

THERAPIST HANDOUT 4.2

**Objectives, Procedures, Client Handouts,
and Clinical Guidelines and Dialogues**
Individual Session 2

SESSION OBJECTIVES

- Review client's progress.
- Identify high-risk situations for client based on homework and BSCQ.
- Give homework and instructions for Session 3.

PRIOR TO SESSION

- Prepare and have BSCQ personalized feedback profile ready for client based on the assessment BSCQ.
- Get new homework for client (Client Handout 4.8).

SESSION PROCEDURES

- Introduce session.
- Review and discuss client's completed self-monitoring log; copy or record data.
- Review and discuss client's answers to Identifying Triggers homework exercise.
- Give client BSCQ feedback profile (Client Handout 4.7) and discuss relationship to Identifying Triggers homework answers.
- Have client complete Where Are You Now Scale (Client Handout 3.6) and compare with assessment answer on same form.
- End session: Ask what stood out about session, schedule next session, and remind client to do homework.

CLIENT HANDOUTS

- Exercise: Developing Options and Action Plans (Client Handout 4.8)
- Have the client's *Where Are You Now Scale* to use in this session

COMPLETE BEFORE TREATMENT SESSION 3

- Review and make session notes.

(cont.)

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CLINICAL GUIDELINES AND DIALOGUES FOR THERAPISTS CONDUCTING INDIVIDUAL THERAPY SESSION 2

Review Self-Monitoring Logs

Therapist (T): *“How have things been since our last session?”* [The intent is to get clients to discuss their self-monitoring logs.]

The therapist can begin by saying, *“Let’s take a look at what you put down on your self-monitoring logs since our last session.”*

Note to Therapist: Remember to look for the big picture rather than a day-by-day report. For this and subsequent sessions, the therapist should reflect what the client says and how the client’s week went. For example, the therapist could reflect, *“It sounds like this was a good week for you as you made some significant changes since last session. How do you feel about these changes?”* or *“It sounds like you are still struggling a bit with not drinking or using drugs.”*

Discuss Identifying Triggers Reading and Exercise (Client Handouts 4.5 and 4.6, Respectively)

T: *“Let’s take a look at the reading and homework on identifying triggers that you took home last week.”* (Reading: Client Handout 4.5; Exercise: Client Handout 4.6)

T: *“The reading for this week described changing as climbing a mountain. What did you get out of the reading?”*

If the client understands the concept of Mt. Change, then the therapist can say, *“It sounds like you understood what we were trying to communicate with this diagram. Although it would be nice to wake up tomorrow and your alcohol or drug use is no longer a concern, realistically most people experience some bumps in the road. What we would like you to do is to view a slip or lapse as a learning experience and move on.”*

If the client does not seem to understand the concept of Mt. Change, then the therapist can say, *“This reading was intended to help you adopt a realistic, long-term perspective on changing your alcohol or drug use. Although it would be nice to change overnight, for some people it is a slower process.”*

Note to Therapist: The important points from the reading are taking a realistic perspective on change (i.e., Mt. Change) and the importance of viewing slips as learning experiences. When discussing the possibility of slips, it is also essential that the therapist not convey a self-fulfilling prophecy to the client (i.e., that slips will occur). A good way of presenting the concept that also avoids such a prophecy is as a fire drill. Thus the client can be asked, *“Why do you think we have fire drills in school?”* Clients will almost always come up with the obvious reason that you are better prepared if a fire occurs.

The therapist can follow this with, *“That’s the same idea here. Hopefully you won’t have any slips, but it makes sense to be prepared in case they do happen. If a slip or lapse occurs, the important thing is to interrupt it as soon as possible, see what you can learn from it, and get back on track. To learn from this experience, you can ask yourself, ‘What was different about this situation?’ or ‘How can I deal with this situation differently next time?’”*

T: *“Now let’s take a look at what you put down for your two high-risk trigger situations for alcohol or drug use. Tell me a bit about those situations.”*

(cont.)

Note to Therapist: Have clients discuss what they put down. The therapist reflects what the client says, but because the trigger situations are critical in terms of the change process, the therapist needs to fully explore these situations with the client.

Sample Responses to the Client's Identified Triggers

- *"It looks like one high-risk situation for you is being alone and having drugs available to you."*
- *"So it sounds like you are having trouble balancing raising your kids and your career and at the end of the day you need something to cope."*
- *"Let me see if I understand what you are meaning about that second situation. It sounds like you're saying a trigger can happen when you have some free time and are bored."*

REVIEW BRIEF SITUATIONAL CONFIDENCE QUESTIONNAIRE

T: *"One of the things you did at the assessment was to complete a questionnaire called the Brief Situational Confidence Questionnaire. It asked you about your ability to resist the urge to drink heavily or use drugs in eight common high-risk situations. I graphed your confidence levels in those situations, and I have highlighted the three situations in which you indicated you were least confident in your ability to resist the urge to drink heavily or use drugs. What stands out to you about this graph?"*

Note to Therapist: The goal is to have clients give voice to the fact that risk varies with situations and that some situations are particularly high risk for them. It is then explained to clients that sometimes it is easier to remember their high-risk situations by referring to them using a shorthand label. Table 4.2 presents several types of BSCQ profiles to which we have given shorthand names (e.g., Good Times; Negative Affective; Testing Personal Control) that can be easily remembered. The therapist then goes on to ask clients to relate their BSCQ profile to their answers on the Identifying Triggers exercise. We have found that in almost all cases the client's two personal high-risk trigger situations are similar to what is shown in their generic BSCQ profile.

T: *"Tell me what you see in terms of how your profile of high-risk situations compares with the two high-risk situations you identified in the Identifying Triggers exercise we just discussed."*

Reflect what the client says here: *"What I hear you saying is that the most problematic situations are those in which you experience negative emotions."*

If the client's two high-risk situations and generic BSCQ profile are similar, then the therapist can say, *"Your profile provides a shorthand of what situations you should be on guard for in the coming weeks. For example, between now and the next session, which of these general situations do you see yourself possibly encountering?"*

Revisit the Where Are You Now Scale

T: *"When you first came in, we asked you to rate how serious you thought your alcohol or drug use was on a 10-point scale. On that same scale, where 1 = the most serious concern and 10 = no longer a concern, how would rate your alcohol or drug use today?"*

T: *"Do you remember what number characterized where you were at the assessment interview on this scale? [Client answers] How did you go from a [# at Assessment] to a [# now]?"*

(cont.)

Note to Therapist: The Where Are You Now Scale is a motivational interviewing technique that allows therapists to ask clients to give voice to changes they have made. For a client who has not changed, the therapist can say, “*What would you need to do to move up a number or two?*” or “*What kinds of things have gotten in the way of your changing?*”

Introduce Homework Exercise: Developing New Options and Action Plans (Client Handout 4.8)

T: “*The next homework exercise asks you to develop new options and action plans for the two high-risk trigger situations in today’s exercise. What we would like you to do is to take these two high-risk trigger situations and come up with some new options and then evaluate how well they might work to help you resist using alcohol or drugs. After you have developed the options, evaluate them and decide which is your best one. Then develop a plan of action for how to put the option into practice. When making action plans, try to break them down into several smaller steps so it is easier to see your progress. The exercise should take about 10 minutes to complete.*”

End of Session: What Stood Out

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