (such as going to an outdoor concert that requires buying tickets, finding someone to go with, and someone to drive, sunny weather, etc.).

**Summarize**

What do you all think about these strategies? Which strategies are most important to you and your situation? Which strategies do you think you’re good with and what others do you want to work on?

What other strategies aren’t on here?

How many of you like to plan ahead and benefit from that? How about the others? If you like to be more flexible, how can you make the planning idea more realistic for you?

**Group Exercise (20 mins)**

Which activities are you going to try in the next week, and how will you plan ahead to make sure you accomplish them? [Elicit responses and ask clients to rate commitment on a 1 to 10 scale.] Think about a scale from 1 to 10, where 1 is “not committed” and 10 is “very committed” to doing one enjoyable activity before the next group. Which number are you at? What does a (#) mean to you? Why a (#) and not a (lower number)?

OK, now that we’ve talked about different activities, I’d like you to complete this worksheet with a partner. [Pass out practice exercise worksheet.] I know sharing with folks in the group may be awkward, but give it your best shot. I want you to divide up into pairs. [Group members can choose someone next to them, or the counselor can assign pairs.]
I’d like you to do two things. First, complete the worksheet with your partner, listing different activities you enjoy and when you want to schedule them. These should be activities that do not put you at risk for drinking and driving. Then, after a minute or two, talk with your partner about any other things you should keep in mind. For example, if you want to jog before going to work, your partner might ask you questions about what time you’re going to start jogging and how much time you need to get ready for work. The goal is for your partner to help set you up for success. Then, switch, and your partner will share their activities plan with you. I will walk around the room and listen in. If there’s an opportunity for me to give you feedback, I will try to do that, so don’t be surprised if I jump in.

[After activity:] How was that, talking about your activities plan? What did you write down on your worksheet?

Why do you think it’s important to share with others what you want to do? How does that help motivate you to do those activities? What are some of the good things your partner said? What’s something you heard that you could use in the future?

Remember, everyone is different—some people really value planning, while others like to be more flexible and spontaneous. The point is to find ways to increase enjoyable activities in the best way that works for you.

Wrap Up (10 mins)

One thing you learned

Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next group. Would anybody be willing to share?

Today’s summary

Great! There are two take away points from today that I hope will be beneficial to you all.

Take-home points:

• Develop a list of enjoyable activities that do not place you at risk for drinking and driving.
• The goal is to achieve some balance between the things that you should do and the things that you want to do, so that you feel satisfied with your daily life.

Practice

For your practice exercise, please write down whether you were able to keep to your appointments under the “After your personal time” column. We will check in about this practice at the beginning of our next group.
Session 11 Worksheet: Increasing Enjoyable Activities

Group exercise:
First, write down your own personal “menu” of enjoyable activities that do not place you at risk for drinking and driving.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Now, schedule 30–60 minutes of “personal time” every day to engage in these activities. Select some of the activities to try from the menu above.

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<thead>
<tr>
<th></th>
<th>Appointments for personal time</th>
<th>Session Practice: Which activities did you end up doing, and how did they go?</th>
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<td>Sunday</td>
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Today’s Summary:
Remember the following points in increasing enjoyable activities:

- Develop a list of enjoyable activities that do not place you at risk for drinking and driving.
- Healthy activities are activities do not depend on others, and have some physical, mental, or spiritual value for you.
- Plan 30–60 minutes of “personal time” each day for enjoyable activities.
- The goal is to achieve some balance between the things that you should do and the things that you want to do, so that you feel satisfied with your daily life.
- The more fun things you have to do, the less you will miss alcohol or use alcohol to create fun in your life.

One thing I learned or found interesting today:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Session Overview for Counselor

The goal of Session 12 is to identify problems with people, thoughts, or emotions that might place clients at risk for drinking and driving. The session builds on and reinforces earlier sessions that focus on identifying high-risk situations and thoughts that increase risk for drinking and driving, but focuses specifically on the skill of problem-solving. Specifically, clients are encouraged to recognize and identify problems, put solutions into action, and assess how well the solutions worked. Sometimes clients feel that they problem-solve well but may have a more difficult time problem-solving when under stress. Thus, the focus of this session is how to better problem-solve during difficult times. To facilitate participation, encourage the clients to draw on personal examples of when problem-solving has been more difficult for them; normalize that these difficulties happen to all of us.

Session Introduction (30 mins)

See pages 1–4.

• Welcome and agenda
• Introduce group members
• Check in about practice
• Describe CBT circle

Session Rationale (20 mins)

Today’s goal: Problem-solving

Our topics will always go back to this CBT circle. Today, we will be talking about how to problem-solve when difficult thoughts, feelings, behaviors, or situations come up that increase the risk of drinking and driving. Some of you may be great at problem-solving as everyday things come up. For example, if you woke up late and are running late to work, what’s one thing you might do about this problem? [Elicit responses from the group.] Right, you might call your boss to let them know you’ll be late.

Today we’re focusing on those specific times when it’s particularly difficult to problem-solve. What are some examples of such times for you when it’s harder to problem-solve? [For
example, when angry or upset, when experiencing a loss, etc.
Elicit responses.]

Now think about the last time you drank, or the last time you
drove after drinking. How many of you had a harder time
problem-solving during that time? What happened? Why do
you think you were not as effective in those situations? [Elicit
responses.]

Great, thank you for sharing. Today, we will talk about those
examples some more. As always, our goal is to prevent future
DUI, and today we will do so by learning how to be effective
problem-solvers even when things get especially difficult for us.

**Skills Discussion (40 mins)**

**Defining problem-solving and discussing its benefits**

First, it might be helpful for us to be on the same page about
what problem-solving is and isn’t. Problems increase the
risk of harmful thoughts and behaviors such as drinking and
driving, so **problem-solving means**, first, recognizing that a
problem situation is risky, then resisting temptations to respond
impulsively or “do nothing” and instead deciding which actions
will be in your best interest and sometimes the other person’s
best interest. **It doesn’t mean that the problem you’re facing is not real or important**, but effective problem-solving means
finding a way to cope and handle a problem that can increase
risk of problems such as drinking and driving. How does that
sound? [Elicit responses from the group.]

We touched upon it earlier, but very briefly. So, what are
some other examples of when people tend to drink because
it is difficult to problem-solve other solutions? [For example,
when around peers; when sad, upset, stressed, or hurt; to cope
with trauma or loss. Write examples on the board.] These are
common times when it’s more difficult to problem-solve. What
do you think makes it difficult to problem-solve during these
times? [Elicit responses.] **When someone is stressed, they tend to cope in ways they are used to. If they are used to drinking in difficult situations, for example, it may be easier to for them to distract themself by drinking than to attempt problem-solving a helpful solution.** How does that sound? Can anyone relate to
this? [Elicit from the group.]

**How about examples when people tend to drink and drive because it is difficult to find another solution?** [For example,
work functions, when with people you want to impress, when
thinking “I’m just a few minutes from home,” after a fight with
someone, when a taxi or other ride is too expensive, or when in a place where your parked car will be towed after a certain hour. Write examples on board.]

How many of you problem-solve differently now than before? What has changed for you now in how you cope with difficult situations? How did you make that change? [Reflect any positive changes to problem-solving and change talk.]

Thank you for sharing! These are great examples we will use throughout today’s session so that we can identify ways to problem-solve when these situations come up.

Problem recognition

Now, consider this example. You drive to a friend’s party with your significant other and you start drinking. In the middle of the party, someone starts hitting on your significant other, and you’re really offended. What are your thoughts, feelings, and behaviors? How does your body feel? [Elicit natural responses one may be feeling, i.e., upset, jealous and angry, wanting to leave the party or start a fight, heart beating faster.]

Thank you for sharing. The things you just shared about how you might react during the example I brought up are great “clues” that there’s a problem in front of you. [Briefly summarize the clues already brought up and review other clues not mentioned.]

Now, it’s completely understandable that you might feel upset and angry in this situation, but let’s focus on how we can make the situation a little better instead of potentially making it even worse than it already is. This doesn’t mean that what the other person did was OK—we just want to focus on what we have the power to change, and that’s our thoughts, feelings, and behaviors. How does that sound? Any questions about what we have just covered? [Elicit responses from the group.]

[NOTE: Clients may feel justified in reacting a certain way in this example, but focus on any problematic coping that could be examined (e.g., feeling angry and wanting to fight vs. feeling angry and communicating your concerns assertively). Your goal is to highlight the maladaptive coping that is common in situations like these so that the rest of the problem-solving steps will be helpful and justified.]
[Point to the list of “clues” on the board and say:] Take a look at our list again. We feel different clues that a problem is in front of us:

- **Your bodies**—How many of you get clues from your bodies? What are some examples? [For example, heart beating faster, indigestion, craving, nervous stomach.]
- **Your thoughts and feelings**—What do those clues look like? [For example, urges to get a drink, feelings of anxiety, depression, loneliness, and fear; wanting to reward yourself or celebrate; or feeling overwhelmed.]
- **Your behavior**—What are some examples of this? [For example, worse performance at work, being grumpy or short with family or friends, not taking care of yourself.]
- **Your interactions with others**—Any ideas how our reactions to others might be helpful in problem recognition? [For example, yelling, being short with others, lack of interest, withdrawal.]
- **How others treat you**—What do I mean by that? [For example, they avoid you or criticize you.] How is it important in helping us recognizing a possible problem?

**Recognizing a problem is a very important first step,** especially when sometimes our initial reaction is to minimize or deny problems, or do something other than problem-solving. How does this all sound?

**Identify the problem**

Now that you’ve recognized the clues that any given situation is a problem, the next step is to identify why that might be the case.

Let’s go back to the example we mentioned of someone hitting on your significant other.

Ask yourself “**What is the problem?**” Try to identify the problem as precisely as possible. Try to stick to the facts. Why do you think that is important? [Elicit responses that suggest when it’s clear what the problem is, it’s easier to solve.]

In this situation, what is the problem and why? [Elicit responses.]

**The problem is that someone hit on your significant other and you feel they should apologize.** Sometimes it’s easier to say that the problem is that the other person is a jerk, but the facts are that the person hit on your significant other and you feel they should apologize.

So, when you figure out what the problem is, gather as much information and as many facts as you can to help clarify. For example, maybe the other person didn’t know you two were
together. Maybe the other person is really intoxicated and made a bad decision. Be concrete and define the problem in terms of behavior. You can break it down into specific parts. It may be easier to manage parts than to confront the entire problem all at once.

How does that sound? What do you think of this step?

The third step to problem-solving is to consider your options. Why do you think it would be important to have a few options? [For example, because the first one that comes to mind might not be the best.]

Now, let’s go over a few options for what you can do. [Write the underlined words on the board.]

- **Brainstorming.** Generate solutions without stopping to evaluate whether the ideas are good or bad. It is more helpful to write them down so that you can review them when deciding which one to try. Write down all the ideas you get; do not stop to evaluate whether they are good or bad. More is better. This helps you get all your ideas out into the open, so you can decide how well they solve your problem, without rejecting any of them too quickly.

- **Change your point of view.** It helps to step back and get a little distance from the situation. Imagine that you are advising a friend about what to do. A different perspective may help you generate different solutions or change your attitude towards the problem. How might you go about implementing this step in practice? [Elicit responses suggesting that writing down the problem and alternative perspectives may be helpful; talking to someone, etc.]

- **Adapt a solution** that has worked before. Perhaps you can think of a solution that worked well for you in a similar situation, or ask someone else about solutions that have worked for them in the past. An old solution will probably have to be modified to fit your present needs, but it can give you a good starting point.

These are a few ways to think about different solutions. Let’s try to generate solutions to our example. Which of the strategies do you want to try out? [Elicit suggestions from the group.] Great suggestions! For example, if you were going to change your point of view about the person hitting on your significant other, what might you say to yourself? [For example, the person didn’t know we were together so I can explain his/her behavior toward my
partner.] How about a solution that has worked in the past for a similar situation? [Elicit responses.]

What do you all think about these strategies or steps so far? Now that you have these options, what’s next? What would you do as a next step? [Elicit responses.] Great examples! As some of you suggested, now it’s time to think ahead and ask yourself, “What will happen if . . .”

The next step to effective problem-solving is to identify the most probable outcomes for each possible approach. Be sure to include short-term and long-term consequences. **Why do you think this is an important step?** [Elicit responses suggesting that part of problem-solving is anticipating what might go wrong and having a backup plan.] How would you go about implementing this step? [Elicit responses.] Great suggestions!

To summarize what some of you just mentioned, you may want to consider what factors in your life may be used as resources to help you implement each approach, and what factors may interfere. Then, arrange all the potential solutions according to their consequences and desirability. The solution that maximizes positive consequences and minimizes negative ones is the one to implement first.

**Select the most promising approach**

Thoughts about this step before we move on?

OK, let’s say you try a solution and it doesn’t go well or maybe it goes really well. The next and final step is to ask yourself, “**How did it work?**” Why is this step important?

Remember that the solution might not be immediate—you may have to keep working at it. Evaluate the pros and cons of your plan as you proceed by asking yourself, “What difficulties am I running into? Am I getting the results I expected? Can I do something differently to make this approach more effective?”

If, after you give the plan a fair chance, it doesn’t seem to be resolving the problem, move on to the second-choice solution and try again with the same procedure.

**Assess the effectiveness of the selected approach**

What do you all think about these strategies or steps? Which strategies or steps are most important to you and your situation? Have you used any of these steps before? If so, how did it work out? I realize some strategies or steps might be easier or harder than others, so think of what is most helpful to you. [Elicit responses, discuss.]

**Summarize**
Group Exercise (20 mins)

Worksheet Partner up

OK, time for practice! [Pass out Session 12 worksheet.]

I’d like you to **complete this worksheet** with a partner. I know sharing with folks in the group may be awkward, but give it your best shot. I want you to divide up into pairs. [Group members can choose someone next to them, or the counselor can assign pairs.]

I’d like you to do the following things. First, identify a problem that is relevant to you. It should be a problem that increases your risk for drinking, or drinking and driving. Second, write down your responses to each of the steps we reviewed. After a minute or two, **talk with your partner** about your ideas.

[After activity:] How did the discussion go? Why do you think it’s important to share with others? What are some of the good things your partner said? What’s something you heard that you could use in the future?

Wrap Up (10 mins)

One thing you learned

Before we end today’s group, think about one thing you learned from group today or one thing you want to work on between now and our next group. Would anybody be willing to share?

Today’s summary

Great! There are two take away points from today that I hope will be beneficial to you all.

**Take-home points:**

- Problems are part of our everyday lives and there are some situations that are difficult to solve immediately.
- Effective problem-solving means recognizing the problem, considering different solutions, selecting the most promising solution, and trying again if needed.

Practice

For your practice exercise, select a problem you expect to find difficult. Brainstorm a list of possible solutions, and select the most promising approach.

We will check in about this practice at the beginning of our next group.
Session 12 Worksheet: Problem-Solving

Group exercise:

Please complete this worksheet and discuss with your partner. Think about a problem you’ve had and brainstorm solutions to it. After a minute or two, talk with your partner about your ideas.

Identify the problem: _________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Brainstorm list of possible solutions: _____________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Select the most promising approach: _____________________________________________
___________________________________________________________________________
___________________________________________________________________________

Today’s Summary:

• Problems are part of our everyday life and there are some situations that are difficult to solve immediately.
• Effective problem-solving means recognizing the problem, considering different solutions, selecting the most promising solution, and trying again if needed.

One thing I learned or found interesting today:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Session 12 Worksheet (page 2)

Session practice:
Select a problem you expect to find difficult. Describe it accurately. Brainstorm a list of possible solutions, and select the most promising approach. Evaluate the possibilities, and number them in order of your preference.

Identify the problem: _________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Brainstorm list of possible solutions: _____________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Select the most promising approach: _____________________________________________
___________________________________________________________________________
___________________________________________________________________________
Appendix A

Motivational Interviewing Strategies

Motivational interviewing (MI) is often described as a conversational style or language that a counselor uses with a client. MI is collaborative and nonjudgmental, and it focuses on strengthening the client’s own motivation and commitment to change (Miller and Rollnick, 2012). 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 REACH sessions to increase client engagement.

This toolbox contains some MI tips that might be helpful when presenting session material in an MI-consistent manner.

<table>
<thead>
<tr>
<th>MI Tool</th>
<th>Description</th>
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</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 a nonjudgmental manner.  
• Ask for feedback e.g., “How does that fit with your experiences?” |
| reflect                 | • Make a statement summarizing the client’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 client do most of the talking e.g., “Tell me why not getting a future DUI is important to you.” |
| elicit change talk      | • Ask questions and reflect so that clients can say why change is important e.g., “Tell me more about why not drinking and driving is important to you.” |
| affirm                  | • Reflect the client’s strengths e.g., “You feel very comfortable calling for a ride when you’re out drinking. You’ve done it before.” |
### Appendix B

**REACH Tips Sheet**

<table>
<thead>
<tr>
<th>Tip</th>
<th>Description</th>
<th>Example (from Session 7—Communication)</th>
</tr>
</thead>
</table>
| **Agenda Setting**  
(as soon as you start the group before CBT circle) | 1. Identify session’s topic and link it to the treatment goal | Last week, we discussed how everyday choices can put us at risk for a DUI in the future. Today, we will continue working on preventing future DUI by learning how to communicate in difficult situations. |
<p>|     | 2. Outline session                                                           | First, we’ll talk about the practice. Then, we will cover the new session material and do a group exercise. Last, we will summarize today’s discussion and discuss this week’s practice. |
| <strong>Practice Review</strong> | 1. Review what the practice was                                             | For your last practice, you worked on identifying safe and risky options related to an important decision that you either already made or are going to make in the future. |
|     | 2. Explore difficulties completing it                                        | How did the practice go? Anyone run into problems with completing your assignment this week?                                                                                                                                               |
|     | 3. Explore client’s reactions                                                | What did you think about the practice?                                                                                                                                                                                                    |
|     | 4. Discuss how practice is linked to preventing DUI and risky behaviors     | What are your thoughts about how useful this skill would be in preventing DUI in the future?                                                                                                                                              |
|     | 5. Emphasize the importance of practice between sessions                    | It takes time and practice to learn a new skill, it will take us some time to learn new, healthier strategies.                                                                                                                              |
|     | 6. If applicable, bring up client practice examples throughout the session       | You mentioned how you were assertive with your mom during your practice—how might you do the same in this situation?                                                                                                                        |
| <strong>CBT Circle</strong> | 1. Emphasize that CBT is about learning new ways to think, behave, and feel | You have the power to identify the thoughts, behaviors, and moods that get in the way and change them. . . . Your thought was xxxx—I wonder if there are alternate thoughts you might have that could help you if you wanted to [get more support]. |
|     | 2. Make the connections between thoughts-behaviors-mood                     | When you thought “He will never understand,” you avoided him, and then you felt sad.                                                                                                                                                     |</p>
<table>
<thead>
<tr>
<th>Tip</th>
<th>Description</th>
<th>Example (from Session 7—Communication)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Rationale</strong></td>
<td>1. Introduce the skill and explain why it is important for preventing DUI</td>
<td>Today we will learn how to communicate effectively in difficult situations. Why is it important to communicate effectively in these situations to prevent future DUI? ... Yes, that’s right! While we cannot guarantee the positive outcome each time, assertive communication is our best shot at getting our needs met. Sometimes that might include letting our friends know that we had a few drinks and won’t be driving them home this time.</td>
</tr>
<tr>
<td>2. Emphasize that new skills can be learned</td>
<td>[See manual.] It’s hard to be assertive if you’re used to communicating differently, so it may be awkward, but keep trying! Old habits are hard to change. It takes practice before this feels natural.</td>
<td></td>
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<tr>
<td>3. Check that group members understand the rationale</td>
<td>What questions do you have about what we’ve covered so far?</td>
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<tr>
<td><strong>Skill Discussion</strong></td>
<td>1. Explain the skill thoroughly (including specific steps) and engage clients during the process (their examples)</td>
<td>[See manual.]</td>
</tr>
<tr>
<td>2. Check that group members understand the skill and the steps</td>
<td>[See manual.]</td>
<td></td>
</tr>
<tr>
<td><strong>Group Exercise</strong></td>
<td>1. Emphasize the importance of practicing new skills</td>
<td>[See manual.]</td>
</tr>
<tr>
<td>2. Explain the exercise clearly and thoroughly (setting the scene, how they’ll act out the scene) and process how the exercise went</td>
<td>[See manual.]</td>
<td></td>
</tr>
<tr>
<td><strong>Practice Exercise</strong></td>
<td>1. Explain practice</td>
<td>This week’s practice is [see manual]. Assertive communication might not be easy, especially if you’re not used to it. It takes practice.</td>
</tr>
<tr>
<td>2. Provide rationale</td>
<td>[See manual.]</td>
<td></td>
</tr>
<tr>
<td>3. Explore barriers to doing the practice</td>
<td>What might get in the way of completing your practice?</td>
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<tr>
<td>4. State that practice will be reviewed next week</td>
<td>We’ll review your practice next week.</td>
<td></td>
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<tr>
<td>5. Check that group members understand the skill and the steps</td>
<td>Any questions?</td>
<td></td>
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</tbody>
</table>
Appendix C
Balanced Placebo Research Design

Background

- A series of experiments conducted in the 1980s and early 1990s, predominately at the University of Washington, in their BARLAB, which looked like a real bar but was located on campus and had a one-way mirror so that the researchers could see how the participants acted.
- The goal was to test the extent to which our experience and behavior after consuming alcohol is driven by pharmacology versus expectancies.

Description of the study

- Participation was voluntary, and participants had the option to withdraw from the study at any point. In addition, they were aware that they might be served alcohol during the course of the study.
- The amount of alcohol served to any given person was low (i.e., around 0.05 BAC), and participants were asked to remain in the lab until they were sober to ensure their safety.
- To make drinks for the third situation, researchers put a lot of lime in the drinks to mask the taste of alcohol. It’s like drinking one of those lemonade beers and not tasting the alcohol. Hence, not a lot of alcohol, and researchers tested out these drinks to make sure the taste of alcohol was undetectable.
- To make drinks for the fourth situation, researchers put alcohol around the rim of the glass. So, although participants were drinking water, all they tasted and smelled was alcohol. Thus, they believed they were indeed drinking an alcoholic beverage.
- After the experiment, participants were debriefed to ensure they were fully informed about the procedures and help them make sense of their experiences during the study.

Balanced Placebo Design

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<th>Actually Received</th>
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<td>Alcohol</td>
<td>Alcohol: 1st situation</td>
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<tr>
<td>No Alcohol</td>
<td>Alcohol: 3rd situation</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Soda water: 4th situation</td>
</tr>
<tr>
<td>No Alcohol</td>
<td>Soda water: 2nd situation</td>
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</table>
Appendix D
Blood Alcohol Content Cards

Note for Counselor
Print and cut out copies of these cards in preparation for Session 1.

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<th>Number of Hours</th>
<th>WOMEN 90-99 lbs</th>
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BAC values are only estimates and should not be used to determine if you are under the legal limit and okay to drive. For more information about BAC, see: depts.washington.edu/mcsurvey/bal/index.php.

For more information about Project REACH, call 1-800-447-2631 x 6074. For more information about Blood Alcohol Content (BAC), see: www.ou.edu/oupd/bac.htm.
### BAC Content

#### WOMEN

**Blood Alcohol Content**

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<th>Number of Hours</th>
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</thead>
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</table>

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- **Pass out, coma, or death**: 0.30+
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  - Severely drunk: 0.16
    - Sadness, nausea; judgment and perception problems
  - Legally impaired: 0.08
    - Balance, speech, vision, reaction time, and judgment problems
  - Slightly drunk: 0.04
    - Relaxed; reasoning impaired
  - Sober

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<table>
<thead>
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<td>0.15</td>
<td>0.13</td>
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<td>0.21</td>
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<td>0.25</td>
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</table>

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### Blood Alcohol Content

#### WOMEN

<table>
<thead>
<tr>
<th>Blood Alcohol Content</th>
<th>140-149 lbs</th>
<th>150-159 lbs</th>
</tr>
</thead>
<tbody>
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<td>Number of Drinks</td>
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<tr>
<td>Number of Hours</td>
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<td>&lt; 1 1 2 3 4 5 6 7 8</td>
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</tr>
<tr>
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<td>0.06 0.04 0.03 0.02 0.01 0.00 0.00 0.00</td>
</tr>
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</tr>
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</tbody>
</table>

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### Blood Alcohol Content Cards

#### WOMEN

**160-169 lbs**

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</table>

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#### WOMEN

**170-179 lbs**

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---

**PROJECT REACH**

1. **RE-thinking Avenues for Change**

**Blood Alcohol Content (BAC)**

- **Sober**: For more information about Project REACH, call 1-800-447-2631 x 6074. For more information about Blood Alcohol Content (BAC), see: [www.ou.edu/oupd/bac.htm](http://www.ou.edu/oupd/bac.htm).

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**PROJECT REACH**

1. **RE-thinking Avenues for Change**

**Blood Alcohol Content (BAC)**

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### Blood Alcohol Content: Women

#### 180-189 lbs

<table>
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</table>

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### Blood Alcohol Content: Women

#### 190-199 lbs

<table>
<thead>
<tr>
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</tbody>
</table>

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### Blood Alcohol Content Cards

#### WOMEN

<table>
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<th>Number of Drinks</th>
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</table>

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#### MEN

<table>
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<th>Number of Drinks</th>
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For more information about Project REACH, call 1-800-447-2631 x 6074. For more information about Blood Alcohol Content (BAC), see: www.ou.edu/oupd/bac.htm.
### Blood Alcohol Content

#### WOMEN

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<td>1 1 2 3 4 5 6 7 8</td>
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<td>0.24 0.23 0.21 0.19 0.18 0.16 0.15 0.13</td>
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<td>0.34 0.33 0.31 0.29 0.27 0.25 0.24 0.22</td>
</tr>
</tbody>
</table>

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### Blood Alcohol Content Cards

#### MEN

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</tbody>
</table>

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#### PROJECT REACH RE-thinking Avenues for Change

- **Pass out, coma, or death**: 0.30+
- **Blackouts, vomiting, and/or likely injury**: 0.20
- **Severely drunk**: 0.16
  - Sadness, nausea; judgment and perception problems
- **Legally impaired**: 0.08
  - Balance, speech, vision, reaction time, and judgment problems
- **Slightly drunk**: 0.04
  - Relaxed; reasoning impaired

Sober

For more information about Project REACH, call 1-800-447-2631 x 6074. For more information about Blood Alcohol Content (BAC), see: www.ou.edu/oupd/bac.htm.
## Blood Alcohol Content

### MEN

<table>
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<tr>
<th>Number of Hours</th>
<th>Number of Drinks</th>
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<td>&lt; 1</td>
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<tr>
<td>8</td>
<td>.15 .14 .13 .00</td>
</tr>
</tbody>
</table>

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### BLEED CUT

- **Pass out, coma, or death** 0.30+
- **Blackouts, vomiting, and/or likely injury** 0.20
- **Severely drunk** 0.16
  - Sadness, nausea; judgment and perception problems
- **Legally impaired** 0.08
  - Balance, speech, vision, reaction time, and judgment problems
- **Slightly drunk** 0.04
  - Relaxed; reasoning impaired
- **Sober**

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### Blood Alcohol Content Cards

#### Men

<table>
<thead>
<tr>
<th>Number of Drinks</th>
<th>Number of Hours</th>
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<th>3</th>
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**Blood Alcohol Content Cards**

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**Project REACH**

**Re-Thinking Avenues for Change**

- **Pass out, coma, or death**: 0.30+
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- **Severely drunk**: 0.16
  - Sadness, nausea; judgment and perception problems
- **Legally impaired**: 0.08
  - Balance, speech, vision, reaction time, and judgment problems
- **Slightly drunk**: 0.04
  - Relaxed; reasoning impaired
- **Sober**

For more information about Project REACH, call 1-800-447-2631 x 6074. For more information about Blood Alcohol Content (BAC), see: www.ou.edu/oupd/bac.htm.

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### Blood Alcohol Content

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- **Slightly drunk** 0.04
  - Relaxed; reasoning impaired
- **Sober**

For more information about Project REACH, call 1-800-447-2631 x 6074. For more information about Blood Alcohol Content (BAC), see: [www.ou.edu/oupd/bac.htm](http://www.ou.edu/oupd/bac.htm).
References


The purpose of this manual is to assist counselors in implementing RE-thinking Avenues for Change (REACH), a cognitive behavioral therapy developed for clients with a first-time driving under the influence (DUI) offense who are enrolled in a DUI program. The goal of REACH is to prevent drinking and driving. The authors conducted a randomized clinical trial evaluating how helpful REACH was compared with existing DUI groups in program for individuals with a first-time DUI offense, and they found that clients who received REACH reported lower odds of impaired driving upon program completion than did clients in existing groups. This manual presents the 12-session REACH protocol used in the research study. Each session is interactive and encourages clients to share ideas and information; examine the thoughts, feelings, and behaviors that put them at risk for future drinking and driving; learn or enhance existing coping skills; and provide fellow group members with peer support.