

THERAPIST HANDOUT 4.1

Objectives, Procedures, Client Handouts, and Clinical Guidelines and Dialogues

Individual Session 1

SESSION OBJECTIVES

- Follow up on any inquiries from the assessment.
- Review client's progress.
- Review and discuss client's goal evaluation; provide guidelines or information on contraindications for use, if appropriate.
- Review self-monitoring logs with respect to the client's goal.
- Provide client with personalized feedback based on the assessment.
- Give homework and instructions for Session 2.

PRIOR TO SESSION

- Review assessment information; identify any areas needing further information or clarification.
- Prepare feedback based on assessment information.
- Get new homework for client (Client Handouts 4.5 and 4.6).

SESSION PROCEDURES

- Introduce session.
- Review and discuss client's completed self-monitoring log; copy or record data.
- Review and discuss client's understanding of homework reading on Identifying Triggers exercise.
- Give client personalized feedback from assessment and discuss.
- Review and discuss completed goal evaluation form with client.
- Review and discuss completed decisional balance exercise with client.
- Ask client the five-million-dollar question and affirm that changing is a choice.
- End session: What stood out today about session; remind them to do homework; schedule next session.

CLIENT HANDOUTS

- Reading: Identifying Triggers (Client Handout 4.5)
- Exercise: Identifying Triggers (Client Handout 4.6)

COMPLETE BEFORE SESSION 2

- Review and make session notes.
- Prepare the BSCQ graphs for Session 2 based on the Assessment BSCQ.

(cont.)

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CLINICAL GUIDELINES AND DIALOGUES FOR THERAPISTS CONDUCTING INDIVIDUAL THERAPY SESSION 1

Self-Monitoring and Goal Evaluations

Therapist (T): “How did your week go?”

Note to Therapist: Focus the discussion on major events or patterns. Do not have clients do a day-by-day discussion of their week. Use the next question as a jumping-off point to discuss what clients put down on their self-monitoring logs. The therapist can begin by saying, “Let’s take a look at what you put down on your self-monitoring log.”

Note to Therapist: This section is for clients who chose an abstinence goal (includes clients with drug problems).

T: “Now, let’s take a look at your goal evaluation form.” (Client Handout 3.4)

T: “What did you put down for the importance of your goal? Why did you select a [insert # they gave] rather than a [lower #]?”

T: “What did you put down for how confident you are in achieving your goal? Why did you select a [insert # client gave] rather than a [lower #]?”

T: (if appropriate) “So, it sounds like you definitely want to stop using alcohol or drugs. What, if anything, might get in your way?”

Note to Therapist: This section is for clients who selected a low-risk limited drinking goal and for whom there were no contraindications. Let clients say what goal they selected—abstinence or low-risk drinking.

T: “Now, let’s take a look at your goal evaluation form.” (Client Handout 3.5)

T: “Tell me what goal you selected.”

Possible Questions

T: “How did you arrive at your goal?”

T: “How realistic is this goal for you?”

Explain the Low-Risk Limited Drinking Guidelines

T: “We have some guidelines for low-risk limited drinking that I would like to review with you. One of the guidelines is referred to as a 3/4 rule. We recommend that you have no more than 3 drinks per day on no more than 4 days per week, that you do not drink in high-risk situations, and that you drink at a rate of no more than one drink per hour.”

Note to Therapist: Use only if client’s goal is within the recommended guidelines.

T: “So, as you can see, your goal is within our recommended limits.”

Note to Therapist: Use only if client’s goal exceeds the recommended guidelines.

T: “Your goal is over our recommended low-risk limited drinking guidelines. Now that we’ve gone over the guidelines, how do you view your goal?”

(cont.)

Note to Therapist: The client may change the goal to be within the guidelines. If the client still chooses a goal that exceeds the guidelines, the therapist can say, *“Although your goal is more than our recommendation, it is less than what you were averaging before coming into treatment. How would you see yourself further reducing your drinking over the next few months?”*

T: *“What did you put down for the circumstances under which you would not drink and the situations in which it was safer for you to drink in a limited manner?”*

T: *“Why do you think we have people select their own goal?”*

T: *“Now, let’s take a look at your importance and confidence ratings.”*

T: *“What did you put down for the importance of your goal? Why did you select a [insert # client gave] rather than a [lower #]?”*

T: *“What did you put down for how confident you are in achieving your goal? Why did you select a [insert # client gave] rather than a [lower #]?”*

T: (if appropriate) *“So, it sounds like changing your drinking is very important to you right now. What, if anything, might get in your way?”*

Note to Therapist: With clients who are ambivalent about their goal, the therapist can ask, *“On the one hand it sounds like your goal is important and you want to change, but on the other hand you are concerned about many other things going on in your life, like your career and your family, that are also priorities for you right now. If you don’t make some changes now, what effect do you think your [insert substance name] use would have on your life in the next year?”*

The therapist might follow with, *“What one thing do you think it would take for you to stop using [insert substance name] right now?”*

Providing Clients with Feedback from Their Assessment Data

T: *“If you remember, at the assessment session I asked you many questions and you filled out some forms about your alcohol or drug use, including a calendar showing your alcohol or drug use over the past few months. We have taken this information and prepared a personalized feedback summary for you so you can see where your alcohol [or drug] use fits in compared with that of others. This provides people with information that allows them to make more informed decisions about changing.”*

Note to Therapist: Show the client a copy of the feedback summary that was prepared (Alcohol: Client Handout 4.3; Drug: Client Handout 4.4).

T: *“So you reported drinking, on average [insert #] drinks per week. On this graph, where does that put you in terms of all men/women who drink?”*

T: *“The bottom of this page is your AUDIT [or DAST-10] score, which reflects the severity of your reported alcohol [or drug] use (AUDIT: Client Handout 4.1; DAST-10: Client Handout 4.2).”*

Note to Therapist: If clients are surprised about the severity level of their alcohol or drug use on the AUDIT or DAST-10, the therapist can say, *“Well, let’s look at your answers to some of the questions.”*

Decisional Balance Exercise (Client Handout 3.1)

T: *“Last week we also asked you to complete and bring back to this session a decisional balance exercise. What did you get out of the exercise?”*

(cont.)

Probe and discuss using open-ended questions, followed by reflections and, when appropriate, summary statements. Answers should include some mention of the following.

T: *“This exercise can help you organize and evaluate the good things and less good things about your alcohol or drug use. It also helps you to see the full range of good and less good things.”*

T: *“Tell me about what you listed as the good things about your [insert substance name] use.”*

T: *“Now, what are the less good things?”*

T: *“Okay, what did you list as the good things and less good things about changing?”*

Note to Therapist: It is important for the client to be aware of the possible costs of changing, as that sets the stage for planning how to avoid or minimize those costs.

The Five-Million-Dollar Question

(LAST PART OF DECISIONAL BALANCE EXERCISE, CLIENT HANDOUT 3.1)

T: *“Now that we’ve discussed the good things and less good things about your alcohol or drug use, what would it take for you to tip the scale and change your behavior **right now**? What if I offered you \$5 million to change your alcohol or drug use for just for one day?”*

Because most clients respond affirmatively, the therapist could ask, *“So what does that tell you?”* The therapist could then say, *“Well, I don’t have \$5 million, but what we are asking you to think about is what your personal price is for changing.”*

Note to Therapist: The idea is that changing is a choice that people can make, although it might be a difficult choice. Once a client recognizes that changing is a choice, then the question becomes what will it take in order to make that choice.

Explaining Identifying Triggers Reading and Exercise

(CLIENT HANDOUTS 4.5 AND 4.6, RESPECTIVELY)

T: *“Let us switch gears and look at the next homework assignment.”*

T: *“I’ve noticed that you’ve mentioned some situations in which you feel as though your alcohol or drug use has caused you some problems, and that leads us into the next homework, which is about identifying triggers. There are two parts to this homework, a short reading and then the Identifying Triggers exercise. You should read the reading first, and then do the exercise, which involves identifying your two highest risk situations for alcohol or drug use in the past year. We would like you to describe the triggers in detail, such as where and when they take place and the consequences that follow alcohol or drug use. How to complete the exercise is explained at the beginning of the handout. Completing this homework and bringing it to the next session gives us an opportunity to talk more about these high-risk trigger situations and examine why they’ve been a problem for you.”*

End of Session: What Stood Out

T: *“We talked about many things today. What stood out for you?”*