CLIENT HANDBOUT 3.4

Abstinence Goal Evaluation for Alcohol or Drugs

Name: __________________ Date: __________________

IMPORTANT AND CONFIDENCE OF CHANGING YOUR DRUG OR ALCOHOL USE:
HOW READY ARE YOU?

PART 1

My goal is to not use (check as appropriate): ___ Alcohol ___ Drugs (Primary Drug): ________________

People usually have several things that they would like to change in their lives. In terms of not using
alcohol or drugs, please answer the following questions.

At this moment, how important is it that you do not drink alcohol or use drugs? Use the following
scale to indicate your importance rating.

0 Not important at all
25 Less important than most of the other things I would like to achieve now
50 About as important as most of the other things I would like to achieve now
75 More important than most of the other things I would like to achieve now
100 The most important thing in my life I would like to achieve now

The importance of my goal is ___ %

Now ask yourself the following questions

1. Is my goal important enough that I will work to achieve it even if progress is slow or difficult?
   ___ Yes  ___ No; if no, describe why not: ______________________________________________________

2. Are there any competing priorities that could interfere with my achieving my goal?
   ___ Yes  ___ No; if yes, what are they: ___________________________________________________________

At this moment, how confident are you that you will not drink alcohol or use drugs?

Use the following scale to indicate your confidence rating.

0 I do not think I will achieve my goal
25 I have a 25% chance of achieving my goal
50 I have a 50% chance of achieving my goal
75 I have a 75% chance of achieving my goal
100 I think I will definitely achieve my goal

I am ___ % confident that I will achieve my goal

Now ask yourself the following questions

1. Considering everything, is my confidence rating realistic?
   ___ Yes  ___ No; if no, indicate why: ___________________________________________________________

2. Are there any obstacles I might encounter to achieving my goal?
   ___ No  ___ Yes; if yes, what are they? __________________________________________________________

(cont.)
WHERE DOES YOUR GOAL FIT IN AND HOW READY ARE YOU TO CHANGE YOUR ALCOHOL OR DRUG USE?

PART 2

- Below are four different combinations of importance and confidence goal ratings.
- Look at your ratings and check which one of the four combinations best describes how ready you are to not drink alcohol or use drugs.

1. _____ Low Importance, Low Confidence: Such individuals usually do not see change as important nor believe they can succeed in making changes if they tried. Such individuals do not appear very ready to change at the present time.

   If you are in this category, ask yourself what it would take to get you to commit to changing.

2. _____ Low Importance, High Confidence: Such individuals typically are confident they can change if they thought it were important but are not sure that they want to change at the present time.

   If you are in this category, ask yourself what it would take to tip the scale in favor of your deciding to change.

3. _____ High Importance, Low Confidence: Here the problem is not a willingness to change because such individuals are expressing a desire to change. Instead, the problem is that such individuals typically do not have confidence they could succeed if they tried.

   If you are in this category, ask yourself (1) why you feel you cannot change; (2) what is interfering with your confidence to change; and (3) are there things you can do to increase your confidence?

4. _____ High Importance, High Confidence: Such individuals not only feel that it is important to change, but also believe they can succeed and appear very ready to change.

   If you are in this category, then it appears you are at a good stage in the change process.