

MODULE 10: SOBRIETY SAMPLING

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Module 10: Sobriety Sampling

The primary objectives of this module are to enhance awareness, build motivation, and develop a detailed plan for trying a period of abstinence.

|| Module Outline ||

Target Discussion Points

- Introduce the topic
 - Discuss the rationale
 - Discuss willingness
 - Discuss implementation
 - Troubleshooting
 - Summarize and consolidate commitment
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Background

Sobriety sampling is a technique from the Community Reinforcement Approach (Myers and Miller, 2001) that is used to encourage clients to consider trying a period of abstinence. The research evidence suggests that those who achieve a period of sobriety are more likely to benefit from treatment (Project Match Research Group, 1997). Benefits to a period of abstinence include: mental clarity, insight into triggers, more successful moderation skills, and time to experience life without substance use. The module can be used at any point in the treatment, based on the Clinician's judgment. Sobriety Sampling is commonly used: 1) following treatment planning, as clients begin to work on the skills building modules; 2) with clients who intend to pursue non-abstinence as a goal for treatment; 3) any time after treatment planning when a client expresses significant need or desire to do something about his or her substance use; and 4) with a client who has multiple unsuccessful attempts at moderate use.

Introduce the topic

Some clients recognize that quitting substance use is the most desirable goal, but they have difficulty initiating a period of sobriety. For these clients, the sobriety sampling module may provide an opportunity to make explicit plans for getting started with sobriety. Reflection of the client's motivation to change is a useful way to introduce the discussion of sobriety sampling.

“As I understand it, you really want to get started, but each time you try, something goes wrong and you find yourself drinking again. It sounds like you have felt frustrated with having to start over so many times. You want to stop drinking as soon as possible, but you are not sure where to start. We could take some time today and work on how you can get started with quitting drinking. If we consider what has gotten in the way, and make a detailed plan, you may

achieve the success with sobriety that you desire. Would it be worth it to spend some time on this?"

For clients who are unsure about what they want as a treatment goal, or are considering moderation as a treatment goal, use of the sobriety sampling module may help them make an informed decision about their goal.

"We have talked quite a bit about your concerns and you have a clear preference for trying to reduce the amount you drink. Even though your goal is not to quit drinking altogether, I am wondering if you are willing to talk with me about trying out a period without any drinking?"

Discuss the rationale

Reviewing the potential benefits of a period of abstinence provides the client with a rationale for trying it. Consistent with the spirit of MI, the burden of arguing for change lies with the client, not the Clinician. The client is asked to describe the advantages of a period of sobriety. Strategies that might be used to build motivation for achieving a period of sobriety include:

Ask open-ended questions

*"What could you learn about yourself by trying out a period of abstinence?
What would you expect to be different in your life if you stopped drinking?"*

Ask the client to consider both sides

"What do you think would be some advantages and disadvantages of trying out a period of not using alcohol?"

Pose a hypothetical question

"What positive effects would you notice after going without cocaine for a couple of weeks?"

Emphasize personal choice

"If you try this and decided you don't like it, you can always go back to smoking marijuana."

Explore potential benefits

Having the client articulate the benefits is most desirable. For clients who are not able to identify any benefits, the Clinician may make some gentle suggestions. Paying close attention to client behavior is important in this circumstance because the Clinician may elicit resistance to, rather than motivation for, sobriety sampling. Potential benefits to sobriety sampling include:

Discovery and awareness

Clients may be accustomed to the effect of substance use on their quality of life. Stopping for even a short period of time may allow them to experience positive changes in quality of life.

“It might be nice to see what life is like when you are sober, especially if it’s been awhile since you’ve been free of alcohol and drugs. Sometimes other problems clear up with even a short period of time with abstinence – you may have more energy or notice that your relationships improve.”

Better understanding of drinking triggers

Clients may learn something about what triggers their desire to use substances.

“If you were to stop drinking for a short period of time, you would probably learn pretty quickly which situations are more challenging than others. Knowing more about what feels risky and when you are tempted to drink may be good if your goal is to reduce drinking.”

Improved moderation skills

Research has demonstrated that moderation skills for alcohol are enhanced by an initial period of abstinence (Tucker, 1999). In treatment approaches with a moderation goal, clients are encouraged to develop skills for maintaining sobriety before attempting moderate drinking (Miller and Munoz, 2005; Rotgers, Kern and Hoeltzel, 2002).

“Taking a break from drinking for even a short period of time may provide you with good opportunities to refuse offers or opportunities to drink. When you return to drinking at a less harmful level, you may have better control over your drinking, and more confidence that you can maintain moderate drinking.”

Improved clarity of thought

A person’s mental state (e.g., learning and remembering new information, focusing attention, and reasoning through decisions) generally improves after a month or two of abstinence.

“One benefit of taking a break from drinking that some people notice is a change in their ability to concentrate and think through problems. Sometimes people don’t really see how much drinking has affected their mental clarity until they stop drinking. Having some time without alcohol may help you to think about what you want in the long-term with regards to your drinking.”

Discuss willingness

If the client appears willing to try a period of abstinence, the focus of treatment can move from the “why do it” to the “how to do it” stage. If needed, a discussion of the client’s ambivalence about sobriety sampling can be used to facilitate this transition.

“We have been talking about both the good and not so good things about trying a period of abstinence, I am wondering what your thoughts are about giving this a try?”

When discussing the possibility of sobriety sampling, an emphasis on client autonomy is essential. The Clinician can be directive in expressing a personal belief that the exercise will benefit the client, but the decision is left to the client.

“This is something that I think may help you. I want you to look at both sides of this and make a decision for yourself.”

Discuss implementation

If the client is willing to consider the possibility of a period of abstinence, discussion turns to implementation. For clients who decide on a trail of abstinence the following questions need to be addressed:

How long

Negotiating an appropriate time period may require striking a balance between the client’s autonomy in decision-making and the value of different lengths of sobriety. Having the client determine the length of abstinence will likely enhance commitment to the goal, but clients who choose shorter periods of time may not experience the benefits of sobriety, and they may become discouraged. A general recommendation for achieving moderate gains in quality of life is at least 30 days of abstinence (Miller, 2004). When negotiating this goal, talking explicitly about choosing a time period that will facilitate positive change may help the client to select an appropriate time commitment. Use the “planning for abstinence” worksheet to guide your discussion of implementation.

“The first thing to consider is how long you would like to give this a try. You want to pick a time period that is long enough for you to experience some of the positive effects you are looking forward to. It is also important to pick a time period that you are confident you can achieve. What are your thoughts?”

If the client is not willing to try a month, the Clinician may be able to obtain an agreement for a shorter period of time (e.g., 2 weeks, 1 weeks, or even 1 day). Longer periods can be encouraged, but client autonomy is paramount, so the client’s goal is accepted.

Plan when to start

Clients may need some time to prepare for a period of abstinence, or they may want to wait until after a proximal life event. The client is encouraged to set a definite start date for the time-limited sobriety.

“Deciding when to begin is the next step. I want you to feel ready for this. There may be some things you need to do before you start to make it easier to have success. For example, you told me you were going to take the alcohol out of your

house. Considering any necessary things you need to do to get ready for this, what seems to you to be a reasonable time to start?"

To facilitate initiation of sobriety, it can be helpful for the Clinician and client to have an appointment on the start date.

Explore ideas about how to do it

The development of a plan to maximize success involves the client identifying several important factors: 1) prior experiences attempting the same goal (if relevant); 2) social support; 3) specific steps that can be taken; 4) possible obstacles; and 5) and escape plan.

Discuss prior experiences

Exploring with a client any prior attempts to reduce substance use can be very valuable when developing a current plan. Clients may be able to talk about times when they succeeded – even if only for a short time. Discussing the things clients did in those successful periods will provide initial ideas for how they can succeed again. Clients are also often able to identify the actions they took that were not successful, or that led to a return to substance use. Similarly, they may recall the sensations or scenarios that proved to be obstacles to their success. There may have been specific people in the past who either helped or hindered clients in their abstinence goal. Clients may also be able to describe how they dealt with obstacles – what worked and what did not work. All of these things help to inform current planning.

Discuss social support

Social interactions are a powerful influence on a person's behavior, and it is essential that social factors be explored with clients seeking a change in their substance use. Whereas many social situations and people will have little impact on clients' substance use, there are often some that "encourage" use and others that "discourage" use. Social factors that facilitate substance use by the client are discussed below in the "obstacles" section. Increasing the client's exposure to positive social forces (i.e., those that have the effect of reducing substance use) is an important aspect to consider when developing a plan for sobriety sampling. This includes both social *situations* and social *interactions*.

Social situations

Clients can be encouraged to identify as many social situations as possible that are supportive of their abstinence goal. *Where might you be least likely to drink? Are there social settings where you do not feel the urge to use alcohol? (Examples include: church, school, certain clubs or groups, participation on an athletic team, a work party.)*

Social interactions

Clients are often able to identify certain people in their lives who are, or would be, supportive of their abstinence goal. Some of these people will have been open and direct in their disapproval of the clients' substance use. Whereas it may seem that these are obvious "social supports" for clients, it has to be considered that a client might feel resentment or anger toward the person because of the ways

disapproval was demonstrated. For example, shaming, nagging, ignoring, dismissing, and withholding from the client might have been strategies used by these other people to try to elicit change. It is important for clients to be able to acknowledge these feelings, and determine whether the feelings would interfere with these other person that were so off-putting can be very useful for the “eliciting social support” step described below. If clients can identify which behaviors they find “off-putting,” they will have a good idea of what to ask for from their support people.

There may be other people who a client believes would be supportive of his or her goal of abstinence, even if the subject of substance use had never previously come up in their relationship.

Develop a plan

At this point, having reviewed the client’s prior experiences with attempting to reduce substance abuse, as well as their social factors, it is time to formulate a concrete plan for achieving a period of abstinence. Clients should be encouraged to think about whether there are certain steps they can take that will set the stage for them to maintain abstinence during the sobriety sampling period.

“There may be some actions that are important for you to do before you start. These are things that will set you up for success. Examples might include “getting alcohol out of my house” or “telling a friend that I won’t be drinking.” Are there things that you need to do before you begin this?”

Plan safe social situations

The identification of safe and risky social environments helps clients incorporate into their treatment plans activities that will foster successful abstinence. Whenever possible, clients can plan to avoid the risky social settings, and increase time spent in the safe social settings. If avoidance of the risky settings is unrealistic, the client and Clinician can explore ways to manipulate the environment to minimize desire to use, and the client can be prepared to confront temptation with other coping skills. Increasing time spent in safe social settings may be important for clients so they do not feel isolated, and so they do not feel as though they are “missing out” on fun.

Plan safe social interactions

Having already identified which people in the client’s life are likely to be supportive of his or her abstinence goal, the discussion can now focus on how the client can elicit this support. The earlier conversation about the helpful versus not helpful behaviors from others can be applied here. Knowing specifically what has been off-putting (e.g., demanding, “where are you going?” every time I pick up my car keys) versus what has been helpful (e.g., he would just say, “I’m here if you need me” every time I left the house) will be important as the client asks others for help. If clients are able to describe concrete examples of things they find helpful or not helpful, the support people will likely be more confident, and more efficacious, in their roles as facilitators of success. In addition, clients may find social support from people without discussing their abstinence

goals, simply by spending time with people who do not drink, or with whom clients do not typically drink.

Plan to re-use effective strategies

If something has worked in prior attempts to reduce substance use, and it is reasonable to suppose it will work again, then it becomes a critical aspect of the current plan. Likewise, if something did not work in the past, and there is no reason to suppose that it is different now, then it should be omitted from the plan.

Consider new strategies

This is the time for clients to consider the reality of their current situation (which may differ drastically than that of prior attempts), and to be creative in devising ideas about how they can increase the possibility of success. Evaluating their daily routine is a useful starting point.

“Knowing yourself well is important here. You probably have a good idea about when and where you drink, and it may be the same from day to day. For some people, drinking becomes such a part of the routine that they don’t even think about it anymore. Altering your routine may be very helpful as you try to make this change. What are your thoughts?”

“You may have some other practical ideas about how you can do this. Is there anything else you would like to add to your plan for sobriety?”

Plan around obstacles

In addition to creating plan with specific steps for clients to follow, it is essential that clients spend time considering the things that might interfere with successful sobriety. Anticipating these challenges, the client can be prepared with strategies to handle them. The preparation may make them less vulnerable to possible obstacles if and when they arise.

Withdrawal symptoms

Depending on the substance that clients are stopping, the potential that withdrawal symptoms will trigger the desire to use should be considered.

Use of other drugs

Some clients may use other substances as a substitute. The disinhibition & impaired judgment that results from using other drugs may be a trigger for resuming use.

Social pressure

Others may encourage the client to resume substance use (direct social pressure). The client’s routine may also bring him or her into regular contact with people using or selling substances (indirect social pressure).

Triggers

Clients may find it challenging to cope with some of the triggers they encounter. Planning for how to cope with the triggers identified during the functional analysis (Module 3) may help the client to plan appropriate coping strategies.

Discuss an escape plan

The development of effective coping skills may be the most important aspect of resisting temptation to use substances. Clients can be asked about skills with which they already have mastery. They can also be encouraged to generate new ideas about how to handle stressors, including urges. Examples include assertiveness, relaxation, exercise, cognitive reframing, asking for help, leaving a situation, engaging in a behavior that precludes using substances (e.g., getting on a bus, going to the library, eating a meal, taking a nap), and taking stock of successes and goals.

Troubleshooting

Some clients will be reluctant to commit themselves to even a brief period of abstinence. Confronting or arguing with these clients is counter-productive, as it may elicit resistance behavior. Rather, a decision about sobriety sampling can be delayed, and additional motivational enhancement related to abstinence should be pursued.

Summarize and consolidate commitment to the plan

“So, the plan you have come up with is to stop drinking starting on Thursday of this week and continuing for 30 days. You can anticipate some of the obstacles and you have ideas about how to maintain your goal. Your plan includes a shift in your evening routine, spending more time with your family, and avoiding upcoming work parties that you know will be too risky. These are all great ideas. How are you feeling about this plan?”

References

Meyers, R.J., & Miller, W.R. (2001). A community reinforcement approach to addiction treatment. Cambridge, UK: Cambridge University Press.

Miller, W.R. (Ed.) (2004). Combined Behavioral Intervention manual: A clinical research guide for Clinicians treating people with alcohol abuse and dependence. COMBINE Monograph Series, (Vol.1) Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism. DHHS No. 04-5288.

Project MATCH Research Group. (1997). Matching alcoholism treatments to client heterogeneity: Project MATCH post treatment drinking outcomes. *Journal of Studies on Alcohol*, 58, 7-29.

Rotgers, F., Kern, M. E., & Hoeltzel, R. (2002). Responsible drinking: A Moderation Management approach for problem drinkers. Oakland, CA: New Harbinger Publications.

Tucker, J.A., 1999. Changing addictive behavior: historical and contemporary perspectives. In: Tucker, J.A., Donovan, D.M. and Marlatt, G.A., Editors, 1999. *Changing addictive behavior: bridging clinical and public health strategies*, Guilford, New York, pp. 3-44.

APPENDIX A
SOBRIETY SAMPLING
SESSION MATERIALS

PLANNING FOR ABSTINENCE

How long do I want to abstain?

When do I start?

How do I do it?

Getting Ready (*Things you can do to prepare yourself*)

Changing my routine (*Changes to your routine that make it easier for you*)

Asking for help (*People who can be helpful in any way to you*)

Other Ideas (*Any other ideas or strategies that will help you*)

What could go wrong?

My Backup plan

Module 10 Session Checklist

Sobriety Sampling

PREPARATIONS	✓
Session checklist	
Agency-specific paperwork	
Planning for Abstinence worksheet	
GETTING STARTED	
Check-in	
Set the agenda	
DISCUSSING THE RATIONALE	
Discuss trying a period of abstinence	
Exploring potential benefits	
DISCUSSING WILLINGNESS	
Emphasize personal choice	
Ask client to try it out	
DISCUSSING IMPLEMENTATION	
Negotiate an appropriate time period	
Discuss a definite date	
Develop a plan	
Discuss possible problems or obstacles	
SUMMARIZE AND CONSOLIDATE COMMITMENT TO PLAN	
Review the plan	
Ask client for commitment	
COMPLETING AGENCY SPECIFIC TASKS	
WRAP UP	
Summarize session	
Preview next session	
Assign home exercise	