

MODULE 8

RISKY THINKING AND DECISION MAKING

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Module 8: Risky Thinking and Decision-Making

The primary objectives of this module are to: 1) help the client to identify patterns of thoughts that maintain substance use or lead back to substance use, 2) help the client to identify decision making that maintains substance use or increases the risk of a return to substance use, and 3) help the client to reduce risky thinking and decision making.

====|| Module Outline ||=====

Target Discussion Points

- Check-in
- Set the agenda
- Introduce risky thinking
- Elicit client examples of risky thinking
- Evaluate the reality of risky thinking
- Encourage practice
- Conduct agency- specific tasks
- Summarize session
- Preview next session
- Review home assignment
- End session

Background

This module can be used to identify and change patterns of thinking and decision-making that may be warning signs for returning to substance use among clients who have already achieved a period of abstinence. It may also be used with client who have not achieve abstinence as a means for identifying and changing patterns of thinking and decision-making that maintain substance use.

What is “risky”

Risky thinking and decision-making are broadly defined as any thoughts or decisions that have a negative influence on a client’s efforts to achieve or maintain abstinence from substances.

Problems achieving abstinence

Clients will sometimes maintain a pattern of thinking that impedes their progress towards stopping substance use. In some cases, this style of risky thinking may reflect a true ambivalence about change (e.g., “as soon as I get through this next big thing, I’m going to quit”). In other cases, the client may be committed to change but their own distorted thinking impedes their progress (e.g., “I can give up the booze but I’m not going to stop going to the club after work, it’s where all my friends hang out”). Some decisions may also impede progress towards achieving abstinence. Clients may attempt to maintain a

daily routine and behave in ways that increase temptation to use substance (e.g., leaving beer in the house in case guests want something to drink).

Problems maintaining abstinence

For clients who have achieved a period of abstinence, risky thinking may be a warning sign for returning to substance use. For example, clients may begin to rationalize more risk-taking behaviors (“I am only going to my old neighborhood to see some friends”) or minimize the need for ongoing treatment and support (“I’ve been doing well, maybe I don’t need all these meetings and counseling sessions”). Sometimes the choices a client makes just prior to resuming use also provide a clear “set-up” for the client going back to substance use. These decisions may seem unimportant to the client at the time they are made, but end up creating significant temptation for returning to substance use (e.g., deciding to watch a sports match at a bar because it isn’t broadcast on cable television).

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 may 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 agenda for this session includes: 1) discuss the effect of thinking and decision-making on temptation to use, 2) identify the risky thinking and decision-making that may contribute to the maintenance of substance use (or return to substance use), and 3) help the client to plan for reducing risky thinking and decision-making.

“One of the topics we planned to work on is how your thinking and decision making can sometimes get in the way of progress towards your goal of abstinence. If you can identify some of the thoughts or decisions that have been obstacles to quitting, we can work together to come up with another way of handling these thoughts and decisions. How does that sound to you?”

OR

“One of the topics we planned to work on is how your thinking and decision-making can sometimes become a risk for going back to using. Some people notice a shift in their thinking or some risky decisions right before they return to using substances. We can talk today about thoughts or decisions that would be risky for you, and think about these as warning signs for returning to substance use. How does that sound to you?”

Discuss the rationale

The goal of this discussion is to help clients recognize the importance of identifying risky thinking that may maintain their use or be a warning sign for returning to us.

“If risky thinking and decision-making has gotten in the way of your quitting (or staying quit) in the past, we can identify the thoughts and decisions that are risky for you and work out a plan for how you can keep them from getting in the way of you reaching your goal.”

Discuss risky thinking and decision-making

Clients with a history of multiple treatment episodes will likely have some recognition of how decision-making and/or risky thinking resulted in a return to substance use. Clients who attend A.A. or other 12-step programs will readily identify “stinking thinking” as a cause for lack of progress and relapse.

“When I try to understand what keeps people using (or leads people back to using) substances when they really don’t want to, one of the things I usually can become really good at convincing themselves to give into temptation to use. Everyday decisions can also make a big difference in whether people achieve and maintain their goal. Sometimes even the smallest choice in a day has a big effect on temptation to drink.”

Elicit client examples of risky thinking and decision-making

“Can you think of an example of either thinking or decision-making which has led you back to using in the past?”

OR

“Can you think of an example of either a thought or decision that would increase your temptation to use?”

If the client is not able to identify any risky thoughts or decisions, the Clinician may provide a general example. If there is a clear example of risky thinking or decision-making that the client has discussed in previous sessions, discussing this client example is preferable to a general example.

“For example, when I work with people who have been trying to quit but can’t seem to get started, one of the most common risky thoughts I hear is “let me get through this and then I’ll stop using.” Another common risky thought people tell me about is “screw it, I don’t care.” These are just a couple of general examples.”

OR

“For example, when I work with people who have gone back to using after a period of abstinence, one of the most common risky thoughts people tell me about is ‘Maybe I can control this.’”

Using open-ended questions about past episodes of use or recent periods of temptation may help to identify risky thinking and decision-making. Risky thoughts and decisions that the client identifies can be recorded on the Recognizing Risky Thoughts and Decisions Worksheet (Appendix A). The Clinician will return back to this worksheet to record a detailed coping plan later in the session.

Elicit examples of risky thinking

“Are there any thoughts that you have that are just plain dangerous if you are trying not to drink?”

“It may be that last thing you say to yourself before you decide to give into the temptation to drink.”

“What thoughts do you have that make it really tempting to have a drink?”

Elicit examples of risky decision-making

“You make hundreds of decisions each day and most of them probably don’t impact your sobriety. I am interested in the ones that do have an impact. What decisions during the day do you think bring you closer to drinking or further away from it?”

“Have you ever put yourself in a really risky situation and didn’t see the risk involved ahead of time? Tell me about it.”

“When you think about everyday decisions, do you think there are some decisions you make that make it really hard for you to quit drinking?”

Allowing the client to explore their own experience of risky thinking and decision-making before presenting them with the *Risky Thinking Handout* and the *Risky Decision-Making Handout* (Appendix A) may help to identify risky thoughts or decisions unique to the client. These handouts may be used as needed to identify additional client examples.

“I have a list of some common types of risky thoughts and decisions that may keep people from being successful at quitting substance use (or maintaining abstinence from substances). Let’s take a look at some of these and talk about whether anything on this list seems familiar to you.”

General types of risky thinking

There are a number of risky thoughts that the Clinician might review with the client listed on the *Risky Thinking Handout*. These include testing personal control, giving up control,

giving up the fight, delaying your progress, rationalizing, thinking that the sacrifice is too great, underestimating your coping skills, thinking that you've earned it, and following yourself with positive recall. Examples are provided for each and can be used to elicit the client's thinking about his or her own risky thinking.

General types of risky decisions

In reviewing the Risky Decision-Making Handout, there are some general types of decision-making that the Clinician may want to consider reviewing with the client that may put him or her at increased risk for substance use.

Decisions that increase exposure to risks for resumed use:

- ✓ Increased exposure to others who use substances
- ✓ Increased exposure to previous or new locations of substance using
- ✓ Increased exposure to the availability of substances
- ✓ Increase in exposure to other triggers

Decisions that decrease behaviors that support abstinence:

- ✓ Less frequent use of mutual support
- ✓ Less frequent use of therapy
- ✓ Discontinuation of medication
- ✓ Decreases in positive coping skills for managing triggers
- ✓ Disconnection from sober support network

Decisions that are made without planning

- ✓ Entering risky situations without a plan more often
- ✓ Decrease in effort to evaluate risk before entering situation
- ✓ Making impulsive decisions without thinking about sobriety

Summarize thoughts and decisions identified

After reviewing this handout, the Clinician can summarize and transition to making a plan for coping with risky thoughts and decisions.

“This is what I have so far; you see that some of your decisions lead you to feel more tempted to use like having a non-alcoholic beer, stopping by to see your old drinking buddies, and working extra shifts. You also see some risky thinking; you really identify with the idea that you have earned it. You also see how sometimes you give up control by telling yourself that you don't care about sobriety anymore.”

Develop a detailed plan

The Recognizing Risky Thoughts and Decisions Worksheet may be used to develop a coping plan for reducing risky thinking and decision-making. As plans are discussed they should be recorded on this worksheet.

“Because all of these may increase your temptation to use, we can think about them as thoughts and decisions that keep you from changing. If you can find a

way to recognize these risks and respond in some way to lessen your risk, you may have an easier time achieving abstinence. I have recorded the risky thoughts and decisions on this worksheet as we talked about them, and now I would like to consider what you could do to respond to each of these. How does that sound to you?"

OR

"Because all of these may increase your temptation to use, we can think about them as circumstances that might threaten your sobriety. If you can find a way to recognize these risks and respond in some way to lessen your temptation, it may help you to prevent yourself from going back to using. I have recorded the risky thoughts and decisions on this worksheet as we talked about them, and now I would like to consider what you could do to respond to each of these. How does that sound to you?"

Recognize the risk

Clients should work towards recognizing risky thinking and decision-making as it is happening or shortly thereafter.

"The first step to responding to these thoughts and decisions is to be able to recognize them as they are happening. With good recognition, you may be able to stop them as they are happening."

Challenge Thoughts and Decisions

The process of changing thinking and decision-making can be accomplished through increased awareness and self-correction. To address risky thinking, the Clinician should assist the client in learning how to challenge his or her risky thoughts about using and replace them with alternative thoughts that support abstinence. The Risky Thinking Handout can be used to help the client identify possible responses to risky thinking if the client is not able to generate alternative thoughts on his or her own. Additional discussion and troubleshooting may be needed to help the client counter distorted thinking that increases the risk for substance use.

CLINICIAN: "So, you mentioned that one of your risky thoughts might be "I should be able to hang out with my buddies at the bar after work, I'll just drink Pepsi. I'm wondering what you could say to yourself that would challenge this thought?"

CLIENT: "Who am I kidding? Looking what happened the last time I went there and thought I could just drink Pepsi."

CLINICIAN: "So, this second thought might be more likely to reduce your risk of drinking than the first thought, right?"

CLIENT: "Definitely!"

The Clinician should also assist the client in learning how to slow down decision-making so that he or she can evaluate how the decision will affect risk for using alcohol or drugs. Using this strategy, the client may be able to avoid making choices that increase risk for substance use. The Risky Decision Making Handout can be used to help the client identify risky types of decisions if the client is having difficulty generating examples of his or her own decision making.

CLINICIAN: “You mentioned that you were thinking about keeping alcohol at home just in case some company stopped by because you didn’t want to seem unfriendly.”

CLIENT: “That’s right. All my friends have beer in their refrigerator so anytime I want to stop by for a beer, it’s always offered.”

CLINICIAN: “Let’s take a look at this decision to keep alcohol at home. Does this decision present any risk for you to drink at home?”

CLIENT: “Well, I guess if I really look at it, there could be a risk. Given the right set of circumstances, say if I was feeling like I needed something to unwind at the end of the day, I might be tempted to have one. And this could lead to more.”

CLINICIAN: “Well, now that we looked at the decision, what are your thoughts about having alcohol in the house now?”

CLIENT: “Well, you know at first it didn’t seem like that big of a deal, but now that I’ve taken a look at it, I think it would be best to avoid keeping beer in the house.”

Practice

The process of changing thinking and decision-making is accomplished through practice.

“When you recognize one of your risky thoughts happening, stop and try to replace the thinking with one of these alternatives we’ve talked about. When you catch yourself making a choice that turns out to be risky, reverse it if you can and try to avoid making it again.”

“Sometimes our thinking and decision-making seems almost automatic. Practice will help with this. Try to slow things down and ask yourself, is this decision or thought going to leave me feeling more tempted?”

Complete agency specific tasks

Complete any agency specific paperwork with client as needed.

Minimize resistance

Helping the client to recognize distorted thinking should be conducted in a respectful, collaborative, and supportive manner. Confronting the client with an alternative belief may elicit client resistance.

Optional exercise

If the client is still having difficulty identifying risky thoughts and decisions of his or her own, it may be helpful to review a case example of a fictional client who engaged in risky thinking and decision making prior to resuming use after a period of abstinence. This may improve the client's understanding of his or her own risky thinking and decision-making. This exercise can be given to the client to take home and review in the next session, or completed within the session.

To complete the exercise, the Clinician and client review a case and then identify the risky thinking and decision-making in the other person's story. There are two case examples available; the Clinician should select the one that seems most appropriate for their client. One case example is focused on "John" (Appendix A) and the other is focused on "Jane" (Appendix A). A Clinician reference guide is provided for each story that highlights some of the examples of risky thinking and decision making that might be discussed in examining the case (Appendix A).

Summarize session

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

"We have accomplished a lot today. We have talked about some of the thoughts that you recognize as a risk for going back to using again. Right now, it seems pretty clear to you that some of these thoughts don't make sense. You have some good ideas about how to counter these thoughts, and the goal now is to practice until you are good at spotting this old way of thinking and correcting yourself."

Preview next session

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

Review home assignment

The client should work on developing a strong self-awareness of the risky thoughts that are most commonly encountered. The client should also take some time to rehearse the alternative counter thoughts.

"In the coming week, it may be helpful if you could spend some time working with the Recognizing Risky Thoughts and Decision Worksheet. Knowing your own risky thoughts well is important if you are going to be ready to change them. Also, being ready with a well-rehearsed alternative thought is also important so you can be ready in the moment that you notice a risky thought occur. Do you think you could work on these two tasks over the coming week?"

End Session

"Do you have any other questions, concerns or thoughts before we end today?"

**APPENDIX A
RISKY THINKING AND
DECISION MAKING
SESSION MATERIALS**

Recognizing Risky Thoughts and Decisions

Risky thoughts and decisions	Coping Plan

Risk Thinking

Risky Thoughts	Alternative Thoughts
Testing your control “I can be with people using and stay sober” “I think I can control this” “I won’t let it get out of hand this time”	“The risk is too great to chance it” “When have I ever stopped at a few?” “Why will this be different than last time?”
Giving up your control “Whatever happens, happens” “I can’t stop myself” “This is who I am, why fight it”	“I have control of whether I use.” “I can always stop myself taking the first...” “I have the power to change who I am”
Giving up your fight “Screw it” “I can play the price” “I just don’t care”	“If I hang it there things will get better” “I never feel this way the next day” “This is the lie I tell myself to give myself permission to use.”
Delaying your progress “I will worry about it tomorrow” “After this, I’m really going to stop” “I can always get into treatment again”	“I could spend my whole life putting this off” “I can’t wait for the right time to do this” “I don’t want to do this again and again”
Rationalizing why you should use “It’s free, I can’t pass that up” “It will use eventually, so why miss out now?” “If I use one more time, I may be even more determined to quit”	“Using will cost me much more than money” “I can do this one day at a time” “If I keep telling myself this, I may never quit”
Thinking that the sacrifice is too great “It’s not fair that I can’t use” “Sobriety is going to be miserable” “I’m never going to be happy again”	“Using won’t make it fair either” “I may feel miserable at times but I know that I will be happier if I am sober”
Underestimating your coping skills “This is more than I can handle” “This will only get worse if I don’t use” “Resisting this craving is impossible”	“I can get through this a moment at a time” “I can wait out an urge, relief is on it’s way” “No cravings are impossible to resist”
Thinking that you’ve earned it “I’ve been good for a while” “I deserve a reward”	“Going back to using is no reward, I deserve something that will really make me feel good in the long run”
Fooling yourself with positive recall “The buzz will feel so good” “Nothing feels as good as...”	“I may get a moment of pleasure, but the price I will pay is too great “I remember why I quit in the first place”

Risky Decision-Making

Risky decisions can be any small choice you make in the day that brings you closer to wanting to use. Sometimes these decisions may seem obviously risky (e.g., going into a liquor store to buy cigarettes when you have just quit drinking) and some may seem to have less risk (e.g., not telling your family that you have stopped drinking). Recognizing what types of decisions are **most risky for you** is the priority for this worksheet.

Decisions that increase exposure to risks for resumed use

These are decisions that generally lead you to spend time around people, places or things that remind you of your use, and may involve testing control.

- Going to places where people will be drinking or using drugs
- Keeping a supply of substances around “just in case”
- Keeping your drug paraphernalia
- Keeping contact numbers for other drug users (e.g., your dealer) in cell phone
- Using a substance that is not “the problem”

Decisions that decrease an activity that is focused on abstinence

These are decisions that take you away from the positive steps you have been taking to change your life. They may involve increased involvement with a social network that supports use.

- Cutting back on meetings
- Dropping out of treatment
- Deciding you don’t need to take medication without your doctor’s advice
- Not telling people you used with that you have quit
- Maintaining your social life with people who are using
- Staying in a relationship that does not support change

Decisions that are made without planning

These are decisions that lack planning and may be impulse. They may not take into consideration the goal of remaining abstinent.

- Leaving lots of unscheduled time in your day
- Letting strong emotions build up
- Not taking the time to find reward and pleasure
- Allowing yourself to reach risky physical states (hungry, angry, tired)

John's Story

As you read the following story, think about the risky thinking and decisions that led up to John's cocaine use.

John is a 37-year old divorced male who has remained drug-free for 6 months after several years of abusing cocaine and alcohol. He is an active participant in an outpatient therapy group once each week, and attends A.A. a few times per month. After being detoxed and participating in an inpatient program, he returned to work full-time and has been able to maintain his job. He has had a steady girlfriend for about 3 months, and sees her several times each week.

John receives a paycheck every two weeks. He usually heads straight for his bank, which is close to his home and deposits the check immediately, withdrawing only a few dollars to carry in his pocket. On this particular day, John was worried that he would not be able to make it to his own bank in time and decided to cash his check at the bank next door to his office. Although the bank next door to his work was more convenient than his own, John was convinced he should not open an account there because they did not give interest on checking accounts. He made this decision even though he never had enough money to earn interest. John bought some money orders to pay his bills, but was still left with \$100.00 in cash. He planned to deposit the cash in his own bank as soon as possible, but by the time he drove home, his own bank was closed.

John was feeling pretty anxious when he got home because he was going to court the next day to face a preliminary hearing on a theft charge that his old boss has filed against him. He had not spoken to a lawyer and had put off calling one all week because he imagined that it would be too expensive. He didn't feel that he should have to go through this since he wasn't working there anymore, and he had hoped his old boss would let him off the hook because he wasn't using drugs anymore.

John was planning to go out to dinner that evening with his girlfriend to take his mind off the hearing. However, she called at the last minute and said she was too tired. He thought about telling her how much he needed company to get through this ordeal, but decided not to say anything. He felt annoyed, rejected, and angry with all women. He tried to watch a football game, but couldn't concentrate so he tried to go to sleep early that night.

John found that he couldn't sleep that night, and finally got up at 1:00am. He decided to go out to get cigarettes and the only store he knew of was in the old neighborhood where he used to buy cocaine. He drove to this store and noticed some people looked high on cocaine hanging around, but he didn't stay long.

John's Story

John was still not tired so he decided to stop in and see a friend that lived nearby. He knew that this friend got high sometimes but told himself that he would just turn around and leave if he felt tempted or if his friend offered him any drugs. He told himself that he really needed someone to talk to and that this was a good friend who might help him out.

When John got there, there were several women in the apartment. One of the women who he found very attractive asked him if he wanted a hit of a joint she was smoking and before he knew it, it was in his mouth. He told himself that he didn't need to worry, that cocaine but not marijuana was his problem. He started thinking that he needed something to help him relax and that he deserved a reward for putting up with this much he needed company the night before his hearing. He thought to himself, "If she had not canceled our date, I would not be smoking pot with this other woman." John asked this woman if she was interested in taking him home for the night. When she said yes, and told him how much she liked cocaine, John realized that the \$100 was still in his wallet, and he decided to buy some for her.

By the next morning John had used cocaine.

John's Story

Clinician's Guide

1. John had minimal support from self-help groups and was prioritizing his relationship, which interfered with him building a wider support system. This left him without support when his girlfriend was not available to discuss his anxiety about legal problems.
2. John did not open a checking account at the bank next door, increasing the risk for having extra cash in his pocket.
3. John let his anxiety over his legal problems build up instead of dealing with these problems directly.
4. John had unreasonable expectations that all of his past behaviors should be forgiven because he was trying to remain abstinent.
5. John had not developed strategies for reducing stress in his life and was therefore susceptible to resuming his use.
6. John expected his girlfriend to know what he needed without explaining it to her.
7. John decided not to let his girlfriend know how much he needed her help.
8. John chose to manage his stress by watching football game without considering if beer commercials would create some temptation to drink.
9. John did not plan ahead and ran out of cigarettes during the evening, leading to him wanting to go out late at night.
10. John drove to his old neighborhood to buy cigarettes.
11. John may have had some risky thoughts in response to seeing other people high at the store where he went to buy cigarettes.
12. John made the decision to visit a friend who uses drugs late at night.
13. John stayed at his friend's house even after he saw the people were drinking and using drugs.
14. John continued to view substance use as a reward because he didn't have alternative ways to reward himself.
15. John continued to view substance use as a reward because he didn't have alternative ways to reward himself.
16. John decided to put himself in a sexual situation with someone using cocaine, which put him at increased risk for use.
17. John blamed his girlfriend for his choices and rationalized being in a risky situation.
18. John decided to buy cocaine for someone else, not considering the temptation that it would create for him.

Jane's Story

As you read the following story, think about the risky thinking and decisions that led up to Jane's cocaine use.

Jane is a 42 year old divorced woman who has used cocaine on and off for almost 10 years. She has worked for most of her adult life as a waitress and has lived with a steady boyfriend for almost a year. Three months earlier Jane took some time off from work to go into an inpatient treatment program and then returned home to live with her boyfriend and to work full-time. She has not used cocaine since she returned home. She left the program early because she was not finding it helpful and was anxious to return to work since her bills had been piling up while she was using. She did not arrange any follow-up treatment because she was tired of treatment and thought she could handle things on her own. During treatment, Jane considered leaving her boyfriend because she was unhappy in the relationship and thought this was related to her recent drug use. However, she decided to return home and continue living with him because she was not sure she could manage on her own.

Jane has been depressed “for as long as she can remember.” She tried outpatient therapy in the past to deal with her depression but quit after 3 months because she didn't feel better. Jane didn't want to go back to outpatient therapy again because she didn't like to talk about herself. She also tried medication once but didn't like the way it made her feel so she stopped taking it. She was reluctant to go to N.A. meetings because she didn't understand how listening to other people's problems could help her. She still looked to her ex-husband for support but he also had a drug problem, and they had often used cocaine together.

When Jane went back to work she was worried about being in the restaurant where she started using again, but she knew her boss would allow her to work long hours and evening shifts so she could make some good tips. She thought it was worth the risk. When she started to have strong urges to use cocaine at work she didn't want to tell anyone about it. She felt ashamed and didn't want to let her friends or family know that she was struggling with her sobriety again. Jane thought about trying outpatient treatment again but she told herself there was “no point to going because it wouldn't change things.” Jane thought about going to N.A. meetings but ruled this out because she couldn't figure out how to get there. She let her license expire when she was using and didn't want to bother her boyfriend, who already took her most places she wanted to go.

Jane's Story

One day Jane came to work and found that there were not enough waitresses to cover the evening shift. She was feeling anxious because she knew it would be a stressful shift. When she asked a waitress to help her out with something the waitress snapped at her and said it was not her responsibility to take care of her. Jane felt very self-conscious after this. Near the end of the shift her boss asked her to work overtime to help out with the late crowd and she reluctantly agreed. She tried to call her boyfriend but wasn't able to reach him. When he came to pick her up and she told him she had to stay he was angry and stormed out, telling her to find her own way home.

When the restaurant finally closed Jane was feeling tired and frustrated that her boyfriend would not be there to take her home. She thought about taking a cab home but decided it cost too much money. She was relieved when one of the waitresses offered her a ride but had to wait while the waitress had a drink with her coworkers. Her reward after the hectic day. She told herself that she didn't need to worry about alcohol because this was not her problem. While sitting around the bar one of her coworkers pulled out cocaine. The waitress who offered her a ride home asked Jane if she could borrow some of her tip money to buy some and Jane found it difficult to refuse.

By the end of the evening Jane had used cocaine.

Jane's Story

Clinician Guide

1. Jane left inpatient treatment early without an aftercare plan to manage urges to use cocaine and other problems in her life.
2. Jane decided that it wasn't necessary to seek any type of support following inpatient treatment, leaving her alone in managing her abstinence.
3. Jane avoided addressing problems in her relationship with her boyfriend and allowed the stress to build up.
4. Jane was quick to give up on treatment for depression in the past and was not seeking additional treatment to address this problem.
5. Jane decided to rely on someone as a primary support (her ex-husband) who also had a drug problem.
6. Jane prioritized the need to make money ahead of the need to find work in an environment that was safe for remaining abstinent.
7. Jane returned to work in an environment where she previously used cocaine without a clear plan as to how she would manage the risk of having coworkers who used cocaine.
8. Jane thought that she did not need to talk to anyone about her ongoing urges to use cocaine.
9. Jane chose not to renew her license but had difficulty asking for rides, which limited her options for escaping from a risky situation.
10. Jane did not develop plan to address stress on the job and had not developed alternative ways to manage stress in her life.
11. Jane had difficulty managing her feelings about an unfriendly comment made by a coworker and her argument with her boyfriend but was not seeking help or support to manage these feelings.
12. Jane rationalized not spending her tips on a cab even if it meant remaining in an unsafe place with people drinking and using cocaine.
13. Jane was willing to test her control by drinking alcohol, which was not her drug-of-choice.
14. Jane considered alcohol a reward for a difficult day.
15. Jane ignored the potential risk of alcohol impairing her judgment about using cocaine.
16. Jane was willing to test her self-control by being around other people who were using cocaine.
17. Jane exposed herself to increased risk by taking the chance of having a large amount of cash in her pocket.
18. Jane ignored the risk of her sobriety by lending her coworker money to buy cocaine.

Module 8 Session Checklist

Risky Thinking and Decision-Making Checklist

PREPARATIONS	✓
Session checklist	
Agency-specific paperwork	
<i>Recognizing Risky Thoughts and Decisions worksheet</i>	
<i>Risky Thinking handout</i>	
<i>Risky Decision-Making handout</i>	
GETTING STARTED	
Check-in	
Set the agenda	
DISCUSSING THE RATIONALE	
Risky thoughts and decisions can impede progress	
Risky thoughts and decisions can be a warning sign	
DISCUSSING THINKING, DECISION-MAKING, AND TEMPTATION	
Elicit examples of risky thinking	
Elicit examples of risky decision-making	
Use handouts Risky Thinking and Risky Thinking	
Use optional handouts John's/ Jane's Story as needed	
Record on Risky Thoughts and Decisions Worksheet	
DEVELOPING A DETAILED PLAN	
Use Risky Thoughts and Decisions Worksheet to develop plans	
Record on Risky Thoughts and Decisions Worksheet	
DEVELOPING A DETAILED PLAN	
Use Risky Thoughts and Decisions Worksheet to develop plans	
Record plans on the worksheet	
COMPLETING AGENCY SPECIFIC TASKS	
WRAP UP	
Summarize session	
Preview next session	
Assign home exercise	