

A SYSTEM FOR DIAGNOSIS, REFERRAL, AND REHABILITATION OF PERSONS CONVICTED OF DRIVING WHILE INTOXICATED VOLUME II: A SPECIAL REHABILITATION PROGRAM FOR MULTIPLE OFFENDERS

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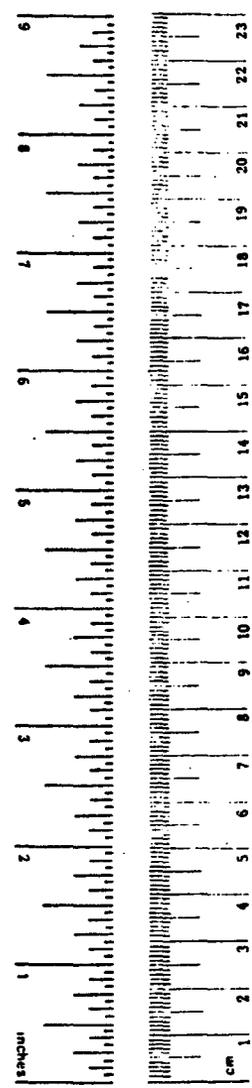
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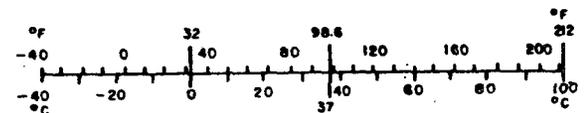
Approximate Conversions to Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
in	inches	2.5	centimeters	cm
ft	feet	30	centimeters	cm
yd	yards	0.9	meters	m
mi	miles	1.6	kilometers	km
AREA				
m ²	square inches	6.5	square centimeters	cm ²
ft ²	square feet	0.09	square meters	m ²
yd ²	square yards	0.8	square meters	m ²
mi ²	square miles	2.6	square kilometers	km ²
	acres	0.4	hectares	ha
MASS (weight)				
oz	ounces	28	grams	g
lb	pounds	0.45	kilograms	kg
	short tons (2000 lb)	0.9	tonnes	t
VOLUME				
tsp	teaspoons	5	milliliters	ml
Tbsp	tablespoons	15	milliliters	ml
fl oz	fluid ounces	30	milliliters	ml
c	cups	0.24	liters	l
pt	pints	0.47	liters	l
qt	quarts	0.95	liters	l
gal	gallons	3.8	liters	l
ft ³	cubic feet	0.03	cubic meters	m ³
yd ³	cubic yards	0.76	cubic meters	m ³
TEMPERATURE (exact)				
°F	Fahrenheit temperature	5/9 (after subtracting 32)	Celsius temperature	°C



Approximate Conversions from Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
mm	millimeters	0.04	inches	in
cm	centimeters	0.4	inches	in
m	meters	3.3	feet	ft
m	meters	1.1	yards	yd
km	kilometers	0.6	miles	mi
AREA				
cm ²	square centimeters	0.16	square inches	in ²
m ²	square meters	1.2	square yards	yd ²
km ²	square kilometers	0.4	square miles	mi ²
ha	hectares (10,000 m ²)	2.5	acres	
MASS (weight)				
g	grams	0.035	ounces	oz
kg	kilograms	2.2	pounds	lb
t	tonnes (1000 kg)	1.1	short tons	
VOLUME				
ml	milliliters	0.03	fluid ounces	fl oz
l	liters	2.1	pints	pt
l	liters	1.06	quarts	qt
l	liters	0.26	gallons	gal
m ³	cubic meters	35	cubic feet	ft ³
m ³	cubic meters	1.3	cubic yards	yd ³
TEMPERATURE (exact)				
°C	Celsius temperature	9/5 (then add 32)	Fahrenheit temperature	°F



* 1 in = 2.54 (exact). For other exact conversions, and more detailed tables, see NBS Misc. Publ. 286, Units of Weights and Measures, Dec 1975, NIST Catalog No. C 1-110-286.

TECHNICAL SUMMARY

A diagnosis, referral, and treatment program was designed and developed for persons convicted of driving while intoxicated. The system begins with an assessment of the individual on three factors: the Adaptability Factor, the Sociocultural Factor, and the Severity Factor. The Adaptability Factor measures the degree to which the individual has and uses a repertoire of functionally adaptive behavior in response to inner conflict and stress. The level of stress experienced is not important, it is the manner in which the individual responds that is critical. The Sociocultural Factor measures the impact of a person's sociocultural environment on his/her alcohol use and abuse behavior. An individual's cultural and subcultural background, parents' behavior, and the disposition of his/her reference groups combine to create a social environment which pushes the person toward abstinence, controlled, responsible use of alcohol, or toward the abuse of alcohol and related behaviors.

Once an individual is assessed on these three factors, a set of desired changes can be identified that will enable the person to reduce the likelihood of driving while intoxicated in the future. These desired changes become objectives for the individual in an education or rehabilitation process. The essence of the system is that the person is referred to education or rehabilitation on the basis of the objectives determined to be appropriate for him/her.

Available programs should be selected if they have demonstrated their effectiveness in helping people reach these objectives. Some treatment programs available have evaluation studies which show their effectiveness in treating alcoholism but are of questionable relevance to persons convicted of driving while intoxicated.

In Volume 1, the reader will find the conceptual foundation for the system and a detailed discussion of the objectives developed from the assessment procedure. A structured interview was developed to measure DWIs on the classification system. Only a preliminary field testing of the interview was possible because a limited sample of persons convicted of driving while intoxicated was available to the investigator. The preliminary field test revealed construct validity for aspects of all three factors. A limited criterion validity study was conducted on the sample and some support was demonstrated for the factors. It was concluded that a representative sample of persons convicted of driving while intoxicated would have to be tested with the

interview before any conclusions, in support or in rejection of the interview and diagnostic system, could be made.

Also in Volume 1, the reader will find a detailed manual for administering the structured interview. The manual includes a question-by-question discussion of rationale, intent, and technique.

In Volume 2, the reader will find a detailed Instructor's Manual for the rehabilitation program developed to help multiple DWI offenders reach the objectives determined as appropriate for them. Also in Volume 2 is a copy of the materials for the client, called the Journal. Included in the instructor materials are background notes for many of the sessions as well as detailed instructions on conducting the units.

PREFACE

The system we have developed for the diagnosis, referral, and rehabilitation of persons convicted of driving while intoxicated differs in a number of ways from traditional methods. First, the diagnosis is determined from an operant technique: a structured interview. The diagnosis consists of assessing the person on three dimensions: (1) his/her adaptability to the stress and/or inner conflicts of life; (2) the sociocultural environment, in terms of alcohol use and abuse, in which he/she lives and was raised; and (3) the degree to which the person's own alcohol consumption interferes with aspects of his/her life functioning. Second, once the diagnosis is made, a set of rehabilitation objectives is formulated. These rehabilitation objectives are determined by assessing the individual on the three dimensions of the diagnostic framework and deciding what changes in the individual would prevent his/her driving while intoxicated and other related behaviors in the future. Third, the individual is referred to the rehabilitation program (consisting only of educational activities, only of therapeutic activities, or some combination) which is most likely to help that individual accomplish his/her rehabilitation objectives.

Volume 1 includes a detailed discussion of the entire system. The conceptual foundation for the diagnostic framework is explained, and results from a preliminary attempt at validation of the diagnostic interview are presented. Volume 1 also contains both the actual form for the structured diagnostic interview and detailed instructions on techniques for conducting the interview. Volume 2 consists of an Instructor's Guide and a Client Journal for a rehabilitation program designed specifically for persons convicted more than once of driving while intoxicated.

For background information and a detailed critique of available treatment programs and modalities as to their appropriateness, relevance, and potential effectiveness with persons convicted of driving while intoxicated, the reader is referred to an Interim Report on this project entitled *Short-term Rehabilitation for Persons Convicted of Driving While Intoxicated*, published by the National Technical Information Services (Publication number PB 259 627, October, 1976).

In this volume, the reader will find a detailed description of a special rehabilitation program for multiple DWI offenders. Part A of the volume is the Instructor's Guide, which includes an overview, discussion of conceptual foundations, detailed instructions on conducting each session (including objectives, materials needed, actions, and additional background information for the instructors), and necessary appendices. Part B of the volume is the Client Journal (i.e., the materials which the client would use during the program).

The program was designed in response to a need identified during the critical review and evaluation of available alcohol treatment programs and modalities, as presented in the Interim Report on this project. The Sacramento CDUI project had the capability and interest to field test a program for multiple offenders. The program is currently being conducted and evaluated by the Sacramento project.

A special acknowledgment to Mr. Clay Hall, Mr. Peter Ziegler, and Dr. James Nichols of NHTSA for their support, encouragement, and guidance during the development of the program and its implementation. The commitment and energy of the staff of the Sacramento CDUI project have made the implementation possible. In particular, I would like to thank Mr. Lewis Davis, Mr. Lawrence Hill, Mr. Lawrence Valterza, and Dr. Raymond Reis.

Again, as in all aspects of this project, many professionals were involved in all stages of the work. Certain people made contributions to the development of the program which deserve special note. Mr. Jeremy Cobb, Dr. James Nichols, Dr. John O'Donnell, and Dr. Janice Vogt contributed significantly to the design of the program. Mr. Jeremy Cobb, Dr. John O'Donnell, and Dr. Janice Vogt deserve special mention for the substantial amount of time and creative energy they spent preparing the units and materials of which the program is composed. Mr. Jeremy Cobb and Dr. Janice Vogt also were responsible for training the therapeutic staff of the CDUI project in preparation for conducting the program with their clients. Numerous others were involved in various stages of design and drafting of materials for the program. In particular, I would like to thank Ms. Elaine Boyle, Dr. James Burruss, Mr. James De Souza, Ms. Helen Kastenbaum, Ms. Dee Sher, and Ms. Anita Wooten.

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PART A

Instructor's Guide to a Rehabilitation Program
for Persons Convicted of Driving While Intoxicated

I. INTRODUCTION TO THE PROGRAM

The challenge in helping a person change is to work compassionately and efficiently toward a set of desired objectives. There are times when the set of objectives is dictated by society. When a person is convicted of drinking and driving, a societal and legal objective is to reduce the hazard, both to him/herself and others, presented by this person when he drives while intoxicated. The ethical objective in this situation is to help the individual make appropriate changes in his/her behavior in a manner which increases his/her freedom of choice and movement in life.

A rehabilitation program is merely a title for a series of activities. These activities are designed in such a way as to offer guidance to an individual in making the way he/she lives closer to the way in which he/she would like to live. Opportunities are provided to the individual to learn and explore new ways of being and behaving in his/her life. The goals of the rehabilitation program explain the intended direction and destination of the activities. The structure and specific activities involved constitute a recommended method of reaching those goals.

Goals of the Program

The goals for this rehabilitation program emerged from a project directed at improving the effectiveness of diagnosis, referral, and short-term education/rehabilitation activities provided for persons convicted of driving while intoxicated. The conceptual model and research basis for these objectives are reviewed in Chapter II of this guide.

The main goals of the program are to have each client:

1. make a decision, set a goal, and write a plan for maintaining abstinence or controlled drinking;
2. reduce the quantity and frequency of alcohol consumed, number of convictions for driving while intoxicated, and other behavior resulting from alcohol abuse;
3. improve his/her knowledge of alcohol and alcohol abuse concerning (a) the effects of alcohol on the body, mind, emotions, and behavior; (b) characteristics and indicators of

problem drinking and alcoholism; and (c) the consequences of a conviction for driving while intoxicated;

4. build his/her skills in behaviors not presently in his/her repertoire which either: (a) fulfill needs and the impact which alcohol abuse did; or (b) preclude alcohol abuse;

5. decrease his/her vulnerability to group forces with regard to drinking behavior;

6. change his/her exposure to certain norms and values regarding drinking behavior;

7. increase his/her ability to recognize, interpret, and communicate to others his/her internal sensations and/or feelings; and

8. increase his/her skills in recognizing opportunities to use alternate behaviors, choosing from among these, and assessing the consequences of the choice in specific settings.

Each activity in the program is designed to meet specific objectives. If these separate and specific objectives are met, their combined effect will result in reaching the above stated goals.

Structure of the Program

The rehabilitation program is a group therapy program. It consists of 34 sessions conducted over a period of 52 weeks. Clients will spend a total of 84 hours in group sessions. The first 16 sessions are each three hours long and are to be conducted once a week, sequentially. The remaining 18 sessions are each two hours long and are to be conducted once every other week, sequentially. These time parameters do not include the many hours which will be spent by you and the other counselor preparing and debriefing the group sessions, nor the hours which might be spent in individual counseling with members of the group. The program activities have been designed to use experiential learning as the main treatment technique (see Chapter III in the Guide for a discussion of experiential learning as a treatment technique).

Developmental Sequence

The first session of the program is a warm-up period. It is a time when the counselors and clients establish their working contract, or norms, for behavior in the program. Sessions 2

through 9 focus on helping the client develop a repertoire of functionally adaptive behaviors which can be used when conflict or stress is experienced in life. This includes learning information about alcohol and its effect on human physiology, emotions, and behavior (including driving performance).

Sessions 10 through 14 focus on helping a client understand how his/her sociocultural environment and background affect his/her drinking behavior. This includes helping a client develop specific skills in resisting group pressure to drink and act in certain ways, as well as suggesting the possibility of his/her spending time with people other than those with whom he/she currently socializes. Session 15 attempts to integrate the various activities involved in sessions 2 through 14.

Sessions 16 through 20 focus on interference in life functioning which the client might be experiencing as a result of his/her drinking and related behavior. Interference in specific domains is examined, including (a) job and financial functioning; (b) family and social functioning; (c) citizen functioning; and (d) psychological and spiritual functioning.

Sessions 21 through 33 focus on the development of a life plan by each client. This includes the application of material covered in the program to life situations, as well as implementation of the life plan. Session 34 is the closing session of the program.

Topics for each session in the program have been designed to help a client develop specific, practical skills and orientations which will help him/her lead a satisfying and productive life without alcohol abuse and related behaviors. The topics are developmental in the sense that they build on topics and experiences from previous sessions. Chart 1 lists the sequence of main topics of the sessions.

To facilitate the application of material in the program to life outside the group sessions, and to encourage the client to take personal responsibility for his/her change process, homework assignments are given at the conclusion of each session. These assignments are reviewed at the beginning of the next group session. The assignments are designed to help the client make transitions from one topic in the program to another. Chart 1 also includes the list of key homework assignments.

Conducting a program such as this involves a substantial logistical effort. Chart 2 lists materials needed for conducting the program.

Summary

This is a group therapy program. There is no way to create a substitute for compassion and empathy which the counselors must bring to the group sessions. As therapists, you must keep in mind at all times that *the program is for the client*. Your overriding concern should be to help the client reach certain change goals. Listing goals of the program and providing a semi-structured set of activities for reaching those goals cannot be a substitute for therapeutic concern, creativity and conscientious effort in helping the clients. The activities in this program are offered as a guide. They provide, in the author's view, a maximum potential for reaching the goals of the program. They only exist and can be useful in the context of your taking personal and professional responsibility as a counselor for helping the clients reach the goals of the program.

CHART 1: SUMMARY OF TOPICS BY SESSION

Session	Main Topics	Assignments
1	Warm-up and setting norms Introduction to record keeping	Record smoking behavior
2	BAC Habits	Record smoking behavior Record drinking behavior
3	Effect of alcohol on the body Nutrition and ingestion of substances Identifying feelings	Record drinking behavior Record eating behavior
4	Alcohol and substance abuse Behavioral contracting Establishing a drinking/- driving contract	Record eating behavior Monitor drinking/- driving contract
5	Identifying feelings Changing feelings and moods without alcohol Early warning system	Monitor drinking/driving contract Record feelings
6	Drinking in groups Alcohol abuse and alcoholism Costs and benefits of person- al drinking pattern	Record feelings Drinking behavior check- list
7	Goal setting Making a decision and setting a goal regarding drinking	Monitor progress toward drinking goal
8	Group pressure toward drinking Influence skills	Monitor progress toward drinking goal Record group pressures on drinking
9	Group pressure toward drinking Influence skills Long-term drinking plan	Monitor progress on long- term drinking plan

Chart 1 - Page 2

Session	Main Topics	Assignments
10	Review of expectations and goals	Monitor progress on drinking plan
11	Behavior in groups Influence skills in resisting group pressure	Monitor progress on drinking plan Note problematic interaction regarding drinking in group
12	Mapping group pressures Influence skills in resisting group pressure	Monitor progress on drinking plan Attempt specific new influence behavior in groups and note reactions
13	Behavioral problems in groups Changing behavior in groups	Monitor progress on drinking plan Attempt new influence behavior in groups
14	Behavioral problems in groups Planning for changing group influences and pressure	Monitor progress on drinking plan Monitor progress on sociocultural environment plan
15	Personalized list of alternatives to alcohol use/abuse Integrating change plans	Monitor progress on integrated plan
16	Inventory of interference in life functioning resulting from drinking Problems in job/financial functioning	Same as in "15"
17	Problems in family/social functioning	Same as in "15"
18	Problems in citizen functioning	Same as in "15"

Chart 1 - Page 3

Session	Main Topics	Assignments
19	Problems in psychological/ spiritual functioning	Same as in "15"
20	Review of expectations and goals Transition	Same as in "15"
21	Establishing a life plan	Monitor progress on life plan
22-33	Implementing life plan Application of program material to living sit- uation	Same as in "21"
34	Review of progress Ending the group program	Live, and above all, do not drink and drive

CHART 2: OTHER MATERIALS NEEDED TO CONDUCT THE PROGRAM

For all sessions:

- (a) a copy of the Client Journal for each member of the group
- (b) newsprint (also called butcher paper or flip chart pads)
- (c) magic markers, masking tape, pencils
- (d) a comfortable room
- (e) social amenities (coffee, rest rooms, and so forth)

Session #	Item
1	Name tags
2	Film: "Under the Influence" Projector and screen BAC charts or wheels for each client
3	Film: "Medical Aspects" Projector and screen
6	Film: "Chalk Talk: Part II" Projector and screen
11,13,14	Videotape camera, playback/record unit, and tape

II. A DIAGNOSTIC APPROACH DESIGNED FOR FACILITATING REFERRAL DECISIONS

The reader is referred to a report published by NITS, reference number PB 259 627 (DOT HS-802-055), October, 1976 for a detailed description of the conceptual framework on which the classification system is based. For the sake of brevity, the sections of this prior publication are not replicated here.

III. EXPERIENTIAL LEARNING AS A TREATMENT TECHNIQUE

Treatment, by definition, implies a process of change. During a treatment process something happens and something changes. In the helping professions, treatment has come to mean a process of helping a person, the ultimate goal of which is to enable the person to help himself in the future. The more immediate goal is to assist the person to develop the capability to solve his own problems, to know how to solve his own problems, and to have the mental and emotional frame of mind which facilitates problem solution. Solving one's problems does not mean that a person must "do it alone". but may include knowing when and how to ask others to assist in the process.

Treatment of an alcohol abuser, or problem drinker, is a learning process. The individual learns how to control his drinking, to know himself and to monitor feelings, mood, fantasy, thoughts and behavior. Because behavior demonstrated by an alcohol abuser is the result of a complex interaction of physiological, psychological, philosophical, social and cultural factors, learning to control alcohol abuse and to work on personal and life problems is a complex process.

The Learning Cycle

Learning can be defined as the process of integrating information from the environment and translating it into use in some aspect of life. A person can acquire information about something or skills in how to do something; exposure to such information, however, does not automatically imply that the person will be able to use it or that it is understood.

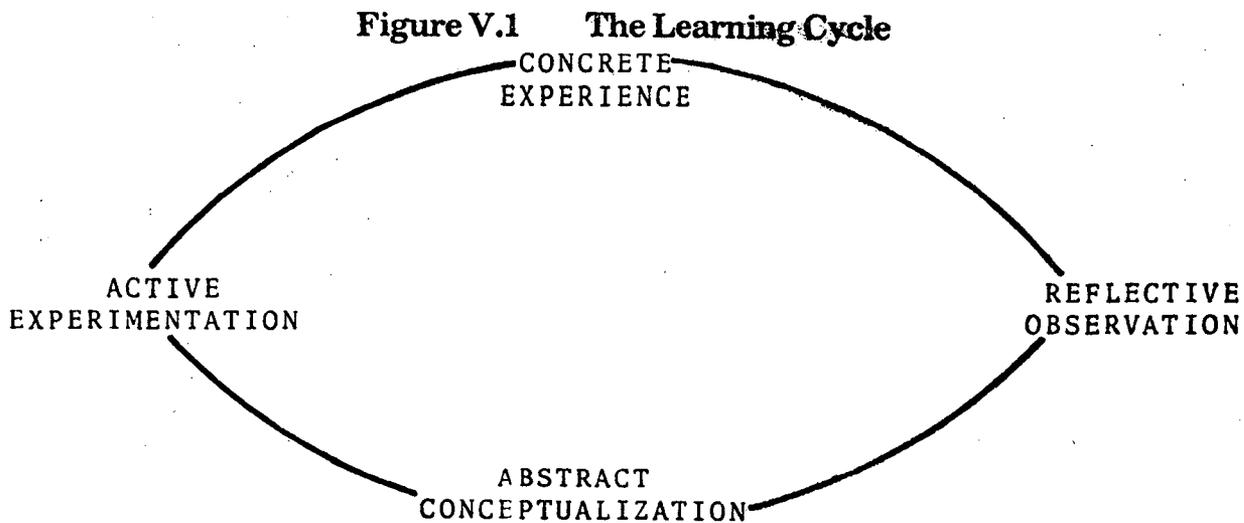
Experiential learning is the process of "learning" through one's experiences. When Mark Twain said, "I never let school interfere with my education," he was referring to the possibility that mere exposure to material in school does not mean that the material is learned.

© McBer and Company, 1976. This chapter appeared in Power motivation training: instructor manual and is used with the permission of the publisher. References in the chapter to PMT are to a structured treatment modality called Power Motivation Training. Although the program described in this Instructor's Guide is considerably different from PMT, the points made in the chapter regarding using experiential learning are equally applicable to this program. The reader should, whenever a reference is made to PMT, substitute "this program" in its place.

Although somewhat simplistic, we can say that people learn primarily through four modes: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Kolb et al., 1971). Learning from concrete experience means learning from current events, the here-and-now. This involves the ability to gain information from what is presently going on inside of one's body and mind, as well as from interactions and activities going on about one. Learning from reflective observation means learning from looking back on events. This involves introspection, as well as thinking about things seen. Learning from abstract conceptualization means learning from ideas. This involves logical thought, assessing the validity of ideas, and creating conceptual frameworks which will help one to understand how the world works. Learning from active experimentation means learning from trying things. This involves "trial and error" methods, doing something to see what will happen, and testing a perception or idea through trying it out.

Most people learn from all four modes. At various points in our lives some modes may be more important in our learning process than others and certain combinations of the four modes are used more often and more effectively than others. In addition, most people also have preferred learning modes.

The learning cycle suggests that our learning processes involve all four modes (Kolb et al., 1971). A concrete experience provides feelings and reactions which are reflectively observed. From these observations, we develop ideas as to what occurred and why, which are then tested through active experimentation. Figure V.1 shows this cycle.



The goal of experiential learning methods is to provide the person with opportunities to learn from all four modes. Concrete experiences are provided in the form of exercises, role plays and discussions. Reflective observation occurs through introspective self-assessment instruments (questionnaires) and discussions. Abstract conceptualization is provided through the presentation of ideas and discussions. Active experimentation is provided through exercises, role plays and discussions.

Experiential learning is, therefore, a treatment process. Through such methods, people can be helped to learn about themselves, and learn how to help themselves. Power Motivation Training is an experiential learning method. The following sections of this chapter will help the reader to understand some of the issues involved in conducting experiential learning. Subsequent chapters will provide specific directions in how to utilize the elements of PMT in providing the client with an effective learning experience.

Basic Elements

There are six basic elements in using experiential learning methods: (1) listening; (2) asking questions; (3) focusing on objectives; (4) reviewing links; (5) analyzing group mood; and (6) individual discussions.

The most important behavior for an instructor of PMT to exhibit is to be awake and LISTEN. Listen to what people say, listen to how they say it, and watch their movements when they are expressing themselves. The information is critical in knowing how to present units and what units to conduct next, and in creating a POWERFUL and NONTHREATENING climate.

Participants in the PMT Workshop are victims of influence from other people in their lives, their own behavior and habits. They are continually told how they feel, how they look and are judged negatively for most things they say and do. In PMT the instructor should ASK QUESTIONS to show them that he/she feelw what they have to say is important. This is a critical step in teaching them to be assertive. Questions are safe ways to present a hypothesis, or idea, to someone. Asking a question without prejudging the answer makes people feel powerful.

There are two modes for asking questions. One method is to ask an individual a direct question, such as, "Frank, what were you thinking about when you said that to Harry?".

or "Jim, how does that make you feel?". Another method is to ask a question of the group, such as, "Does anyone see a pattern in the behavior which people showed during the exercise?" or "Is this situation one which makes people feel powerless?".

The purpose of asking an individual a question is to involve the person in the group's discussion or help him to articulate or recognize something in his own behavior or feelings. The purpose of asking the group a question is to open up discussion among group members. In other words, asking a direct question of an individual aids in the process of removing denial behavior and allowing personal insights; asking a question of the group facilitates group members' directing their answers toward one another rather than the instructors of the group.

Every exercise and every session of the PMT has specific objectives. There are desired outcomes from every bit of time spent in the program. The instructor must have a good sense of what the objectives are and why they are important to be able to focus discussion, conduct the exercises and know if the group is progressing well. Also, the instructor must know how to communicate the objectives to the participants in a manner which makes them feel EXCITED about working toward these objectives and PROUD of their progress. Making progress toward course objectives is one way for an instructor to demonstrate the effectiveness and strength of realistic goal setting.

One helpful step toward keeping the objectives in perspective is to plan the strategy for processing units before the exercise begins. The instructor should have in his/her mind a sequence of questions and issues which he/she would like to cover before the processing begins. Experience with each of the exercises teaches the instructor the variety of alternative ways a discussion of each exercise may go, and in time he/she is prepared with a number of possible strategies for processing each unit. Until an instructor has that experience, it is essential to think through and process the unit beforehand and test its progress toward the objectives.

Reviewing links to other exercises and to the objectives is important in reinforcing learning points and building the participant's sense that he is learning the same material in various exercises but at increasingly deeper levels of understanding. The movement through many units has a tendency to make a person feel like he is leap-frogging and

in the confusion he loses sight of the objectives. Reminding the group of these links in discussions (by pointing to flip chart material from other units or discussing the relevance of the unit to the overall objectives) are effective steps to reduce this confusion and focus attention on the learning points. Giving people a few moments at the end of a unit to write notes in their workbooks and review what the new material means in light of previous material is helpful and encourages the participant to place the pieces of his personal puzzle into place, instead of waiting for the instructors or therapists to do it for him.

The most difficult skill to learn in conducting PMT is how to analyze the group mood. It is not a behavioral skill which is easily communicated. To accurately understand what members of the group are feeling and where the group as a whole is requires self-awareness and sensitivity to many nonverbal cues in the participants. An instructor should be continually asking himself/herself, "What is the mood of the group? How do the participants feel about themselves and the material? What's going on in the group? What information would support this appraisal versus another interpretation?" Some exercises are offered at the end of this chapter which may help an instructor develop these sensitivities.

There are many occasions during the PMT experience when the individuals need "a shot in the arm of efficacy". They easily become discouraged and have spent many years learning to punish themselves once discouraged. To avoid and sometimes to counter that feeling of losing hope, the instructor can discuss the FANTASTIC OPPORTUNITY each person has in life to change himself and the direction of his life. Sensing the group mood of depression or self-castigation tells the instructor it is time for a dose of efficacy.

Although PMT is a group method, often an instructor is called upon to have individual discussions with participants. These discussions make a participant feel important as a person, provide the instructor with feedback and allow for some individual interventions (counseling) which may help the person integrate the material in the course more effectively. These discussions may happen during meal breaks, before the sessions begin, or after the sessions end. Establishing these discussions as a norm early in the group's life helps the participant see the instructor as a resource who cares and sets the stage for collaborative goal setting, as well as self-exploration by the

participant with the instructor as a catalyst. Individual discussions are an opportunity to explore an issue with a person in a nonthreatening environment, especially for those who find groups somewhat emotionally overpowering. If conducted early in the sessions, this may help the participant to interact in the group with a feeling of safety. ("I know at least one person who is on my side and will help me if I get into trouble or get confused.")

Steps to Take Before PMT Begins

Other than the steps of confirming the participants' attendance and arousing their excitement about participating, there are some actions which each instructor should take before conducting PMT.

1. Review the objectives and logistics of each unit in the course and the overall objectives of PMT.
2. Plan for the logistics of participant comfort during the sessions (coffee, tables for the Business Game, a carpet for the relaxation exercises, etc.).
3. Schedule various unit assignments (decide which instructor will have primary responsibility for each unit).
4. Review various obstacles which may occur in the sessions and plan for possible strategies to deal with them.
5. Rest before the session begins. (The instructor's ability to concentrate and be sensitive is the critical ingredient in the success of PMT.)

Steps to Take In Between Sessions of PMT

During the break between units in PMT, the instructors should do several things to insure effectiveness of the upcoming units. They should try to do these steps after having rested from the first weekend or first several units. Their own fatigue can contribute to exaggerated responses to potential problems.

1. The instructors should review each individual in the group. They should decide what behavior they would like to see that participant demonstrate during the following sessions to feel that he is advancing in his rehabilitation or growth.

2. The instructors should review the units previously conducted, discuss blocks encountered and think of ways to handle these blocks in the future.
3. They should discuss the group norms which exist and determine how to recreate effective norms if there are some ineffective norms which were interfering with group learning.
4. The instructor should review and prepare for the upcoming units in light of the results of the discussions of the three issues outlined above.

Steps to Take After PMT Is Concluded

The debriefing of the course should involve detailed discussions of how units were conducted and processed, with emphasis on accurate perception of what occurred and how to improve the delivery of the PMT in the future. The instructor should:

- contact each of the participants about two weeks after the course to see how they are doing and express his/her appreciation for their participation. Sending them some sort of certificate of completion of the program often makes them feel powerful. This discussion will also help to insure that the individual is seeking appropriate aftercare and offers the opportunity for him to ask the instructor for some help in such a referral;
- debrief the course in light of the particular participants. Keep in mind their education level, cultural background, age, sex, etc.; and
- make sure there are enough materials to conduct the next PMT.

Some Issues in How Exercises Are Used

For a number of reasons, the instructor may want to add, delete or substitute an exercise in the PMT Workshop. For example, the group may focus on an issue which it feels is very important; participants may not learn easily from a particular type of exercise; the group members may be resisting a particular issue; or the instructor may feel that they need extra practice on a particular point. Although changes in the design are not recommended, the instructor may occa-

sionally tailor the workshop to a group as a way of responding to their specific needs.

It is also important to understand why exercises work effectively in some occasions and not so effectively in others.

The following is a discussion of some key questions an instructor should have in mind in conducting experiential learning methods such as PMT.

Question 1. Is the use of an exercise appropriate? That is, is it consistent with the goals and values of the program to have a behavioral exercise? Does it facilitate progress toward the goals of the program?

Question 2. Which type of exercise should be used? There are many ways to design an exercise: role plays, simulations, games, self-inventories, and so on.

Question 3. When should it be used? The phasing of a program is important in terms of determining what type of learning a participant is ready for and what type of learning he needs in order to integrate the information which had been presented to that point in the program.

There are three dimensions along which to classify exercises according to their objectives, learning styles and means. The dimensions are not independent and should overlap in making a decision to use a particular exercise or in understanding how it affects learning.

I. Representation of data (reworking data which is a part of the here-and-now) versus arousing feelings (bringing data into the here-and-now).

Examples: Drawing a model of the communication network in the group (the power line-up) exposes feelings or dynamics which are present in the learning group. Simulations like the Master/Slave Game, Business Game, Ring Toss Exercise arouse feelings and bring them into the here-and-now of the learning group.

The expression, or representation, of data which is present is often critical to participants' learning how extensively some of the interpersonal dynamics being explored permeate any situation. These exercises tend to involve examination of feelings and often lead to expression

of intense emotions. (An instructor who is not prepared to deal with this level of interaction should be cautious with this type of exercise.) When working with ongoing groups this often exposes aspects of their everyday behavioral processes; it also exposes aspects of their historical development (i.e., extended conflicts between certain members of the group). The instructor should have enough information about these past relationships in such a situation to foretell the results of the exercise, or at least have enough time and energy to bring whatever comes up to a full examination and closure.

The arousal type of exercise is designed to create a situation in which certain types of feelings or behavior are made explicit. The assumption is that these variables and concepts are related to the learning goals of the group. The arousal type of exercise is also utilized to facilitate learning processes. Unfortunately, these exercises also have the tendency to be experienced by participants as "entertainment" and without proper process discussions the information is lost. The information coming from these exercises must be integrated into a conceptual framework, if not by the participants, then by the instructor.

The extensive use of the arousal type of exercise tends to inhibit the ability of participants to become self-determined in their process analysis of behavior in groups and introspection. The instructor should be careful to choose a strategy which not only points out the dynamics but illustrates how they fit into everyday interaction, either through here-and-now examination or back-home applications/implications.

II. Observation of typical behavior (collecting data) versus practicing and/or experimentation with new behavior.

Examples: Short games, simulations, or role plays early in the workshop usually present data to a participant about his behavior. Simulations involving several cycles in which behavior is analyzed between cycles or role plays late in a workshop allow a participant to experiment with new behavior patterns.

One aspect of the experiential learning loop which is often left out due to time shortage is the active experimentation phase of learning. The latter units in PMT emphasize practice and experimentation with new behavior.

Unfreezing is an important concept for this experimentation dimension. When asking a person to examine his behavior and choose ways in which he would like to change it, it is assumed that he wants to change it. The individual must be presented with disconfirming data which tells him that his behavior is not what he thinks it is. The observation type of exercise provides this step. Diagnostic work presented in feedback sessions also provides this type of learning.

Sensitivity to what a person can tolerate in one sitting is important in designing the proportion of observation versus experimentation exercises in a program. Introduction to too many concepts and data confuses participants rather than enlightens them.

III. Guided self-examination (intrapersonal) versus group-centered examination (interpersonal).

Examples: Goal-setting exercises and relaxation exercises are both types of intrapersonal exercises. Feedback exercises, looking at norms, interaction patterns are activities which focus on the interpersonal level.

It is important that a participant have the time structured into a program to introspect and test the relevance of the concepts and data discovered in the process for himself. Instructors usually expect a participant to accomplish much of this following a program. This precludes a participant's asking for clarification or for more information from the instructor or the group on a particular issue; it takes the introspection out of the "guided self-examination" sphere.

The relative amount of time spent in each of these exercises should be determined by the focus of the program. If individuals, rather than an organized group, have attended a workshop, they should be given more time to introspect than if a group is going through a team-building experience.

Some examples may clarify how these dimensions are useful. The Arm Wrestling Exercise in the PMT program is designed to: (a) arouse feelings about winning and losing; (b) offer a participant observation of his typical behavior; and (c) facilitate group examination of behavior and foster group interaction. Knowing this about the unit helps the instructor understand how to plan his/her "processing strategy". Discussion of the Arm Wrestling Exercise should emphasize participants' talking to one another and articulating the feelings they had during the exercise.

The Family Role Play is used to (a) arouse feelings and bring them into the here-and-now of the group; (b) allow for observation of typical behavior; and (c) facilitate group analysis of interaction. The first round of the Family Role Play provides this type of learning. In PMT, participants go on to another round of the Family Role Play after processing the first round to shift the focus more toward experimentation with new behavior. Later on in the sessions, the same sequence is followed with the Job Role Play, but by that time the participants are practicing, as well as experimenting with, new behavior. The instructor should begin to see how being clear about what should be accomplished with an exercise in terms of these dimensions helps to give answers about how to try to conduct the exercise.

How does the participant react to an exercise?

When an instructor suggests an exercise, a variety of motives may be aroused. If power is aroused by the mere suggestion of an activity, then participants will have two types of reactions. They may feel manipulated (aroused feelings of transference from other authority figures). In this case, their prime concern during the exercise will be to "psyche out" the instructor (to figure out what he is trying to show) or to sabotage the effort. Both are interesting dynamics, but somewhat dysfunctional to most learning goals.

The second type of reaction if power is aroused will be compliance. They go along with the exercise for the sake of the instructor. This may or may not be functional. Compliance tends to cover dynamics that are part of the process of an exercise. It also leads to resistance toward exploring behavior in an exercise; comments such as, "It was only a game" or "That is not like real life" are frequent with this type of participant response.

If affiliation is aroused, the participant will go along with the exercise for the sake of receiving approval of the instructor, or because of an identification with him/her. Both responses result in compliant behavior which usually inhibits learning, especially if the learning requires some confrontation with disconfirming information.

A good way for the instructor to avoid these response patterns is to make the relevance of the exercise and its goals clear to the participant before it begins. This also makes them feel like "origins" in allowing them an informed

choice of whether to participate in the exercise or not. But the instructor should not offer the choice of participation unless he/she means it.

How does instructor participation affect the process of an exercise?

Not participating in exercises allows the instructor to observe the process and gather more data useful in the process discussions. Much of that information can also be gained from participating; it is really a matter of degree of information, not whether he/she sees it or not. The more therapy one does, the more difficult it becomes to participate fully in exercises; two factors contribute to this. First, the instructor has learned about the exercise, which makes it difficult to be spontaneous and genuine. Second, it is emotionally draining. Many participants feel a sense of safety and security when an instructor does not participate.

When an instructor does not participate, there are several possible feelings aroused in participants. One is of rejection of them as people. (The message that comes across to such persons is that the instructor does not want to interact with them.) It also may arouse authority concerns (transference) because it emphasizes the difference between participants and the instructor. The instructor must carefully weigh the positive and negative effects on group learning before deciding to participate in an exercise.

On Conducting an Experimental Learning Unit¹

To improve the delivery of any of the units or exercises used in PMT, it is important to focus on at least four phases of exercises. Reviewing these with your co-instructor should help improve both your skills.

- Objectives: The overall purpose of the exercise should be stated in behaviorally specific terms (it may be thought of as the expected or intended outcome of the exercise).
- Logistics: The actual running of an exercise, including giving instructions, distributing materials, facilitating group dynamics, etc.

¹Prepared by James A. Burruss

- Processing: This is the point where participants reflect on the experience (generally in small- and/or large-group discussions) and try to understand the implications of the data.
- Linking Data to Learning Points: Here the instructor summarizes the learning points with reference to the immediate data and the participants' own discussion of that data. This may be done through the introduction of a conceptual model.

The following questions are designed to help you think about these aspects in a systematic way. In discussing them before and after sessions, try not to limit your comments to a simple "yes" or "no". Rather, try to cite specific evidence to support your impressions. Using this framework in preparation or debriefing meetings with your co-leader should increase your effectiveness in conducting the units.

Objectives

1. What seemed to be the objective(s) of the exercise?
2. How adequately were these explained to the participants (i.e., did the participants seem to have a clear understanding of why they were doing the exercise)?
3. Did the instructor seem to have the objectives clearly in mind throughout the exercise or were there periods in which the objectives tended to be forgotten and/or new objectives introduced?
4. Were all of the objectives adequately met? What problems interfered with meeting those objectives (e.g., unanticipated reactions, "ego-tripping", insufficient data, time conflicts, etc.) and how effectively did the instructor handle them?

Logistics

1. Did the instructor seem well-prepared for conducting the exercise (i.e., all materials together and ready for use, notes organized, facilities set up, etc.)? How did this affect the pacing of the exercise -- the "clip" at which it moved -- and the involvement of the participants?

2. How adequate were the instructions? Did the participants have a clear understanding of what they were supposed to be doing? How adequately were their questions responded to?
3. What things did the instructor do to promote excitement and involvement in the exercise? How effective were these?
4. How well did the instructors work together? Did they complement each other or did they tend to be working at cross purposes? What role did the support instructor play? How did the lead instructor respond to the support instructor's input?

Processing

1. What strategy did the instructor use in processing the exercise (i.e., how was the processing organized)?
2. What role did the instructor play in molding the discussion? What did the instructor do to generate data and facilitate helpful reflections by participants on their own and others' behavior? Was there an adequate balance between "keeping things under control" and allowing folks to "express themselves"? Did the instructor make effective use of all the data available?
3. How involved were the participants in the discussion of the exercise? Were they able to articulate any new insights about themselves or others? Did they seem to understand the implications of their own behavior?

Linking Data to Learning Points (or Objectives)

1. Were the links clearly and adequately drawn between the concrete experience, participants' reflections on that experience, and the learning points (or objectives) of the exercise? How was this accomplished?

2. How well did the participants seem to understand these connections? What evidence did they show that indicates the objectives were or were not met?
3. Did this exercise seem to be well-timed to the total program? That is, did it "fit" naturally with the units which preceded it and those which would come afterward? Did it build on any of the learning points from previous exercises?

Some Exercises for Building Group Dynamics Skills

The following is a list of exercises an instructor may want to use in developing his/her own group dynamics skills. He/she should not try too many at once; the process of conducting PMT is draining enough without burdening oneself with excessive self-development. However, it is recommended that the instructor employ one or two of these exercises each time he/she conducts a PMT.

1. Group Norms Exercise: The purpose of this exercise is to understand what the norms of interaction are in the group. One instructor should record the length of time (in seconds) which each person (including the instructors) talks for 10 to 20 minutes. The time to record this information should be chosen randomly. Once the data has been collected the frequency with which group members speak and that with which instructors speak should be calculated, as well as the mean length of time a group member speaks and each instructor speaks. Then, the percentage of total "air time" taken by instructors versus that taken by group members should be calculated. The instructor should examine the pattern of who speaks to whom. Does the instructor respond to every statement made by a group member? Does the instructor tend to make long statements, while the group members speak briefly? Do group members talk to one another or is all interaction through the instructors?

2. Individual and Group Feedback Exercise: The purpose of this exercise is to develop an instructor's skills in receiving and giving feedback and in obtaining information without directly asking for it. The instructor should ask a group member or the group as a whole how they are feeling at the moment and how they feel about the program. At another time, he/she should ask group members if they feel that things covered in the program are useful to them in their lives. "Have you noticed any changes in your awareness or behavior which you think are related to what we have discussed or experienced in the workshop?"

To obtain another level of feedback, the instructor might ask participants (again, individually or in the group) to identify the objectives of the unit and state their relevance to their lives. This may provide the instructor with some interesting links to real life and feedback on the "demonstrated objectives" of the unit which he/she had not realized. In other words, the instructor's behavior may be communicating a message not intended; on the other hand, he/she may be communicating exactly what he/she had intended.

The instructor should observe how participants give and receive feedback from one another. This often reflects the norms which he/she has created in the group concerning feedback. If none is observed, the instructor should examine whether or not he/she has been providing feedback to participants or has allowed them to give some to him/her.

3. Using the Instructor's Own Feelings: The purpose of this exercise is to develop the skill in using self-awareness. An instructor's feelings may be an important clue to where the group mood is (as well as a clue about how he/she is feeling about his/her leadership of the PMT Workshop). One approach to testing this is for the instructor to share some of those feelings with group members to see what they think. Sharing some feelings with the group as a whole encourages a norm of open sharing of personal feelings which helps the group process.

Once the instructor has developed an idea about how much he/she can trust that his/her feelings reflect where group members are, he/she can utilize these feelings in analyzing the group mood and making decisions on what type of intervention is most needed at a point in the program (i.e., when group members need a dose of efficacy, or a review of prior material, or a discussion of the relevance of the program objectives).

4. Co-Instructor Feedback: The purpose of this exercise is to improve instructor and therapeutic skills. Although it is more difficult to give and receive feedback with a co-instructor than with participants, an instructor's ability to do this is often a clue to his/her feelings of comfort with the material and the way a particular group is developing. There are many ways of processing feedback between instructors and a variety of techniques should be explored. One method would be to only discuss positive behavior of the other person. Another method would be to set skill development goals for one another and help one another work toward those goals during the course. Another

method would be utilizing a third party to help the two instructors debrief the workshop experiences. There are many ways to experiment with this step. An instructor may find that when working with a particular person as co-instructor, one method is preferable to another; when working with someone else, there may be another method which works best.

5. Taping Sessions: An effective way to record data on sessions with which to examine many aspects of an instructor's behavior and the group dynamics is to record sessions on audiotape or videotape. If an instructor chooses any of these methods, he/she should be certain to have permission of the participants and their assurance that they know exactly who will see or hear the tapes. The issue of confidentiality of recorded material is touchy in these times and must be addressed with caution.

6. Using the Instructor's Fantasies: A method for understanding how the instructor feels about a particular group and his/her performance in it is to verbally or graphically create a fantasy about what might happen in the group. Often this occurs spontaneously during preparation and debriefing sessions. There is much data in these fantasies, and if the instructor is in the mood, it may be useful to analyze them.

There are many other exercises which an instructor may use to develop his/her group dynamic skills. He/she does not have to wait for a PMT group to work on them. He/she should feel free to use his/her family or friends, fiction and television material to develop those skills.

IV. INSTRUCTOR NOTES FOR SESSIONS 1 THROUGH 34

In the following pages, instructor's notes for each of the 34 sessions in the program will be found. For each session, the following material is presented:

- (a) specific behavioral objectives for the session;
- (b) a list of the units in the session with estimates as to the amount of time each will need;
- (c) materials needed for the session; and
- (d) a time line, with specific instructions as to how to conduct the units in the session.

In addition, a number of sessions are followed by brief instructor notes which provide supplemental information for you. These supplemental notes are intended as guides and are not provided with the intent of limiting your use of other information or resources.

SESSION 1

Objectives

- By the end of the session, clients should be able to:
- (a) describe the program objectives and the types of activities which will be involved;
 - (b) state the "ground rules" for participation in the program; and
 - (c) list the reasons why record-keeping is important.

Units in the Session

- 1.1 Introduction to Counselors and Clients (45 minutes)
- 1.2 Ground Rules (15 minutes)
- 1.3 Introduction to the Program and Expectations about the Program (90 minutes)
- 1.4 Record-keeping and Assignment (30 minutes)

Materials Needed

Journal, flip chart, markers, and name tags

Time Line

- 0:00 Introduction to Counselors and Clients: Welcome each client individually, as he/she enters. At the formal time for beginning the session (or within ten minutes), announce that the session will begin. Introduce yourselves and state your position in the program. Have each client tell how he/she feels about being there.

Hand out name tags. Ask each client to write his/her first name (or nickname) on the name tag. Direct clients to form trios by counting off in threes according to the seating pattern. Explain that the

group will be spending a lot of time together over the coming year and should get to know each other. Tell them to spend fifteen minutes in the trio introducing each other. They should discuss who they are, where they work, their family, other interests, and how they feel about being in the program. After the discussion, each person will be asked to introduce one of the people in his/her trio to the entire group. Tell them to pull their chairs around into small clusters for the trio discussions.

After 15 minutes, ask the group to pull their chairs back into the larger group circle. Ask a person from the group to the left of the counselor to begin by introducing one of the people in his/her trio to the group. Continue until all clients have been introduced.

0:45 Ground Rules: Introduce the concept of "ground rules." A ground rule is a habit to which you and the clients have agreed. Ground rules may cover various types of behavior (actions). You are most concerned, at this point in the program, about attendance, sobriety during sessions, and other actions which may violate their contract with the courts. State the consequences of a client failing to meet the ground rules. Make clear the confidentiality of discussions and information during the program, and your availability by telephone between sessions.

1:00 Introduction to the Program and Expectations about the Program: Introduce the program with a brief historical statement as to why the the Department of Transportation and Sacramento County are concerned about clients going through the program. Read the objectives of the program and briefly discuss the relevance of each objective in a client's life (i.e., an example of how attaining each objective might help the client enjoy life more than before). Describe the general flow of units and topics in the sessions of the program, emphasizing what the client will be able to do during or after the program which he/she might not have been able to do before the program. Use several specific exercises to show how these skills will be developed and practiced.

Describe the rules of behavior which you hope will be attained in the group, and how these will aid in

the learning process. This is not like school, so just sitting and listening will not help them get anything out of it. Point out the statement of objectives and description of the program in their Journal.

1:30 Explain that sharing expectations is an important part of people working together in a group. By sharing expectations, people in a group know what to expect of each other and develop a common goal. The common goal is an image of what they want to do and where they want to go during the program. Ask the clients to return to the trios in which they introduced each other and, for 20 minutes, discuss what each person thinks he/she might get out of the program. Ask them to summarize each person's expectations on a piece of flip chart paper. Specifically, the instructions for the trio discussion should be:

"Tell each other the answer to the following two questions:

- (1) What do I think will be different about me by the end of the program?
- (2) What will not have changed about me by the end of the program?"

Ask them to turn their chairs around and begin their discussion.

2:00 Ask the trios to pull their chairs back into the larger group circle. Tape the flip chart pages on the wall around the room. Ask members of each trio to comment, or explain what they wrote. Keep the discussion moving briskly to avoid boredom. If you find an opportunity, use humor to break the ice. Keep these flip chart pages for use later in the program.

2:30 Record-keeping and Assignment: Introduce record-keeping as a way of learning about one's own habits and the habits of others. Discuss the importance of keeping records each day and not relying on memory. Introduce the record-keeping of smoking behavior as the first exercise. It is a way of practicing record-keeping. Show the record sheet to be used,

discuss how to make marks on it, and mention how it will be used in the next session. Having a sample record sheet drawn on a flip chart will help in the discussion. Tell clients to keep a record of the smoking behavior of someone close to him/her (e.g., a spouse) if the client does not smoke.

3:00 End.

INSTRUCTOR NOTES ON THE USE OF TRIOS

- I. Trios have a variety of uses in the program. They are used:
 - A. as a basic small group for information sharing;
 - B. in formal information-sharing arrangements (interviewing);
 - C. as independent units, with a built-in coach, where the presence of a counselor is unnecessary;
 - D. in the development of helping and consulting skills; and
 - E. to build cohesion by focusing the acquaintance process on small units in succession.
- II. Trios are regularly used in other treatment and training situations.
 - A. Trios, or triads, are regularly used in workshops that teach interviewing skills, problem consulting skills, and other helping skills.
 - B. Trios are a regular arrangement in assertiveness training.
- III. Trios usually involve a rotation of three roles:
 - A. The assessor: the protagonist, the interviewer, or the helper.
 - B. The recipient: the interviewee or the client.
 - C. The observer: the coach.
- IV. There are advantages to having small task group roles assigned in this way in the training process.
 - A. There is always a built-in observer.
 - B. The group can function without a counselor present.
 - C. There is provision for a "resting" position.
- V. There are advantages to being in the observing and/or coaching role.
 - A. The observer can see a range of alternatives modeled for him/her.

- B. The observer can learn observational and response-inhibition skills.
 - 1. Observational skills are important in changing one's own behavior.
 - 2. A client can apply observational skills to his/her own behavior and develop skills in awareness.
 - C. The role of a coach has been shown to enhance performance in assertiveness training (Flowers and Guerra, 1974).
- VI. There are advantages to being a participant in the presence of an observer and/or coach.
- A. There is a built-in witness, an objective third party, who can serve as a protector and buffer.
 - B. A nonparticipant can take the role of recorder and time-keeper.
 - C. A participant can receive consistent individualized attention from a coach.
 - D. There is a built-in performance evaluator. This position can be augmented by providing observers with check lists.
- VII. You should think carefully about the consequences of the sequence of rotation. For example, if the goal is to help clients gain skills as assertors or interviewers, it might be useful to proceed directly from the role of observer to the role of actor.
- VIII. You should set some ground rules for how coaching and processing are to be conducted in the trios. For example, statements in the literature stress the use of positive comments, ending a session with success for a client, and emphasizing what a client has done well as opposed to deficiencies that he/she has demonstrated.
- IX. There are some basic units that can be effectively conducted in trios.
- A. Listening skills
 - 1. Clients should receive some instruction and modeling of these skills before breaking into trios. The skills might include:

- a. facing the other person;
 - b. having an open, relaxed posture;
 - c. leaning toward the other person;
 - d. maintaining eye contact with the other person;
 - e. speaking in a relaxed, nonmonotonous voice;
 - f. maintaining a moderate tone of voice--neither too soft nor too loud;
 - g. maintaining an optimum activity level through use of spontaneous verbal and nonverbal responses; and
 - h. conveying interest through meaningful, but non-distracting facial expressions.
- B. Skills in giving open invitations to talk.
- 1. Skills for this unit could include:
 - a. using open-ended questions, not close-ended ones which solicit a yes or no answer;
 - b. communicating respect, approval and caring;
 - c. recognizing the vulnerabilities of the other person;
 - d. paraphrasing and checking to increase clarity (for example, "What I just heard you say was..."); and
 - e. trying to get an idea of how the other person is feeling (for example, "How are you feeling right now?").
- C. Helping or consulting skills.
- 1. Clients should receive instructions and modeling first. Skills might include:
 - a. helping the other person define and clarify his/her issue or problem;
 - i. using listening skills

- ii. using skills in giving open invitations to talk
 - iii. leaving responsibility for answering to the other person
 - b. avoiding premature proposals of potential solutions; and
 - c. avoiding blaming and judgmental statements.
- D. Skills in ownership of thoughts and feelings.
 - 1. Skills for this unit might include:
 - a. using "I" statements and being responsible for self;
 - b. avoiding "under responsibility" (for example, using phrases such as, "they think, one should, some people do"); and
 - c. avoiding "over responsibility" (for example, using phrases such as, "you think, we feel, everybody knows that...").
- X. These basic units are important in skill building and developing cohesiveness in a group which meets for an extended period.
 - A. Since the goal of the program is to have people increase their ability to help themselves, helping skills form an important component in learning to receive and accept aid.
 - B. A trio has a built-in rotation, enabling the participants to learn more skills through active experimentation and concrete experience; reflective observation in the form of the observer-coach; and feedback about a participant's impact from a receiving party.

Reference

Flowers, J. V., and Guerra, J. The use of client-coaching in assertion training with large groups. Journal of Community Mental Health, 1974, 10, 414-417.

SESSION 2

Objectives

By the end of the session, clients should be able to:

- (a) describe what BAC (Blood Alcohol Concentration) means;
- (b) calculate his/her own BAC under a given set of conditions; and
- (c) correctly answer questions concerning the content of the film, "Under the Influence."

Units in the Session

- 2.1 Review of Assignment (15 minutes)
- 2.2 Discussion of Habits (30 minutes)
- 2.3 Explanation of BAC (60 minutes)
- 2.4 Film: "Under the Influence" (45 minutes)
- 2.5 Assignment (10 minutes)
- 2.6 Relaxation Training (20 minutes)

Materials Needed

Journal, film, projector and screen

Time Line

- 0:00 Review of Assignment: Ask clients to report on their record-keeping regarding smoking behavior. Discuss any difficulties they report in the process of keeping records. Ask whether the record-keeping made them more aware of smoking behavior than they had been before keeping records. Ask them if record-keeping led to any change in behavior.
- 0:15 Discussion of Habits: Define habits as those behaviors or actions which a person repeats in some routine manner. The actions become almost

automatic. Ask clients to name several habits and discuss the behavior involved. Ask clients if habits can be controlled. (The learning point should be that breaking an undesirable habit requires so much attention that it might seem that a person is merely replacing one habit with another habit.) Return to the record-keeping of smoking behavior and discuss smoking as a habit. During the discussion, cover the following points:

- (1) Smoking is a habit which is difficult to break.
- (2) People like to smoke at certain times (i.e., when they are drinking coffee, having alcoholic beverages, etc.).
- (3) Smoking is a habit because it makes a person feel a certain way (i.e., it is arousing to smoke).
- (4) When people try to stop smoking, they often have to start other habits, such as chewing gum, sucking lollipops and so forth.

0:45 Explanation of BAC: Drinking, like smoking, might be a habit. It provides people with an activity and changes the way they feel. One useful concept in understanding the effect of drinking as a habit is Blood Alcohol Concentration, called BAC. BAC is not only a measure of how much alcohol a person has consumed, but is also a measure of how much his/her ability to do various things would be affected by his/her drinking. Present material from the lecture notes provided in this section.

Ask clients to think of the last time they were drinking. Go around the room and ask each person to estimate his/her BAC at the time. Hand out and have them refer to the BAC wheel or card to estimate. Ask questions which help clients begin to understand what factors contribute to the computation of BAC.

1:45 Film "Under the Influence": Introduce the film as an opportunity to view other people applying the ideas which the clients have just been discussing, and to see how it affects driving behavior. Show the film.

After the film, discuss clients' feelings about the film.

- 2:30 Assignment: Repeat the reasons for record-keeping. Ask clients to continue record-keeping if they are smokers. Ask clients to keep a journal of their drinking during the week as well. Ask clients to write the numbers of drinks taken within each one hour period and what type of beverage they were drinking. Ask clients to also write what they thought their BAC was at the time.
- 2:40 Relaxation Training: See Appendix A for the guide to the first relaxation session.
- 3:00 End.

INSTRUCTOR NOTES ON BLOOD ALCOHOL CONCENTRATION (BAC)

BAC is the ratio, expressed as a percent, of alcohol present in the blood to the total volume of blood. A BAC of 0.15 percent equals 15 parts of ethyl alcohol to 10,000 parts of blood.

BAC is a critical concept in a discussion of drinking and driving since legal limits are defined in terms of the BAC acceptable in a given jurisdiction. In California the legal BAC limit is 0.10 percent. Clients who choose to attempt to continue to drink should know how many drinks they can consume in a given time period before reaching this limit. Extensive research has shown that any drinker is impaired at this level, despite his or her tolerance for alcohol. In addition, those clients who insist that they can "hold" large amounts of alcohol without feeling impaired should be informed that this is a sign that their tolerance has developed to the level that it is virtually certain their alcohol consumption is causing them serious physiological damage.

Chart 2 notes the various factors which are included in determining an individual's BAC. These include concentration of alcohol in the beverage consumed, amount of alcohol in the bloodstream, rate of drinking, amount of food in the stomach, and body weight. Chart 3 presents examples of the amount of alcoholic beverage a 160 pound person would need to reach various BAC levels (e.g., 4 drinks of 1 ounce, 86 proof beverage in two hours to reach 0.05 percent; 6.5 drinks in two hours to reach 0.10 percent and 9 drinks in two hours to reach 0.15 percent).

The degree of impairment at various levels of BAC is summarized in charts 4 and 5, where it is noted that most heavy drinkers were impaired between 0.05 and 0.10 percent. All drinkers were impaired at the 0.10 percent level.

Because of the impairment due to alcohol consumption, drinking drivers cause many more accidents than other drivers. The high accident rates of drinking drivers are summarized in charts 6 and 7.

A person's BAC will rise rapidly when alcohol is consumed at a rate which exceeds the liver's capacity to metabolize it. A rule of thumb often stated is that it takes the liver as many hours to metabolize the alcohol as the number of normal-sized drinks consumed. Methods such as taking a cold shower and drinking black coffee can make a person more awake but they

do not decrease either the BAC or the impairment in driving and other abilities. Time is required.

An important point is that the BAC recorded at the time of an arrest is considered to be an important indicator of the seriousness of a person's drinking problem. For instance, a person who has a BAC of 0.15 or higher at the time of arrest but who is able to maintain some reasonable level of control has a higher tolerance for alcohol and therefore can be considered a serious problem drinker. The importance of this diagnostic item should be discussed with clients.

In summary, it is important when discussing BAC with clients to emphasize the following points:

1. all drivers are seriously impaired when their BAC is above 0.10 percent;
2. tolerance to alcohol, which increases the client's ability to perform when at high BACs, is a danger sign that physiological damage and perhaps addiction to alcohol are developing;
3. clients should be taught to memorize how many drinks they can consume in a given time period and still be under the legal limit--they should also be aware that impairment of driving skills usually begins well before 0.10 percent (usually by 0.05 percent);
4. drinking coffee, taking cold showers and other attempts to "sober up" do not lower BAC--however, a good rule is to always eat when drinking alcoholic beverages because this will slow the absorption rate of alcohol into the bloodstream; and
5. impairment of judgment is a serious component of overall impairment of the driver--some drivers feel that they can compensate for slower reaction time, yet they may not be able to control impulses toward risk-taking behavior when at high BACs.

BLOOD ALCOHOL CONCENTRATION

ABBREVIATION

B.A.C.

DEFINITION:

Blood alcohol concentration is the ratio of alcohol present in the blood to the total volume of blood expressed as a percent: thus a BAC of 0.15 percent equals 15 parts of ethyl alcohol to 10,000 parts of blood.

AND

MEASUREMENT:

Blood alcohol concentrations are measured through chemical tests which involve

- Collection and measurement of breath or body fluid sample
- Separation of alcohol from the biological material
- Quantitation of the separated alcohol
- Identification of the substance as alcohol

SOURCE: C. R. Carroll, *Alcohol Use, Nonuse, and Abuse*, 1970
ADAPTED BY: Indiana University Institute for Research in Public Safety

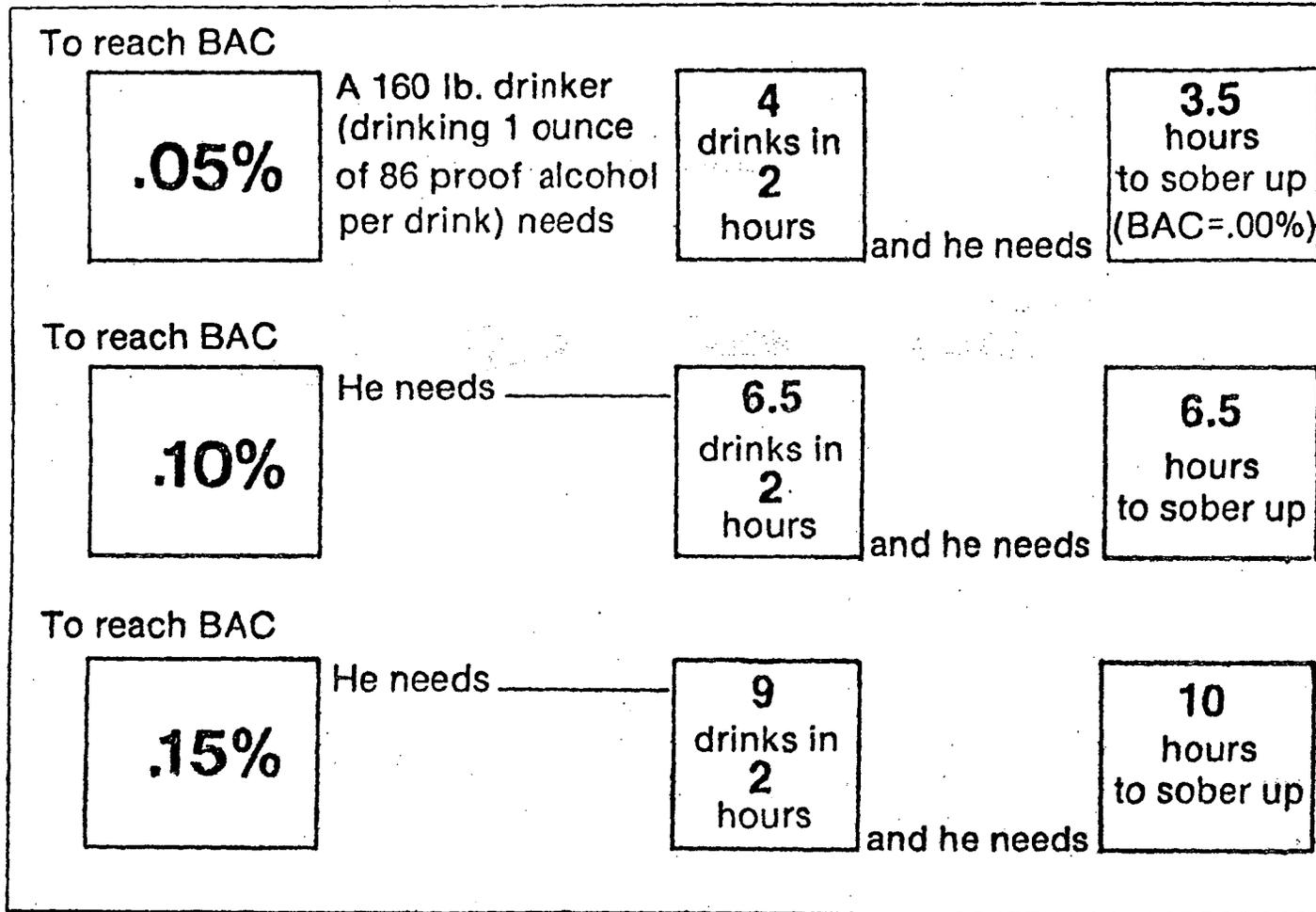
INDIVIDUAL BACs VARY WITH THESE FACTORS

- CONCENTRATION OF ALCOHOL:** The greater the concentration of alcohol in a beverage the more rapid the rate of absorption and the higher the concentration of alcohol in the blood.
- AMOUNT OF ALCOHOL:** The more alcohol ingested at any one time the longer the absorption period will be.
- RATE OF DRINKING:** The rapid ingestion of beverage alcohol will likely result in elevated blood alcohol levels, while drinking in small divided amounts prevents high alcohol concentrations.
- AMOUNT OF FOOD IN THE STOMACH:** Presence of food in the stomach delays the absorption of alcohol by diluting the alcohol and causing slower absorption.
- NONALCOHOL SUBSTANCES IN ALCOHOLIC BEVERAGES:** Generally the more nonalcoholic substances in a beverage the more slow will be the absorption of alcohol; however, the carbon dioxide present in champagne and sparkling wines actually speeds up absorption.
- BODY WEIGHT:** The more a person weighs, the lower will be the blood alcohol concentration, because heavier persons have more body fluids which dilute the alcohol.
- PYLOROSPASM:** In some drinkers, the consumption of too much alcohol causes the pylorus (muscular valve between the stomach and small intestine) to contract. This spasm may retard absorption and delay intoxication or result in nausea and regurgitation.
- MISCELLANEOUS FACTORS:** Such phenomena as stress, anger and fear are presently recognized as factors which also influence the emptying of the stomach.

SOURCE: Charles Carroll, *Alcohol: Use, Nonuse and Abuse*, 1970

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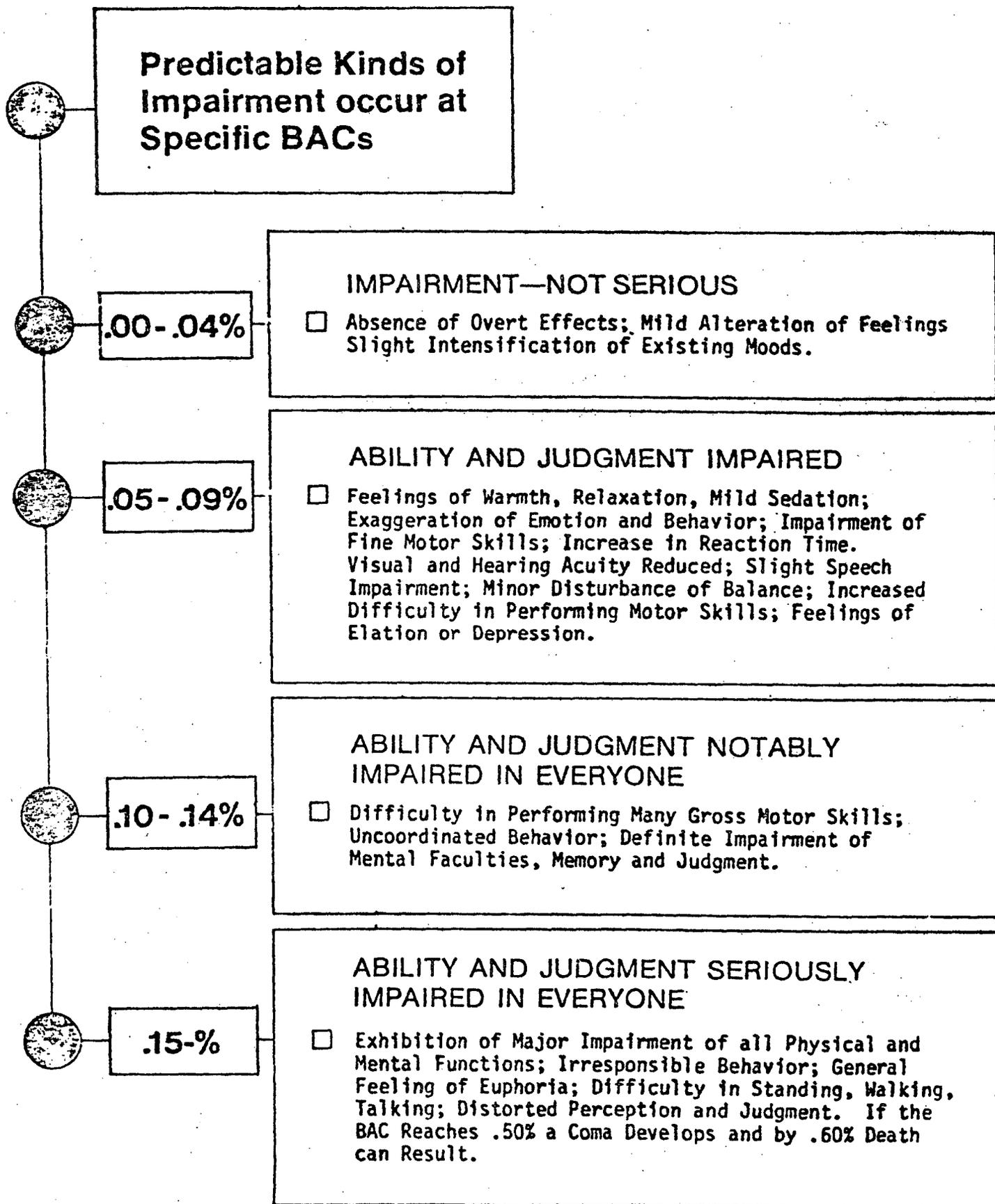
It Takes a Lot of Drinks to Reach a High BAC— It takes time to sober up.



SOURCE: Rutgers ALCO-Calculator
ADAPTED BY: Indiana University Institute for Research in Public Safety

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CHART 4

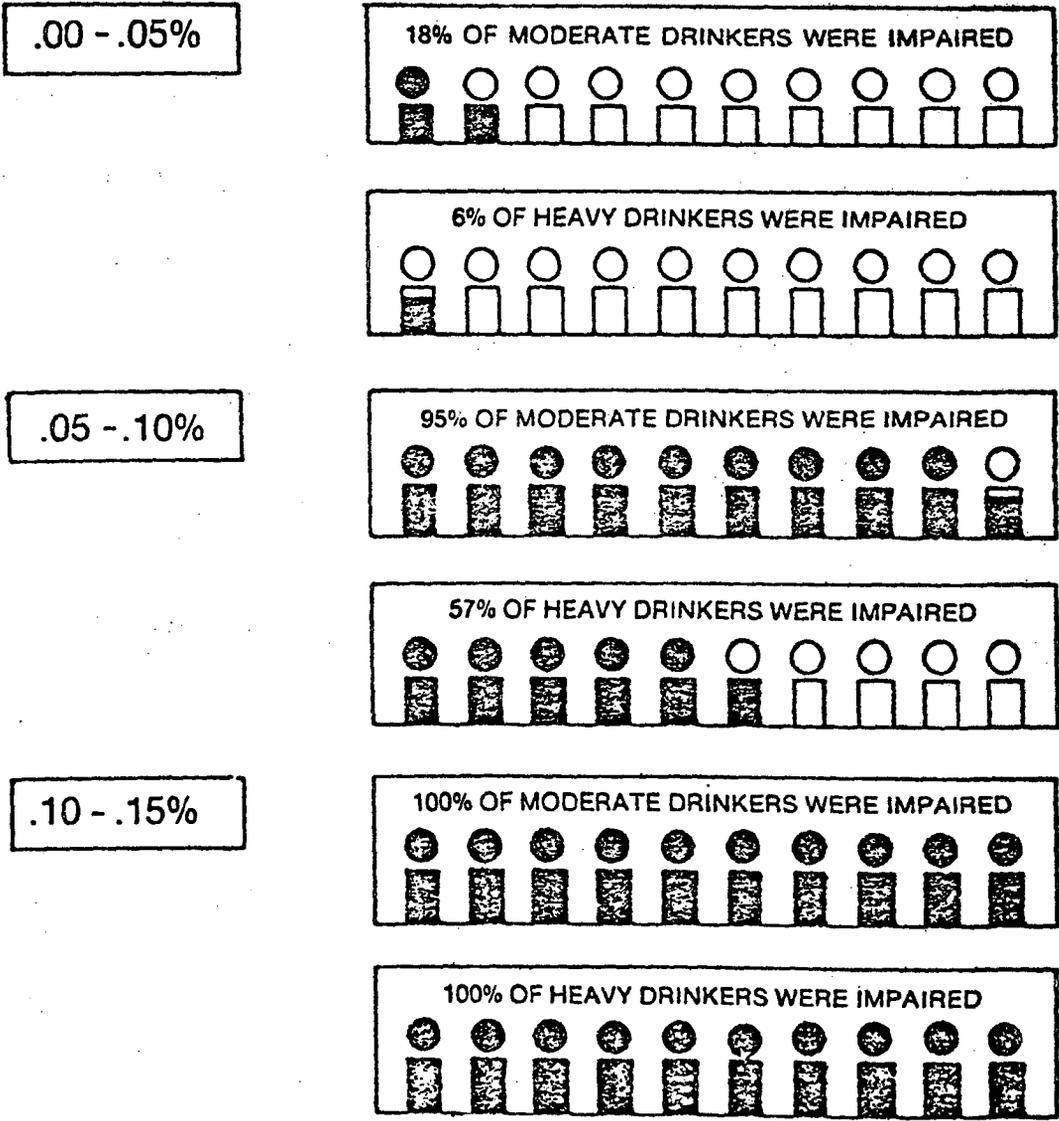


SOURCE: C. R. Cerro, Alcohol Use, Misuse and Abuse, 1970
DESIGN: Indiana University Institute for Research in Public Safety

BAC Strongly Correlates with Impairment on Behavioral Tests

- THE TESTS: Vision Test
 Standing Test
 Coordination Test
 Concentration Test
 Comprehension Test

THE IMPAIRMENT:



SOURCE: 1968 Alcohol and Highway Safety Report
SOURCE: Indiana University Institute for Research in Public Safety

1-4% of drivers on the road are legally drunk (BAC = .10%+)—these are involved in at least

- TWICE as many auto accidents of all kinds
- TWICE as many property damage accidents
- FIVE TIMES as many personal injury accidents
- TWELVE TIMES as many fatal accidents

as is statistically probable.

SOURCE Indiana University Institute for Research in Public Safety

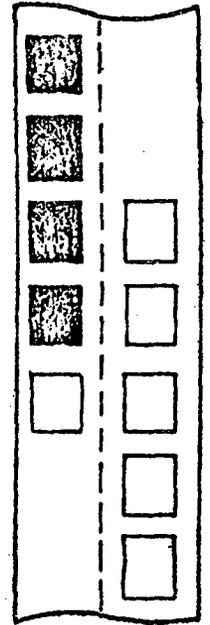
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In 50 Years A Drunk Driver (BAC=.10%+) Is Almost Certain to Have at Least One Serious Crash — There is a 50% Chance Someone Will Die in That Crash

IN 50 YEARS:

4 of 10 sober drivers will crash with another sober driver

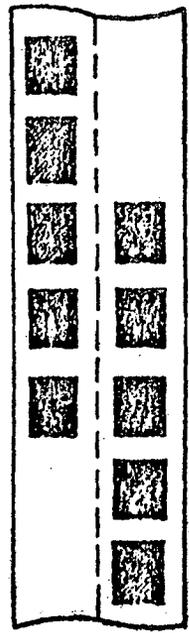
And 1 of those 10 drivers will crash with a legally drunk driver (BAC = .10+)



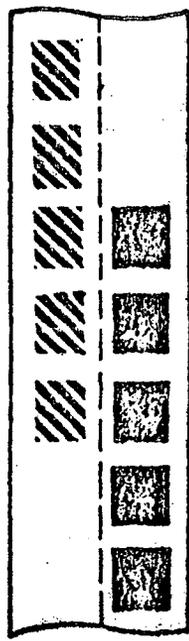
SOBER DRIVER'S RISK

A drunk driver (BAC = .10+) will have at least one serious crash

And half of those legally drunk drivers will be in a fatal crash



DRUNK DRIVER'S RISK



SOURCE: Indiana University Institute for Research in Public Safety

SESSION 3

Objectives

By the end of the session, clients should be able to:

- (a) state the effects of alcohol on the body;
- (b) describe the personal, internal sensations that he/she associates with drinking;
- (c) describe the internal sensations experienced when ingesting other substances, including food; and
- (d) state the similarities and differences in the internal sensations which are associated with ingestion of various substances.

Units in the Session

- 3.1 Review of Assignment (30 minutes)
- 3.2 Discussion of the Physiological Effects of Alcohol: film "Medical Aspects" (75 minutes)
- 3.3 Discussion of Nutrition and Habits of Ingestion (30 minutes)
- 3.4 Physical Exercise and Relaxation Training (40 minutes)
- 3.5 Assignment (5 minutes)

Materials Needed

Journal, film, projector and screen

Time Line

- 0:00 Review of Assignment: Ask clients about their record-keeping of smoking behavior. Did it lead to any changes in behavior? Was it different from the record-keeping during the first week? Take note

of how many clients kept records on smoking.

Ask clients about the record-keeping of drinking behavior. Find out how many kept records. For those who kept records, ask when they made the entries: Was it at the time of drinking or later (i.e., following drinking)? Were they able to guess their BAC? Did record-keeping of drinking cause different problems than record-keeping of smoking behavior? One of the problems you can expect in record-keeping of drinking is that the reaction of others might cause embarrassment to the client.

0:30

Discussion of the Physiological Effects of Alcohol:

Introduce the film as a way to learn how alcohol affects the human body. Show the film "Medical Aspects." Discuss various points made in the film. Clients will have a number of questions and reactions after viewing the film. Using your study guide to prepare, answer questions if possible. If you do not have the answer to a question, write the question down and tell the client you will try to find the answer before the next session. The material in the film might also evoke some feelings in the clients. Ask them how they feel and discuss what it was about the film that aroused those feelings. Be sure to discuss the different effects alcohol has on different people. Discuss how much of those differences are real or merely differences in self-awareness. Differences among people might be in such areas as drowsiness, feeling of elation, dizziness, etc.

1:45

Introduce food as a substance which also has effects on a human body. Like alcohol, some foods have no nutritive value but contain calories. Unlike alcohol, many foods have some nutritive value. People have stressed the value of a balanced diet. Why? Ask clients if they have noticed effects of eating too much of one type of food, such as too much candy. If clients cannot report such effects, tell several anecdotes about people who have drunk too much water, eaten too much meat, and so forth.

Eating is necessary to survival, but in spite of what some people might feel, smoking and drinking alcoholic beverages are not. People develop habits of eating as well as other habits. Ask each client to tell

about one of his/her eating habits. Make sure that each client tells about at least one habit.

Summarize by pointing out that any habit of ingestion affects a person's body. It affects the way a person feels and his/her ability to act in certain ways (i.e., perform certain tasks).

- 2:15 Physical Exercise and Relaxation Training: Introduce the physical exercise by referring to Appendix B. Once you have completed the physical exercise for this session, go to Appendix A and do the second relaxation training exercise.
- 2:55 Assignment: The assignment for the week is for them to keep a record of their drinking behavior and of the foods which they eat each day. Tell them that they must fill in the form every day or they will forget what they ate.
- 3:00 End.

SESSION 4

Objectives

By the end of the session, clients should be able to:

- (a) list the elements in writing a behavioral contract;
- (b) describe their drinking-driving contract.

Units in the Session

- 4.1 Review of Assignment (30 minutes)
- 4.2 Discussion of Substance and Alcohol Abuse (60 minutes)
- 4.3 Writing a Drinking-Driving Contract (75 minutes)
- 4.4 Relaxation Training (15 minutes)
- 4.5 Assignment (1 minute)

Materials Needed

Journal, flip chart and markers

Time Line

- 0:00 Review of Assignment: Clients should be asked to report on how easy or difficult they find the record-keeping. They should answer the question, "Does record-keeping help you practice new behavior?" You might want to confront some of the clients as to the accuracy and truth in their record-keeping. The desire to cheat on the record should be discussed as a possible response to desiring to avoid failure, guilt and working toward a goal, or being lazy. Ask the clients to use their homework to discuss their consumption and drinking habits. Explore the idea that consumption of any substance to an extreme can be hazardous.

0:30 Discussion of Substance and Alcohol Abuse: Continue discussion of the idea that consumption of any substance to an extreme is hazardous. Ask clients to give examples of the consequences of consuming too much: starch, sugar, meat, spinach, candy, soda, milk, etc. The discussion will focus on clients' perceptions of when alcohol use becomes abuse. Ask the clients to form small groups and spend 15 minutes answering the following questions, writing the answers on a sheet of flip chart paper.

"What are the signs that a person is abusing alcohol? Does his/her feelings or behavior change when drinking becomes abusive? How?"

Reconvene the group and ask the small groups to report their answers. As each group reports its answers to the questions, ask for clarification or specificity if the answers are vague.

In the large group, ask clients to generate: (1) a list of positive, and (2) a list of negative, consequences of drinking. Write the lists on flip chart paper. Once the lists have been generated, ask if all the negative consequences are indications of alcohol abuse. Discuss which are and which are not, using the clients' small group lists as a reference. A similar discussion should be made concerning the list of positive consequences, although the discussion of this list should be much briefer than that regarding the negative consequences lists.

1:30 Writing a Drinking-Driving Contract: Once the negative consequences of alcohol use have been discussed, the hazardous aspects of drinking and driving should be clear. Mention the importance of gaining control over actions which are potentially harmful to oneself or others. One aspect of changing a habit is to keep records on the action or behavior. A second aspect of changing a habit is to make a decision about what specifically one wants to change in his/her behavior. Although drinking and driving might not be a habit (i.e., something which one does often and in a routine way), it is a potentially harmful behavior, one which possibly should be eliminated from one's actions. If there is resistance to this point, obtain at the minimum the clients' agreement that

combining drinking and driving should be eliminated to avoid another DUI arrest.

Define a behavioral contract: a contract between yourself and another person or persons. Like a legal contract, it clearly states what you will do and what you will not do with regard to some specific behavior or action. Describe the elements of a useful (i.e., effective) contract. These are: (a) mutual consent--all of the individuals involved must agree to the terms and make a commitment to do their part; (b) specific--the contract states exactly what each person will do and, if appropriate, not do; and (c) timing--the contract should state how long it will last and what times the behavior mentioned in the contract will be measured.

Describe how a person might write a contract with him/herself regarding some behavior which he/she would like to change. Such a contract does not need someone else to agree to it, but does need someone else to recognize it and help the individual live up to the contract. People make many contracts with themselves every day. Sometimes these mini-contracts are about eating, sometimes about the length of time doing some work, and so forth.

1:55 Show the clients a sample of a drinking and driving contract. It might help to have a written sample on a flip chart page. Tell the clients that each of them is expected to write a contract concerning his/her drinking and driving for the next week.

Ask each client to work individually making a contract about his/her drinking and driving behavior for the next week.

2:00 Ask the clients to form pairs. The purpose of the pair is to test each other's commitment to his/her drinking and driving contract and to cosign the other person's contract. Give the following instructions:

"Ask your partner to describe his/her drinking and driving contract. Ask whatever questions you feel are relevant to finding out if he/she will be able to live up to the contract. If you're convinced that your partner will live up to the contract, sign it beneath his/her signature.

If you do not think that he/she will live up to the contract, tell him/her what would have to be changed before you would sign it. If your partner will not sign your contract, you must change it until he/she will sign it. Remember, the purpose of the exercise is to help you make a realistic contract with yourself. The cosignature on your contract means that someone else believes you are being realistic."

- 2:20 In the large group, discuss how it felt to write the contracts and to try to get them signed. Talk about the feelings involved in making a contract with yourself and telling someone else about it. Talk about the feelings of responsibility in signing someone else's contract.
- 2:45 Relaxation Training: See Appendix A.
- 3:00 Assignment: The homework assignment is for them to live up to the drinking-driving contract by recording any drinking behavior during the week and indicating whether they drove afterward or not. Tell the clients to continue recording their eating behavior. At the conclusion of the assignment, end the session.

SESSION 5

Objectives

By the end of the session, clients should be able to:

- (a) describe the links between feelings, moods and the clients' drinking behavior;
- (b) list several techniques which can be used to change their feelings and moods without the use of chemicals;
- (c) label their mood at a given moment; and
- (d) describe their personal early warning system.

Units in the Session

- 5.1 Review of Assignment (45 minutes)
- 5.2 Family Role Play (60 minutes)
- 5.3 Mood Checklist and the Early Warning System (50 minutes)
- 5.4 Physical Exercise and Relaxation Training (20 minutes)
- 5.5 Assignment (5 minutes)

Materials Needed

Journal, flip chart and markers

Time Line

- 0:00 Review of Assignment: Ask the clients to form pairs with the person who cosigned his/her drinking and driving contract. Tell them to find out, in the pair discussion, whether each person lived up to the contract or not. If each of them did, ask if anything helped them do this. If they did not, ask them what got in the way. After ten minutes in this discussion,

they should report to the larger group about what they found out in their pair discussion.

Ask the clients to report on their eating record for the week. Did they eat balanced meals each day? Were they surprised at their eating behavior and habits when filling out the record-keeping forms? Did the record-keeping have any effect on what they ate?

0:45 Family Role Play: Introduce this exercise by a discussion of what affects a person's feelings. In previous sessions, and in the assignments, the effects of substances on feelings were discussed. How other people act and treat us affects our feelings. Explain what a role play is:

"In this exercise, you will be asked to put yourself in another person's shoes and make believe you are that person for awhile. The things you do when playing this part might or might not be similar to how *you* would act in real life. Do not worry about that. The purpose of a role play is to have people interacting, in front of the group, in something that could happen, so we can learn by examining how we feel and act in such a situation."

Tell clients that this is a role play of a family situation. Each member of the group will be asked to play a role (i.e., take a part). Before they choose roles, explain how the role play will be conducted.

First, each person will be asked to choose a role. Second, clients in the same role will sit together and prepare for their role. Third, you will pick one person from each role to start the role play. Fourth, after the role play starts, you will play director. Occasionally you will point to a person in the group (clients observing). This means that the person should move into the role play in the role that was originally chosen. This is done by tapping the shoulder of the person currently playing that role. The new player will begin participating while the player who has been relieved should return to his/her seat and observe. Fifth, once every group member has had a chance to participate, you will announce that the role play is over. The group will then discuss what happened in the role play.

Hand out the sheets describing the roles and ask clients to read them. Ask each client to choose a role. Have an equal number of clients in each role. Once the roles have been assigned, ask all of the fathers to sit together in a corner of the room. Ask all of the mothers to sit in another corner, and so on. Once in this small group, clients should become the new character. They should begin talking in the first person as if they were that character. For example, the fathers will sit in the group and begin talking as if they were a group of fathers. They might talk about the family, talk about their work, talk about whatever they think a person in that role would talk about with others. The clients should do this for about ten minutes.

After this discussion has taken place, bring all the clients back into a larger circle. Setting up a table and some chairs in the middle of the circle, ask one person from each of these small groups to start playing the role. Once they are seated, set the stage for them and let them begin. Move people into the roles in a manner described in the instructions above. As director of the role play, you're attempting to create a scene which might happen in a client's life. To have enough material to discuss following the role play, you must have some interaction that arouses feelings. When observing somebody in a role, you must take into account how he/she is acting, whether or not he/she is speaking freely in deciding how long to let them stay in that role. If you find that one person is very quiet or is laughing and does not seem able to get into the role, move him/her out of the role and get a substitute soon. You should end the role play when all the clients in the room have had a chance to participate and you feel the interaction either has come to a resolution or is just continuing the same pattern.

Once you have concluded the role play, ask the people who are playing the various roles to describe how they felt during the interaction. It might be helpful to ask all the fathers to talk about how they felt, then ask all the mothers to talk about how they felt, and so on. Once people have had a chance to discuss how they felt, you should ask them whether or not there were specific things that other people did which aroused those feelings. When making the connection between things people actually did and feelings they aroused in another person, make sure that people

describe their behavior as specifically as possible. Once you feel that the discussion has accurately described the events that occurred in the role play, ask the clients what other types of behaviors might have led to their having different kinds of feelings than the ones they just had. You might want to discuss the impact of speaking quietly versus shouting; attacking someone versus stating a point; or touching someone and looking him/her straight in the eye versus talking to him/her but looking somewhere else. The objective of the processing of this exercise is to help people understand that (1) when interacting with other people, what others do makes them feel certain ways; (2) a person can do things which will lead to someone else feeling good or bad; and (3) they should end the exercise with a list of behaviors which they might do in a similar situation, behaviors which might lead to more positive feelings than the usual negative feelings experienced in such an interaction.

1:45 Mood Checklist and the Early Warning System: After processing the role play, ask the clients to fill out the mood checklist. Indicate that there are no right or wrong answers and that they should just describe how they feel now. Once the clients have completed the mood checklist, ask them to describe what they wrote down and how it related to the feelings they had been talking about.

An "early warning system" is an internal device for knowing something about oneself. In the same way that an early warning system, such as the dew line, is a radar system for warning the country that someone is threatening its national boundaries, an individual has an early warning system which sets off an alarm or tells the individual that something is happening, that he/she is feeling a certain way. Once a person's early warning system is set off, or the alarm is triggered, a person does something. They might choose to withdraw from the situation, (for instance, by walking away or becoming quiet) or they might choose to do something else in the situation (for instance, becoming angry or laughing). Most people have an early warning system. Ask the clients if any of them can think of a situation in which his/her early warning system set off that alarm inside him/herself which then led to him/her acting in a certain way. If several clients can describe such incidents, let them do so. If none of the clients can describe such

an incident, then proceed with the discussion. Ask clients if they think there is a certain type of warning system which leads people to want to drink-- not drink abusively, but just have a drink. For example, there might be specific types of situations (such as having an argument at work) that make someone say to him/herself at the end of the day, "I want a drink." Ask if any of the clients is aware of a particular situation or a particular feeling which leads them to say, "I want a drink." Once clients have discussed this point, summarize by mentioning that these are examples of an early warning system. Point out that an early warning system can also be used to signal a person when he/she might want to drink abusively, and that, through the following sessions in the program, you will attempt to help the client develop a better early warning system which signals the possibility that he/she might want to drink too much or in a potentially abusive manner.

2:35 Physical Exercise and Relaxation Training: See Appendix B for this session. Once the physical exercise has been completed, see Appendix A and conduct a relaxation training exercise.

At the conclusion of the relaxation training exercise, ask clients to fill out a second mood checklist. Once they have completed the mood checklist, ask them to talk about how they felt at the conclusion of the relaxation training. Ask if these feelings were different from those they had after the family role play. The second use of the mood checklist is that it will serve as a refresher to the clients in identifying moods and feelings, and will also help clients improve their ability to put names or labels on their feelings. Spend time having any client who reports a change in feelings from the family role to the conclusion of the relaxation training to describe those changes. Ask the client how those different feelings might affect his/her behavior. In other words, what might a person do if he/she has feelings such as those experienced at the conclusion of the family role play or of the relaxation training?

2:55 Assignment: Up to this point, clients have been asked in their assignments to report on behavior. They have been asked to indicate and record their own behavior. This homework assignment will introduce the behavior involved in keeping records about feelings and changes in feelings. Ask each client to record daily the various moods or feelings they had. Ask them also to continue recording behavior about their drinking-driving contract. Emphasize the importance of the drinking-driving contract and point out that, for the remainder of the program, clients will be asked to record each day whether or not they lived up to their contract.

3:00 End.

INSTRUCTOR NOTES ON ROLE PLAYING

- I. Role playing is an essential part of this program. It provides a primary mechanism for the observation, acquisition, and practice of new skills.
- II. Role plays are basically simulations.
 - A. Behaviors from outside the therapeutic situation can be re-created in the counseling context.
 1. Behaviors shown in a role play might be patterns from outside the sessions which the client employs in particular situations.
 2. Behaviors shown in a role play might be new behaviors the client anticipates trying in present situations outside the sessions.
 3. Behaviors shown in a role play might be appropriate to situations the client anticipates facing in the future.
- III. Role plays can serve a variety of psychological functions. They can be used:
 - A. for the arousal of feelings and emotions;
 - B. to display and scrutinize existing behavioral repertoires;
 - C. to demonstrate a variety of behaviors that might not be in the audience's repertoire; and
 - D. as a medium in which to practice new behaviors.
- IV. Role plays have been used in a variety of group counseling approaches.
 - A. Psychodrama, a form of role playing, was originally created by Moreno as a skill development program for adolescent girls institutionalized for delinquency.
 - B. Role playing is a central feature of assertiveness training.

- C. Role playing is a primary aspect of Sarason's (1968) program for developing social skills in delinquents. These skills include:
 - 1. coping with authority figures;
 - 2. resisting peer pressure toward deviant behavior;
 - 3. self-control skills such as planning and dealing with the expression of anger; and
 - 4. having a favorable impact on others as in joining a new group or having a job interview.
- D. Role playing is featured in Kaufmann and Wagner's (1972) training in alternatives to aggressive responses of overly hostile clients.
- E. Role playing can be used for in-depth exploration of individual behavior patterns in a group setting.
- F. Role playing can be used as a warm-up exercise for increasing a group's activity level.
- V. The material for role plays can come from a variety of sources:
 - A. prewritten scripts or outlines;
 - B. situations and scripts solicited from clients; or
 - C. individualized scripts which emerge, as in psychodrama and Gestalt techniques.
- VI. Some special advantages accrue from the use of role playing as a central therapeutic technique.
 - A. Role playing is highly motivating and involving for participants--both for those who are "actors" and for those who serve as the "audience."
 - B. Role playing is conducted in an enactive mode.
 - 1. Nonverbal clients can easily participate.
 - 2. Intellectual clients are less able to defensively conceal their feelings.
 - 3. Children can easily and readily be taught role playing techniques.

- C. Role playing enables behavioral reproduction of particularly problematic behavior in a safe environment: the counseling context.
- D. Contrasts between real, or typical, behavior sequences and ideal, or desired, behaviors can be modeled through the dramatization of role plays.
 - 1. Clients can observe the differential effects of typical versus desirable behaviors through participation and feedback from other players.
 - 2. Observers can gain an enlarged repertoire of behavioral sequences.
 - 3. Observers can be induced into thinking in terms of typical behavior and alternative behavior in everyday situations.
- E. Peers, or fellow clients, can serve as helpers.
 - 1. They can be coaches, as in assertiveness training.
 - 2. Through processing, peers can offer alternate behavior and problem solutions.
 - 3. Peers can give feedback as recipients of a protagonist's behavior.
- F. Role playing facilitates microscopic scrutiny of behavior.
 - 1. This aspect is significantly enhanced through instant videotape replay.
 - a. The absence of videotape playback can be compensated for by replaying a scene.
 - b. Repetition involving action is often helpful to clients, as new dimensions and previously unseen dimensions of their behavior become evident after several retakes.
 - 2. Microscopic scrutiny is facilitated by halting the action at key points.
 - a. Stopping the action can be used to focus attention on choice points. At these times an actor could choose among several alternate courses of action.

- b. The protagonist can receive immediate feedback from other players on the impact of a particular action.
 - c. The protagonist can be asked to generate alternatives at a particular critical point.
 - d. The audience can also be solicited for alternatives.
- G. Role playing can be used as an opportunity to practice alternate behaviors.
- 1. The learning of any behavioral skill (for example, skill in athletics), through rehearsal or practice, is a form of role playing. Since a main therapeutic goal is changed behavior, rehearsal and practice of that behavior are essential.
 - 2. A frequent error made by counselors is premature termination of role plays without sufficient trials to ensure the secure acquisition of a skill.
- VII. The impact of role playing can be significantly increased through several processes: self-observation, self-evaluation, and modeling.
- 1. Self-observation through the use of videotape feedback significantly increased treatment effects (Melnick, 1973).
 - 2. Clients who evaluate themselves as assertive do better than those who are rated assertive only by the therapist (Flowers, 1975).
 - 3. The inclusion of modeling appears more effective than role playing without modeling (Freedman, 1971, 1972).
- VIII. There are some special considerations in conducting role plays.
- A. You might want to employ some pre-designed, highly structured, or "canned", situations as warm-ups for group role plays. As part of this activity, you might want to use modeling of "do's and don'ts."
 - B. Mini-exercises can be assigned to clients as homework. These involve limited experiments to be practiced in real-life situations (for example, sending food back in a restaurant).

- C. There are several methods of soliciting material for role plays.
 - 1. One method is to have the group brainstorm problematic situations and record them on a flip chart as a pool from which to choose.
 - 2. Another method is to begin with a situation suggested by a client. Then you and the client develop the situation together. This particular approach requires some prior experience in conducting role plays in treatment settings.
- D. Various techniques from psychodrama are useful in setting up a role play.
 - 1. Role reversal: The protagonist reverses roles with another player to provide sufficient action and dialogue to induct the other player.
 - 2. Doubling: A player other than the protagonist takes the role of the protagonist on a replay of a situation. This enhances changes for self-observation.
 - 3. Auxiliary egos: Other people can be used to augment and highlight the protagonist's thoughts and feelings, which may remain unspoken.
- E. You should clearly identify critical moments where the client makes a decision resulting in a particular outcome. You might want to replay just that part of the role play to enable the client to become sensitized to decision points.
- F. Pay particular attention to the sequence used in processing a role play. It is important to be systematic.
 - 1. You might wish to have the main actor, or protagonist, speak first. Alternately, the players who were recipients of the protagonist's actions may speak first to describe the impact that particular behaviors had on them.
 - 2. The components considered in designing the sequence of processing are the protagonists, the other players, a coach (if one is designated), members of the audience, and you, the counselor.

- G. Ground rules for giving feedback after a role play are also significant. These might include:
1. using "I" statements;
 2. giving only positive feedback unless criticism is solicited by the protagonist;
 3. giving feedback in terms of what the protagonist did well, and also what he/she still has to work on;
 4. giving feedback in one or two sentences; and
 5. self-evaluating, as already discussed.

References

A valuable review of role playing can be found in:

Flowers, J. V. Simulation and role playing methods. In Kanfer, F. H. and Goldstein, A. P. (Eds.) Helping people change: a textbook of methods. New York: Pergamon Press, 1975.

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FAMILY ROLE PLAY SCRIPT

Characters

- Father:** a hard working, middle-aged man who has had trouble providing financially for the family; although his wife has occasionally worked, he prefers to see himself as the income earner and feels tense when his wife must work to make ends meet; developed heavy drinking habits in the service and has continued them, which resulted in his losing one job and receiving several driving violations.
- Mother:** a hard working, middle-aged woman who has experienced an increasing conflict over the years between caring for the family and developing a sense of accomplishment through a career outside the home; she has used the family's financial needs as an excuse to get a job numerous times in the past, and resents her husband's objections to her working; she enjoys a drink before dinner, and, with the exception of occasional cocktail parties and holiday celebrations, does not drink to the point of intoxication.
- Son:** a seventeen-year-old who feels ready and eager to strike out on his own; despite pressure from his parents about school, he enjoys working with his hands and wants to become a carpenter; he has several girlfriends, but does not like to spend too much time with any one girl because he feels that it might lead to the type of constraining relationship which he thinks his parents have.
- Daughter:** a fifteen-year-old who enjoys school and has a promising career ahead if she can afford to go to college; she has several hobbies, and spends a good deal of time with friends in activities related to these hobbies; she cannot understand why anyone would want to poison his/her body with drugs by smoking or drinking.

Setting

The Son and Daughter are sitting in the living room watching television. The Mother comes into the room upset and angry. She has just received a telephone call from the auto repair shop with the estimate of \$1,800 to fix the family car. The Father had a few drinks the previous evening and ran into a telephone pole while attempting to turn into the driveway. Although he was not hurt, the car suffered considerable damage. The family needs a car, but \$1,800 is difficult to raise. She complains to the Son and Daughter about the Father's carelessness in driving and how the entire family will have to pay by doing without things they want.

The Daughter sees this as one among many incidents in which her Father or Mother gets involved where money is used that might otherwise be saved to help her get a start at college. The Son is disgusted by his Father's actions and tired of hearing his Mother complain.

As the three are making various comments, the Father comes in the door from work.

SESSION 6

Objectives

By the end of the session, clients should be able to:

- (a) describe their own drinking pattern; and
- (b) list some personal benefits and consequences of their own drinking pattern.

Units in the Session

- 6.1 Review of Assignments (15 minutes)
- 6.2 Discussion of Normative Group Drinking (45 minutes)
- 6.3 Film: "Chalk Talk Part II" (45 minutes)
- 6.4 Discussion of Personal Drinking Pattern (60 minutes)
- 6.5 Relaxation Training (15 minutes)
- 6.6 Assignment

Materials Needed

Journal, film, projector and screen

Time Line

- 0:00 Review of Assignment: Ask clients if they were able to keep records about their moods and feelings during the week. For those who were able to keep such records, ask if anything stood out after they recorded the data, if they could see any pattern to their moods and feelings of that week. Ask clients if recording these data helped them learn to label their feelings. Explore whether or not recording the data led to any changes in the feelings.
- 0:15 Discussion of Normative Group Drinking: Ask each client to describe the people with whom he/she drinks.

Maintain a list on the flip chart of the different types of people with whom a person might drink. For example, a person might drink with friends from work, his/her spouse, his/her in-laws, etc. Once you have gotten each client to identify which groups of people he/she drinks with, ask him/her to discuss how he/she drinks when with this group. You should cover such issues as (1) when he/she drinks--certain days of the week, certain times of the day; (2) the kinds of beverages he/she drinks; and (3) how much he/she drinks on those occasions. As each client is describing how he/she drinks when with his/her group, ask if the group does anything in particular if an individual says he/she does not want to drink. Do they joke about it? Do they accept it? Do they feel offended? Ask if the group does anything if a person becomes intoxicated or has drunk too much. Once every client who wishes to participate has gotten a chance to describe how the groups he/she drinks with behave, ask each person to identify the particular ethnic and religious composition of each of the groups. If they are mixed ethnic or mixed religious groupings, just indicate mixed. This should be done in a discussion format and not recorded on the flip chart.

Report some basic findings regarding the drinking behavior of various ethno-religious groups. In reporting these findings, state that the findings are merely descriptive; they do not indicate that any one group is better or worse than any other. Also indicate any cultural norms regarding drinking. For example, in the Jewish culture, drinking is encouraged in a light to moderate fashion during meals only.

Ask the clients if they think the members of the groups with which they drink in a manner similar to that of other people in their ethnic or religious groupings. This would only apply to those clients who were able to identify a particular ethnic or religious composition for the groups with which they drink.

1:00 Film "Chalk Talk Part II": Introduce the film by describing Father Martin as a priest who had been an alcoholic and who has spent many years working on the problems of alcohol abuse and alcoholism. In prior

sessions, we have discussed the potential abuse of ingesting any substance. This film will focus our discussion on the potential abuse of alcohol. Show the film. Following the film, ask clients what they thought about what was presented in the movie. Clients will probably want to discuss what signs indicate that a person is an alcoholic. Be careful in describing behavior and drinking behavior indicative of alcoholism versus behavior or drinking behaviors which suggest alcohol abuse or a drinking problem.

1:45 Discussion of Personal Drinking Pattern: A person's drinking pattern describes how he/she drinks. It describes with whom he/she drinks and when. Through examining a person's drinking pattern, we can understand what the benefits and the costs, or the potential costs, of an individual's drinking pattern are. To begin this exercise, ask the clients to individually complete the checklist on drinking behavior and the checklists on benefits and costs of their own drinking behavior. Ask the clients to form three small groups. In this small group they will discuss each individual's drinking pattern. The purpose of the discussion should be to help each individual identify (1) the potential benefits he/she receives from drinking and (2) the potential costs which he/she might experience as a result of drinking. The group should discuss one person's drinking pattern at a time, and the individual should write down on his/her checklists any other points which members of the group helped his/her see concerning additional costs or additional benefits resulting from his/her personal drinking behavior.

After 20 minutes of these small group discussions, ask the groups to pull their chairs back into the large group circle. Ask each of the groups to report on what it found. In this report they should briefly mention what some of the benefits and some of the negative consequences of drinking behavior were as identified in their discussion. Through the presentations of the small group discussions, develop the concept that drinking behavior might lead to a number of different consequences. Some of these consequences might be beneficial to the individual and some of them might be negative and harmful.

2:45 Relaxation Training: See Appendix A for the next relaxation exercise.

3:00 Assignment: Ask clients to continue recording their feelings and moods during each day of the week. Also ask clients to complete the drinking behavior checklist for each day. At the conclusion of presenting the assignment, end the session.

INSTRUCTOR NOTES ON
SOCIOCULTURAL DRINKING PATTERNS

- I. A person's drinking behavior appears to be influenced by certain aspects of his/her background and the people with whom he/she currently spends his/her time.
 - A. People from certain ethno-religious groups appear to drink substantially more alcohol than people from other such groups.
 - B. People who spend time with groups whose members drink tend to drink more than those who spend time with groups whose members do not drink alcoholic beverages.
- II. Parental attitudes and behavior regarding alcohol are linked to a person's drinking behavior.
 - A. Many alcoholics have a parent who was an alcoholic or a serious problem drinker.
 - B. Alcoholics tend to come from homes where the parents said drinking was bad and teenagers should not drink, while the parents themselves drank more than would be considered normal or responsible.
 - C. Problem drinkers, when compared with responsible drinkers, are more likely to have had their first drink outside the home.
- III. Certain cultural groups normatively consume more alcoholic beverages and demonstrate more alcohol abuse-related behavior than other cultural groups.
 - A. Cultures in cold climates tend to have higher rates of alcohol consumption and abuse than cultures in warm climates.
 - B. Members of certain religious groups have a tendency to drink more alcoholic beverages than members of other religious groups (for example, Catholics tend to drink more than Jewish people).
 - C. Some cultures have norms regarding drinking which encourage controlled drinking (for example, Mediterranean cultures tend to encourage drinking with meals and discourage drinking in other settings).

- D. Some cultural groups associate drinking heavily with specific cultural rituals or activities (for example, drinking to the point of intoxication is accepted when the person is at a festival but would not be considered acceptable if done on any other occasion).
- IV. People who grow up and/or live in certain areas of the United States have a greater likelihood of drinking heavily than those who grow up and/or live in other areas.
- A. Regions of the United States have particular attitudes about alcohol use (for example, attitudes in the Northeast favor consumption of alcohol more strongly than attitudes in the South).
 - B. People growing up in rural areas tend to drink less problematically in later life than those growing up in urban areas.
 - C. People who live in urban areas tend to drink more heavily than people who live in rural areas.
- V. The drinking norms of a person's reference groups will affect his/her drinking behavior.
- A. A reference group is a group of people with whom a person spends a good deal of time, or a group of people whose views and actions are important to an individual.
 - B. If a person is a member of a reference group whose members drink alcoholic beverages whenever they are together, he/she is more likely to drink than if he/she were a member of a reference group where the members do not drink alcoholic beverages when together.
 - C. If a person is a member of a reference group having "rules" about heavy drinking to demonstrate prowess or adequacy as a group member, he/she is more likely to drink abusively than someone who is not a member of a group with such rules.
- VI. A person's reference group translates and mediates the norms and values of its members.
- A. A person is exposed to many value and normative messages in life.
 - 1. The media presents views of how to behave and how not to behave.

2. Legal sanctions indicate ways to behave and ways not to behave.
- B. A person spends more time exposed to the values and normative messages of his/her reference groups than those from any other source.
1. Often, to be considered a member of the group, a person must act "properly"; that is, according to the group's rules.
 2. To earn respect, recognition and various rewards as a member of a group, a person often has to demonstrate certain behavior to an extreme (for example, win the most trophies or drive the fastest).
- C. Reference groups exert pressure on their members to conform to their norms, or rules, of behavior.
1. The pressure to conform is immediate, while the potential of punishment from another group or the law may appear improbable or distant.
 2. The punishment for nonconformity may be perceived as more severe than the possibility of having a non-group member complain, or getting into trouble with the law.

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SESSION 7

Objectives

By the end of the session, clients should be able to:

- (a) describe the elements in setting a goal;
- (b) describe the benefits of using goal-setting as a strategy in many areas of their life; and
- (c) write a goal concerning their drinking behavior for the next week.

Units in the Session

- 7.1 Review of Assignment (15 minutes)
- 7.2 Introduction to Goal-Setting (30 minutes)
- 7.3 Setting a One-Week Goal for Drinking (105 minutes)
- 7.4 Physical Exercise and Relaxation Training (30 minutes)
- 7.5 Assignment

Materials Needed

Journal, flip chart and markers

Time Line

- 0:00 Review of Assignment: Ask clients to report on their record-keeping of their drinking behavior. Ask them if they encountered problems in keeping records about drinking that they had not encountered when keeping records about their feelings, their eating habits or smoking behavior. Ask if any clients learned something that he/she did not know before about his/her drinking behavior.
- 0:15 Introduction to Goal-Setting: Introduce the concept of a goal. A goal is an image or picture of where

a person would like to be. A goal is an image of a direction in which a person is traveling. In very much the same way that a person can identify a destination of a trip, a goal is the destination of an effort that an individual is trying to make.

People set goals every day. Some people accomplish their goals and others don't. One of the things that makes a difference in the probability of a person accomplishing his/her goal is how he/she sets it. The process of stating a goal can help an individual understand what he/she is trying to do and how he/she should do it, or it can hinder him/her. A goal which helps someone understand what he/she is trying to do is one which is realistic, a moderate risk, measurable and stated within a time frame.

A goal must be about something important to the person. When one identifies something he/she wants to do, it must be something that is realistic and challenging. If it is not challenging, he/she will not be very involved in trying to accomplish the goal. If it is not realistic, he/she will probably not be able to attain it. For example, consider the case of a person who wants to learn how to tune a car. He/she might state his/her goal by saying, "I want to learn how to tune a car." This could mean he/she wants to know all the relevant material about tuning cars, but not actually how to do it. If he/she restates his/her goal to say, "I want to give a car a tune-up," what he/she intends to do is clear. The verb "to give" is not ambiguous here because we all know what the expression "tuning a car" means. A goal should be a moderate risk. This means that a person feels he/she has at least as much chance of attaining the goal as not attaining the goal. For example, let's look at a person who wants to become manager of his/her company and presently he/she works as a punch operator in the metal shop. He/she states his/her goal by saying, "I want to become manager of the production department of the company." The job requires an ability to work with people and good business sense of making and meeting production schedules. This person has neither the experience in the industry nor the credentials which would indicate that he/she could now or in the near future do the job. He/she might some day become the manager, but when? How much of a chance does he/she have? To be a moderate

risk goal, it would have to be restated to be, "I want to become foreman of the metal shop in the production department." This goal has a relatively moderate chance of being accomplished. With experience and some study at home, the individual could become a foreman.

A goal should be measurable. For example, consider a person saying he/she wants to lose weight. When this person loses three pounds, he/she has lost weight. Should he/she feel that he/she has accomplished the goal and go off the diet? It is important, when stating a goal, that there be some way of measuring whether or not it has been achieved. So if this person said, "I want to lose 30 pounds," we now have a measurable goal. We know how much the person wants to lose. If at the end of two weeks he/she has lost ten pounds, he/she knows how far he/she has gone toward the goal. The person also knows how much more work it might take to reach the goal. When he/she does reach the goal, loses the 30 pounds, the person can look back and be proud of what has been achieved.

A goal should be time phased. This means that, when a person states a goal, he/she should state when he/she expects to accomplish the goal. Let us return to the individual who wanted to lose 30 pounds. To state that goal properly, the person would have to say, "I want to lose 30 pounds in three months and stay at that new weight for six months." We know the goal is measurable, because he/she has stated how many pounds he/she wants to lose. We know the time frame: The person wants to lose the weight within three months and then stay at that weight for an additional six months.

Write on the flip chart the four elements of a properly set goal: (1) The goal is realistic but challenging; (2) the goal is moderate risk; (3) the goal is measurable; and (4) the goal is stated within a time frame.

Ask one of the clients in the group to mention a goal, something he/she might like to accomplish. In the large group, ask the other clients to help the individual restate the goal so that it contains all four elements. Write the goal on the flip chart the way the client originally stated it. As various members of the group suggest changes, make corrections on the flip chart. Once you have completed

this for one example, do it for a second example. Continue to point out how a goal becomes more reachable once the person includes the various elements in a properly set goal than it might have been if he/she had left out one of the elements.

0:45

Setting a One-Week Goal for Drinking: Introduce this activity as a chance for the clients to apply what they have learned about goal-setting. It is an opportunity to exert control over one's own behavior in a way that might not have been done before. Each client will be asked to set a goal concerning his/her drinking behavior for the next week. Once the client has done this individually, he/she will be asked to discuss this goal in a pair discussion. Following the pair discussions, the counselor should ask each client to announce to the group as a whole what his/her goal is for the coming week.

In setting the goal, the client will make a decision to either (1) drink responsibly during the coming week or (2) not drink at all during the coming week. If the client chooses to drink responsibly, it is important that he/she understand the potential consequences of any drinking behavior. In other words, responsible drinking means that the person will not put him/herself or anyone else in danger or in a hazardous situation as a result of his/her drinking. Driving after drinking is an example of a behavior that is *not* indicative of responsible drinking. If the client chooses to not drink at all, it is important that he/she explore whether or not he/she will be in situations during the coming week in which this will be difficult. If he/she will be in such situations, it is important that he/she think of ways to avoid drinking in that situation.

If a client chooses to drink responsibly, he/she should be very specific regarding how and when he/she will drink. The type of beverage, with whom, where, when, and how much he/she will drink in any situation should be stated.

Ask the clients to work individually for 20 minutes in stating a goal about their drinking behavior for the coming week. They should try to write the goal to include the four elements previously discussed.

Once the clients have concluded their individual work, ask them to form pairs. For 20 minutes, they should discuss, in pairs, each other's drinking goal for the week. In the discussion, each person should help the other identify whether or not the goal has included the four basic elements mentioned above. If one partner feels the other's goal is not realistic, he/she should suggest ways the goal can be changed to make it more realistic. If one partner feels the goal is not measurable, he/she should suggest ways to state the goal to make it measurable.

Once the pair discussions have concluded, ask the clients to return to the large group. Ask each client in the group to read aloud his/her goal concerning drinking for the coming week. As each client reads his/her goal, ask the other members of the group if they think the goal meets each of the four elements discussed previously. The four elements should be written on a flip chart page. You should point to each element and say to the group, "Does this goal include this element? In other words, is this goal realistic but challenging? Is this goal measurable? Is this goal moderate risk? Is this goal time phased?" If the individual's goal does not include one or more of these elements, the group should help the individual restate the goal so that it contains all the elements. The exercise should conclude once all the members of the group have had a chance to present their goal.

3:30 Physical Exercise and Relaxation Training: See Appendix B for the physical exercise for this session. See Appendix A for the relaxation training exercise for this session.

3:00 Assignment: Ask the clients to monitor their progress on their goal concerning drinking for the coming week. Ask them to record daily whether or not they have met their goal. At the conclusion of giving the assignment, end the session.

DEVELOPING SKILLS IN GOAL SETTING

A goal should help a person get to where he wants to go. A properly set goal is a guide. The basic elements in a properly set goal are that the goal is:

- a) behaviorally specific
- b) measurable
- c) a moderate risk
- d) time-phased

- A. A goal is behaviorally specific if it is stated in terms of some behavior which the person will do as a sign of his goal attainment.

Example: An individual would like to learn how to tune a car.

He states his goal: To learn how to tune a car. This could mean that he wants to know all of the relevant material about tuning cars, but not actually do it.

He restates his goal: To give a car a tune-up. You know what he intends to do. The verb TO GIVE is not ambiguous here because we all know the expression of "tuning a car".

- B. A goal is measurable if, as a part of the goal statement, the individual includes the criteria for determining whether or not it has been achieved. Ideally, this measurement should be one in which a person can judge progress along the way toward a goal, not just whether he is there or not.

Example: An individual would like to lose thirty pounds.

He states his goal: To lose weight. When he loses three pounds, he has lost weight. Should he feel that he has achieved his goal and go off his diet? Of course not.

He restates his goal: To lose 30 pounds. Now we know how much he wants to lose. If at the end of two weeks he has lost ten pounds, he knows he is one third of the way toward his goal. He has a good idea of how much more work it will take to reach the goal, and can look back and be proud of what he has already achieved.

- C. A goal is a moderate risk if the goal is somewhat challenging to the individual. This means that the individual realistically feels that he has around a 50% probability of success. Of course, what is a moderate risk for one person is not necessarily a moderate risk for another person.

Example: An individual would like to be a manager in his company. Presently, he works as a punch operator in the metal shop of the company.

He states his goal: To become manager of the production department of the company. The job requires an ability to work with people and a good business sense of making and meeting production schedules. This man has neither the experience in the industry nor the credentials which would indicate that he could now, or in the future, do the job. He might someday become the manager. But when? How much of a chance does he have?

He restates his goal: To become foreman of the metal shop in the production department. Now, this job has a relatively moderate chance of being his, with experience and some study at home. In five years there would be a 50 to 60% chance that he will become foreman.

- D. A goal is time-phased if, as a part of the goal statement, a time deadline is mentioned.

Example: An individual would like to build a better relationship with his 13-year old son.

He states his goal: To build a better relationship with my son. Usually the individual has a sense of when he would like to achieve his goal. One problem in timing a goal is to be realistic.

He restates his goal: To build a better relationship with my son in three months. Is this a reasonable time span? It may be, it depends on their past relationship and what they will be doing during the three months. For many people, it would not be long enough because of the 13 years of past experience that have developed between the father and son.

Now let's go back and restate each of the four goals used as examples in such a way that each one satisfies all four criteria.

Goal #1: To give a car a tune-up within one month that is approved by a qualified garage mechanic.

Behaviorally specific: give a car a tune-up

Measurable: a tune-up which is approved by a qualified mechanic

Moderate risk: he can do things with his hands and has four week-ends to learn the material. Does he have the tools?

Time-phased: one month deadline

Goal #2: To lose 30 pounds in three months and stay at that new weight for six months.

Behaviorally specific: lose weight and stay at same weight

Measurable: 30 pounds loss and no gain following loss

Moderate risk: that is ten pounds a month to lose for three months and six months to get used to living with the new eating habits

Time-phased: three months to lose the weight and six months to stay the same weight

Goal #3: To be promoted to foreman of the metal shop within five years.

Behaviorally specific: be promoted

Measurable: attainment of the job

Moderate risk: with his education and experience and a little work he can get it (50% chance)

Time-phased: within five years

Goal #4: To spend 15 hours a week for six weeks with his son doing things without other members of the family.

Behaviorally specific: spend time with his son; he could have made it even more specific by saying what they would be doing

Measurable: 15 hours per week

Moderate risk: the other members of the family will not feel jealous; he has the time; it will not be taking time away from his hobbies that he will resent; so it is a moderate risk—as long as the son has time to spend

Time-phased: for the next six weeks

SESSION 8

Objectives

By the end of the session, clients should be able to:

- (a) state whether or not they are victims of group pressure with regard to drinking behavior;
- (b) state what can be done to minimize the effect of group pressure concerning drinking;
- (c) practice skills in being assertive; and
- (d) state a goal regarding drinking behavior for the coming week.

Units in the Session

- 8.1 Review of Assignment (15 minutes)
- 8.2 Discussion of Group Pressure (30 minutes)
- 8.3 Group Role Plays (60 minutes)
- 8.4 Introduction to Skills in being Assertive (30 minutes)
- 8.5 Restating your Goal (15 minutes)
- 8.6 Relaxation Training (15 minutes)
- 8.7 Assignment (15 minutes)

Materials Needed

Journal, flip chart and markers

Time Line

- 0:00 Review of Assignment: Ask members of the group if they were able to accomplish their drinking goal for the past week. For those who were able to accomplish their drinking goal, ask what helped

them do this. Ask them if they felt they set a realistic and challenging goal, and whether or not stating the goal helped them. For those who did not achieve their goal for the week, ask what got in the way. In identifying obstacles to achieving their goal, clients should examine whether or not they set a realistic goal. Explore any impact of other people on the person's drinking behavior, especially if the individual did not reach his/her goal. Conclude the review by pointing out that often an individual might be trying to work toward a goal concerning drinking, but others with whom he/she drinks or spends time do not agree with the goal. These others exert various types of pressure on them to drink and possibly to drink in a manner which would not help him/her to achieve his/her goal.

0:15 Discussion of Group Pressure: In a prior session, clients examined who they drank with and when. The prior discussion did not address how people in these groups influence the clients' drinking behavior. It also did not include how the clients might change this influence. When a person spends time with others, his/her behavior is influenced by these other people. How do people exert group pressure? Ask clients to mention ways people in groups exert pressure on one another to act in a certain way. One of the points that should come out is that very often group members threaten to reject someone if he/she does not act in a certain manner. Sometimes group members will embarrass someone for not acting in a certain way. Sometimes groups will actually punish someone for acting differently from what they want. Ask the clients, in giving these examples, to be as specific as possible. If they can, ask them to think back to a specific incident that happened in which they watched a group of people influence a person to act in a certain way. Also comment on the benefits a person receives if he/she does act in the way the group is trying to get him/her to act.

0:45 Group Role Plays: Ask the group members to give examples of various situations in which a group of people exerted pressure on one of its members to drink in a certain manner. It might be helpful to ask the clients to think back to the last few weeks. As each client gives an example of such a situation,

write down a few words on the flip chart describing the situation. Continue this until five or six such situations are listed. Then pick one of the situations you feel would be helpful for the group to act out in the room. Ask the client who offered this example to be more specific about who was involved, where they were, what they were doing at the time, and briefly what happened. Once this more detailed description has been made, ask individuals in the group if they would be willing to participate in a role play of this event. Ask each person to take a part. Set up the table or chairs to reflect the situation as closely as possible. Once people are in the proper physical position, set the stage by repeating the description of the situation and ask them to begin acting out the role play. The role play should last from five to ten minutes. Once the role play is complete, go to another example that was provided by a client and do the same thing. Proceed until three or four role plays have been conducted in which different types of influence or group pressure were shown to be exerted on a person to drink or to drink in a certain way.

Split the group into three smaller groups. Ask each of these smaller groups to take one of the role plays that was done and examine it in detail. They should spend ten minutes discussing (1) what happened in the role play; (2) which individuals exerted influence or pressure on other individuals; (3) how they did it--specifically, what they said or did that exerted the influence on another person; and (4) what effect exerting that influence or pressure had on the individual.

After ten minutes have passed in the discussions ask the groups to return to the larger group. Ask each group to describe its analysis of the role play. Take notes (which will help in a later discussion) on the flip chart. Note the specific behaviors that everyone in the group saw during the role play. These behaviors should indicate who was doing it, what the intended effect was, and what the actual effect was in the role play situation.

- 1:45 Introduction to the Skills in Being Assertive: Point out that before being able to overcome group pressure, a person must be able to understand how group pressure is exerted. Using the flip chart notes written in the small group analysis of each of the role plays, begin a discussion of the kind of behavior that is assertive. In this discussion, focus in on every role play and ask what each person could have done that might have changed the impact the group had on him/her: in other words, what each person could have done to minimize the effect of group pressure. Also ask the group to comment on what the consequences of someone's doing one of these other actions might be. Would the group accept it? Would the people exert less pressure or attempt to exert less influence on this individual in the future? Would they reject the person? Would they punish the person? By the conclusion of this discussion, you should be able to list on the flip chart specific behaviors people could use when in a group situation to minimize the effect of group pressure. Point out the importance of being able to do these things in order to reach one's goal regarding drinking behavior.
- 2:15 Restating your Goal: Each client will be asked to restate his/her goal concerning drinking behavior for the coming week. Individuals should attempt to state a goal including the four elements of a properly set goal as discussed in the previous session. Clients should use information gained during this session regarding the potential group pressure they might experience in the coming week. They should identify a realistic goal which includes some attempt to minimize group pressure regarding their drinking. The clients should do this work individually.
- 2:30 Assignment: The assignment will be for clients to work on achieving their goal regarding drinking behavior for the coming week. In monitoring each day as to whether or not they have achieved their goal, clients should also write down in their journal any situations in which they experienced group pressure regarding drinking. If they were in such a situation, they should identify the types of behavior which were being used to exert the group pressure and note what the effect of this was on themselves. You should

point out that, in the next session, the various group pressures will be examined.

2:45 Relaxation Training: See Appendix A for the relaxation exercise for this session.

3:00 End.

SESSION 9

Objectives

By the end of the session, clients should be able to:

- (a) describe group pressure which he/she feels to drink in a certain way; and
- (b) state a goal concerning drinking behavior for the next three months for controlled drinking or for abstinence.

Units in the Session

- 9.1 Review of Assignment (15 minutes)
- 9.2 Mapping of Group Forces (30 minutes)
- 9.3 Writing a Long-term Goal for Drinking Behavior (105 minutes)
- 9.4 Physical Exercise and Relaxation Training (30 minutes)
- 9.5 Assignment

Materials Needed

Journal, flip chart and markers

Time Line

- 0:00 Review of Assignment: Ask the clients if they were able to accomplish their goal for drinking during the prior week. Ask, as in the last session, if certain things helped them achieve their goal and if certain things got in the way of their achieving the goal. In discussing potential obstacles in goal achievement, ask clients if group pressure had been a factor. If anyone states that it had, ask him/her to describe what happened and whether or not he/she did anything to minimize the group pressure.

0:15

Mapping of Group Forces: Ask the clients to take the observations they made on group forces during the prior week and look at them. Ask the clients to work individually for 15 minutes and complete the chart called "Map of Group Forces" in their journal. In this chart, they are asked to list the different groups of people with whom they spent time during the past week. They are asked to list, next to each group, an approximate amount of time they spent with this group or with this individual. This should be in terms of hours. Next they should indicate whether or not drinking was involved with this group. If drinking was involved, they should write down what type of drinking: what types of beverages, how much, when and where. In other words, they should describe their drinking pattern. Also, if drinking was involved, they should describe the types of group pressure placed on them to drink in a certain way. If possible, they should be specific about who exerted group pressure and what was done or said that was a pressure. If drinking was not involved in the group activity, then the last two columns are not appropriate.

Once the clients have completed the chart, begin a discussion of group forces. Say that every individual is a part of many different groups; that in each day a person might interact and be a part of several groups; that, over a week's time, an individual would probably spend time with many more groups.

Draw a stick figure of a person on a flip chart page and several overlapping circles around the stick figure. Then briefly describe how various groups one spends time with affect his/her behavior. Each group might affect a different type of behavior. Each group might have some effect on the *same* type of behavior. With regard to drinking, for most people, a number of groups affect how they drink.

Ask various clients to describe the number of groups which affect their drinking behavior. To do this, clients should refer to the map of group forces which they just completed. They should list the different groups with which they spend time and in which drinking occurs. For each such group they should say how many hours a week they spend with that group. They should then tell whether the group encourages a controlled,

responsible type of drinking or the group encourages uncontrolled or heavy drinking which might lead to negative consequences from the drinking and other related behaviors. With several of the clients, it would be worth drawing a figure similar to the stick figure that was previously placed on a flip chart. Draw the individual in the center of the page and draw circles representing the various groups with which he/she spends time. The size of the circles drawn should somehow reflect the amount of time the person spends with that group. For example, if the person spends only two hours a week with the group, draw a small circle. If the person spends 12 hours a week with the group, draw a very large circle. Each circle should contain the stick figure at the center. Then point out how these different groups either all encourage the same type of drinking or some of their pressures have opposite effects. One client might be a part of three different groups, all of which encourage heavy and uncontrolled drinking. Another client might be a part of three groups, one encouraging heavy drinking, one encouraging abstinence and one encouraging very moderate or controlled drinking. Using several examples provided by the clients, discuss with the group the varying impact these types of group forces have on individuals. Each member of the group should, before the end of the discussion, have an image as to whether the various groups with which they spend time push them toward responsible drinking or abstinence, or push them toward uncontrolled or heavy drinking. Conclude this discussion by pointing out how such forces can help or hinder a person in accomplishing his/her goal.

0:45 Writing a Long-term Goal for Drinking Behavior: Ask individuals to make a decision concerning how they want to drink in the next three months. The clients should consider various things that will be going on in their lives during the next three months. The clients should also consider the potential benefits and the potential costs of drinking in various ways. Allow the clients ten minutes to work individually in stating a goal, using the four elements previously discussed, for their drinking behavior during the next three months.

Once the clients have concluded writing their goals, each client should be asked to state his/her goal in the large group. Continue to examine whether or not each goal contains the four basic elements of a properly set goal. If you think a certain client's goal does not include all these elements, he/she should ask other group members to help restate the goal. Post or write on a flip chart page the basic elements of each client's goal.

At this point, explain how a person can write a plan for accomplishing a goal. A plan begins with an image of the end point. That is, the first step in making a plan is to write a goal the person wants to achieve by the end of the time period. The time period being discussed here is three months. The second step in writing a plan is for an individual to identify subgoals. Subgoals are benchmarks on the way toward the goal. Therefore, in writing a three-month goal, a person might write three subgoals he/she will accomplish by the end of each month. A subgoal should be stated using the same four elements as those used in stating a goal.

The third step in writing a plan is to write a subgoal at the top of a page and then list the various steps or action steps that would have to be done to reach that subgoal. These action steps should be listed in sequence. The person should state what his/her first step will be in working toward the first subgoal. Then he/she should write down the second step to be taken, and so forth, until the client has listed all the actions to be taken to reach that subgoal. Then the client considers the second subgoal and goes through the same procedure. Once he/she has concluded writing the action steps and reaching each of the subgoals, the individual should go back to the first list. Next to each action step, he/she should attempt to identify potential obstacles. Obstacles are those things that might get in the way of the client's doing his/her action step or reaching his/her subgoal. In some of the previous sessions, several obstacles have been discussed, obstacles which might come from the people with whom the person spends time. Group pressure from these people might be toward a type of drinking that is not part of the individual's subgoal or overall goal. An obstacle might also be the person's desire to reach his/her

subgoal. Once the individual has identified potential obstacles for each of the action steps for accomplishing each of the subgoals, he/she should then return to the first obstacle mentioned and try to identify a source of help that would help overcome the obstacle.

Ask the clients for a volunteer, someone who would like to have the group help work out the plan for reaching his/her goal. As soon as a person volunteers, write on the top of a flip chart his/her goal concerning drinking. Ask the individual if there are any subgoals or bench marks which he/she could state. These subgoals should be bench marks on the way to reaching the overall three-month goal. Once several subgoals have been identified, take the first subgoal and ask the client to identify the action steps which would be necessary to accomplish that subgoal. Other members in the group may help the client in identifying those action steps.

After the list of action steps needed to reach the first subgoal has been completed, do the same for any other subgoal which the individual has identified. After all the action steps have been identified, return to the list for the first subgoal. State the first action step. Ask the client if there is anything which may be an obstacle to his/her doing that action step. If he/she says no, then restate the second action step, ask if there might be any obstacle in performing that action step, and so on. If an obstacle is identified, ask the client to be specific as to what that obstacle is. Once all of the action steps have been read and any obstacles mentioned, go on to the next step. It is important to periodically ask the other members of the group if they can see any other potential obstacles that might keep this individual from reaching his/her subgoal.

Point out that the way to deal with an obstacle that may keep someone from reaching his/her goal is to anticipate it and plan around it. Overcoming an obstacle may involve making one or two action steps not originally considered, or it may involve finding some source of help to overcome the obstacle. Go back to each obstacle identified and ask the client or any other member of the group if there is a source of help which can be used to overcome the obstacle before it blocks the individual from taking the action step and reaching his/her subgoal.

After concluding this case demonstration of how to write a plan, ask the clients working individually to write a plan for achieving their three-month goal. Allow 20 to 30 minutes working time to write the plan.

After the clients have finished writing a plan, ask them to form pairs and to conduct a discussion about the plans. In the paired discussion the person should ask his/her partner about the goal and examine each of the action steps listed in working toward the goal. The person should attempt to reality test the partner's anticipation of various obstacles and identification of potential help in overcoming those obstacles. If the person identifies some aspect of their partner's plan which does not seem realistic, he/she should help the partner identify new action steps or some other sources of aid which may help him/her make the plan more realistic. Clients should spend about 20 minutes in the paired discussion.

At the conclusion of the paired discussions you might want to have a short session in the larger group in which the clients discuss feelings about the planning process in which they have been participating.

2:30 Physical Exercise and Relaxation Training: See Appendix B for the physical exercise for this session. See Appendix A for the relaxation training exercise for this session.

3:00 Assignment: Ask each client to monitor progress toward his/her three-month goal. Clients should come to the session next week able to describe whether or not they were able to accomplish the first week's action steps toward the subgoals or the main goal.

End.

SESSION 10

Objectives

By the end of the session, clients should be able to:

- (a) state their expectations in goals in the program and to what degree these expectations have been met so far;
- (b) state how participation in the program can fit into their lives;
- (c) demonstrate communication skills; and
- (d) demonstrate their knowledge of alcohol and driving under the influence of alcohol.

Units in the Session

- 10.1 Review of Assignments (15 minutes)
- 10.2 Assessment of Expectations and Goals (115 minutes)
- 10.3 DUI Knowledge Test and Discussion of Answers (30 minutes)
- 10.4 Relaxation Training (20 minutes)
- 10.5 Assignment

Materials Needed

Journals, flip chart, markers, and copies of expectations from session 1.

Time Line

- 0:00 Review of Assignment: Ask clients if they were able to work on the drinking plan. Ask if, during the first week of working on the plan, any clients encountered an obstacle they had not previously identified. The review

of the assignment can be brief because session 10 as a whole is a review of expectations and progress to date.

0:15

Assessment of Expectations and Goals: Explain to clients that it is important to periodically review progress to date. This helps us know whether or not we are moving toward our objectives and whether or not there are other things we could be doing that would help us move toward our objectives more efficiently. Write the following four questions on a flip chart and ask the clients to spend about 15 minutes answering the questions individually. Answers can consist of merely notes or outline form.

- "(1) What is different about me since the beginning of the program?
- (2) What has changed about me that I am pleased with?
- (3) What do I think will be different about me by the end of the program?
- (4) What will not have changed about me by the end of the program?"

After clients have had approximately 15 minutes to work on answers to these questions, hand out copies of their answers to the third and fourth questions written in session 1 of the program. Ask each of the clients to compare answers to those two questions during session 1 and to the way they just answered them. Allow approximately 15 minutes for this comparison.

Explain to clients that you are now going to ask them to form trios. In the trio you will ask each person to be an interviewer and each person to be interviewed. During one of the interviews the interviewer will ask a number of questions. These questions will be directed at helping the interviewee clarify his/her answers to the questions which were asked at the beginning of the session. While one person in the trio is being interviewed, the third person will take the place of an observer. The observer's role is to observe the interviewer's behavior in terms of communication skills. During each interview the observer will complete the communication skills checklist on the interviewer. Three interviews will take place. During the three rounds each person will get a chance to be interviewed,

to be an interviewer, and to be an observer. In addition to the objective of clarifying progress to date and expectations about the remainder of the program, this exercise will also help clients identify their present level of communication skills.

The observer will attempt to complete the communication skills checklist on the interviewer. You will basically be looking at four types of communication skills: a) listening, b) speaking, c) tone, and d) body. There are two elements to listening. One element is hearing. This consists of understanding what the other person is saying. The second element of listening is called attending. This is the aspect of listening in which you are demonstrating an interest and a concern about the person speaking. When attending, often a person will lean forward, will directly look at the person speaking, and make other gestures to encourage the person's continued talking. There are three basic elements in speaking. One element is to speak clearly. Speaking clearly means not only pronouncing your words clearly but also communicating your meaning in as few words as possible. A second aspect of speaking is timing. When you speak, are you interrupting the other person? Are you speaking in a way which follows what he/she has just said? Are you saying just enough to encourage the interviewee to explain in greater detail, or are you speaking too much? A third aspect of speaking is responsiveness. When you are speaking are you addressing the issue that the person being interviewed has just mentioned? A third area of communication skills is tone. Tone refers to the nonverbal aspects of communication. Are you presenting a calm and encouraging posture to the person being interviewed? Are you expressing your words in a way that seems warm, supportive, and encouraging, or are you coming across as being curt, abrupt, or hostile? Tone is expressed through a person's volume and the way in which he/she is speaking. The fourth aspect of communication skills is the body, sometimes referred to as body language or body posture. The way one is sitting and the way one is positioned with respect to the interviewee tells him/her about how concerned or how involved the interviewer is in the interview.

After completing the introduction to communication skills, give the clients instructions for the trio exercise. They should form trios. The trios will have 45 minutes to conduct three interviews, each of which should last approximately 15 minutes. During each

interview, one person will be interviewed, one will be an interviewer, and the other will be an observer. The interviewer will attempt to have the interviewee answer two basic questions. These questions should be written on a flip chart.

- "(1) Have your expectations about the program changed? Has this been the result of increased knowledge about yourself, knowledge about the program, or both?
- (2) What are your expectations about the program now? Could you be getting more out of it? How does it fit into your life?"

The interviewer should use the notes he/she completed at the beginning of the session in explaining and responding to the various questions asked. During the interview, the observer should be paying attention to the interviewer and completing the communication skills checklist describing that interviewer's behavior. Ask the clients to rearrange the chairs and begin the interviews.

After all of the interviews have been completed or approximately 45 minutes have elapsed, ask the clients to put the chairs into the circle again. Ask clients whether or not the interviews were helpful. Ask them if the interviewers were able to help the person being interviewed see some points that he/she did not see before. After a brief discussion, ask the individuals to return to their trios and discuss what the observers noted about each individual's communication skills. The trios should spend about 20 minutes discussing these communication skills. Each observer should explain to the interviewer what he or she saw the interviewer doing, and whether or not he/she thought it was helpful or hindering during the interviewing process. After approximately 20 minutes of these trio discussions, ask the clients to put the chairs back into the circle and review briefly what each learned about communication skills.

2:10

DUI Knowledge Test and Discussion of Answers: Tell clients that along with the interpersonal skill and development objectives of this program there is also an objective of learning about alcohol and its effect on driving and other aspects of life. You will ask each of them to take a knowledge test after which the

answers will be discussed. This test will be an opportunity for them to demonstrate whether or not they have gained a significant understanding of alcohol and its effect on humans. Ask them to turn to the DUI Knowledge Test in their journals and circle the correct answer to each question.

After approximately 10 minutes, post the correct answers on a flip chart. Read the test question by question, ask how many people got the right answer, and discuss what the right answer is and why. Obtain a score for each of the clients on the DUI Knowledge Test. The score should be how many out of the 18 questions he/she answered correctly when working individually.

2:40 Relaxation Training: See Appendix A for the relaxation training exercise for this session.

3:00 Assignment: Ask participants to continue working on their drinking plan.

End.

SESSION 11

Objectives

By the end of the session, clients should be able to:

- (a) list influence behaviors which would help a person resist group pressures; and
- (b) practice some of these behaviors.

Units in the Session

- 11.1 Review of Assignment (30 minutes)
- 11.2 Assertiveness and Group Pressure (100 minutes)
- 11.3 Alternatives in Resisting Influence (20 minutes)
- 11.4 Physical Exercise and Relaxation Training (30 minutes)
- 11.5 Assignment

Materials Needed

Videotape, camera, recording unit, playback unit.

Time Line

- 0:00 Review of Assignment: Ask clients to review progress on their drinking plan. When reviewing progress on the drinking plan, be sure to ask about obstacles that were encountered during the past week. Determine if these obstacles were identified in previous sessions or not. If a person mentions an obstacle, ask if any source of help or resource was useful in overcoming the obstacle. If a person cannot identify some resource or help in overcoming the obstacle, ask other group members to help him/her to identify one or more. In the review of progress toward the drinking plan in this and all future sessions, focus on one, two, or at most three people during the review. Ask each individual to

restate his/her goal, state how far along he/she is in progressing toward that goal, and discuss obstacles and potential sources of help. By focusing on several people in each review, you will be able to get an in-depth discussion of an individual's plan. Rotate the individuals who are asked to discuss their plan in each session so that, for every three or four sessions, all clients have reviewed their plans in detail.

0:30 Assertiveness and Group Pressure: During this exercise clients will be asked to examine a situation in which a group exerts certain types of pressures on an individual to drink. The exercise will consist of a role play which will be videotaped. The videotape will be used as another vehicle in observing and discussing how an individual may learn to resist group pressure. By the end of the exercise, clients should have identified specific things they can do to resist group pressure.

Groups exert pressure on individual members in many ways. Usually a group exerts pressure on its members to conform to some type of behavior. Individuals may be more or less vulnerable to these pressures depending upon how they are feeling about themselves and how important they perceive the group to be. A person's individual freedom is increased if his/her vulnerability to group pressure is decreased. To decrease his/her vulnerability, an individual must first be able to identify what behaviors or actions a group uses to exert pressure and also to identify what behaviors or actions he/she can use to block or resist the group pressure.

Introduce a role play (see notes on role playing in session 5). Ask the group to suggest some ideas for a situation that would be useful for the role play. Ask clients to mention some group situation in which they have participated recently where drinking was involved. If one or more clients recommend several types of incidents, choose one in which the roles can be clarified. Once you have identified an incident and asked the client who mentioned the incident to briefly describe the various people involved, what they were doing and how they were acting, list on a flip chart page the roles of the various types of people involved in the group incident. Ask four of the clients to volunteer

to play special roles. Make it clear to the others that they will be asked to play a role as well. Once the four have volunteered, ask the first one to be the camera person. This individual's responsibility will be to monitor the role play with the videotape camera. The other three volunteers will be asked to be "it". The person who is "it" will be the one on which the group will attempt to exert its pressure concerning drinking. Once all the individuals have volunteered for various roles in the role play, ask them to spend approximately five minutes thinking about the setting and about how they are going to act.

Help the camera person get ready. Ask one of the three people to walk into the situation. Set the stage for the group and begin. Spend approximately 30 minutes in the role play. Attempt to set the stage in such a way that various people can be interacting at the same time. In other words, if the situation suggested was one in a bar or social setting, move the chairs and the tables around to attempt to simulate the scene. Use the other two volunteers as substitutes at various points when you think it is most appropriate. After approximately 30 minutes, or after the various activities seem to come to some resolution, end the role play. Stop the videotape camera at that point and ask the participants to sit down in the circle.

Spend the next 20 minutes processing the feelings and the behaviors which were demonstrated in exerting group pressure. Attempt to generate a list of the specific actions used by various people in the role play in the attempt to exert pressure on the individual who was "it". After each specific behavior is listed, ask what the objective of that behavior was-- that is, what the group members think the person doing that action was trying to make happen. To the right of each specific behavior should be a notation of what the person using the behavior was trying to achieve. Once these two lists have been completed for as many of the influence behaviors as can be identified, add a third list, a column describing the response of the person being "it" to that attempt at influence. When you begin the processing, ask people how they felt during the role play. After a brief discussion of the feelings, begin generating the three lists just mentioned.

Once the three lists have been generated, use the videotape to review the actual event. Use the videotape to demonstrate some of the consequences of various influence behaviors, and note examples of any of the behaviors which the clients placed on the list. Also note any additional behaviors which do not appear on the list. Reviewing the videotape and making any alterations on the lists should take approximately 30 minutes.

- 2:10 Alternatives and Resisting Influence: Summarize the various points discussed in this session and prior sessions regarding specific types of influence behavior that can be used in resisting group pressures. The lists should contain at least five to ten specific actions a person can take to resist group pressure. Each action should be described in simple terms.
- This list should be saved for use in later sessions.
- 2:30 Physical Exercise and Relaxation Training: See Appendix B for the physical exercise, and Appendix A for the relaxation training exercise, to be used in this session.
- 3:00 Assignment: Ask the individuals to continue monitoring progress on their drinking plans. In addition, ask the clients to write down the name or a description of one or two groups of individuals with whom they spent time during the week when drinking is involved. Then ask them to pick the one group in which they feel the most pressure is exerted on them and others to drink heavily. If any person does not anticipate spending time with a group of people in which there is encouragement or group pressure concerning drinking, ask him/her to identify a group in which pressure is exerted about some other type of specific behavior. The objective of this part of the assignment is to document or note the types of influence behaviors used in the group on its members regarding either drinking or any other behavior in question. Ask each client to take several notes after any interaction with the group, being specific as to what types of actions or behaviors were used on him/herself or others in the attempt to influence drinking behavior, and what types of responses he/she made to these attempts at influence.

End.

SESSION 12

Objectives

By the end of the session, the clients should be able to:

- (a) list up to five groups which are an important part of their lives;
- (b) describe the norms of each group regarding drinking behavior;
- (c) identify specific actions which can be taken in potentially problematic situations with regard to drinking in each group; and
- (d) practice communication skills.

Units in the Session

- 12.1 Review of Assignment (45 minutes)
- 12.2 Reference Groups (85 minutes)
- 12.3 Alternatives in Resisting Influence (30 minutes)
- 12.4 Relaxation Training (20 minutes)
- 12.5 Assignment

Materials Needed

Journal, list of alternatives in resisting influence (from session 11)

Time Line

- 0:00 Review of Assignment: Spend approximately 15 to 20 minutes reviewing the clients' progress on their drinking plans. As mentioned in session 11, focus on one,

two, or at most three individuals' drinking plans and inquire about their progress, obstacles encountered, and sources of help used to overcome these obstacles. Choose individuals who did not discuss their plans in session 11.

Review the assignment on the observation of group influence as an example of the process to be followed in the rest of session 12. Ask the clients if they were able to observe some problematic situation in a group regarding drinking. If several of the clients volunteer some examples, choose the one which seems the richest in memory and detail to be used as an example. Ask the individual what type of a group it is. For example, what type of people are members of the group and what their relationships are to the client. Ask the client how important this group is to him/her; for example, how much time he/she tends to spend with this group each week and how difficult it would be for him/her to not be a part of this group. Also, determine the importance of drinking to the group's activities. Do members of the group drink alcoholic beverages every time they are together? Do they never drink at all? Once the type of group and the importance of the group have been described by the client, ask the client what the group's norms are regarding drinking. You might want to ask if any members of the group ever become intoxicated when the group is together drinking. You might also wish to ask if any members of the group ever abstain from drinking alcoholic beverages. Note on a flip chart any specific norms which the group appears to have regarding drinking. Once a variety of these norms has been documented, ask the client to describe as specifically as possible what types of influence behavior he/she observed. Once several of these have been identified, ask the client if anyone in the group attempted to resist the group pressure. If anyone did, ask what this person did to resist the group pressure and what the reactions to that action were. In guiding and directing this discussion of the client's observations, keep in mind that you are modeling a process which you will ask all of the clients to do in a few moments. When you feel the example has been discussed in enough detail, point out to the group that they will now use a similar process for various groups in which each of them is involved.

0:45

Reference Groups: The purpose of this unit is to help the client identify key groups in his or her life. Once identified, each client will be asked to analyze how this group deals with drinking. The reason for the analysis is to identify any potentially problematic drinking situations in which the client might find himself or herself in the future. Introduce the exercise in the following manner:

"People spend their leisure time with different people. They may spend their weekday afternoons or evenings with certain people, weekends with other people, and holidays with other people. A person might get together with some people often and see others rarely. I would like you to think about those people with whom you spend time and who are important to you. I want you to make a list of these people or groups of people. If you tend to see certain people together, you should group these individuals together in your list. For example, you might start with your family or the people with whom you live. There might be certain friends with whom you spend time each week. Try to arrange these people into groups so that you have no more than five groups."

Give these instructions slowly, with frequent pauses. Encourage the clients to ask any question which might clarify what is being asked. Indicate to clients that they might have only one or two groups of people or they might have many. If they do have many groups, ask them to identify the five groups which are the most important to them.

Once the clients have listed these groups, ask them to briefly note whether or not drinking is involved when this group is together. For example, ask if anyone in the group drinks alcoholic beverages when this group gets together, or if everyone in the group drinks alcoholic beverages when this group gets together. Allow about five minutes for individuals to complete their lists.

Ask the clients to form trios. In each trio, one person will be an interviewer. The interviewer will ask one of the other members in the trio about the groups which that member has just listed. The purpose of the interview is to help each client identify any potentially

problematic situations regarding drinking in which he/she might find him/herself. Each interview should take approximately ten minutes. The interviewer should use the group behavior checklist as a guide to the discussion.

The person who is neither the interviewee nor the interviewer should be an observer. He/she should use the communication skills checklist to describe the various communication skills being used by the interviewer. Each person in the trio should have a chance to be interviewed. Repeat that the desired objective of each interview is the formulation of a list of potentially problematic situations regarding drinking in which the interviewer might be involved while with each of the groups he/she listed as important to him/her.

After the three interviews have been completed, ask the clients to pull their chairs back into the large group. Ask each of the trios to describe the problematic situations which were identified. Writing on the flip chart, attempt to generate a list of common potential problem situations. After approximately 30 minutes generating and discussing this list, ask the trios to pull their chairs around and have the observers report to each of the interviewers what they noted about their communication skills. They should spend approximately 20 minutes discussing their communication skills in their trio.

2:10

Alternatives in Resisting Influence: After the trios have discussed communication skills, ask the clients to form the larger group again. Bring out the list of alternatives in resisting influence, generated in session 11, and post it next to the list of common potentially problematic situations which was just generated. Ask the clients if they have identified any new or different ways in which a person might resist group pressures. If the clients can identify ways other than those listed, add these to the list. Go through the list of common potentially problematic situations and ask which of the various alternatives in resisting influence might be useful in each specific situation. Attempt to include the possibility of changing groups as one of the alternatives. In other words, a person might want to stop spending time with a group of people or begin spending time with another group as an alternative in resisting various group pressures.

Ask each client to make a note of the various alternatives in resisting influence which might apply to his/her own potentially problematic situations.

2:40 Relaxation Training: See Appendix A for the relaxation training exercise for this unit.

3:00 Assignment: The clients' assignment consists of continuing to monitor progress on their drinking plan and trying at least one new behavior in a group situation. This new behavior should be something that was identified in the discussion about alternatives to resisting influence. Each client should think of times during the coming week when he/she might be in a potentially problematic situation in a group which is drinking. The client should think of a specific action or actions which he/she could take in attempting to resist group pressures regarding drinking. Instruct the clients to make a note of what action or actions they might try and then following the group interaction, during the week, to note whether or not they attempted any of these actions and what the responses by other group members were.

End.

SESSION 13

Objectives

By the end of the session, clients should be able to:

- (a) practice influence behaviors and
- (b) draw a force field map of their socio-cultural influences on their drinking behavior.

Units in the Session

- 13.1 Review of Assignment (45 minutes)
- 13.2 Sociocultural Forces (105 minutes)
- 13.3 Physical Exercise and Relaxation Training (30 minutes)
- 13.4 Assignment

Materials Needed

Videotape, camera, playback, and recording unit, journal.

Time Line

- 0:00 Review of Assignments: Ask one or two clients to review the progress on the drinking plan. Spend approximately 15 to 20 minutes reviewing several clients' progress on their drinking plans. Ask the clients to mention what type of behavior they attempted in a reference group during the past week. Ask each client who claims that he/she attempted some behavior in a reference group both what the behavior was and what the response of other group members was to that behavior. Every client who attempted some form of behavior should be encouraged to speak up.

0:45

Sociocultural Forces: Begin this unit with a short lecture (approximately 20 minutes in length). During this lecture, explain the force field concept and the various types of sociocultural forces which affect an individual, particularly in terms of his/her drinking behavior. A force field approach is an attempt to articulate the various forces which are acting on an individual regarding a specific issue. The individual attempts to identify which forces are pushing him/her toward one position rather than another direction or position. Ask the clients to complete the force field map. On this map they are asked to list the forces in their environment which are pushing them toward heavy or uncontrolled drinking or behavior related to uncontrolled drinking; and forces which are pushing them toward abstinence or responsible and controlled drinking. Using the force field approach, a person is able to look at the various pressures pushing him/her in two different directions. Once the person can see this on paper, he/she is in a better position to identify actions which can be taken to eliminate the strength or potency of some of these forces. Explain to the clients that, in his/her environment, each of us experiences many forces regarding drinking. Some of these forces come from our background (for example, experiences we bring with us to the present situation). These forces from our background might be a result of the way our parents drank; what our parents said about drinking; the place in which we grew up and whether or not there was much drinking in that place; and the ethnoreligious group of which we are a part. Sometimes having parents who drank heavily encourages a person to drink heavily when he/she becomes an adult. In other cases, observing heavy drinking by parents acts to discourage any drinking at all. Parental *attitudes* toward drinking can also affect a person's drinking behavior. For example, if a parent drinks alcoholic beverages consistently and yet tells the son or daughter not to do the same, very often the son or daughter feels a pressure to go out and drink as a form of rebellion against the parent. On the other hand, parents often encourage a child to begin drinking in a very light manner in the home (for example, during the meal). This is often experienced by an individual as a pressure toward controlled or responsible drinking in later life. Each individual must examine his/her own parents' drinking behavior and attitudes about drinking to determine whether or not

these represent a force toward heavy or uncontrolled drinking or a force toward abstinence or responsible controlled drinking.

Another factor in our background that may affect our drinking behavior is where we grew up. People who grew up in an urban environment are more likely to be exposed to alcoholic beverages and to drink than people who grew up in a rural environment. The region of the country in which a person is brought up also has an effect. For example, someone who is raised in the Northeast is more likely to drink at an early age than is someone brought up in the South. The third aspect of a person's background which will affect his/her drinking behavior is the ethnoreligious group of which he/she was a part. Refer to notes provided in an earlier session for this information.

In addition to background factors, a person's socio-cultural environment includes the people with whom he/she currently spends time. These people, separately or in groups, have a very significant effect on whether or not a person will drink alcoholic beverages; what kind of beverages he/she will drink; and when and how he/she will drink. In the past several sessions, the clients have been asked to look at various aspects of how people with whom they spend time affect their drinking behavior. In session 12, each client identified the disposition, with regard to drinking, of a number of groups of which they are a part. Each group with whom a person spends time constitutes a force in his/her environment pushing them toward heavy or uncontrolled drinking or toward abstinence or responsible, controlled drinking.

Ask the clients to look at the force field map in their journals. Do not explain how to complete the force field map. Ask the clients to spend approximately 15 minutes completing the force field map. They should place three arrows on the force field map with regard to their background. One arrow should be placed on the map in terms of the effect their parents' drinking behavior and attitudes has had on the clients' drinking behavior. A second arrow should be drawn indicating the place where they grew up, including the region of the country and whether it was a city, town, or a

rural area. The third arrow should be placed on the force field map designating the ethnoreligious group of which he/she is a part. Each of these three arrows should point in the direction to which they feel this aspect of their background pushed or encouraged them in terms of drinking behavior.

The clients should refer to the list they completed in session 12 regarding groups with which they spend time. Each of these groups of people should be represented by one arrow on the force field map. In other words, if a client identified four groups of people with whom he/she spends a good deal of time, he/she should add four more arrows to his/her force field map. Each group will be represented by an arrow. The direction of the arrow should indicate whether or not the norms of this group, and the pressures experienced by the individual from this group, push him/her toward heavy, uncontrolled drinking or toward abstinence or responsible, controlled drinking. Since the clients were asked to identify no more than five groups in session 12, each individual should have no more than eight arrows on his/her force field map.

Once each client has completed his/her force field map, ask him/her to state how many forces on his/her map are pushing toward heavy or uncontrolled drinking. If a client has identified more than one force pushing toward heavy or uncontrolled drinking, ask him/her to identify which of those forces is the strongest; in other words, which of the forces pushing him/her toward heavy or uncontrolled drinking has the most impact or potential impact on his/her behavior. It is possible that the clients will not yet be entirely accurate with their placement of socio-cultural environment forces on the force field map. Do not worry about accuracy at this point. In session 14, each person's force field map will be reality-tested by other members of the group.

Identify a potential problem group from one of the client's force field maps. In other words, pick a client who has identified a current group which pushes him/her toward heavy or uncontrolled drinking and ask him/her to give an example of a potential problematic situation in which he/she might be involved with this group. As the client describes the situation, take

notes on one of the flip chart pages. This situation should be used for a role play as was done in session 11. Once the situation has been identified and a number of the clients have volunteered to participate in certain roles, ask the group to begin the role play. One group member should volunteer to be the camera person and film the role play, which should last approximately 20 minutes.

Once the role play has been completed, ask the clients who participated in the role play to discuss how they felt and how various people's behaviors affected them. Ask the audience to share their observations as to what was going on. After spending 15 to 20 minutes processing the role play in this manner, turn the videotape on and use it to clarify what various people said. In the event you see some aspect of behavior going on during the role play which was not identified by the clients, point it out while the videotape is running.

Pay particular attention to any demonstration of influence behavior by a client in the group which is different than that observed previously. Any such demonstration of influence behavior, whether ineffective or effective in this particular situation, should be positively reinforced. Remember that one of the objectives of this session is to get clients to practice influence behaviors. End the processing with an indication that more of this activity will take place during the next session.

2:30 Physical Exercise and Relaxation Training: See Appendix B for the physical exercise, and Appendix A for the relaxation training exercise, for this session.

3:00 Assignment: The clients should continue to monitor progress on their drinking plans. They should also try a new or different influence behavior in one of their groups during the coming week. Ask the clients to identify on paper the behavior they are going to try to use, and once they have tried it, to note the reactions of others in the group.

End.

SESSION 14

Objectives

By the end of the session, clients should be able to:

- (a) practice influence behaviors; and
- (b) write a plan for changing sociocultural forces around them to establish an environment which encourages abstinence or responsible, controlled drinking.

Units in the Session

- 14.1 Review of Assignment (45 minutes)
- 14.2 Role Play (60 minutes)
- 14.3 Reality Testing Force Field Map (30 minutes)
- 14.4 Planning (30 minutes)
- 14.5 Relaxation Training (15 minutes)
- 14.6 Assignment

Materials Needed

Journal, videotape, camera, recording and playback unit

Time Line

- 0:00 Review of Assignment: Review several clients' progress on their drinking plans. Also review anecdotes of any client in the group who tried to use an influence behavior in one of his/her groups during the past week. In reviewing any attempted influence, take care to link it to what has been covered in prior units and to reinforce the demonstration of any new influence behavior.

0:45

Role Play: Explain that the group will do another role play similar to the one done in session 13. The difference is that in this role play, several clients will help coach one of the people who will participate in the role play. Ask the clients to identify a problematic situation in a group. If possible, pick one of the situations mentioned in the anecdotes during the review of the assignment. Once the situation has been identified and enough members of the group have volunteered to play various roles, ask three people who are not going to be in the role play to spend some time with one person who will participate in the role play. During these ten minutes, these three people should coach this key player. They should help this key player identify several potential influence behaviors which he/she might try in an effort to resist group pressures regarding drinking. Once the coaching has concluded, begin the role play. The role play should last no more than 20 minutes.

During the role play, have one of the group members be a camera person and record the role play on videotape. For processing this role play, go directly to the videotape. As in processing with other videotapes, point out specific actions which were taken by various group members and the responses to these actions. Pay particular attention to influence behaviors used by the key player in his/her attempt to resist group forces.

After processing this role play for about 20 minutes, you might wish to recapitulate how much the members of the group have learned regarding influence behaviors in the past 14 sessions. You can do this by pointing out various behaviors used in the early role plays which were not effective in resisting group influences and pressures. Then point to behaviors displayed in this role play which show that people have learned a good deal about the nature of influence and how to use it in a group.

1:45

Reality Testing the Force Field Map: Ask the members of the group to form trios. They should spend 30 minutes helping each member of the trio draw a new force field map describing the forces in his/her environment which encourage heavy or uncontrolled drinking or encourage abstinence or responsible, controlled drinking. The clients will draw a new force field map although they might use the force field map drawn in session 13 as a starting point. During the 30 minutes,

members of the trio should help each person try to draw the force field map accurately; that is, when a person designates a force on one part of his/her map, the other members of the trio should discuss whether or not that is the right place to put the arrow. Clients should be encouraged to use the communication skills which they have demonstrated and practiced in prior sessions.

2:15 Planning: Ask each client to identify a goal and write a plan to overcome one or more of the forces in his/her sociocultural environment which are pushing him/her toward heavy or uncontrolled drinking.

The goals may vary. The following is a list of possible goals:

- a) Use new behaviors in a current group.
- b) Have myself and that group seek counseling together.
- c) Decrease the amount of time that I spend with that group and substitute another specific activity.
- d) Discontinue contact with that group when it is engaged in certain activities.
- e) Discontinue contact with that group altogether.
- f) Increase the amount of time I spend with another group.

These represent just a few of the many types of goals a person might set to overcome various forces in his/her sociocultural environment. Once the person has identified a goal, he/she should complete the planning forms in his/her journal with regard to that goal. Once completed, these forms constitute the client's sociocultural environment plan. As with his/her drinking plan, the individual's sociocultural environment plan will be reviewed every week.

2:45 Relaxation Training: See Appendix A for the relaxation training exercise for this unit.

3:00 Assignment: The client should monitor progress on his/her drinking plan. The client should also monitor progress on the sociocultural environment plan. For this plan, the client should obtain several comments and the signature of a collateral. This means that he/she should approach a spouse or a close friend or relative and ask that person to review his/her plan

with him/her. Once that person has reviewed the plan, he/she should sign on the bottom that he/she has read the plan and make any other comments which he/she feels are appropriate. Explain to clients that this is a method for encouraging them to share their plan with a member of their sociocultural environment. During the sharing of each client's plan, he/she may wish to explore various ways in which that specific individual can help him/her achieve the goal.

End.

SESSION 15

Objectives

By the end of the session, clients should be able to:

- (a) list actions which are alternatives to alcohol use or abuse for him/her; and
- (b) integrate his/her drinking plan in a socio-cultural environment plan.

Units in the Session

- 15.1 Review of Assignment (60 minutes)
- 15.2 Personalized List of Alternatives (45 minutes)
- 15.3 Integrating Personal Plans (45 minutes)
- 15.4 Physical Exercise and Relaxation Training (30 minutes)
- 15.5 Assignment

Materials Needed

Journal

Time Line

- 0:00 Review of Assignment: Review several clients' progress on their drinking plan. Also review progress of various clients on their sociocultural environment plan. With regard to the latter, get some feedback from all of the clients as to whether or not each client's plan was useful, somewhat useful, or useless. Also in regard to this plan, ask how many clients were able to get a collateral to comment and sign their socio-cultural environment plan.
- 1:00 Personalized List of Alternatives: At this point in the program the clients should be able to integrate various

activities, done or identified previously as potentially useful in their lives, which are alternatives to alcohol use or abuse. Some of these alternatives may have been identified during the first ten sessions when the group was working on the adaptability factor. Other alternatives might have been identified in the past four or five sessions in working on the socio-cultural factor. For an activity to be truly an alternative to alcohol use or abuse, it must satisfy the same things that alcohol use satisfies. Also, an alternative must be personalized; that is, an alternative for alcohol use to one individual might not serve the same purpose for another. Therefore, it is important that each client develop his/her own list of alternatives. Ask each client to spend ten or fifteen minutes individually working on the alternative checklist. On this checklist, ask him/her to list several alternatives to alcohol use or abuse and to reality test them.

Once the individual work is completed, the counselor should lead a group discussion helping each individual to reality test the alternatives he/she described. In reality testing alternatives, there are basically four questions which should be asked:

- (1) Is this activity as satisfying as drinking?
- (2) Is this activity as readily available as alcohol?
- (3) Does this activity produce the same relief or perceived relief from tension as alcohol?
- (4) Does this activity meet any of the other needs that alcohol and drinking meet (for example, something to do when talking to other people)?

You should enable each client in the group to share his/her list of alternatives.

1:45 Integrating Personal Plans: Until this point in the program, the clients have spent a fair amount of time writing plans for change. Each client currently has two plans to monitor his/her activities: (1) the drinking plan, and (2) the sociocultural environment plan. To be effective, these two plans should be integrated into one personal development plan.

The main goal of this personal development plan is to help the individual control his/her drinking behavior. The individual made a decision in an earlier session to either maintain abstinence or responsible, controlled

drinking. Both the drinking plan and the socio-cultural environment plan address different aspects of working toward the same goal. Not only does the personal development plan identify a goal with regard to drinking, but it might also identify several goals that include new or different activities in which the individual would be involved. For example, the plan might involve a goal of increasing the time spent on alternative activities. Instead of asking the clients to reality test in pairs and trios, use the 45 minutes in this unit to discuss, in the large group, individuals' commitment to these plans. Obtain from various clients some statement of interest and commitment to the plans and enthusiasm about working on them. This is particularly important for a group in which some of the members might not be monitoring progress or making any concrete steps toward progress on their plans.

If you have a group in which most of the members are diligently working on their plans, you might want pairs or trios to work on integration of personal plans. Again, this latter alternative should only be chosen if you have seen evidence that people are in fact working toward their goals.

Reestablishing or securing commitment to the plans might involve going back to the original objectives of the program. You might wish to ask each client if he/she is missing any opportunities available to him/her to improve aspects of his/her current life. The plans for change are the key vehicle used by the program in translating material from the program and applying it to the individual's life. If these plans are not useful to the individual clients, most of the material covering the program will not be useful either.

2:30 Physical Exercise and Relaxation Training: See Appendix B for the physical exercise, and Appendix A for the relaxation training exercise, for this session.

3:00 Assignment: The clients should monitor progress on their integrated personal plans.

End.

SESSION 16

Objectives

By the end of the session, clients should be able to:

- (a) list ways in which alcohol use/abuse interferes with specific life functioning; and
- (b) identify solutions to interference in job financial functioning.

Units in the Session

- 16.1 Review of Assignment (30 minutes)
- 16.2 Life Functioning Inventory (80 minutes)
- 16.3 Job Financial Functioning: Problems and Solutions (55 minutes)
- 16.4 Relaxation Training (15 minutes)
- 16.5 Assignment

Materials Needed

Journal

Time Line

- 0:00 Review of Assignment: In prior sessions, clients developed plans for making various changes in their lives. Each of their plans should have certain week-to-week activities they are attempting to complete. During the review of the assignment from this session right through the last session of the program, review with clients the progress they are making on their plans. This review should be directed at specific individuals and the discussion should involve whether or not activities were done. If these activities were not done, both the obstacles and the potential sources of help should be identified.

In reviewing progress toward plans, you might find that the review in one session involves an in-depth discussion of one person's activities. In another session, the review might involve several people discussing a similar amount of progress, or a similar obstacle to progress, on their plans.

0:30

Life Functioning Inventory: The purpose of this unit is to help the client conduct an in-depth inventory of the various ways in which alcohol use or abuse interferes with his/her life functioning. It is important that the clients complete the life functioning inventory in a way which reflects where they are now. In other words, in the first four months of the program, they might have implemented various changes in their lives so that some of the ways alcohol use or abuse previously interfered with life functioning no longer do so.

After giving the instructions, let the clients work individually for approximately 20 minutes completing the life functioning inventory sheet in their journals. Following the completion of the individual work, ask the clients to form pairs in which they should spend 30 minutes reality testing each other's inventory. In other words, each person should spend 15 minutes trying to explain his/her inventory to the other person. The other person in the pair should be testing whether or not the individual has been realistic in his/her assessment of the degree to which this is an interference. Following the pair testing, ask people to form the large group again and spend approximately 30 minutes compiling the data from all of the group members. As an introduction to this compilation, place a chart on a piece of flip chart paper and find out how many people have identified an interference in each of the areas of life functioning. This will be important data for you in planning the next four sessions. Once the chart has been completed, ask the clients to discuss the ease or difficulty with which they were able to complete the inventory. End this unit by explaining that, in the remainder of session 16 and the following three sessions, the group will be focusing on each of four domains in life functioning. The rest of this session will focus on job financial functioning.

1:50

Job Financial Functioning--Problems and Solutions:
Get a list of problems from the clients who identified some type of interference resulting from alcohol use or

abuse in their life functioning in the job and financial area. Once this list of problems has been generated and placed on a flip chart page, lead the discussion of potential solutions. Any solution recommended should be written down on the piece of flip chart paper. Once a list of potential solutions has been identified for each problem listed, lead an analysis of the potential costs and potential benefits of each solution in solving the particular problem.

Since each problem will reflect a particular type of interference in a specific client's life functioning in this area, the cost/benefit analysis of each potential solution would have to be directed at that particular client. The discussion might involve one client asking the person who identified the problem whether or not this solution would lead to other problems. You might also ask specific questions. The discussion should conclude with an identification of those potential solutions which have the maximum benefit and the minimum cost in solving each of the problems identified.

2:45 Relaxation Training: See Appendix A for relaxation exercise for this session.

3:00 Assignment: Clients should monitor progress on their personal development plans.

End.

SESSION 17

Objectives

By the end of the session, clients should be able to identify solutions to interference in family social functioning resulting from alcohol use or abuse.

Units in the Session

- 17.1 Review of Assignment (30 minutes)
- 17.2 Family Social Functioning (70 minutes)
- 17.3 Physical Exercise and Relaxation Training (20 minutes)
- 17.4 Assignment

Materials Needed

Journal

Time Line

0:00 Review of Assignment: As indicated in session 16, review clients' progress on their personal development plans.

In the event that the identification of solutions to problems in the job financial functioning area was not completed in session 16, further work on solutions to these types of interference should be continued in this session. It is important that you not rush or gloss over any important issues arising from the analysis of interference: either problems or potential solutions to these problems. If you or the clients are not satisfied with the thoroughness of the discussion of the job financial area, continue the discussion begun in session 16. The instructor notes for sessions 17 through 20 will assume that there is no overlapping of this sort. This is not meant to indicate that such a continuation of a discussion is ineffective. Remember, the objective is to help the client identify ways in which alcohol use

and abuse interfere with his/her life functioning and to identify solutions to that interference so that it will not continue.

- 0:30 Family Social Functioning: Ask those clients who, in their life functioning inventory, identified interference as being the family social functioning to indicate what problems they were having as a result of alcohol use and abuse. As done in session 16, once this list has been generated, the group should discuss potential solutions for each one of these types of interference. Again, as in session 16, each solution should be examined as to its potential costs and potential benefits to the specific individual who mentioned the type of interference, to see whether or not it would help that individual in overcoming this interference. It might help the clients if you label this type of discussion as a strategy session for helping each client deal with improving his/her life.
- 1:40 Physical Exercise and Relaxation Training: See Appendix B and Appendix A for the exercises for the session.
- 2:00 Assignment: Instruct clients to continue to monitor progress toward their personal development plans.

End.

SESSION 18

Objectives

By the end of the session, clients should be able to identify solutions to interference in citizen functioning resulting from alcohol use or abuse.

Units in the Session

- 18.1 Review of Assignment (30 minutes)
- 18.2 Citizen Functioning (70 minutes)
- 18.3 Relaxation Training (20 minutes)
- 18.4 Assignment

Materials Needed

Journal

Time Line

- 0:00 Review of Assignment: Review the clients' progress on their personal development plans.
- 0:30 Citizen Functioning: As indicated in session 17, if you or the clients do not feel that family social functioning has been covered adequately, this discussion of citizen functioning should be postponed. The group should then return to the discussion of family social functioning and continue that discussion until people feel satisfied that they have identified solutions to types of interference solutions which have the maximum potential benefit and the minimum potential cost to each client.

In the event that the group is ready to deal with citizen functioning, follow the same procedure as that used with job financial functioning and family social functioning in identifying the problems and potential solutions, and conducting a discussion of the costs and benefits.

of each solution to these problems.

1:40 Relaxation Training: See Appendix A for the relaxation exercise for this session.

2:00 Assignment: The assignment is for clients to continue monitoring progress on their personal development plans.

End.

SESSION 19

Objectives

By the end of the session, clients should be able to identify solutions to interference in psychological and spiritual functioning resulting from alcohol use/abuse.

Units in the Session

- 19.1 Review of Assignment (30 minutes)
- 19.2 Psychological Spiritual Functioning (70 minutes)
- 19.3 Physical Exercise and Relaxation Training (20 minutes)
- 19.4 Assignment

Materials Needed

Journal

Time Line

- 0:00 Review of Assignment: Review progress clients have made on their personal development plans.
- 0:30 Psychological/Spiritual Functioning: As in prior sessions, lead a discussion in which clients list areas in which alcohol use/abuse have interfered with their psychological or spiritual functioning. The clients should then list potential solutions to each of these interferences and discuss the costs and benefits of these various solutions to the specific clients.
- 1:40 Physical Exercise and Relaxation Training: See Appendix B and Appendix A for exercises for this session.
- 2:00 Assignment: The clients should monitor their progress on their personal development plan.

End.

SESSION 20

Objectives

By the end of the session, clients should be able to:

- (a) state their expectations and goals for the program;
and
- (b) describe if their expectations and goals for the program have been met or not met to date.

Units in the Session

- 20.1 Review of Assignment (30 minutes)
- 20.2 Expectation and Goals for the Program (70 minutes)
- 20.3 Relaxation Training (20 minutes)
- 20.4 Assignment

Materials Needed

Journal and copies of expectation statements written by clients in sessions 1 and 10

Time Line

- 0:00 Review of Assignment: Review clients' progress on their plans.
- 0:30 Expectations and Goals for the Program: Ask the clients to individually answer the following four questions, which should be written on a flip chart page:
- "(1) What is different about me since the beginning of the program?
 - (2) What changes in myself, made since the beginning of the program, am I pleased with?

- (3) What do I think will be different about me by the end of the program?
- (4) What will not have changed about me by the end of the program?"

After the individual clients have had approximately 15 minutes to answer these questions, ask them to turn to their notes (in their journal) from session 1 and session 10 concerning their earlier answers to these same questions. Clients should spend approximately 15 minutes working individually, comparing their current answers to their past answers to these questions.

Conduct a discussion of the entire group as to how people's expectations have changed regarding the program. It would probably facilitate the discussion if you first ask people to document how they feel they have changed since the beginning of the program. Although it is expected that clients will state a number of changes with which they are pleased, be sure to push ahead and ascertain clients' expectations about how they will continue to change between this session and the last session in the program.

1:40 Relaxation Training: See Appendix A for the relaxation training exercise for this session.

2:00 Assignment: The clients should continue to monitor progress on their plans.

End.

SESSION 21

Objectives

By the end of the session, clients should be able to write their life plan.

Units in the Session

- 21.1 Review of Assignment (30 minutes)
- 21.2 Writing a Life Plan (70 minutes)
- 21.3 Physical Exercise and Relaxation Training (20 minutes)
- 21.4 Assignment

Materials Needed

Journal

Time Line

- 0:00 Review of Assignment: Ask clients to discuss progress on their plans.
- 0:30 Writing a Life Plan: Until this point in the program, the clients have been involved in stating goals and writing plans in a number of different areas. They have identified a number of aspects of their lives which they would like to change. During this session, indicate to the clients that you would like them to integrate all of these various plans into a single life plan. This life plan should represent what the client intends to do not only next week and the week after, but in the coming months and years to improve his/her own life in the future. Writing a life plan is different from stating a goal and writing a plan to accomplish that one goal. A life plan, instead of being oriented toward accomplishing a specific goal, is oriented around time and how a person will use time in the future. In making a life plan, a person might decide to work on

one goal at one time and on several goals at another time. The clients should spend approximately 60 minutes working individually with the life-planning guide in their journal.

1:40 Physical Exercise and Relaxation Training: See Appendix B and Appendix A for the exercises for this session.

2:00 Assignment: The assignment for this session is for the client to take his/her draft of the life plan and review it with a significant person in his/her life. This significant person can be a spouse, a close friend, or a close relative. The client might wish to review this life plan with several significant people in his/her life. The assignment is for the client to bring to the next session various comments and concerns expressed by other people significant to him/her. The client will then attempt to rewrite the plan incorporating any ideas, suggestions, or comments made by these people. Ask each client to document on the last page of his/her life-planning guide who he/she has reviewed the guide with and what that person's relationship is to the client.

End.

SESSION 22

Objectives

By the end of the session, the clients should have a written life plan.

Units in the Session

- 22.1 Rewriting Your Life Plan (100 minutes)
- 22.2 Relaxation Training (20 minutes)
- 22.3 Assignment

Materials Needed

Journal

Time Line

- 0:00 Rewriting Your Life Plan: Reviewing the assignment and rewriting the life plan are the same activity. Ask each of the clients to describe the reactions received when reviewing his/her life plan with significant people in his/her life. After all the clients have had a chance to describe the reactions they received, they should work individually for at least 30 minutes in rewriting those parts of their life plans which they think should be changed to incorporate the suggestions made by others.
- Ask the clients to form pairs and spend approximately 30 to 45 minutes reviewing their life plan, with another member of the group, in its rewritten form.
- 1:40 Relaxation Training: See Appendix A for the relaxation training exercise for this session.
- 2:00 Assignment: Clients should monitor progress on their life plans.
- End.

SESSIONS 23 TO 33

Objectives

By the end of these sessions, clients should be able to:

- (a) practice behaviors which are alternatives to alcohol use/abuse and are adaptive responses to inner conflict or stress;
- (b) demonstrate influence skills in resisting group pressures to drink; and
- (c) maintain progress on their life plans, which include the drinking plan.

Units in Each Session

Each session should consist of three units:

1. Review of Progress on Life Plan (30 minutes)
2. Discussion of Applications (70 minutes)
3. Physical Exercise and/or Relaxation Training (20 minutes)

Discussion of Applications

The topic for discussion might emerge from one or more clients' experiences between the sessions; their difficulty in working toward their goals in the life plan; or a new problem with which a client might want help. You have two basic options for activities in this period: 1) lead an unstructured discussion; or 2) lead a structured experience to establish a specific learning point. You should strive to maintain a balance of structured and unstructured activities during these sessions. Since the primary objective for these latter sessions is to help the clients apply the program materials to their lives, unstructured discussions are needed to allow the clients to voice in their own terms their difficulties with the applications. Several possible exercises are listed below, but you should design

or choose an exercise which is appropriate to the learning style of the clients and the clients' needs.

1. Role Play: A role play can be designed to illustrate any learning point. Material for role plays can be taken from client experiences, as was done in earlier sessions.

2. Self-fulfilling Prophecies: This exercise will attempt to help clients learn to reality-test assumptions they make about themselves and about other aspects of life. Everyone makes assumptions about him/herself and about other people. Often these assumptions are not based on fact. Whether or not such assumptions are true, we tend to think or act as though they were true. When a person feels disappointed or frustrated, disgusted or inevitably disappointed, he/she might make these types of assumptions explicit by attempting to answer the question: "Why is this always happening to me?"

Some examples of these types of assumptions would be a person's saying, "Why don't people like me?", "I just can't control my eating," "Strong people don't ask for help," or "Kids are always out for themselves."

Prejudice involves making assumptions about other people. When people act on their prejudices, they are acting on assumptions they have made about other people without determining whether or not these assumptions are true. People also have prejudices about themselves.

To help clients learn to change some of these assumptions or prejudices which they hold about themselves or others, the following steps could be conducted during a session.

First, ask the clients to think of a moment during the last few weeks when they have felt disgusted or disappointed with themselves. Ask them to write down the date. Ask them to think about what things they said to themselves and about themselves during this experience. As they begin to think, tell the clients to make a list of as many of these statements as they can remember. Then ask the clients, "Are there other similar types of statements you make to yourself at other times?" Ask the clients to list these statements also.

Second, ask the clients to think of a moment during the last few weeks when they felt disgusted or disappointed with others around them (for example, their spouse, close friends, children, or parents). Ask them to write down the date. Ask the clients to think about statements which they made to themselves about these other people during that experience. The clients should

make a list of these statements.

Third, ask one client to volunteer to share his/her statements with the group. One by one, the statements should be read to the group. The client must then present his/her case as to why he/she believes this statement to be true. The group members should present to the client their opinions or views as to why this statement is not true or is not necessarily true. Once this has been done, the clients should tell the group how he/she would reword the statement to make it realistic and accurate. Conduct this process for each of the client's statements about him/herself as well as the client's statements about other people.

You might wish to do this for several clients in the group or all of the clients in the group. Clients might feel that they do not have to share their statements with the group because they have discovered, through the exercise in which a previous client had discussed the same type of statement, that their original statements should be reworded.

3. Collateral Involvement: If, and only if, one or more group members suggest that it might be interesting or beneficial to ask some of their collaterals to join in one of the group sessions, you should pursue getting the group's commitment and decision to allow this to happen. All of the group members should agree that it would be a good idea. All of the clients should also agree at which session it would be best to have collaterals present. A collateral could be a client's spouse, close friend, parent, or child. If the group decides it would be a good idea, you should attempt to have several clients bring a collateral to a particular group session. If only one client brought a collateral, the group's attention would focus on their relationship for most of the session and would lead to a discussion which would most likely be experienced as too intensive by the client and his or her collateral.

If clients decide that it would be a good idea and determine to which session they would like to bring collaterals, you should design a specific exercise for that session. One exercise that has been found to be useful would be the following: At the beginning of the session, introduce the collaterals and help them feel comfortable with the surroundings. Ask each of the other clients in the group to introduce themselves and to state the reasons they thought it would be a good idea to have some collaterals present in the group session. Once a warm and supportive atmosphere has been developed, begin the exercise.

Ask each person in the group to make a list of five to ten aspects he/she feels are positive about his/her relationship with his/her collateral. These lists should be written on paper.

Once the lists have been written, instruct the two people in each relationship to pull their chairs together and discuss their lists with each other. During this discussion they should note any differences and similarities between the types of items on the two lists. After discussing the lists for approximately 15 minutes, the dyad should be instructed to identify some specific actions that each person could take to increase the opportunities to enjoy these aspects of their relationship.

After 15 to 20 minutes of this discussion, ask all the group members to identify and write down a list of five to ten negative aspects of their relationship with this other person, aspects they either don't like or else feel need improvement. After these lists have been written, ask the people in the dyads to spend 15 minutes sharing their lists with each other, noting the similarities and differences; the people in each dyad should then attempt to identify actions each of them can take to help eliminate this item from the other person's list.

4. Behavioral Contracting at Home and at Work: Behavioral contracting is a technique a client can find very useful in applying any of the learnings from the program to aspects of his/her life at home or at work. It would be useful to return to the notes presented in session 4 and to describe what the behavioral contract is. In describing a behavioral contract, it is important that you point out that both parties involved in the contract should be getting something they want and should be making some effort to change something the other person does not want.

If you decide that behavioral contracting is a useful unit for one of the sessions, ask the clients to develop some contract which they will make and work on with someone in their home or at work. The assignment for the coming week would be to have each client write the contract with another person and have both of them agree to the contract by signing their names to it. The written contract, with both signatures, should be brought to the next session.

End.

SESSION 34

Objectives

By the end of the session, clients should:

- (a) terminate their involvement in the program; and
- (b) describe progress and changes which they have made since the beginning of the program.

Units in the Session

- 34.1 Review of Expectations (60 minutes)
- 34.2 Parting Words (60 minutes)

Materials Needed

Copies of the expectations written in response to certain questions asked in sessions 1, 10, and 20.

Time Line

0:00 Review of Expectations: Ask each client to answer the following questions individually:

- "(1) How am I different since the beginning of the program?
- (2) What changes in myself, made since the beginning of the program, am I pleased with?
- (3) How have I not changed since the beginning of the program?"

Once the clients have completed these lists, you should ask the clients to turn to the answers to these and similar questions which they wrote during sessions 1, 10, and 20. The clients should individually examine the different answers they made to these questions at various points during the program. You may, at this

point, ask for the clients to form trios and to describe these changes to each other for approximately 20 to 30 minutes. If there are less than ten members in the group during this session, you may not want to form trios but go right into the next exercise.

1:00

Parting Words: Ending involvement in a group experience as long, and hopefully as intensive as this one, is difficult. It is important that you structure an experience in which the clients can say some few parting and positive words to each other before they actually leave the group session. This exercise not only gives each member a chance to say good-bye and a chance to positively reinforce changes that they have seen in other people, but it also forms the termination ritual. Such a ritual helps bring to the surface feelings of disappointment or regret or sadness about the group ending. Without bringing these feelings to the surface, the clients and you may experience an extended grief and depression following the ending of the group. There are a variety of termination rituals for ending exercises that various counselors have used. The following is offered as an example but you should feel free to design your own.

Having one client be the focus of attention at a time, ask each of the other members of the group to say something to this client which describes something that stands out in his/her mind as an important change that this particular client has made during the program. Each of the clients in the group should make such a comment to each of the other clients. The most effective way to conduct this exercise appears to be to have the first client listen to all of the other clients make a statement; then the second client will listen to all of the other clients make a statement, and so forth, until every client in the group has had a chance to hear from everyone else.

It is important that you contribute your comments to each of the clients as the last person to speak for each round robin. For example, after client 1 has heard from all of the other clients, you should then make your statements to the first client. Since your statement will carry a more substantial emotional impact than those statements made by the clients, your statement should come last. In the sequence of hearing from

all of the clients, you should not save all of your comments about each of the clients for the end.

You should then end the session, thank everyone, and wish them good luck.

End.

APPENDIX A

RELAXATION EXERCISES

Objectives

The objectives of relaxation exercises are to help clients calm down after an active and arousing group session and to help them learn several techniques for gaining control over their bodies and emotions. By the end of the fifth relaxation exercise, clients should be able to physically put themselves at rest and relax tensed muscles. By the end of the tenth relaxation exercise, clients should be able to mentally and emotionally put themselves at rest and clear away disturbing thoughts or feelings for a brief period of time.

Method

Learning to relax is similar to learning any skill. A person must be guided in early stages of development of the skill and taught to recognize effective use of the skill. The various exercises presented for use during the sessions of the program will guide the development of the needed skills for the client.

During some of the physical relaxation exercises, it will be important that you help the client *know* if he/she is really relaxed. You can do this by lifting the client's arm and letting it drop (a short distance) to the floor. If the limb lifts easily and falls quickly, then you and the client know that he/she is more relaxed than if the limb is raised with slight resistance and falls slowly (or if the client breaks the fall by tensing some of his/her muscles).

Comparing internal sensations with those of other clients immediately following a relaxation exercise is a useful method for helping a client know if he/she is doing the exercises correctly, or if he/she needs help. Do not attempt to have such a discussion after each relaxation exercise, but after every third one or so. During this type of discussion, you should ask clients to describe what they experienced during the exercise. Let them use their own words. You might wish to ask a question to clarify a client's description of a feeling or sensation. Positively reinforce those clients who describe sensations which make it clear that they are relaxing, and provide extra coaching for those clients who appear to be having difficulty relaxing.

Since the main objective is to help the client learn a skill which he/she can use at any time, many of the latter exercises will involve clients' conducting their own relaxation exercise without your guidance.

The emphasis of the initial relaxation exercises is on physical relaxation. It is easier to achieve physical relaxation, and can be achieved more quickly than mental relaxation. Once a client can experience him/herself physically relaxing, he/she will be encouraged to move into the more difficult mental and emotional relaxation exercises.

For further information about relaxation exercises, you should read White, J. and Fadiman, J. Relax: how you can feel better, reduce stress, and overcome tension. New York: The Confucian Press, 1976 (a Dell Paperback).

Four preliminary notes are:

1. Remember to speak slowly and softly whenever giving instructions in relaxation exercises. Use a deep-pitched voice if possible. Always set the stage by changing the lighting, seating, your position in the room, and so forth when beginning a relaxation exercise.

2. Pay attention to the pace and progress of the clients. If they seem to be having trouble on a type of exercise, spend additional time on that exercise before moving into the next one.

3. These are relaxation exercises, not aids in falling asleep. Remind clients that they should remain awake during the exercises.

4. Check for any medical contraindications to participating in these exercises as described (e.g., severe spinal problems). If any such conditions are noted, help the client find ways to do the exercises which do not annoy or exacerbate the medical problem. Laziness is not a contraindication!

Relaxation Exercise 1
(For Session 2)

20 minutes

State that clients are going to begin to work on a new skill and that practice of the skill will be a regular part of subsequent sessions.

"The skill is relaxation. We are going to be practicing it here and I want you to practice it at home whenever you get a chance. (Pause.) To a large extent we have lost awareness of our bodies. Actually we have the potential to be much more in control of our bodies than we are. Tension, anxiety, pain and excitement come over us regularly. Even after the event that caused the tension and anxiety has ended, our bodies (muscles and emotions) remain aroused. I am sure all of you remember being in a situation that made you angry and feeling all tense and stirred up even after the situation has ended. Through this relaxation training, you will be learning how to regain control of your body and your emotions. You will be using natural abilities that you possess but have not used much or at all. We are going to learn how to get our muscles, our emotions, our minds and our thoughts very, very relaxed. As a result you will be able to be much more in charge of your inner state by controlling your degree of relaxation.

"We will start with learning how to relax muscles and then will move into mental relaxation so that you can learn to control how you are thinking and feeling."

Ask clients to lie on the floor, on their backs, and find a position that is very comfortable. Dim the room lighting, if that is possible. Suggest to clients that they close their eyes.

"In learning the skills of relaxation, you are going to learn to become very relaxed. As we begin to go through this process, I am going to ask you to tense and relax different sets of muscles so that there will be an overall sense of relaxation through your entire body.

"This process of tensing and relaxing different sets of muscles is the basis of the relaxation process. First you tense and make very tight a set of muscles and then you relax them.

"First, just lie there comfortably. Adjust your body so that you are lying on your back and are as comfortable as possible. Pay attention to your breathing. Breathe normally, evenly, smoothly. Let all of your muscles become relaxed and comfortable. Let your whole body become more and more relaxed."

Use a "patter" concerning breathing and relaxing regularly throughout the steps of the relaxation exercise as a way of filling pauses and deepening the relaxation. Each step with a muscle group should take about ten seconds with pauses of about ten to fifteen seconds inbetween. It is important to read these instructions aloud prior to the session, in order to time the exercise in advance. Feel free to ad-lib extra words, drawing from the script provided. The times listed below are approximate. The group can be checked and the pacing altered accordingly.

Time Line

- | | |
|------------|--|
| 0 seconds | "Take a deep breath and hold it. Hold it... eight, seven, six, five, hold it, four, three, two, okay, let it out." |
| 10 seconds | "Breathe normally, easily, evenly. Find a count to steady your breathing. Just breathe easily." |
| 20 seconds | "Now, raise both hands about half way off the floor and breathe evenly. Just hold them there. (Pause...about five seconds.) Now drop your hands down to the floor again." |
| 30 seconds | "Just let your body become more and more relaxed. Feel a sense of warmth and relaxation come over you more and more." |
| 40 seconds | "Now, hold your arms straight out in the air and make a tight fist. Really tight. Feel the tension in your hands. Keep all your other muscles relaxed. Just tense your hands into fists. I am going to count to three, and when I say three, I want you to relax and drop your hands back to your side. One, really tight fists, two, three. Okay. Relax. Breathe smoothly, evenly. Very, very relaxed." |

50 seconds "Just lie there, becoming more and more relaxed. Feel the sense of relaxation spreading over you more and more. Feel a sense of warmth, relaxation, and well-being spread all over your body."

1 minute
(0:01) "Raise your arms again. This time bend your fingers back the other way. Not into a fist. Stretch them out and tense them. Very tense. Hold it. Now let your hands drop to your side again and relax."

1 minute,
10 seconds
(0:01/10) "Each time, feel your hands and arms becoming more and more relaxed. Breathe normally, easily, very relaxed."

0:01/20 "Raise your arms up straight again. Tense them. Now drop them and relax. Very relaxed."

0:01/30 "Just rest and relax. Try to be aware of your hands and arms and how you have been able to tense them and relax them, getting more and more relaxed each time. Focus all your attention on your hands and how they are getting more relaxed."

0:01/40 "Raise your arms again. This time, flap your hands around. Shake your hands in the air. Okay, let them down again."

0:01/50 "Relax and breathe normally, easily and regularly. As you relax, you can always come back to your breathing. Feeling your breath go in and out normally, evenly, regularly can be a center for you: your center of relaxation."

0:02 "Raise your arms again. Now relax them and drop them to your side."

0:02/10 "Feel your hands and arms getting progressively more and more relaxed."

0:02/20 "Now raise your arms above the floor again and tense your biceps until they shake. Breathe normally. Keep your hands loose. Just tense your biceps. Biceps tense. Everything else loose and relaxed. Now relax your biceps and drop your arms."

0:02/30 "Notice a feeling of warmth and relaxation all over your body."

- 0:02/40 "Hold your arms out to your side now. Tense your biceps again, really tense. Breathe normally. Hands loose. Just concentrate on your biceps. Now relax them."
- 0:02/50 "Just let your arms rest at your sides, breathe easily, normally, regularly. Feel your breathing and your whole body being very, very relaxed."
- 0:03 "Now, arch your shoulders back. Tighten them up. Tense them. Hold it. Make sure your arms and all your other muscles are relaxed. Just tense your shoulders, arched back. Now relax them. Lie flat again."
- 0:03/10 "Feel the general sense of relaxation and warmth over your whole body. After concentrating on each set of muscles, tensing them and relaxing them, your feeling of overall relaxation should increase more and more."
- 0:03/20 "Hunch your shoulders forward. Tighten them up. Tense your shoulders. Hold it. Make sure you breathe normally and keep your arms relaxed. Okay, relax."
- 0:03/30 "Notice the feeling of relief each time that you tense and relax a set of muscles. Breathe normally, smoothly, easily. Let your body become more and more relaxed."
- 0:03/40 "Turn your head to the right. Tense your neck. Hold it. Okay, relax. Allow your head to come back to its normal position."
- 0:03/50 "Relax completely. Feel your control over your muscles increasing as you concentrate and focus on alternately tensing and relaxing them."
- 0:04 "This time, turn your head to the left and tense your neck again. Hold it. Relax. Turn your head back to its normal position."
- 0:04/10 "Relax all over. Breathe easily, smoothly. Pay attention to how regular your breathing is. You can always come back to your breathing as a center. Slow and steady."

- 0:04/20 "Now, bend your neck back slightly against the floor--not all the way. Hold it. Now, slowly bring your head back to its normal resting position."
- (Note: The client should not be encouraged to bend his/her neck all the way back.)
- 0:04/30 "Just relax all over. Stay very relaxed. Notice how relaxed your neck has become and how a feeling of relaxation exists over your whole body."
- 0:04/40 "Now, open your mouth as much as possible. A little wider. Really stretch it. Okay. Relax your mouth. Your mouth should be partly open and feeling very relaxed."
- 0:04/50 "Just rest and relax. Very peaceful, very rested, very relaxed."
- 0:05 "Now, tense your lips by closing your mouth. Really clench your lips together very tight. Hold it. Okay. Now relax. Relax your lips and jaw muscles and sense the feeling of relaxation all over."
- 0:05/10 "Relax all over. Breathe easily, smoothly, calmly."
- 0:05/20 "Now tighten your jaw muscles. Clench your teeth together hard. Hold it. Just tense your jaw muscles. All other muscles relaxed. Teeth clenched. Jaw muscles tight. Now relax. Let all your muscles feel very relaxed."
- 0:05/30 "Just rest and relax in all your muscles."
- 0:05/40 "Press your tongue to the roof of your mouth. Press hard. Hold it there. Now relax and let your tongue come to a comfortable position in your mouth. Relax completely."
- 0:05/50 "Breathe easily, in a very relaxed way. Feel your breath move in and out. Let your breathing be very easy."

- 0:06 "Put your tongue at the bottom of your mouth. Press down hard. All other muscles in your body relaxed. Just your tongue pressing on the bottom of your mouth. Hold it. Now relax and let your tongue again come to a comfortable position in your mouth."
- 0:06/10 "Just lie there and relax. Try to think of nothing except how relaxed and calm and peaceful you feel."
- 0:06/20 "To control your voice, I want you to go through the motions--just the motions, not aloud--of singing a high note. Okay, start singing to yourself (not aloud) a high note. Hold that note. Hold it. Now relax."
- 0:06/30 "Relax all over. Feel your breathing. Very relaxed, very regular, very even."
- 0:06/40 "Now, again to yourself, sing a medium note. Make your vocal cords tense again. Feel the tension there. Hold the note. Tense only your vocal cords. All other muscles relaxed. Now relax."
- 0:07 "Again tense your vocal cords. Sing a low note to yourself. Hold it. Hold it. Relax. Relax your mouth completely."
- 0:07/10 "Breathe easily, regularly, slowly, very relaxed. Feel your body relaxing more and more with each breath. Your vocal cords should be completely relaxed now. Completely relaxed."
- 0:07/20 "Now close your eyes. Squeeze them tight. All other muscles relaxed. Just squeeze your eyes tight. Breathe normally. Notice the tension in your eyes. Now, relax and notice how tension and pain go away when you relax."
- 0:07/30 "Relax all over. Let your eyes just rest comfortably and feel relaxed all over. Keep your mouth slightly open. Resting and relaxing."
- 0:07/40 "Now open your eyes as wide as possible. Keep them open as wide as possible. Hold them open wide. Now relax your eyes. Let them relax completely. No tension. No strain. Just complete relaxation."

- 0:07/50 "Relax all over. Quiet, smooth, even breathing. Complete relaxation."
- 0:08 "Wrinkle your forehead as tightly as possible. Just the muscles that control your forehead. Tighten them. Hold them tight. Now, relax."
- 0:08/10 "Relax all over, completely relax. Feel the sense of warmth and relaxation over all of your body."
- 0:08/20 "Now take a deep breath and hold it...eight, seven, six, five, four, three, two, let it out. Relax. Exhale completely. Breathe all the air out. Notice the wonderful feeling of breathing again."
- 0:08/30 "Breathe smoothly, easily, normally."
- 0:08/40 "Take another deep breath. Really feel your chest and lungs filling with air this time. Hold it, eight, seven, six, five, four, three, two, let it out. Exhale completely. Relax all over."
- 0:08/50 "Notice the feeling of complete relaxation through your chest region and your whole body. Breathe normally, easily, smoothly. Let your breathing be your center, the focus of your attention."
- 0:09 "Imagine that there are weights pulling all your muscles down; making them very loose and relaxed; pulling all your muscles into the floor; pulling your arms and body into the floor and making them very relaxed."
- 0:09/10 "Now, tense your stomach muscles. Pull them together. Tighter. Okay, relax. Breathe normally, easily."
- 0:09/20 "Resting and relaxing, feeling each set of muscles getting more and more completely relaxed."
- 0:09/30 "Now, extend your stomach muscles. Make your stomach hard, very hard. Just your stomach hard. All other muscles relaxed. Relax."

- 0:09/40 "Each set of muscles as you tense them and relax them is becoming more and more relaxed. Breathe easily, smoothly, regularly. Very relaxed."
- 0:09/50 "Tense your buttocks. Tighter, feel them really tight underneath you as they touch the floor. Tight. Now relax."
- 0:10 "Breathe easily. Very relaxed. Resting and relaxing. Your sense of relaxation is getting deeper and deeper. Calmer and calmer."
- 0:10/10 "Now search the upper part of your body. Let your attention focus first on your facial muscles, all the muscles in your face. Make sure they are relaxed. (Pause three to five seconds.) Now your throat and neck region. Make sure all those muscles are completely relaxed. Now your shoulders. Relax any part that is tense. Now your arms and fingers. Check them with your attention. Make sure they are completely relaxed. Now your chest. Breathe slowly and evenly. Next your stomach muscles, make sure they are all completely relaxed. Totally relaxed."
- 0:11 "As you maintain this relaxation in your upper body, raise both of your legs about 45 degrees, half way off the floor. Keep them tight. Feel the tension. Now relax them."
- 0:11/10 "Relax all over. Notice how the relaxation, the feeling of warmth and comfort, is spreading all over your body."
- 0:11/20 "Now tense just your thigh muscles. All other muscles relaxed. Tight and tense. Hold it. Now relax."
- 0:11/30 "Relaxed all over. Breathe evenly, smoothly, regularly. Notice the feelings of warmth and relaxation all over."
- 0:11/40 "Tense just your calf muscles. Tense them. Feel them tense and tight. Now, relax."
- 0:11/50 "Relax all over. Feel each set of muscles becoming even more relaxed as you tense and relax them, as you become more aware of each set of muscles and of abilities to relax that you didn't know you had."

- 0:12 "Now, bend your feet back so that your toes point toward your face. All other muscles relaxed. Bend your toes hard. Very tense. Relax."
- 0:12/10 "Very relaxed all over. Breathe easily, smoothly, evenly."
- 0:12/20 "Bend your feet the other way. Away from your face and head. Straight out. Notice the tension. Okay, relax. Breathe easily."
- 0:12/30 "Relax all over. Deeper and deeper. Let the feeling of relaxation continue to spread over you. Just let it happen."
- 0:12/40 "Now curl your toes together as hard as you can. Tighter. Okay. Relax. Rest and relax."
- 0:12/50 (Quiet, silence for about 30 seconds.)
- 0:13/20 "This completes our trip through your body. You have been tensing and relaxing each set of muscles. Now let your attention explore your body from your feet up. Slowly, let your attention travel up your body and check your relaxation completely. (Slowly state:) First your toes...your feet... your ankles...your calves...thighs...buttocks... stomach muscles...your chest and your breathing... evenly, slowly...your shoulders...your fingers... forearms...biceps...neck...jaw...eyes...and finally your forehead. All should be relaxed now."
- 0:14/20 "Just lie there and feel very relaxed, noticing the warmth and the relaxation. You can deepen the relaxation and relax away feelings of tension by thinking silently to yourself the words 'relax' and 'calm' as you relax. Just think those words to yourself. Picture those words as you slowly exhale. This is helpful between sessions when you practice relaxation or whenever you feel upset, tense, anxious, or bothered. You can think or picture the words 'relax' and 'calm' to yourself.
- "I would like you to stay this way for about one more minute. Just think the words 'relax' and 'calm.' Then, after some silence, I am going to count to five. When I reach five, I want you to open your eyes feeling very calm and relaxed."
- 0:15/20 (Silence for about one minute.)

0:16/20

"Okay, when I reach five, I want you to open your eyes feeling very calm and refreshed. One, feeling calm, two very calm, very relaxed, three very refreshed, four, five."

Ask the clients how the exercise was. Inquire whether clients found any special spots of tension. Did that tell them anything they did not know before? Suggest that clients practice the relaxation during the week for ten or fifteen minutes each day.

Relaxation Exercise 2
(For Session 3)

20 minutes

Time Line

0:00

Ask how relaxation practice sessions have been during the preceding week, and whether anyone has experienced any special difficulties. To counter those, solicit comments from clients who found the experience of relaxation practice particularly successful or found ways of increasing or enhancing the relaxation. Stress to the clients that although relaxation may appear easy, it is a skill to be worked on and practiced like any other and that the goal is to increase control over how one's body and mind are feeling.

Tell the clients that there are ways to determine degrees of relaxation and degree of control that one is accomplishing in the training. Ask for a volunteer to give a demonstration. Ask the client to lie down on his/her back and relax. Then suggest that the client tense just one arm and leave the other relaxed. While repeating the instructions, first lift the tense arm and test it for tension, then immediately lift the relaxed arm and make sure that it is loose, floppy and relaxed. Release both arms and ask the client to switch, tensing the opposite arm and transferring his/her relaxation to the other arm. Test the arms again. Point out to the volunteering client that he/she is doing well and also observe where further work is needed.

Mention that you will walk through the group during this relaxation session, observe the degree of relaxation of different clients and possibly test several clients. Suggest to clients that they test themselves at different times at home, following this practice session.

Have clients lie on the floor on their backs. Dim the lights, if possible.

0:05

"First, I want you to close your eyes. Get as comfortable as possible. Now, tense your entire body. Tighten up every muscle. Tight and tense. Hold it. Okay, now, holding muscles tight, start at your head and slowly relax your muscles down your body. Slowly, slowly relax all your muscles down your body. Be aware of each set of muscles as you start down. Your forehead...your muscles around your eyes... facial muscles...your jaw...your neck...your shoulders...down your arms...biceps...forearms... hands...fingers. All other muscles still tense. Now, relax your chest muscles, stomach muscles...buttocks... thighs...calves...ankles...feet...and toes.

"Just be very relaxed all over now. Feel your breathing. Slow your breathing down, quiet it down. Find a count to steady your breathing. Do not stretch yourself. If you feel any strong emotions, then imagine a stormy sea with raging winds and waves. The sea is raging and storming. Then the wind begins to die down. The waves begin to subside. Slowly, slowly, the waves expend themselves and the sea becomes calm, very calm. Just think the words 'calm' and 'relax' as you lie there. Calm and relaxed. Relaxed and calm. Slow, quiet, gentle breathing and a feeling of relaxation."

0:08

Now go through the same progressive muscle relaxation exercise as done in session 1. This time move through those instructions at a slightly faster pace, reading them as written.

0:18

Tell the clients to continue practicing this exercise.

Relaxation Exercise 3
(For Session 4)

20 minutes

Time Line

- 0:00 Check with clients about how their relaxation practice has gone during the week, and then have them lie on the floor and get comfortable.
- 0:04 "Okay, now tense your entire body. Tighten up every muscle. Hold that tension. Very tight. Now, to practice control, I want you to start at your head and slowly relax your muscles, working down your body. Tense all over. Now start at your head and work slowly down your body, relaxing different muscle groups. Slowly, slowly relaxing. Muscles further down your body are still tense and tight. Relaxation is gradually spreading downward." (Allow a total of about three minutes for this.)
- 0:07 "You should be completely relaxed now. Relaxed all over your body. Breathing easily, evenly, slowly. Now tense your whole body again. Very tense, very tight. Hold it. This time, start at your feet and begin relaxing going up your body. Slowly, slowly, letting go of all the tension in each muscle group. Not too fast, relaxing each group completely, keeping the top of your body tense, working slowly up your body. Relaxing your way up your body. Working slowly from your toes up."
- 0:09 "Now you should be totally relaxed, very calm. Resting very comfortably. Breathing slowly and easily. Now, to work further on your control, I want you to tense just your left leg. Let all other muscles relax. Keeping your left leg tense, tense your right arm. Now relax your left leg and keep your right arm tense. Now tense your left arm. Keep both arms tense. Now tense and tighten your right leg and let your right arm be relaxed. At this point your left arm and right leg should be tight, and all other muscles relaxed. Now relax your left arm so that just your right leg is tense. Now relax that. Lie there completely relaxed. Breathe easily and smoothly."

"The exercises that we have just been doing are designed to help you increase your control. You should be able to practice these control exercises. You can tense your whole body and then relax downward or upward. You can tense your body working up and then relax it working down. You can tense different parts and keep others tense by switching. For example, tense your left arm and left leg. Now relax. Now tense your right arm. Relax. You can do a series of these to practice and increase your control of relaxation and also to deepen your relaxation through the method of alternately tensing and relaxing different muscle groups."

0:12 "You should be completely relaxed. Now I want you to pay attention to your breathing. Become aware of it. Inhaling and exhaling. Breathing in and breathing out. Quiet your breathing down. Slow it down. Find a count to steady your breathing. Let's try four. Breathe in, two, three, four. Breathe out, two, three, four. In, two, three, four. Out, two, three, four. As you exhale, think the words 'calm' and 'relax.' Each time you exhale, think calm and relaxed."

Continue to lead the counting for about a minute and instruct clients to count for themselves.

0:14 "Now, I would like everyone to get up and assume a sitting position, on the floor or in a chair. We are going to practice some of the relaxation exercises in a sitting position. The aim is for you to be able to relax in any position. We will start with sitting.

"On your own, I want you to go through the muscle and breathing relaxation exercises in this position. Try to get yourself as relaxed as you possibly can. Remember to tune into where you feel tension and deal with that part of your body by tensing the muscles and then relaxing them. I want you to work on relaxation in this sitting position on your own. Concentrate on your muscles and your breathing.

"As you relax, think of the words 'calm' and 'relax.' Get your mind as relaxed as you can. Try to think only of those words and allow yourself to relax as much as you possibly can. Remember that you are in control and you can get yourself completely relaxed."

0:19 "Okay. You can bring your attention back now."

Ask clients how this part of the exercise went and whether it was different to try to relax in a sitting position. Emphasize that the goal is to be in control of one's mind and muscles and to be able to relax in any position. Tell clients to practice relaxation in sitting positions during the week.

Relaxation Exercise 4
(For Session 5)

20 minutes

Time Line

- 0:00 Review with clients that learning the relaxation exercises began with lying on the floor and then in the last session moved into assuming a sitting position. At the same time that clients are learning about different relaxation positions, they should be experiencing the ability to relax in a shorter period of time. Clients should be learning how to completely relax in fewer steps, using more shortcuts.
- 0:02 Begin this set of relaxation exercises by requesting that clients get into a position that is typical in their daily lives, either at work or at home. Suggest that clients can be sitting, standing or whatever. Make sure that everybody takes a position before you continue. Then state that, for about five minutes, clients are to go through the relaxation procedure that works best for them.
- "To get relaxed in that position, you can do anything that works for you. For example, you can alternately tense and relax different sets of muscles in a progression through muscle groups of your body. Or you might pay close attention to your breathing and just concentrate on establishing a rhythm that is slow, even, and steady. Or you might want to think about nothing except the words 'calm' and relax' and just concentrate your attention on those words. Okay. Begin to relax yourself. Get yourself completely relaxed in that position using whatever procedure works best for you." (Allow five minutes.)
- 0:07 "Okay, now I want you to get into your most comfortable position. I would like you to be completely relaxed. To check this, tune into your body and all your muscles. See if there are any pockets of tension in any of your muscles. If you find any, go back and alternately tighten and relax them. Tune into any emotions that are bothering you. Imagine a storm at sea. Picture the wind and the waves and gradually let them subside and calm down so that the sea is glassy smooth. Now, just think to yourself the words 'relax' and 'calm.'" (Allow five minutes.)

0:12

"Next, I want you to think of just nothing at all. Try to get your mind as relaxed as your body. Clear your mind of all thoughts. Make your mind completely empty. As a thought or image comes along, tell yourself you will think about it later. Let your mind go completely blank. If anything interrupts you, tell that intruding thought or image to appear later. You are in control and you can slow your thoughts down and quiet them completely so that you are completely relaxed." (Allow five minutes.)

0:17

"The exercise is over."

Relaxation Exercise 5
(For Session 6)

25 minutes

Time Line

- 0:00 Instruct clients to assume a position in which they usually find themselves. Tell them that they should be relaxing more quickly, with the ultimate goal of being able at a particular signal (such as saying the word 'calm' to themselves) to immediately relax. Tell clients that it is important to learn to relax quickly because often one does not have much time; for example, one may be at work, in an argument, in the middle of a group of people, or at a meeting or gathering. State that you will give clients five minutes to become relaxed.
- 0:05 "Now that you are completely relaxed in the position you have chosen, I want you to lie on the floor in as comfortable a way as you can. As you lie there feeling very relaxed, very calm and very peaceful, you should be breathing slowly, evenly, smoothly. Begin to feel yourself getting lighter and lighter. Imagine that there is a balloon attached to you, beginning to tug at you, pulling you into the air. Feel yourself getting lighter and lighter. Feel the balloon pulling at you. Lifting you. Feel that you are beginning to lift into the air and are beginning to float up and up, higher and higher. The balloon is pulling you up, raising you into the air. You are floating in the air, drifting along. Floating and drifting. Slowly floating and drifting and feeling so light and so relaxed." (Continue with these instructions for a total of five minutes.) "Just feel yourself floating, sense how relaxed you are and how light you feel."
- 0:11 "Now let yourself slowly float down. Just let yourself float gently down so you are resting and relaxing on the floor." (Allow one minute.)
- 0:13 "Now I want you to think of a scene that is the most pleasant and relaxing one for you. Whatever the scene is, whatever the circumstances, whatever the situation, just picture the most relaxing image or scene for you. This is your personal choice. Choose that scene or image and really get into it. Enter into the scene and really be there. Feel all the feelings of relax-

ation, peace, and comfort. Just remain in that scene for a while. Hold it firmly in your mind and really be there. Explore the scene or image completely." (Let clients hold this scene or image for about five minutes and give occasional instructions which repeat being relaxed and calm, holding the image, and being present.)

0:17

Tell the clients that the exercise is over. Ask them about the different images or scenes that came to mind. State that these images are special for each client and can be used again. They can be referred to as "control scenes," or "safety zones of thought." Using a flip chart, review with the clients the different forms of relaxation learned so far. These include progressive muscle relaxation, focusing on breathing, focusing on the words 'calm' and 'relax,' making the mind blank and empty, imaging, and using a control scene. Point out the variety of positions that have been used. Ask what each client has found to be the most helpful technique. This will help you get an idea of what to focus on and what to give more and less attention to in subsequent sessions.

0:25

End.

Relaxation Exercise 6
(For Session 7)

20 minutes

Time Line

0:00 Instruct clients to begin the relaxation session by using any relaxation technique they wish. Remind clients that they can use whatever method works best for them, including tensing and relaxing muscle groups, breathing exercises, clearing their minds, imaging a "control scene," or anything else they have found effective.

Feel free to give some guided instructions to the whole group, or a subgroup if that seems appropriate, based on the feedback you received during the last meeting. Tell clients they will have about six minutes to get into as relaxed a state as possible.

0:06 "Now I want you to lie down. I want each of you to picture your control scene from last week. The scene that helps you to be in control. I want you to again picture that most relaxing, most peaceful, most utterly calming scene. Just relax into it. Hold it in your awareness, all the time sinking deeper and deeper into relaxation." (Allow four minutes.)

0:10 Tell the clients that they are going to work further on mental relaxation. The aim is to be in control and to be able to have their minds be as relaxed as possible.

"Now I will try to help you relax your mind even more. I want you to slowly clear your mind completely. Try to get your mind completely clear by getting a picture of something blank, like a cloudless blue sky, a chalkboard, or a sheet of paper. Get a picture that is blank and fix it in your mind. Concentrate only on that blank and empty picture or space. If other thoughts or images begin to appear, tell them you will pay attention later. For now, try to discipline your mind to think of nothing. Try to be so in control that you will not allow any distractions. Fix only on blankness, only on clearing your mind and keeping it clear. Work on that control or that discipline to be completely in charge of what you are thinking of and how you are feeling. If any distractions come into your

mind, control your focus and your attention by getting back to the blue sky, empty chalkboard, or plain paper."

0:17

State that the exercise has ended.

Relaxation Exercise 7
(For Session 8)

20 minutes

Time Line

- 0:00 Instruct clients to get into any position in which they feel comfortable and relax themselves as completely as possible. You should wander around among the group informing them in advance that you will offer assistance to anyone who needs it. (Allow five minutes.)
- 0:05 "Now we are going to continue with our mind relaxation exercises. Slowly try to clear your mind completely. Focus on the blank space from our last meeting. Just clear your mind completely. Get rid of all distractions. Focus on nothing. Clear your mind completely and remain like that." (Allow two minutes.)
- 0:07 "Now slowly try to get an image of an object in your mind. Focus on that image. Pay attention to all the detail. Be gentle in holding onto the image. If your forehead starts to tighten, you are trying too hard to hold the image. Let yourself relax into it. Relax and let the image just sit there. If your mind wanders from the image let it do so. Then in a relaxed and gentle way, bring the image back and focus on it once again. Just be very relaxed and focus on that image. Concentrate on it, but don't strain. Let it appear to you in all its detail." (Allow seven or eight minutes.)
- 0:15 "Now let your mind focus again on that most restful, most relaxed scene that you selected. Your control scene. The scene that helps you be in control, that is so peaceful and so restful and so utterly relaxing. Hold onto that scene for several minutes. Just relax into it." (Allow two minutes.)
- 0:17 End the exercise.

Relaxation Exercise 8
(For Session 9)

20 minutes

Time Line

- 0:00 Request that clients get comfortable and relax themselves at their own pace with whatever method works best for each of them. (Allow five minutes.)
- 0:05 Ask clients to recall their control scene and hold it in mind for several minutes. (Allow two minutes.)
- 0:07 Instruct clients to turn to another image and to practice holding it in their minds. (Allow three minutes.)
- 0:10 "Now I want you to let your mind wander. If other images and thoughts come up, let them come. Just relax your control of the image and let whatever comes into your mind come in. Just let your mind wander. Don't force it to focus on any particular image. If one thought or scene seems to settle there, then let that happen also. Just let happen whatever happens. Don't try to hold onto one image. Just let your mind go. Let it wander freely." (Allow five minutes.)
- 0:15 End the exercise. Ask the clients to discuss their experiences through the four distinct phases of this relaxation section: free relaxation, focusing on the control scene, holding onto another image, and then letting their attention wander.

Relaxation Exercises 9 Through 32
(For Sessions 10 through 33)

Allow time near the end of each session for clients to relax. Most of the relaxation exercises after session 8 will be directed by the clients themselves. Although these exercises will be self-directed, it will be important for you to ask clients approximately every other session how they feel and what they have experienced. You might find that discussions about the relaxation exercises provide you with insight into the clients' inner states. These discussions will also help you identify any client who needs special attention in learning relaxation skills. If the clients request it, you might lead the group in any of the exercises from earlier sessions. A counselor-led exercise from an earlier session might serve as a refresher for those clients who are not practicing their relaxation exercises at home.

APPENDIX B

PHYSICAL EXERCISES

Objectives

Physical exercises are used in this program to help clients develop routines, or habits, of functionally adaptive behavior and to help them improve their physical condition. These exercises also provide a physiological and psychological release of tension which may build up during group sessions or in clients' lives. By the end of the second or third physical exercise, clients should be able to describe their baseline performance on each of the five basic exercises (i.e., how many of each they can do at the beginning of the program). By the end of the program, clients should be able to at least double their performance of each of the exercises.

Other benefits may result from the physical exercises in the program. For example, clients may begin to look better and fit into clothes in a manner which pleases them more than they could at the beginning of the program. Clients may also be encouraged to develop a regular exercise program, or participate in athletics (not merely watch them) regularly.

Method

The method used will be practice. The basic five exercises in this program involve the use of numerous muscles and the development of several skills. Clients should work on their coordination skills and self-discipline, as well as the development of muscle tissue (in both tone and strength) in a number of sections of the body.

Continually remind the clients that they are not running a race or competing against anyone but themselves. Problem drinkers, many of whom are in poor physical condition, may experience substantial difficulty in doing these five basic exercises. At the same time, they will feel a need to demonstrate their agility, strength, and endurance, and possibly push themselves beyond reasonable limits during the sessions.

You should check for any medical contraindications regarding participation in the physical exercise portions of the program. Even with contraindications for some of the exercises, most people have had a physician recommend some exercise for their

development and health. If someone does have a difficulty which eliminates him/her from a particular exercise, help that person identify one which he/she can use as a substitute. You may recommend that clients consult their personal physician concerning their participation, or have the physician contact you directly. Again, laziness is not a medical contraindication!

During the first two or three physical exercise units in the program, indicate to clients the need to proceed at a comfortable pace. The baseline performance information will be essential in setting goals and monitoring progress during the latter sessions. After each exercise in the session, tell the client to write in his/her Journal how many times he/she performed that exercise.

After the exercises in the third physical exercise unit (which occurs in session 7 of the program) have been completed, ask clients to state their baseline performance on each exercise and set a goal which they would like to achieve by the fifteenth session. This is only eight physical exercise units away, and, therefore, goals should be moderate. An increase of 30 to 50 percent may be a moderate risk.

Encourage clients to practice these and other physical exercises regularly at home. Indicate to clients that a habit, or regular routine, of exercise provides the maximum benefit in terms of health and appearance. Even simple applications of this concept can help, such as walking up stairs whenever possible instead of taking an elevator.

After every two or three exercise sessions in the program, ask clients about their experiences and reactions to the physical exercises. As with the relaxation training exercises, positively reinforce those clients who appear to be making an effort and practicing the exercises outside of the group.

(Note: To maintain credibility in leading and coaching these exercises, it is advised that you develop your own routine of physical exercise and/or personally participate in athletic activities.)

The exercises should be conducted in the following order.

Five Basic Exercises

Breathing and shaking loose

This should be used at the beginning of the exercise session as a warm-up and at the end as a transition into the relaxation exercise.

"Practice breathing slowly and deeply in order to relax. Shake your arms and legs in order to loosen these muscles."

1. Bending and stretching

"Bend and try to touch your toes. Stop when it becomes uncomfortable. Return to an upright position with your arms above your head and bend backwards. Bend and stretch only to the point where it starts to become uncomfortable. Each time try to go just a little bit further. Repeat this exercise as often as it is comfortable."

2. Modified sit-up

"Lie on your back with your feet apart and your arms at your side. Lift your head enough to see your toes and then return to lying down. Repeat this exercise as often as it is comfortable."

3. Modified leg lift

"Lie on your stomach and lift your head and one leg. Now alternate legs. You should keep your knees straight. Repeat this exercise as often as it is comfortable, alternating the leg raised."

4. Modified push-up

"Lie with your hands under your shoulders, palms flat on the floor. Push up your body, keeping your knees on the floor. Your back should be kept straight. Repeat this exercise as often as it is comfortable."

5. Standing run

"Run in place at a pace that is comfortable. Count each time your left foot hits the floor."

You should time this exercise, telling clients when two minutes have elapsed. Clients should keep a record of

how many times their left foot hit the floor in the two minutes. They should attempt to increase this number at a pace which is comfortable.

Breathing and shaking loose

Repeat warm-up described above.

PART B

JOURNAL

Name : _____

INTRODUCTION TO THE PROGRAM

The program which you are about to begin is intended to help you learn new and better ways of thinking, feeling, and acting in life. With these new skills, you should be able to make your life more satisfying and closer to the way you would like it to be than it currently is. It is assumed that drinking and related actions do interfere with your life activities to some extent (for example, getting arrested and convicted of driving while intoxicated). The goals of the program have been chosen to reduce this interference or potential future interference related to drinking, as well as to help you learn new ways of thinking, feeling, and acting.

The main goals of the program are to have each participant:

1. make a decision, set a goal, and write a plan for maintaining abstinence or controlled drinking;
2. reduce the quantity and frequency of alcohol consumed, the number of convictions for driving while intoxicated, and other behavior resulting from alcohol abuse;
3. improve his/her knowledge of alcohol and alcohol abuse concerning (a) the effects of alcohol on the body, mind, emotions, and behavior; (b) characteristics and indicators of problem drinking and alcoholism; and (c) the consequences of a conviction for driving while intoxicated;
4. build his/her skills in behaviors not presently in his/her repertoire which either: (a) fulfill needs and the impact which alcohol abuse did; or (b) preclude alcohol abuse;
5. decrease his/her vulnerability to group forces with regard to drinking behavior;
6. change his/her exposure to certain norms and values regarding drinking behavior;
7. increase his/her ability to recognize, interpret, and communicate to others his/her internal sensations and/or feelings; and
8. increase his/her skills in recognizing opportunities to use alternate behaviors, choosing from among these, and assessing the consequences of the choice in specific settings.

Each activity in the program is designed to meet specific objectives. If these separate and specific objectives are met, their combined effect will result in reaching the above stated goals.

The program will consist of 34 sessions conducted over the next 52 weeks. The first 16 sessions will be held once a week; each will be three hours in length. The remaining 18 sessions will be held every other week; each will be two hours in length.

BEHAVIOR RECORD KEEPING SHEET

HABIT OR BEHAVIOR BEING RECORDED: _____

DATES: _____

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BEHAVIOR RECORD KEEPING SHEET

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11:00							
12:00							
After							

FOOD INTAKE RECORDING SHEET

MEAL MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

B-9

Breakfast							
Lunch							
Dinner							
Other							

SAMPLE

CONTRACTUAL AGREEMENT

Between

Name: _____

and

Sacramento DWI Project

or

I, the undersigned, hereby agree to limit my drinking before driving to no more than _____ per _____.

Each drink is to consist of _____ measured ounces. I will not drink _____ hours before my departure, and will carefully compute my BAC. I know that I may choose not to drink and drive. I will notify a friend, companion, wife/husband of my intentions, so that my behavior is observable.

Signed

(Name of Participant)

(Sacramento DWI Representative)

BEHAVIOR RECORD KEEPING SHEET

HABIT OR BEHAVIOR BEING RECORDED: _____

DATES: _____

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12:00							
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FAMILY ROLE PLAY SCRIPT

Characters

- Father:** a hard working, middle-aged man who has had trouble providing financially for the family; although his wife has occasionally worked, he prefers to see himself as the income earner and feels tense when his wife must work to make ends meet; developed heavy drinking habits in the service and has continued them, which resulted in his losing one job and receiving several driving violations.
- Mother:** a hard working, middle-aged woman who has experienced an increasing conflict over the years between caring for the family and developing a sense of accomplishment through a career outside the home; she has used the family's financial needs as an excuse to get a job numerous times in the past, and resents her husband's objections to her working; she enjoys a drink before dinner, and, with the exception of occasional cocktail parties and holiday celebrations, does not drink to the point of intoxication.
- Son:** a seventeen-year-old who feels ready and eager to strike out on his own; despite pressure from his parents about school, he enjoys working with his hands and wants to become a carpenter; he has several girlfriends, but does not like to spend too much time with any one girl because he feels that it might lead to the type of constraining relationship which he thinks his parents have.
- Daughter:** a fifteen-year-old who enjoys school and has a promising career ahead if she can afford to go to college; she has several hobbies, and spends a good deal of time with friends in activities related to these hobbies; she cannot understand why anyone would want to poison his/her body with drugs by smoking or drinking.

Setting

The Son and Daughter are sitting in the living room watching television. The Mother comes into the room upset and angry. She has just received a telephone call from the auto repair shop with the estimate of \$1,800 to fix the family car. The Father had a few drinks the previous evening and ran into a telephone pole while attempting to turn into the driveway. Although he was not hurt, the car suffered considerable damage. The family needs a car, but \$1,800 is difficult to raise. She complains to the Son and Daughter about the Father's carelessness in driving and how the entire family will have to pay by doing without things they want.

The Daughter sees this as one among many incidents in which her Father or Mother gets involved where money is used that might otherwise be saved to help her get a start at college. The Son is disgusted by his Father's actions and tired of hearing his Mother complain.

As the three are making various comments, the Father comes in the door from work.

MOOD CHECKLIST

Circle the word or words that best describe how you feel.

helpless

careful

serious

reckless

important

ignored

respected

weak

taken care of

alone

inadequate

playful

strong

calm

nervous

bored

angry

sad

happy

worried

frustrated

tense

rejected

warm

cheerful

friendly

safe

sleepy

involved

BEHAVIOR RECORD KEEPING SHEET

HABIT OR BEHAVIOR BEING RECORDED: _____

DATES: _____

HRS.	MON	TUES	WED	THURS	FRI	SAT	SUN
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12:00							
After							

PERSONAL DRINKING PATTERN:

WHERE, WHEN, WITH WHOM, HOW MUCH AND HOW OFTEN I DRINK

1. What do I drink (check those that apply)?

Beer _____ Distilled spirits _____

Wine _____ Fortified wines _____

2. How much and how often do I drink (write in number of drinks; record "doubles" as two drinks)?

How many days per week do I drink? _____

How much do I drink per day? _____

How much do I drink per week? _____

How much do I drink per month? _____

What's the most number of drinks I've had at any one time in the past six months? _____

3. Where and with whom do I drink (check those that apply)?

I drink when I am with other people _____

I drink when I am alone _____

I drink at home _____

I drink outside home at: bars _____

parties _____

lunch _____

work _____

ball games _____

other places _____

(list) _____

4. When do I drink (check those that apply)?

Morning _____

Evening _____

Afternoon _____

Late night _____

5. I drink when I:

am uptight or nervous _____

am bored _____

am down or depressed _____

am lonely _____

am angry or frustrated _____

am worried or guilty _____

want to get high _____

want to socialize _____

want to forget problems _____

COSTS AND BENEFITS OF MY DRINKING PATTERN

Check off those that apply. Add other costs and benefits in appropriate columns.

Benefits from Drinking The Way I Do	Costs from Drinking The Way I do
1. Feel good or high _____	1. Argue with spouse, parents, children _____
2. Feel loose and relaxed _____	2. Overspend _____
3. Forget problems _____	3. Have sexual problems _____
4. Good way to be with friends _____	4. Miss work due to drinking _____
5. Partying _____	5. Boss is unhappy about my drinking _____
6. Get along better with spouse or friends _____	6. Don't get work done _____
7. Relieve physical pain _____	7. Problems with the law due to drinking _____
8. Relieve hangover _____	8. Fight when drinking _____
9. Get quick "pick-up" _____	9. Lose friends due to drinking _____
10. Other: _____	10. Have hangovers _____
	11. Have blackouts _____
	12. Stomach upset, digestive problems _____
	13. Tremors (shakes) _____
	14. DTs _____
	15. Other: _____

BEHAVIOR RECORD KEEPING SHEET

HABIT OR BEHAVIOR BEING RECORDED: _____

DATES: _____

HRS.	MON	TUES	WED	THURS	FRI	SAT	SUN
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
After							

BEHAVIOR RECORD KEEPING SHEET

HABIT OR BEHAVIOR BEING RECORDED: _____

DATES: _____

HRS.	MON	TUES	WED	THURS	FRI	SAT	SUN
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
After							

DRINKING PLAN

My Goal Is:

In order to achieve this goal, I will do the following:

a)

b)

c)

d)

e)

f)

g)

I might find there are things which prevent my carrying out the actions listed on the previous page. These obstacles might be:

For each of the possible obstacles mentioned above, I can identify a source of help I could use in overcoming it. These sources are:

COMMUNICATION SKILLS CHECKLIST

Place a check on the line to the left of each type of communication you see the other person using. You may want to write a brief note to the right of the line as to what, specifically, the person did.

Listening:

- Hearing what someone said
- Attending to someone

Speaking:

- Using clear, understandable words
- Proper timing
- Responsive to someone

Tone:

- Calm and encouraging
- Supportive and warm

Body:

- Involved with someone
- Concerned about someone

DUI KNOWLEDGE TEST

DIRECTIONS: Circle the letter in front of the *best* answer among the choices given.

1. The common recognition factor in determining a drinking driver is:
 - A. careful, cautious driving.
 - B. driving with windows up during cold weather.
 - C. out of the ordinary driving.

2. Alcohol acts as an anesthetic, like ether or chloroform, producing progressive depressant action on the central nervous system.
 - A. true
 - B. false

3. Which group of drugs is considered most dangerous (physically and in terms of driving ability) in combination with alcohol?
 - A. amphetamines
 - B. barbiturates
 - C. narcotics
 - D. hallucinogens

4. Alcohol will begin to adversely affect an individual's vision to interfere with safe driving at a BAC of:
 - A. 0.05 percent
 - B. 0.10 percent
 - C. 0.15 percent
 - D. 0.20 percent

5. Can a *social* drinker go to meetings of Alcoholics Anonymous?
 - A. yes
 - B. no

6. Drinking has been found to be a factor in half of the nation's annual 50,000 traffic fatalities.
 - A. true
 - B. false

7. A drunken driver (BAC 0.15 percent) is 25 times more likely to have an accident than one who is sober.
- A. true
 - B. false
8. A drunken driver is more likely to take chances on the road because alcohol makes him think he is doing better than normal.
- A. true
 - B. false
9. A cup of black coffee before you leave a party or a bar will sober you up enough to make you a safe driver.
- A. true
 - B. false
10. Which of the following statements concerning alcohol is *not* true?
- A. Alcohol is absorbed directly into the blood vessels of the stomach and intestines.
 - B. Alcohol has the effect of stimulation upon the brain.
 - C. Alcohol does not have to be digested before the body can use it.
 - D. Alcohol is absorbed in its original form.
11. About ten percent of the alcohol in the bloodstream is eliminated through the urine (sweat and breathing), and about 90 percent through burning it up in the body (liver).
- A. true
 - B. false
12. The process of burning up alcohol in the body (liver) may be speeded by physical exercise, drinking black coffee, and taking cold showers.
- A. true
 - B. false
13. The reason DUI laws and enforcement are so rigid is:
- A. to provide the state/city with money from the fines.
 - B. to reduce the number of deaths and injuries caused by drunk drivers.
 - C. society has a very negative view of the drinker.
 - D. the people responsible for the law don't drink.

14. Alcohol concentration in the body is *not* related to:
- A. the person's weight.
 - B. the quantity and kind of food in the stomach.
 - C. the person's height.
 - D. amount of liquor taken, time over which it is taken, and time since last drink.
15. When the blood alcohol level reaches 0.10 percent (five to six ounces of liquor), the probability of causing an accident is six times that of the non-alcohol level.
- A. true
 - B. false
16. Two drinks can change your reaction time and increase the time it takes to stop your car.
- A. true
 - B. false
17. Can you be arrested (DUI) if you have a blood alcohol level of 0.06 percent (one to four drinks)?
- A. yes
 - B. no
18. Which of the following is *not* a possible symptom of alcoholism?
- A. memory loss
 - B. delirium tremens (D.T.'s)
 - C. breathing difficulty
 - D. increased nervousness the morning after drinking

MAP OF GROUP FORCES

On these pages, list all the groups with whom you have spent time in the past week. For each group, answer the questions listed in the column headings.

Name of Group	Total number of hours spent with group this week	Was anyone in the group drinking while you were with them? (yes/no)	If yes, what was the group drinking pattern?			What type of pressure to drink did you experience from the group? (describe)
			Type of beverage (name)	How much drinking? (light, moderate, heavy)	Time of day (morning, afternoon, evening, late night)	
1.						
2.						

Name of Group	Total number of hours spent with group this week	Was anyone in the group drinking while you were with them? (yes/no)	If yes, what was the group drinking pattern?			What type of pressure to drink did you experience from the group? (describe)
			Type of beverage (name)	How much drinking? (light, moderate, heavy)	Time of day (morning, afternoon, evening, late night)	
3.						
4.						

Name of Group	Total number of hours spent with group this week	Was anyone in the group drinking while you were with them? (yes/no)	If yes, what was the group drinking pattern?			What type of pressure to drink did you experience from the group? (describe)
			Type of beverage (name)	How much drinking? (light, moderate, heavy)	Time of day (morning, afternoon, evening, late night)	
5.						
6.						

COMMUNICATION SKILLS CHECKLIST

Place a check on the line to the left of each type of communication you see the other person using. You may want to write a brief note to the right of the line as to what, specifically, the person did.

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Speaking:

- Using clear, understandable words
- Proper timing
- Responsive to someone

Tone:

- Calm and encouraging
- Supportive and warm

Body:

- Involved with someone
- Concerned about someone

FORCE FIELD MAP

On this page, list the groups or specific group members that represent different positions regarding their influence on either abstinence or responsible drinking, or heavy or uncontrolled drinking. Include our rehab group on your map.

List above
the line
groups that
support or
encourage
heavy or un-
controlled
drinking

B-35

List below
the line
groups that
support or
encourage
abstinence or
responsible
drinking

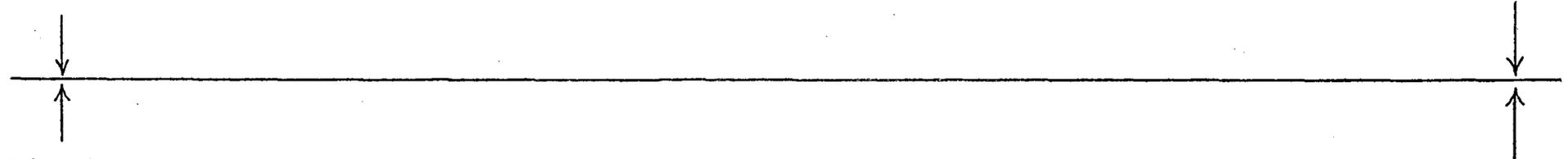


FORCE FIELD MAP

On this page, list the groups or specific group members that represent different positions regarding their influence on either abstinence or responsible drinking, or heavy or uncontrolled drinking. Include our rehab group on your map.

List above
the line
groups that
support or
encourage
heavy or un-
controlled
drinking

B-37



List below
the line
groups that
support or
encourage
abstinence or
responsible
drinking

FORCE FIELD MAP

On this page, list the groups or specific group members that represent different positions regarding their influence on either abstinence or responsible drinking, or heavy or uncontrolled drinking. Include our rehab group on your map.

List above
the line
groups that
support or
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controlled
drinking

B-38

List below
the line
groups that
support or
encourage
abstinence or
responsible
drinking



CHART FOR SOCIOCULTURAL ENVIRONMENT PLANS

My goal is:

In order to achieve this goal I intend to take certain steps, all of which have one purpose: to put me in charge of my life regarding alcohol. One way to accomplish this is for me to do things that enable me to feel in charge of myself in my social environment--when I am with family and friendship groups. The steps in my plan are:

STEPS IN MY PLAN	SOURCES OF HELP I PLAN TO ENLIST	BLOCKS OR HINDRANCES THAT I ANTICIPATE	STEPS I WILL TAKE TO REDUCE THOSE BLOCKS

STEPS IN MY PLAN

SOURCES OF HELP
I PLAN TO ENLIST

BLOCKS OR HINDRANCES
THAT I ANTICIPATE

STEPS I WILL TAKE TO
REDUCE THOSE BLOCKS

B-40

PERSONALIZED LIST OF ALTERNATIVES

The following is a list of activities that are my alternatives to drinking:

List each of the alternatives in the column on the left and answer the questions for each alternative.

Alternative	Is it as satisfying as drinking?	Is it as easily available as drinking?	Does it produce the same relief and/or high as drinking?

LIFE FUNCTIONING INVENTORY

The following list of life functioning items is grouped into five categories: (1) job/financial functioning; (2) family/social functioning; (3) citizen functioning; (4) psychological/spiritual functioning; and (5) physical health. Next to each item, place a check in the first column if this aspect of life functioning is interrupted or severely interfered with as a result of your current drinking. Place a check in the second column if this aspect of life functioning is affected or mildly interfered with as a result of your current drinking.

Item	Severe interference or interruption	Mild interference or effect
<p>1. Job/Financial Functioning</p> <p>1.1 Keeping a job</p> <p>1.2 Getting a promotion or raise</p> <p>1.3 Attendance at work</p> <p>1.4 Getting to work on time</p> <p>1.5 Staying within personal budget in spending on alcohol and drinking-related activities</p> <p>1.6 Being sober while at work</p> <p>1.7 Being productive and alert at work</p>		
<p>2. Family/Social Functioning</p> <p>2.1 Participation in recreational activities with friends</p> <p>2.2 Participation in regular family activities (such as meals)</p>		

Item	Severe interference or interruption	Mild interference or effect
<p>2.3 Discussing various opinions in a disagreement with family or friends</p> <p>2.4 Approval and acceptance by family or friends of actions</p> <p>2.5 Maintaining warm, close relationships with spouse, children, parents</p> <p>2.6 Maintaining warm, close relationships with other relatives</p> <p>2.7 Maintaining warm, close relationships with friends</p>		
<p>3. Citizen Functioning</p> <p>3.1 Driving only when sober</p> <p>3.2 Obeying all road signs and laws while driving</p> <p>3.3 Not being involved in accidents</p> <p>3.4 Not having interactions with police or other public officials regarding drinking</p>		
<p>4. Psychological/Spiritual Functioning</p> <p>4.1 Feeling comfortable and relaxed when alone</p> <p>4.2 Maintaining abstinence or responsible, controlled drinking when alone</p>		

Item	Severe inter- ference or interruption	Mild inter- ference or effect
4.3 Not experiencing change in mood after drinking		
4.4 Attending religious services regularly		
4.5 Feeling eager and calm before going to a social event or getting to- gether with others		
4.6 Maintaining self-control over certain habits or activities (such as smoking or drinking)		
4.7 Being able to worry and be concerned about a problem without running away from it		
5. Physical Health		
5.1 Never experiencing a blackout or inability to remember what occurred earlier		
5.2 Never experiencing nausea, headaches, or other aspects of a hangover in the morning		
5.3 Never shaking or trem- bling in the morning after drinking		
5.4 Never having a physician indicate that you should cut down on drinking		

Item	Severe interference or interruption	Mild interference or effect
5.5 Never being hospitalized for alcoholism or related illnesses		
5.6 Never missing meals or changing nutritional habits due to drinking		

LIFE PLAN

A Life Plan consists of many goals and plans to achieve those goals. Some of the goals may have to do with work, a career, and/or money. Some may have to do with family or friends. Others may represent personal and/or spiritual growth. Whatever these goals concern, the combination of them describes the way in which you would like to live in the future. Plans which you have written in previous sessions should become a part of your Life Plan.

To help in writing your Life Plan, think about ten years from now.

How old will you be? _____

What kind of work will you be doing? _____

Where might you be working? _____

Where will you live? _____

What kind of housing will you be living in then? _____

With whom will you be living? _____

How will you spend your free time? _____

Using this information and other thoughts you have had about what you want the future to be, write a goal for each aspect of your life that you wish to be different in ten years from the way it is today.

GOAL I:

GOAL II:

GOAL III:

GOAL IV:

GOAL V:

For each of the goals, complete an action plan. On the following pages, list each goal at the top of a page. Underneath the goal, list the actions which you will take to achieve the goal. Next to the actions, list potential obstacles that may keep you from the goal or get in the way. Indicate when you intend to carry out the action. Next to each obstacle, indicate a potential source of help which may be useful in overcoming the obstacle.

GOAL:

When	Action Steps	Potential Obstacles	Potential Sources of Help

GOAL:

When	Action Steps	Potential Obstacles	Potential Sources of Help

GOAL:

When	Action Steps	Potential Obstacles	Potential Sources of Help

GOAL:

When	Action Steps	Potential Obstacles	Potential Sources of Help

GOAL:

When	Action Steps	Potential Obstacles	Potential Sources of Help

