

MODULE 5

SOCIAL PRESSURE

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Module 5.1: Social Pressure (Part 1)

The primary objective of this module are to: 1) help the client identify direct and indirect social pressure situations, 2) help the client select strategies for managing social pressure across indirect social pressure situations, and 3) teach and help the client practice refusal skills to cope with direct social pressure.

=====**Module Outline**=====

Target Discussion Points

- Check-in
- Set the agenda
- Provide rationale for discussing social pressure
- Discuss indirect social pressure
- Discuss direct social pressure
- Identify coping strategies
- Conduct agency-specific tasks
- Troubleshooting
- Summarize session
- Preview next session
- Review home assignment
- End session

Many clients report using alcohol or drugs in response to social pressure, although the specific circumstances under which this occurs varies widely. Clients who are tempted by social pressure must learn a variety of skills to manage this pressure in order to remain abstinent. The types of skills needed may depend on the situation in which social pressure is experienced and in the case of direct social pressure, the person who is exerting the pressure. The number of sessions recommended for completion of this module is dependent upon the client's level of exposure to ongoing social pressure situations and their ability to cope with these social pressure situations.

Check-in

The Clinician should conduct a brief check-in to assess how the client has been doing. Time for discussion of client's thoughts, questions, or concerns about the session material from the previous week can be taken as needed.

“Welcome back. It's good to see you again. How have you been doing since our last session?”

“Do you have any questions or thoughts about what we worked on last time we met?”

Set agenda

Set the agenda for the session goals including: 1) present information about different types of social pressure, 2) discuss client's experience with social pressure, 3) identify client's indirect and direct social pressure situations, and 4) develop coping plan for indirect social pressure situations.

“During our last session we talked about how it was more difficult to manage urges when you were around others who were drinking, or when you were being more time today talking about your social pressure situations. If we can identify the different types of social pressure situations you are likely to encounter, we can do some planning to help you better cope with those situations when they occur. How does that sound?”

Provide rationale for discussing social pressure

“You have mentioned some times that you feel tempted when you are around others that are drinking. Social pressure is nearly impossible to avoid altogether and there may be some times that you really won't want to avoid it. Just being out at a restaurant and seeing others drinking is one form of social pressure. I think if we spend some time today identifying most of the likely places that you will feel some of this pressure we can begin to plan for how you can get through it. Some situations can be avoided but there may be times that you choose not to avoid them; I think our work today will help you to be prepared for those situations.”

Providing examples of the types of situations in which a client might experience social pressure is important to facilitating the client's understanding of the information provided. In the situations provided below, clients may encounter either direct or indirect social pressure to use alcohol or drugs. Understanding the type of social pressure is important because the most effective coping strategies for each type of pressure may differ. The Clinician should provide the client with information on the different types of social pressure that might occur across situations.

Examples of social pressure situations:

- √ Situations in which there is an expectation that everyone will drink or get high (e.g., wedding, holiday party)
- √ Situations in which the client is with people with whom he or she has shared alcohol or drugs with in the past
- √ Situations in which the client lacks confidence in being able to cope without alcohol or drugs (e.g., due to social anxiety)

Discuss indirect social pressure

Social pressure is indirect when a client observes other people using alcohol or drugs even though there is not direct offer involved. The Clinician should begin by asking the client about his or her experience with indirect social pressure across these or other types of situations. Assessing the type of social pressure situations to which the client may be exposed is extremely important to helping the client select specific coping strategies.

If the client has already talked about some experience with indirect social pressure, this may be a natural place to begin.

“You mentioned that being around your brother when he is drinking feels tempting. Even if he doesn’t offer you a drink or suggest that you have one, I would think about this as indirect social pressure. Being around others who are drinking can feel tempting even when nobody is offering you a drink or trying to get you to join in. Indirect social pressure is probably more common for most people because it’s hard to avoid seeing other people drinking.”

Identify indirect social pressure

To elicit this information it can be helpful to ask clients about situations from the past in which they felt tempted to use alcohol or drugs simply as result of being around other people who were drinking or using drugs (e.g., holiday dinner with family). In addition it may help the client to think about new situations he or she might encounter where other people are likely to be using alcohol or drugs (e.g., going out with people from work) and he or she believes this will make it difficult to remain abstinent.

Examples of initial questions the Clinician might ask are as follows:

“I’m wondering if you can tell me a bit about situations in which you found yourself around other people who were drinking or using drugs and felt tempted by this even though no one was offering you a drink or chance to get high at the time?”

“What types of situations can you imagine yourself in for the future that would involve indirect social pressure where you’re not sure you could resist temptation?”

“Are there times when you are around people at work who are using alcohol or drugs? How has this affected your ability to stay sober in the past?”

“Have you had a time when you didn’t plan to drink or get high but went to a reception where everyone else was drinking and you suddenly changed your mind? How about going out with a friend who unexpectedly ordered a drink?”

“What are the situations in your daily routine that bring you into contact with other people drinking?”

“What situations have given you some temptation just because you are around people who are drinking?”

As the client provides information on exposure to indirect social pressure situations the Clinician should record them on *Social Pressure Situations Worksheet* (Appendix A).

Problems identifying indirect social pressure

Some clients have difficulty identifying indirect social pressure. They may feel the temptation to use substances in the presence of indirect social pressure, but attribute the temptation to internal factors (craving, urge, thoughts about using). One means for helping clients to understand the concept of indirect social pressure is by use of non-drinking analogy. For example:

“Imagine you are at a show or concert that you didn’t like. The show is over and everybody around you is standing and clapping. Do you stand and clap with the crowd or sit in your seat?”

When presented with this scenario, most clients will recognize the social pressure to join with what others are doing around them. Use of other similar analogies may help clients to identify the feeling of indirect social pressure:

What would you do in this situation?

- 1. A co-worker asks for donations for a charity and you don’t want to contribute but everybody in the room pledges money.*
- 2. You are at a friend’s house and you notice everybody has taken their shoes off at the door except you.*

Another approach is to provide some specific examples to generate discussion:

- √ Being at a party (e.g., wedding or holiday dinner) where everyone is drinking
- √ Working around people who get high
- √ Being unexpectedly confronted at home by someone who shows up drunk or high
- √ Going to a sports event where alcohol is served
- √ Being at a wedding reception during the first toast
- √ Going out on a date and watching your date order a drink

Summarize indirect social pressure

Before moving on to direct social pressure, the Clinician may want to summarize what he or she has learned about the client’s experience with indirect social pressure.

“So, it sounds like you have had some experience with indirect social pressure and there are a couple of situations in which it is really difficult to avoid giving in to temptation. When you’re with your family it doesn’t seem to bother you too much if other people are drinking because they know you’re trying to stop, but when it comes to people at work that is a different story. So sometimes you’ll be at work and at lunchtime people go out to eat and often have a beer and even though

no one is buying you one it is still pretty tempting to be around it. You don't really want to say anything to anyone because no one knows you're trying to stop. You also feel like there may be some situations you might run in to if you start dating again. You think that it will be pretty uncomfortable to tell someone you're not a drinker. Have I got this right? Is there anything else?"

Discuss direct social pressure

Social pressure is direct when a client encounters an offer to use alcohol or drugs from another individual.

"The other type of social pressure is direct; this is when people offer, suggest or encourage that you have a drink. Sometimes direct social pressure may be more challenging than indirect social pressure. For example, if you were determined to not drink at a family gathering, what would be more challenging to you: 1) watching somebody drink, or 2) watching somebody drink and having them offer to get you a drink?"

In discussing direct social pressure it can be important to focus on specific people who might make an offer because a client may have difficulty refusing offers from one person and not another person. Examples of people who might offer the client a drink or chance to get high include friends, neighbors, relatives, coworkers, an employer, and a former drinking or drugging buddy. It may also important to discuss the intensity of offers to drink as clients sometimes experience shaming or cajoling from others when they say that they are not drinking.

"Direct social pressure can also be more or less challenging depending upon who is pressuring you and how persistent they are. For example, having a waitress ask you if you want anything from the bar is direct social pressure, but a simple 'no thanks' usually puts an end to the pressure. In contrast, you may have had times in your life when saying no to an offer to drink is met with some questioning, dismissing, or even teasing. This persistence can make the social pressure even harder to resist."

Identify direct social pressure

After a general discussion of direct social pressure, begin to help the client to identify the direct social pressure situations he or she encounters.

"I'm wondering if you can tell me a bit about the types of situations where you've encountered someone offering you marijuana and you felt tempted by this?"

"When you think about people in your life, are there any that come to mind who have offered you a drink or chance to get high and made it really difficult to say no?"

"What are the situations in your daily routine that include having somebody offer you a drink or suggest drinking together?"

“Of the people you used to get high with, who is likely to offer you some cocaine?”

“Who is your life right now is likely to invite you for a drink?”

“Is there anybody in your life right now that does not know about this change you have made and probably assumes you are still drinking? Is this person likely to offer you a drink?”

“Have you been at any events with your family where someone offered you a drink and you found it difficult to refuse the offer?”

As the client provides information on exposure to direct social pressure situations, the Clinician should record them on *Social Pressure Situation Worksheet* (Appendix A).

Summarize direct social pressure

It is important for the Clinician to summarize what he or she has learned about the client’s experience with direct social pressure situations. In addition to understanding the types of situations to which the client has been or will be exposed, it may be helpful to reflect upon the client’s perception of the difficulty of coping with these situations and stated willingness to learn new skills to cope with social pressure.

“So, it sounds like you have had quite a bit of experience with direct social pressure. Although it seems like it has been manageable when it comes to people at work, when it is someone who is a close friend or a relative it is a lot harder to avoid giving in to the temptation because you don’t want to insult them... it sounds like your brother can really give you a hard time if you don’t want to use with him... I’m wondering if there is anything else we’ve left out... If not, it sounds like you’re ready to talk about what you might do in these situations to make some changes... Is that right?”

Develop a plan for coping with indirect social pressure

Explore existing coping strategies

When the client has identified the majority of social pressure situations, the Clinician should begin to help the client identify coping strategies specific to the client’s Social Pressure Situation Worksheet. The Clinician should begin with indirect social pressure situations.

“Now that we’ve been able to identify the kinds of social pressure situations that you’ve experienced in the past or think you might experience in the future, we can shift our focus to talking about how you can plan for these situations. If you can prepare yourself for this ahead of time perhaps it won’t seem so overwhelming. How does this sound to you?”

The Clinician can begin by first eliciting ideas from the client about coping strategies that might be helpful. The tone of this task should be collaborative (e.g., “lets work together to come up with some ideas”) while giving the client the responsibility for generating ideas about how to handle different situations. Using open-ended questions and reflection, the Clinician can help the client explore possible strategies while emphasizing client choice.

Social Pressure Situations	
Situation (Type of pressure, person applying pressure, environment)	Coping Strategies
Coworkers having drinks before meal Boss asks if I want a beer Only one other person doesn't have a drink and he is in AA. Don't want people to know I quit	Skip work parties
At a picnic with friends Most people having beer Cooler full of beverages – nothing without alcohol	Bring my own beverage
Neighbor working in yard Asks me if I want to have a drink in his garage	
Waiting for a table at restaurant Waitress offers to seat us in bar	Make reservation next time

“As you look at this worksheet, do you have any ideas about what you could do in any of these situations to cope with the social pressure?”

“What has worked for you in the past when you have been in situations like these?”

“Is there anything you can do to prepare yourself for these situations so that when you are there, it is not as bothersome?”

“Is there anything you could do to put an end to any of these social pressure situations?”

Record alternative coping strategies for indirect social pressure situations on the Social Pressure Situations Worksheet as the client identifies coping strategies. When the client has exhausted their ideas for coping with social pressure situations, provide a brief summary and transition to discussing the *Strategies for Coping with Social Pressure Handout* (Appendix A).

“You have some great ideas about how to handle these situations. I'm glad to see that some of this has worked well for you in the past. If we can add to what you already have in the way of coping strategies, perhaps you can find a way to cope with most of these circumstances. How does that sound to you?”

Identify additional coping strategies

The goal of this part of the session is to educate the client about other possible strategies for coping with social pressure and encourage the client to develop a comprehensive plan for each of the indirect social pressure situations that were identified. As most clients will already have some coping strategies, the Clinician should emphasize that the goal “is to add to what you already know.” Emphasizing client choice in which strategies should be added to the plan will help to minimize resistance. The coping strategies are presented as a list of options from which the client may choose the strategies which best suit him or her.

“I have some general ideas about things that people sometimes do to cope with social pressure. Some of these ideas may make sense for the kind of social pressure situations you encounter. I hope to add to the coping strategies you already have and help you think about new ways you could approach some of the more challenging social pressure situations.”

The Clinician can use the *Strategies for Coping with Social Pressure Handout* (Appendix A) to guide the discussion of alternative coping strategies.

- √ **Change your environment** - If possible, ask others to refrain from using alcohol or drugs in your presence. Sit in a restaurant with your back to the bar.
- √ **Avoid** – Choose not to expose yourself to risky situations when you can.
- √ **Escape** – Have a plan to get out if you become too tempted. Know what you will do and say ahead of time.
- √ **Take a break** – Get out of the situation for a few minutes or at least until you are feeling less tempted.
- √ **Distract** – Have an alternative activity in mind during the event. Plan something that will give you some relief from thinking about using.
- √ **Give yourself choices** – Think about what alternatives would help you resist social pressure. For example, bringing your own non-alcoholic beverage to a party.
- √ **Seek support** – Ask for help/support/encouragement from somebody if you feel overwhelmed by the social pressure.
- √ **Bring support with you** – One way to ensure you have support available is to bring along a sober friend.
- √ **Call somebody** – If you don’t have support available, call somebody that you can talk to about how you are feeling.

The Clinician should review the coping strategies with the client and discuss client’s thoughts about them before moving on to developing a plan for how to use the coping strategies.

Develop a plan

The Clinician should help the client develop a skill set to manage indirect social pressure situations by providing information on different types of strategies that are effective for these situations and helping the client select strategies that he or she will employ.

After a general discussion about these strategies, the Clinician should then turn to the *Social Pressure Situations Worksheet* and ask the client to suggest ways in which he or she could cope with the indirect social pressure situations listed on his or her worksheet. These coping strategies should be recorded in the “Coping strategies” column on the worksheet.

As the Clinician is beginning to help the client construct a plan for coping with indirect social pressure, several important points should be made.

Prepare ahead of time

It is important to emphasize to the client that it can be helpful to think through social pressure situations ahead of time to prepare for them. Although there will be unanticipated situations, the more situations that he or she prepares for the better.

Don't count on avoidance

Although avoidance is often an effective strategy and the preferred strategy early in recovery, clients will find it impractical and undesirable to avoid every source of social pressure in their lives. It may not be possible to avoid all situations or the client may choose not to avoid all situations that involve indirect social pressure. Other strategies are often needed.

Plan multiple strategies when possible

Some clients may favor a specific strategy that works well most or nearly all of the time. The Clinician should encourage the client to develop alternate backup plans for when the favored strategy does not work.

Sample dialogue of discussion of indirect social pressure:

CLINICIAN: "So it sounds like you're not that concerned about being around the guys at work as those work lunches can easily be avoided, but family gatherings have you concerned."

CLIENT: "Yeah. My family is having a graduation party for my nephew this month and it will be the first time being around my whole family since I've stopped drinking."

CLINICIAN: "What are your concerns about going to this party?"

CLIENT: "Most everyone in my family knows by now that I'm not drinking so I'm pretty sure that no one is going to be offering me anything to drink. I'm just not sure how tempted I will feel when I see everybody drinking."

CLINICIAN: "Do you think that you would be able to have a good time with your family without drinking?"

CLIENT: "Maybe in the beginning. I think it will wear on me the longer I'm around everyone. I thought about not going but I can't do that, it's my only nephew's graduation."

CLINICIAN: "So you don't consider avoidance as an option right now. How about any of the other strategies we discussed earlier."

CLIENT: "I suppose I could bring my own car and just go for a while. The heavy drinking won't really start until the evening."

CLINICIAN: “That sounds like a great strategy. Anything else you may be willing to try out?”

CLIENT: “I was thinking about maybe bringing someone with me. I think I’d be OK if I wasn’t alone.”

CLINICIAN: “This also sounds like a good plan. What else?”

Complete agency specific tasks

Complete any agency specific paperwork with the client as needed.

Troubleshooting

How a client thinks about his or her decision to avoid a social situation involving drinking or drug use can influence how successfully he or she copes with indirect social pressure. Does the client feel he or she is “weak” for needing to avoid situations in which alcohol or drugs may be present? Examples of client thoughts that may impede alternative coping include the following:

- ✓ I’m weak
- ✓ I’m acting “better” than other people
- ✓ I’m boring
- ✓ No one will want anything to do with me
- ✓ It will be impossible to have friends
- ✓ How can I give up a relationship with someone who uses drugs just because I’ve stopped.
- ✓ I don’t want to offend my friends or family

When working with clients to select coping strategies, make certain to emphasize client choice in developing the coping plan. Having clients take responsibility for the plan will increase the likelihood that they will follow-through with it. Emphasizing client choice will also minimize resistance that can be evoked from an interaction in which the Clinician is directive in providing solutions, but the client finds these solutions unsatisfactory. If the client selects a strategy that does not appear as if it would be helpful, the Clinician should express concern about this and let the client know what the particular concern might be. However, it is always up to the client to make the final decision about a strategy.

Summarize Session

The Clinician should provide a closing summary of the session highlighting major accomplishments made during the session, reviewing any commitments the client has made to try out new strategies, and recognizing the client’s efforts.

“It looks like you may face a few different types of situations involving indirect social pressure and you’ve come up with some plans for each of these situations. Although avoidance may work with your work buddies, it’s likely that you’ll need some other strategies to cope with other situations because there are people you

don't want to avoid like your family. You believe that being around your family when they are drinking will be a challenge and you've picked a few strategies to try out, including escape and using support. You're not sure whether it will make a difference but you're willing to try and I applaud you for that. We can talk about how these strategies are working out and if you need to add some strategies to your plan for this situation, we can talk about that. How does that sound to you?"

Preview next session

The Clinician should let the client know that the next session will focus on developing strategies for coping with direct social pressure situations.

"We have spent most of our time working on a plan for coping with indirect social pressure. When we meet next time we can begin to talk about how to handle the direct social pressure situations you have identified."

Review home assignment

The client should employ the strategies outlined on the "Social Pressure Situation Worksheet" for indirect social pressure situations so their effectiveness can be reviewed next week.

"In the coming week, do you think there will be some circumstances where you will have a chance to try out some of the strategies on your plan?"

End session

"I think we have made some good progress today; you seem to have a better idea of your indirect social pressure situations and how you may want to handle them. Do you have any other questions, concerns or thoughts before we end today?"

Module 5.2: Social Pressure (Part 2)

Module Outline

Target Discussion Points

- Check-in
 - Set the agenda
 - Review home assignment
 - Develop a plan for direct social pressure
 - Teach refusal skills
 - Practice refusing an offer
 - Complete agency-specific tasks
 - Summarize session
 - Preview next session
 - Review home assignment
 - End session
-

Check-in

The Clinician should conduct a brief check-in to assess how the client has been doing. Time for discussion of client's thoughts, questions, or concerns about the session material from the previous week can be taken as needed.

“Welcome back. It’s good to see you again. How have you been doing since our last session?”

“Do you have any questions or thoughts about what we worked on last time we met?”

Set the agenda

The Clinician should set the agenda for this session by reviewing the session objectives including 1) reviewing the home assignment, 2) teaching the basic elements of an effective refusal, and 3) practicing refusal skills.

“We spent some time during our last session talking about indirect and direct social pressure, identifying the social pressure situations that you may encounter, and brainstorming coping strategies for the indirect social pressure. You put together a plan by the end of our last session for how to handle some of those situations, and we agreed to talk today about how that plan worked out over the last week. We also agreed to begin planning for the situations in which you may encounter direct social pressure.”

Review home assignment

The Clinician should review the home assignment to practice coping with indirect social pressure by reviewing the situations and strategies selected for this by the client during previous session.

If the client has had difficulty coping with an indirect social pressure situation, the Clinician should review what was difficult about utilizing the strategy and determine if it is possible to overcome the barriers or whether the client should develop a new strategy. The Clinician should acknowledge the difficulties involved in coping with social pressure and affirm the client's willingness to try new strategies.

The Clinician should also inquire about whether there are new indirect social pressure situations that the client did not consider during the last session. Additional work on coping with indirect social pressure should be done as needed. The Clinician should affirm client efforts to utilize coping strategies regardless of whether the coping strategies were effective or not.

Once a review of the home assignment is completed, the Clinician should move on to the primary session goal of discussing strategies for coping with direct social pressure.

Develop a plan for direct social pressure

Coping with direct social pressure generally involves good refusal skills. Some clients may already have good refusal skills while others may not. Some clients may find it easy to refuse an offer in some situations, but very difficult in others. Practicing various refusal responses in the session may be important for a client who lacks assertiveness, especially in the face of feeling anxious about the refusal.

Review direct social pressure situations

The Clinician should refer back to the Social Pressure Situations Worksheet to review situations involving direct social pressure that the client identified during the previous session. The Clinician should begin by summarizing the direct social pressure situations and allowing the client to add any additional situations.

“If you recall, last session we made a list of all the social pressure situations that you expect to encounter, and we began to make plans for coping with situations involving indirect social pressure. Today we will focus on how to handle the situations that involve direct social pressure. I see that you have three different direct social pressure situations listed: 1) your neighbor offers you a drink when you are working in the yard, 2) you described your family gatherings as a ‘drink-fest’ and said all of your brothers encourage you to drink, and 3) you also experience some pressure from some work friends on Tuesday nights when everybody goes out to dinner after work. Is that about right?”

*“Are there any situations that didn’t make this list which should be recorded?”
“Have you thought of any other situations that involve direct social pressure?”*

Explore existing coping strategies

The Clinician should begin by exploring what the client has typically done to cope with direct social pressure situations in the past and his or her experience with refusing an offer. The Clinician should discuss the client's comfort with using refusal skills to cope with direct social pressure, particularly for the situations identified on the social pressure worksheet.

Teach refusal skills

Using the Tips for Refusing an Offer Handout (Appendix A) as a guide, the Clinician should discuss the techniques for effectively refusing an offer.

These techniques include:

Look directly at the person – Eye contact can be very important. Without this it may appear that the client is not convinced of his or her own response.

State the response directly – Vague excuses (e.g., “I can’t get high right now because I’m expecting someone to come over” or “I don’t want to drink right now because it’s too early in the day”) can be dangerous because they leave the door open to another invitation.

Keep it short – Long explanations prolong the discussion and give the other person an opportunity to exert more pressure.

Recommend another activity – This suggests that the client is open to spending time with the person; it only shuts the door on drinking or getting high.

“Broken record” technique – The client should repeat a single, clear message in response to each pressuring statement.

Escalating response – In some situations a simple response is adequate. However, in some cases it is important for the client to become more assertive if the person persists. An example is provided below:

First offer: No thank you.

Second offer: No thanks, I really don’t want a drink

Third offer: Look, I’m not drinking right now and this is really important to me and I would really appreciate it if you would help me out and stop trying to convince me to drink.

Discuss the rationale for behavioral rehearsal

Practicing responses to an offer to drink or use drugs from specific people can often be important as the client is likely to be differentially assertive with people, depending on their relationship. For example, a client may find it more difficult to refuse an offer from a close friend than a waiter at a restaurant. In addition, clients may find it much more difficult to refuse an offer than they anticipate it will be.

The Clinician should let the client know that practicing coping is often more effective than talking about coping when it comes to learning how to refuse an offer. One way to accomplish this is to set up a scenario during the session in which the Clinician takes the role of the person trying to influence the client to drink or use drugs, and the client practices a response to this. This is sometimes referred to as a “behavioral rehearsal” or “role-play” although clients may respond better to the idea of “practice.”

The Clinician should assess the client’s comfort and/or confidence with using refusal skills to cope with direct social pressure situations that the client has identified. For clients who report high levels of confidence, conducting a role-play is still recommended as it will enhance self-efficacy and improve mastery of refusal skills.

“You recognize that refusing an offer will be harder to do in some situations, and really no problem for you in other situations. For the situations where you think refusing an offer would be more difficult, it may be a good idea if we take some time working out the details of how you could do it, and give you a chance to practice making a refusal. I think practice is especially important for this skill because there is a big difference between knowing what to do and trying to do it when you are under pressure. I would rather you try it here where you are safe from any real pressure. How does this sound to you?”

Practice refusal skills

If the client is agreeable to the practice then the Clinician should assume the role of the person applying pressure, and have the client practice refusing the offer. If the client is reluctant to engage in the practice, the Clinician may want to consider taking on the role of the client and allowing the client to apply pressure.

Setting up the role-play

To develop the role-play it is important that the Clinician gather as much information as possible about the specific person(s) involved in the practice situation. This may include: the manner in which the person is likely to address the client, how the person is likely to respond to the refusal, and more generally, what type of relationship the client has with this individual (e.g., is the person supportive of the client making changes). In addition, it may be helpful to know whether there are likely to be other people in the situation and anything else that might influence his or her use at the time.

Following the role-play the Clinician should discuss the client’s experience with the practice. The Clinician should assess whether the client wanted to drink or use drugs, how the client felt refusing the offer, and whether he or she felt it was effective or could be improved. The Clinician should provide honest feedback about the client’s responses. Comment on specific things the client did well, as well as, what the client might improve. If needed, practice the same scenario more than once. If the client has multiple situations in which refusal is needed, it may be best to start with the easiest and then move on to more difficult situations.

CLINICIAN: “We’ve been talking a lot about the different types of social pressure situations that you will likely encounter but it sounds like you’re particularly concerned about being around your friend Joe right now without drinking.”

CLIENT: “Yeah, I just can’t imagine being around Joe without drinking. I have other friends who drink, and my brother too, but I can deal with them. Joe is a different story.”

CLINICIAN: “So what makes Joe different?”

CLIENT: “He’s my oldest friend. I’ve known him since we were kids. Hell, we had our first drink together. We snuck some beers out of his parents’ house when we were fifteen. We’ve been drinking together ever since.”

CLINICIAN: “It sounds like you’ve been through a lot together. What would make it difficult to be around Joe without drinking?”

CLIENT: “It’s just that. I’ve never been around him without drinking and I don’t think I’ve ever seen him without a beer in his hand either. He doesn’t think that I have a problem. He thinks that I should just cut down. I’m telling ya. This guy is always laying a guilt trip on me and doesn’t take no for an answer. I don’t know how I’m gonna handle it the next time I see him.”

CLINICIAN: “Maybe it would be helpful if we practiced refusing an offer so that you have some idea about what to say to Joe the next time you see him.”

CLIENT: “I’ll give it a try.”

The Clinician should collect as much information about the client’s relationship with Joe so that he may conduct a realistic role-play. The Clinician should review the key elements of refusing an offer before engaging in the role-play.

Conducting the role-play

CLINICIAN: “Hey man. Where have you been? I’ve been starting to think you were avoiding me. Let’s go down to the pub and have a few beers, maybe shoot some darts.”

CLIENT: “No. Go on ahead. I’ll pass.”

CLINICIAN: “Come on. Just for a couple of hours.”

CLIENT: “Na. I’m not drinking tonight.”

CLINICIAN: “Don’t tell me you’re on the wagon again.”

CLIENT: “That’s right. I’m done with it.”

CLINICIAN: "How many times have I heard that before? Come on. You know you'll be drinking again in a week."

CLIENT: "Maybe you're right. But I'm not going drinking with you."

CLINICIAN: "Hey, listen to me. We've been partying together for years. You are not one of those alcoholics. You just need to cut down."

CLIENT: "Look it Joe. I mean it man. I'm really giving it a try this time."

CLINICIAN: "After everything we've been through together. I can't believe this crap."

CLIENT: "That's right. After everything we've been through. How about being my friend and respect what I'm trying to do here."

CLINICIAN: "All right man. Later. I'm heading down to the pub. You know where to find me."

Processing the role-play

CLINICIAN: "So how did the feel?"

CLIENT: "That was tougher than I thought it was gonna be but I though I did OK."

CLINICIAN: "I thought you did a great job. You used an escalating sequence of responses that seemed to work well for you when Joe was not taking no for an answer. Looking back at it, was there anything that you would have done differently?"

CLIENT: "Actually, I should have suggested doing something else besides going to the pub."

CLINICIAN: "Why don't we go over some other potential responses and try it again. What do you think?"

CLIENT: "OK I'll give it another try."

Troubleshooting

Many clients can be resistant to participating in behavioral role-plays. If this is the case the Clinician will need to work this out with the client. Sometimes it can be helpful to begin by simply having a conversation with the client about what he or she might say and then ease into the role-play. If this is not possible then it is still better to discuss what the client might say in different situations than not address it at all.

If the client is able to refuse an offer but reports finding it extremely stressful it may be important for the client to practice seeking support after refusing an offer. For example,

whom would the client call and what would he or she say to this person to obtain support?

Complete agency specific tasks

Complete any agency specific paperwork with the client as needed.

Summarize Session

The session wrap-up should include a brief summary statement about what has been discussed about the client's plan for coping with direct social pressure. The Clinician should affirm statements made by the client about his or her willingness to plan ahead as well as try new strategies. Discuss with the client whether he or she feels that additional practice is needed or whether it is time to move on to another topic. Remind the client that this topic can be revisited at any time as needed.

The Clinician should determine if additional behavioral rehearsal is needed and negotiate a plan for the next session.

Preview next session

Provide a brief preview of what will be covered in the next session.

Review home assignment

The client should practice coping strategies outlined on the Social Pressure Situation Worksheet as needed. Regardless of whether the client moves on to another topic it will be important to check back with the client about whether he or she was able to use any of these strategies for social pressure. If the client encounters a situation in which a direct refusal is difficult it may be helpful to resume behavioral rehearsal to bolster these skills. The client should continue to use the Social Pressure Situations Worksheet to record situations that arise and new coping strategies that are employed.

End session

“I think we have made some good progress today; you seem to have a better understanding of your direct social pressure situations and how you may want to handle them. Do you have any other questions, concerns or thoughts before we end today?”

**APPENDIX A
SOCIAL PRESSURE
SESSION MATERIALS**

Social Pressure Situations

Situation (Type of pressure, person applying pressure, environment)	Coping Strategy

Strategies for Coping with Social Pressure

Change your environment – If possible, ask others to refrain from using alcohol or drugs in your presence. Sit in a restaurant with your back to the bar.

Avoid – Choose not to expose yourself to risky situations when you can.

Escape – Have a plan to get out if you become too tempted. Know what you will do and say ahead of time.

Take a break – Get out of the situation for a few minutes or at least until you are feeling less tempted.

Distract – Have an alternative activity in mind during the event. Plan something that will give you some relief from thinking about drinking or getting high.

Give yourself choices – Think about what alternatives would help you resist social pressure. For example, bringing your own non-alcoholic beverage to a party.

Seek support – Ask for help/support/encouragement from somebody if you feel overwhelmed by the social pressure.

Bring support with you – One way to ensure you have support available is to bring along a sober friend.

Call somebody – If you don't have support available, call somebody that you can talk to about how you are feeling

Tips for Refusing an Offer

Look directly at the person – Make eye contact when you are refusing an offer to use. The person you are talking to will be more convinced that you mean what you are saying if you make eye contact.

Be direct – Respond with a clear message that you are not going to use. If you use a vague excuse (e.g., “I can’t get high right now because I’m expecting someone to come over”) you may leave the door open for using later.

Get to the point quickly – Avoid giving long explanations of why you are not going to use. The longer you take to say “no,” the more opportunity there is for somebody to pressure you.

Suggest another activity – If you want to do something with the person other than get high, make a suggestion. You can refuse the offer to use without refusing to spend time with somebody.

Use the “Broken record” technique – Repeat a single clear message over and over until the person who is pressuring you gives up.

Use an Escalating Response – Sometimes a simple response does the job. If you have somebody who doesn’t take no for an answer, escalate your answer until they understand that you are not going to use. For example:

First offer: No thank you.

Second offer: No thanks, I really don’t want a drink.

Third offer: Look, I’m not drinking right now and this is really important to me and I would really appreciate it if you would help me out and stop trying to convince me to drink.

Predict – Try to anticipate when you will encounter direct social pressure.

Plan – Think about the circumstances and who will be pressuring you. Planning what to say in advance will be more effective than making something up while under pressure.

Practice – Try it out before you need to use it. Ask a friend or treatment staff to work with you while you practice your refusal skills.

Module 5.1 Session Checklist

Social Pressure (part 1)

PREPARATIONS	✓
Session checklist	
Agency-specific paperwork	
<i>Social Pressure Situations handout</i>	
<i>Strategies for Coping with Social Pressure handout</i>	
<i>Tips for Refusing an Offer handout</i>	
GETTING STARTED	
Check-in	
Set the agenda	
PROVIDING RATIONALE FOR DISCUSSING SOCIAL PRESSURE	
Social pressure	
Social pressure can be unavoidable	
DISCUSSION OF INDIRECT SOCIAL PRESSURE	
Elicit client examples of indirect social pressure	
Record situations on Social Pressure Situations handout	
Summarize indirect social pressure	
DISCUSSION OF DIRECT SOCIAL PRESSURE	
Elicit client examples of direct social pressure	
Record situations on Social Pressure Situations handout	
Summarize direct social pressure	
PLANNING FOR INDIRECT SOCIAL PRESSURE	
Explore existing strategies	
Identify additional coping strategies	
Use Strategies for Coping with Social Pressure handout if needed	
Record strategies on Social Pressure Situations handout	
Develop a plan	
COMPLETING AGENCY SPECIFIC TASKS	
WRAP UP	
Summarize session	
Preview next session	
Assign home exercise	

Module 5.2 Session Checklist

Social Pressure (part 2)

PREPARATIONS	✓
Session checklist	
Agency-specific paperwork	
<i>Social Pressure Situations handout</i>	
<i>Strategies for Coping with Social Pressure handout</i>	
<i>Tips for Refusing an Offer handout</i>	
GETTING STARTED	
Check-in	
Set the agenda	
REVIEWING THE HOME ASSIGNMENT	
Review assignment to practice coping with indirect social pressure	
From previous session	
PLANNING FOR DIRECT SOCIAL PRESSURE	
Explore existing strategies	
Teach refusal skills using “Tips for Refusing an Offer” handout	
Discuss rationale for behavioral rehearsal	
Negotiate role-play	
PRACTICING REFUSAL SKILLS	
Set up the role-play (gathering information)	
Conduct the role-play	
Process the role-play	
Conduct additional role-plays as necessary	
COMPLETING AGENCY SPECIFIC TASKS	
WRAP UP	
Summarize session	
Preview next session	
Assign home exercise	

