

# Session 1 – Rethinking Drinking

## Screening, Thinking about Drinking

## Audit-R

Circle the answer that **best describes** your drinking and drug use for the **last year**.

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks* containing alcohol do you have on a typical day when you are drinking? (*standard drink = 12oz beer, 5oz wine, 1-1.5oz liquor)	None, 1 or 2	3 or 4	5 or 6	7 or 9	10 or more
3. How often do you have five (5) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often do you use other substances (cocaine, marijuana, pills, etc.) to get high or change your mood?	Never	Less than monthly	Weekly or less	2-3 times a week	Daily or almost daily
5. How often do you use two or more substances (including alcohol) on the same occasion?	Never	Less than monthly	Weekly or less	2-3 times a week	Daily or almost daily
6. How often have you found that you were unable to stop drinking or using drugs once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often have you failed to do what was normally expected from you because of drinking or drug using?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often have you needed a drink or other drug, or to get high first thing in the morning to get yourself going after a night of heavy drinking or drug using?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. How often have you had a feeling of guilt or remorse after drinking or drug using?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
10. How often have you been unable to remember what happened the night before because of drinking or using?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
11. Have you or someone else been injured because of your drinking or drug using?	No		Yes, but not in the last year		Yes, during the last year
12. Has a relative or friend or doctor or health worker been concerned about your drinking/drug using, or suggested that you stop using, cut down or get	No		Yes, but not in the last year		Yes, during the last year
<b>Severity Range of Scores:</b> 0 – 7 = Non-problematic use 8 – 15 = At risk 16+ = Problem Use			<b>TOTAL:</b>		

## Progressive Effects of Alcohol

(BAC = Blood Alcohol Content)

BAC (%)	Behavior	Impairment
0.01–0.029	Average individual appears normal	Subtle effects that can be detected with special tests
0.03–0.059	Mild euphoria Sense of well-being Relaxation Talkativeness Decreased inhibition	Alertness Judgment Coordination Concentration
0.06–0.10	Blunted Feelings Loss of inhibition Extroversion Impaired Sexual Pleasures	Reflexes Reasoning Depth Perception Distance Acuity Peripheral Vision Glare Recovery
0.11–0.20	Over-Expression Emotional Swings Anger or Sadness Boisterous	Reaction Time Gross Motor Control Staggering Slurred Speech
0.21–0.29	Stupor Loss of Understanding Impaired Sensations	Severe Motor Impairment Loss of Consciousness Memory Blackout
0.30–0.39	Severe Depression Unconsciousness Death Possible	Bladder Function Breathing Heart Rate
>0.40	Unconsciousness Death	Not Breathing Heart Rate

Unless a person has developed a high tolerance for alcohol, a BAC rating of 0.20% represents very serious intoxication (most first-time drinkers would be unconscious by about 0.15%), and 0.35%–0.40% represents potentially fatal alcohol poisoning. 0.40% is the accepted dose that is lethal for 50% of adult humans. There have been cases of people remaining conscious at BACs above 0.40%.

## Approximate Blood Alcohol Percentage

One drink has 0.5 fl. oz. alcohol by volume

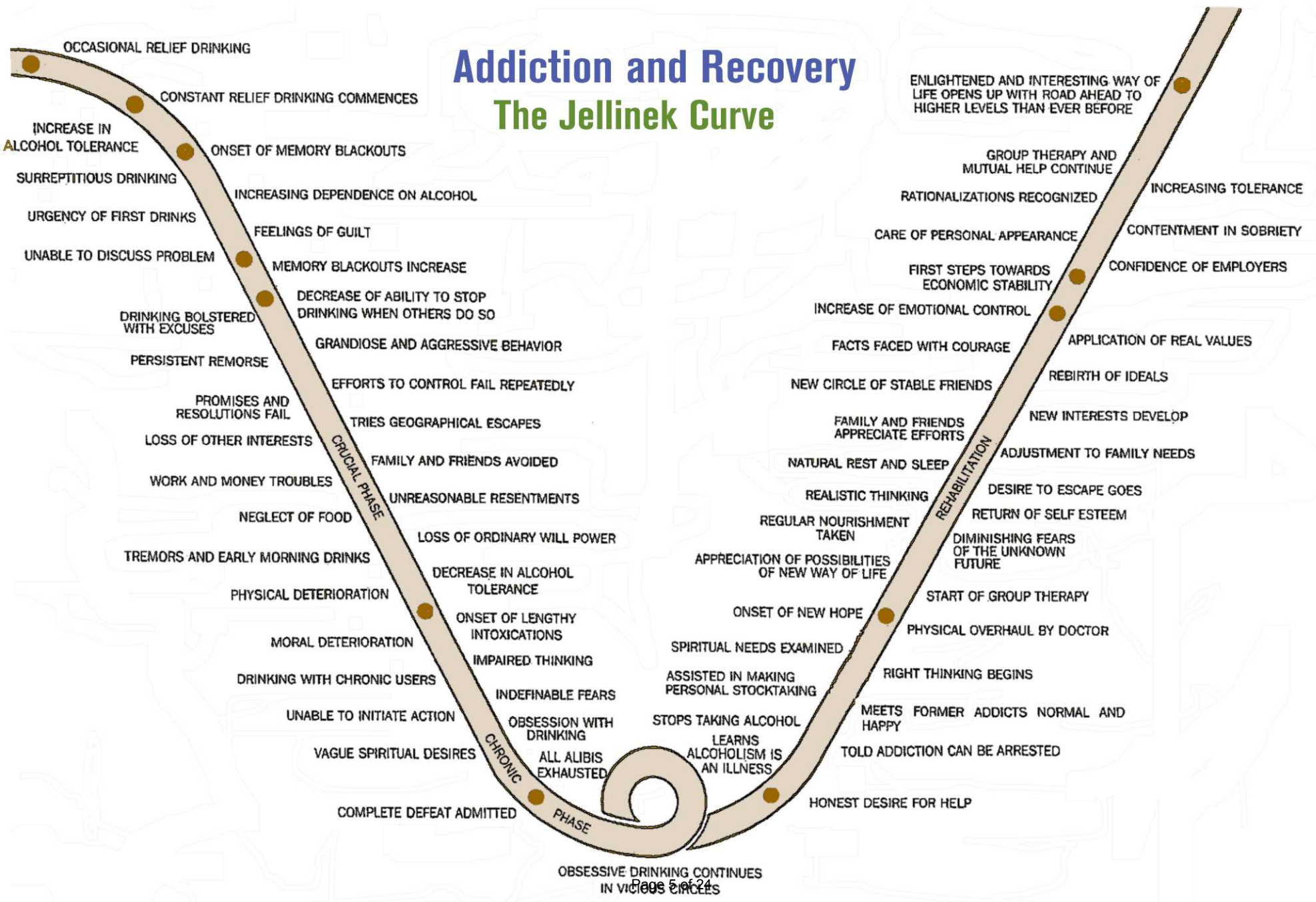
1 beer, 1 shot liquor, 1 glass of wine

Subtract .01% for every 40 minutes after last drink

Drinks	Body Weight (male percentages-top rows, <i>female- bottom rows</i> )								
	90 lb	100 lb	120 lb	140 lb	160 lb	180 lb	200 lb	220 lb	240 lb
1	–	.04	.03	.03	.02	.02	.02	.02	.02
	.05	.05	.04	.03	.03	.03	.02	.02	.02
2	–	.08	.06	.05	.05	.04	.04	.03	.03
	.10	.09	.08	.07	.06	.05	.05	.04	.04
3	–	.11	.09	.08	.07	.06	.06	.05	.05
	.15	.14	.11	.10	.09	.08	.07	.06	.06
4	–	.15	.12	.11	.09	.08	.08	.07	.06
	.20	.18	.15	.13	.11	.10	.09	.08	.08
5	–	.19	.16	.13	.12	.11	.09	.09	.08
	.25	.23	.19	.16	.14	.13	.11	.10	.09
6	–	.23	.19	.16	.14	.13	.11	.10	.09
	.30	.27	.23	.19	.17	.15	.14	.12	.11
7	–	.26	.22	.19	.16	.15	.13	.12	.11
	.35	.32	.27	.23	.20	.18	.16	.14	.13
8	–	.30	.25	.21	.19	.17	.15	.14	.13
	.40	.36	.30	.26	.23	.20	.18	.17	.15
9	–	.34	.28	.24	.21	.19	.17	.15	.14
	.45	.41	.34	.29	.26	.23	.20	.19	.17
10	–	.38	.31	.27	.23	.21	.19	.17	.16
	.51	.45	.38	.32	.28	.25	.23	.21	.19

# Addiction and Recovery

## The Jellinek Curve

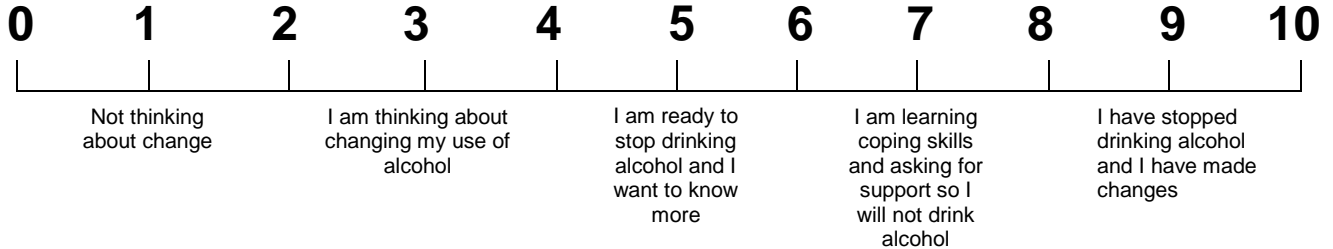


# Readiness Ruler

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Last Name, First Name

Please circle the number that indicates your readiness to stop drinking alcohol. Please include the date to see your progress.



## Homework Session 1 – Rethinking Drinking Coaching

Please complete the following homework after Session 1:

- **Read/Complete Pages 1 – 6 of Rethinking Drinking**
- **Drinking Tracker Cards**
- **Healthy Habits**
- **Personal Goals**

Please fax homework at least 2 business days before your Session 2 appointment.

**Use this sheet as your fax cover sheet. PRINT your name below. Fax your completed forms to:**

## FAX

4067 N. 92<sup>nd</sup> Street  
Wauwatosa, WI 53222

Tel: (414) 760-5400  
Fax: (414) 760-5418

[www.aurorahealthcare.org/eap](http://www.aurorahealthcare.org/eap)

To: Aurora EAP Coaching  
414-760-5418

Your Name: \_\_\_\_\_

Your Fax Number: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

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## Drinking tracker cards

If you want to cut back on your drinking, start by keeping track of every drink. Below are two sample forms you can cut out or photocopy and keep with you. Either one can help make you aware of patterns, a key step in planning for a change. The “4-week tracker” is a simple calendar form. If you mark down each drink before you have it, this can help you slow down if needed. The “drinking analyzer” can help you examine the causes and consequences of your drinking pattern. Try one form, or try both to see which is more helpful. These are also available on the *Rethinking Drinking* website.

### 4-Week Tracker

✂

GOAL: No more than ____ drinks on any day and ____ per week.								
Week starting	Su	M	T	W	Th	F	Sa	Total
___/___								
___/___								
___/___								
___/___								

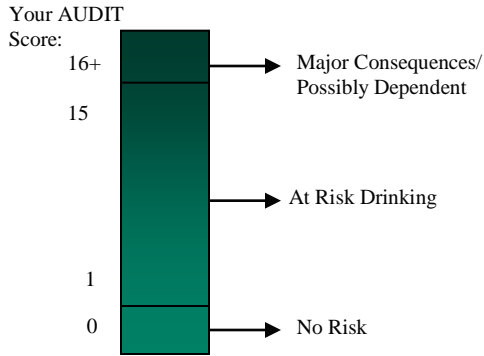
### Drinking Analyzer

✂

Date	Situation (people, place) or trigger (incident, feelings)	Type of drink(s)	Amount	Consequence (what happened?)



This brochure can help you learn about how drinking might be affecting your life and health, and help you explore whether you are interested in making any changes in your drinking patterns.



**Step 1: Picture Your Drinking**

**Low-risk drinking**—no drinking or drinking small amounts. People are not likely to have problems related to drinking.

**At Risk drinking**—drinking amounts that put people at risk for problems from their drinking.

**Major consequences/possibly dependent**—drinking has resulted in multiple problems. People drinking at this level may get sick or shaky if they try to stop.

**Your AUDIT score:** \_\_\_\_\_

**Your group:** \_\_\_\_\_

What are your thoughts about your score and your risk group?

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**Step 2: Identify Good & Not-so-good Aspects of Your Drinking**

What are some of the things you enjoy about drinking?

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What are some of the not-so-good things associated with your drinking?

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**Decisional Balance**

When comparing the good versus the not-so-good aspects of your drinking, what are your thoughts?

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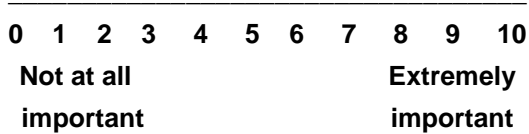


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**Rulers**

Let's look at how important you feel it is to change your drinking pattern and how confident you are that you could make a change.

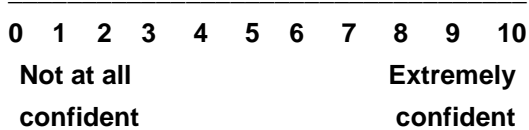
On a scale of 0-10, with 10 as extremely important and 0 not at all important, how important is it that you cut back or quit your alcohol use?



Why did you choose that number rather than a lower number?

\_\_\_\_\_

On a scale of 0-10, with 10 being extremely confident, how confident do you feel about quitting (or cutting back)?



What causes you to have that much confidence?

\_\_\_\_\_  
\_\_\_\_\_

What would make you even more confident than you are now?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever considered cutting back or quitting? If so, why?

\_\_\_\_\_

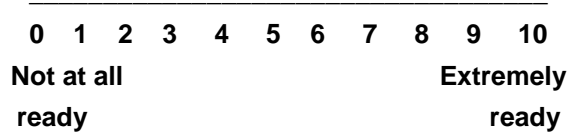
If not, what would have to happen for you to consider cutting back or quitting?

\_\_\_\_\_



**Step 3: Next Steps**

On a scale of 0 (not at all ready) to 10 (extremely ready) how ready would you say you are to cut back or quit your drinking?



Some people have the following after a day or two without drinking. Have these ever happened to you: gotten sick or shaky, had tremors, felt nauseated, felt your heart racing, had seizures, seen or heard things that were not there? Yes\_\_\_ No\_\_\_

If so, talk to your healthcare provider about options for treating these symptoms.

*If you are pregnant or might possibly be dependent upon alcohol it is recommended you quit altogether.*

What do you want to do over the next few weeks?

- I choose to stop drinking
- I choose to cut back
- I'm not ready to make a change at this time
- I would like to think more about this decision
- I would like more information





If you choose to cut back, you may want to consider the following in designing your plan:

- How many standard drinks?
- How frequently?
- For what period of time?

Plan:

\_\_\_\_\_  
\_\_\_\_\_

**Standard Drink Sizes**

<b>12 oz Beer</b>	<b>8-9 oz Malt Liquor</b>	<b>5 oz Wine</b>	<b>1.5 oz/ 1 shot Liquor</b>
			
=	=	=	=
~5%	~7 %	~12%	~40%

The percent of "pure" alcohol expressed here as alcohol/volume varies by beverage.

#### **Step 4: Menu of Options**

Many people find that they do better at reducing their drinking if they use some of the resources available to people who want to drink less. Talk with your healthcare provider about any of the following resources you might want or need:

*Medication* (naltrexone, acamprosate, disulfiram)

#### *Referral:*

Counseling/Brief Treatment

Support Group (e.g., AA, NA, Celebrate Recovery)

Treatment or substance abuse program

If withdrawal symptoms could be an issue for you, your health care provider can arrange withdrawal treatment or provide a list of options for withdrawal treatment.

If possible, we will try to help you make any needed contacts before you leave today.

\*Please leave your best contact number(s) with your health care provider.

***Congratulations!*** You have taken a first step toward better health by discussing your drinking with your health care provider. Between now and your next visit, you may wish to read the rest of this brochure for suggestions on how to succeed with your plan.

#### **Step 5: Identify Drinking Triggers**

Many individuals discover that certain activities, feelings and/or situations trigger the urge to drink, including some of the items listed below:

Parties/Celebrations	Use of tobacco
Boredom	Use of drugs
Tension	Sleep problems
Loneliness	Family
Friends	Feelings of failure
Frustration	Criticism
Children	Anger
Weekends	Other people drinking
Arguments	Going out after work
Crisis situations	TV, radio, or magazine ads

What might some of your triggers be? When you get the urge to drink, you can remind yourself of your personal reasons for cutting back.

#### **Step 6: Determine Ways to Cope with Trigger Situations**

Different individuals manage their drinking triggers in different ways including some of the ways listed below:

Calling a friend

Reading a book

Going for a walk

Reading this pamphlet

Thinking about my reasons for quitting or cutting back

Congratulating myself for working to drink less

Playing a sport

Appreciating nature

Visiting a neighbor

Watching a movie

Telling myself my unpleasant feelings will pass

Thinking of good things that have come from cutting back

Thinking of something pleasant I could do tomorrow

Discussing with my partner ways to avoid arguments

Remembering that it is not necessary to drink to calm myself after an argument

Telling myself that drinking won't improve the situation

Telling others I am cutting back or quitting drinking to improve my health

What might you do to manage the urge to drink?

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#### ***Remember***

We, as your health care providers, are interested in your progress toward a healthful lifestyle. Changing old habits is not easy. We are available for support and follow-up as you change your drinking behavior. If you have a day when you drink more than you planned, just remember, don't give up. We are a phone call away and believe YOU can reach your goal.

## Personal Goals Worksheet

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Last Name, First Name

The changes I would like to make (these may be related to alcohol use or other things):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I have felt happiest and healthiest in my life when:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I can try to do the following small steps now to help me move towards my goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# Session 2 – Rethinking Drinking Making a Change

## So what if I got drunk last night?

If at 2 A.M. an employee goes to sleep intoxicated, with a blood alcohol reading of 0.25, and alcohol leaves the blood at .015 per hour, let's see what happens to the employee the next morning.

2:00 am	You go to bed	.250
3:00 am	Sleeping	.235
4:00 am	Sleeping	.220
5:00 am	Sleeping	.205
6:00 am	You get up for work	.190
7:00 am	You can't find your car	.175
8:00 am	Make it to work	.160
9:00 am	You spill your coffee	.145
10:00 am	Grunt at a co-worker	.130
11:00 am	Stumble and trip	.115
12:00 Noon	Still legally drunk	.100
1.00 pm	Feeling groggy	.085
2:00 pm	Just under limit	.070
3:00 pm	Still tipsy	.055
4:00 pm	SAP cut off (SAP referral)	.040
5:00 pm	DOT cutoff (24 hours)	.025
6:00 pm	Finally OK to drive	.010

## Alcohol and Sedative Withdrawal

### What is alcohol withdrawal?

It is the body's response to the absence of alcohol that it has become used to taking in on a regular basis.

### Who has alcohol withdrawal?

You may have some withdrawal symptoms if you use alcohol daily or if you are a binge drinker who drinks heavily for periods of time.

### When will withdrawal start?

Symptoms may begin as little as a few hours after your last drink or up to 48 hours after your last drink.

### What are the symptoms?

Symptoms of withdrawal may include:

- Feeling nervous (inside shakes)
- Shaking of hands (difficulty holding objects)
- Fast pulse (may feel heart racing)
- Sweating (especially forehead and palms, especially at night)
- Sleeplessness

**\*\*\*If you have more than one symptom of withdrawal, contact your doctor or go to the nearest emergency room. Withdrawal from alcohol can be life threatening.**

### Is there medication available to help lessen the symptoms?

Very few people need it – each person's system is different. It is **not** given for nervousness or sleeplessness. A scoring system is used to determine whether there is a need for medication.

### What about sedative withdrawal?

Many of the same withdrawal symptoms are seen after a sudden withdrawal from anxiety medication or some sleep medication. However, withdrawal may not begin for several days.

**\*\*\* If you plan to discontinue your medication or have stopped your medication, contact your doctor immediately for medical advice.**

## Tips To Cut Down On Your Drinking

### Reduce temptation at home

Eliminate alcohol from your home or only keep a small amount. That helps to reduce temptation and impulsive drinking.

### Drink slowly

When you drink, sip your drink slowly. Take a break of 1 hour between drinks. Drink soda, water, or juice after a drink with alcohol. Do not drink on an empty stomach! Eat food when you are drinking.

### Take a break from alcohol

Pick a day or two each week when you will not drink at all. Think about how you feel physically and emotionally on these days. Then, pick one week to stop drinking. Being aware of how you feel and having experience without alcohol may help you cut down for good.

### Learn how to say NO

You do not have to drink when other people drink. You do not have to take a drink that is given to you. Practice ways to say no politely. For example, you can tell people you feel better when you drink less. Stay away from people that give you a hard time about not drinking.

### Stay Active

What would you like to do instead of drinking? Do something you enjoy with the time and money you've saved by not drinking.

### Get support

Cutting down on your drinking may be difficult at times. Ask your family and friends for support to help you reach your goal. Talk to your doctor if you are having trouble cutting down. There may be medications to help you. Get the help you need to reach your goal!

### Watch out

Watch out for people, places or times that may encourage you to drink, when you do not want to. Stay away from people who drink a lot or bars where you used to go. Plan ahead to decide what you will do to avoid drinking when you are tempted. Find friends and activities where alcohol is not so important.

Do not drink when you are angry, upset or have a bad day. These are habits you need to break if you want to drink less.

### DO NOT GIVE UP!

Most people do not cut down or give up drinking all at once. Just like a diet, it is not easy to change. That is okay. If you do not reach your goal the first time, try again. Remember; get support from people who care about you and from professionals in your community. Do not give up!



## Homework Session 2 – Rethinking Drinking Coaching

Please complete the following homework after Session 2:

- ***Read/Complete Pages 8 – 14 of Rethinking Drinking***
- ***Drinking Tracker Cards***
- ***Tracking my Progress***

Please fax homework at least 2 business days before your Session 3 appointment.

**Use this sheet as your fax cover sheet. PRINT** your name below. Fax your completed forms to:

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Wauwatosa, WI 53222

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Your Name: \_\_\_\_\_

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### 4-Week Tracker

✂

GOAL: No more than \_\_\_\_ drinks on any day and \_\_\_\_ per week.

Week starting	Su	M	T	W	Th	F	Sa	Total
___/___								
___/___								
___/___								
___/___								

### Drinking Analyzer

✂

Date	Situation (people, place) or trigger (incident, feelings)	Type of drink(s)	Amount	Consequence (what happened?)

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Last Name, First Name

## Tracking My Progress

1. How motivated are you today to work towards your personal goal(s)?

<i>Not at all</i>									<i>Very</i>	
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How confident are you today that you can, over time, reach your goal(s)?

<i>Not at all</i>									<i>Very</i>	
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What new information from handouts or session 1 did you find most valuable?

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4. Describe new thought(s)/self talk you've had, different behavior(s) you've tried, and/or action(s) you've taken that you are most proud of?

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5. What additional step(s) are you considering taking in the future?

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6. Where do you turn for support? Who supports your wellness efforts the most, and what is one thing you could ask them to help you with? How can you find strength and support from within yourself?

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7. What will you do to stay on track? How will you give yourself healthy positives and rewards for your good progress?

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# Session 3 –

## Rethinking Drinking

### **Building on Changes, Planning Ahead**

### Homework Session 3 – Rethinking Drinking Coaching

Please complete the following homework after Session 3:

- ***Say Something Positive (Optional)***
- ***Change for Good Plan***

Please fax homework within 2 weeks of final appointment.

**Use this sheet as your fax cover sheet. PRINT** your name below. Fax your completed forms to:

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## Say Something Positive:

### How Self-Talk Affects Your Attitude

Most people carry on a silent conversation with themselves during much of the day. This “self-talk” has a direct effect on your thoughts and behaviors. Understanding self-talk and its effects on you, can help you learn to rewrite your own self-talk “script” and maintain a positive mental attitude.

### Positive or Negative?

You’ve probably heard the term “self-fulfilling prophecy.” Self-talk is very much like a self-fulfilling prophecy – something you think about so much you can actually make it happen. When your self-talk is positive – “I am doing my best,” “I know I can do \_\_\_\_\_” – you are giving yourself permission to succeed, and chances are, you will. When your self-talk is negative – “I’ll never be able to do that,” “I always fail” – you’re giving up on yourself and chances are you won’t even try to succeed. Often your self-talk reflects the values and behaviors you learned as a child, and the self-esteem you now have as an adult.

### Thoughts and Behaviors

Self-talk can direct your thoughts and behaviors. If you think, “I know I can do \_\_\_\_\_ and it will help me by \_\_\_\_\_,” you’ll be more willing to do something different. You’ll be more likely to exhibit confidence in yourself and your abilities, and have a better chance at success. But if you say to yourself, “I’ll never be able to do it and it doesn’t make any difference anyway,” you may not even take any action, guaranteeing that nothing will change.

### Physical and Mental Effects

Negative self-talk can increase your distress, and can make effects such as anxiety, headaches or stomach pain much worse. It can also encourage you to behave in self-destructive ways which further distress your body. (“No one cares, so why shouldn’t I \_\_\_\_\_?”) Fortunately, positive self-talk can have the opposite effect, leading to a confident, positive attitude.

### Rewrite Your Script

Learn to listen to your own self-talk. One good way is to use your pencil and paper to note your automatic responses to an idea.

1. Use the sheet attached. In the first column, write several things you would like to happen. “I’d like to cut back on my drinking.” “I’d like to get along better with my family.”
2. Then, close your eyes and listen how you react to each item. Write your self-talk in the second column. (Example: “Me, cut back on drinking? Forget it! I’ll never be able to.”)
3. In the third column, write down a thought which is the *opposite* of the one in column two. (Example: I can limit myself to 3 drinks per day. I can do anything I set my mind to.”)
4. Now look at your list.
  - a. If column two is more positive than column three, you’re already on your way to thinking positively.
  - b. If column two is more negative, look at column three for a more helpful, healthier response.

**Practice choosing positive self-talk. You’ll feel happier and more confident.**

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Last Name, First Name

<b><i>What would I like to happen?</i></b>	<b><i>What do I say to myself?</i></b>	<b><i>What is the opposite?</i></b>

If column two is more positive than column three, you're already on your way to thinking positively.

If column two is more negative, look at column three for a more helpful, healthier response.

# Change for Good Plan

\_\_\_\_\_  
Last Name, First Name

	<i>What positive changes have I made?</i>	<i>How do these changes benefit me?</i>	<i>What will get me off track?</i>	<i>What will I do to get back on track?</i>
Family and/or Social Relationships				
Job				
Physical/Health				
Emotional Aspects				

My Support System is: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_