

# WORKSHEETS



# Ground Rules for our Program

I am going to ask we make a commitment together, to agree to the following rules:

1. That we will both show up when scheduled and show up on time. We only have a couple of sessions and a very limited amount of time. It is important that we get to use all of that time together. We will not be able to reschedule unless there is a serious emergency.
2. That you agree to "be clean" (not under the influence of alcohol or other drugs) for all of our sessions.
3. That you agree to give this your best try.

Can you agree to honor this commitment?

Yes \_\_\_\_\_ No \_\_\_\_\_

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Signature of Participant

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Signature of Counselor



# Worksheet #1: PROS and CONS

**Name/ID** (optional) \_\_\_\_\_ **Date:** \_\_\_\_\_

In the spaces below, write down some of the things you LIKE and DISLIKE about using substances.

1. Some of the reasons I like to use alcohol and/or other drugs are:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

2. Some of the things I don't like about using are:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

3. The good things about continuing to use as much and as often as I have been are:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

4. Some things that might not be so good or that might get worse if I continue to use are:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

My friends think: \_\_\_\_\_

My parents/guardians think: \_\_\_\_\_

Their attitudes effect my decision about using by: \_\_\_\_\_

\_\_\_\_\_



# Worksheet #2: What If...

Name/ID (optional) \_\_\_\_\_ Date: \_\_\_\_\_

If I decided to change my use of substances, what might be different?

	<b>If I Decided to Change</b>	<b>If I Decided NOT to change</b>
<b>What Might Be Good?</b>	<i>"What might get BETTER for me if I choose to change how I use?"</i>	<i>"What might get BETTER for me if I choose NOT to change?"</i>
<b>What Might NOT Be So Good?</b>	<i>"What might get WORSE for me if I choose to change?"</i>	<i>"What might get WORSE for me if I choose NOT to change?"</i>



# Worksheet #3: What Triggers Me? How Can I Respond Differently?

**Name/ID** (optional) \_\_\_\_\_ **Date:**\_\_\_\_\_

In the first column, list the triggers that set you off using drugs and/or alcohol. In the second column, list ways to prevent or control these situations and influences.

Trigger	Alternative Action
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.



# Worksheet #4: How Ready am I to Change? (Part 1)

Name/ID (optional) \_\_\_\_\_ Date: \_\_\_\_\_

Are you seriously thinking about changing your alcohol or other drug use within the **NEXT 6 MONTHS**?

Yes

Maybe

No

Are you seriously thinking about changing your alcohol or other drug use within the **NEXT MONTH**?

Yes

Maybe

No

Here is a scale that will help you determine how ready you are to change your use of alcohol and/or other drugs. Circle the number that indicates how ready you feel you are to change **HOW** or **HOW OFTEN** you use substances.

**1 2 3 4 5 6 7 8 9 10**

Not Ready

Somewhat Ready

Very Ready

YOU HAVE CIRCLED A \_\_\_\_\_.

THIS MEANS YOU ARE \_\_\_\_\_ READY TO CHANGE.

**Please check the statement below that best describes you right now.**

- I don't want to quit using alcohol/drugs.
- I don't want to stop using alcohol/drugs right now.
- I am thinking about stopping my use of alcohol/drugs.
- I have definitely decided that I want to stop using alcohol/drugs.
- I have already stopped using alcohol/drugs.



# Worksheet #5:

## Social Support Worksheet

Name/ID (optional) \_\_\_\_\_ Date: \_\_\_\_\_

Answer the following questions to the best of your ability.

1. Who might be able to offer you support to reduce or stop using alcohol or other drugs?

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### Suggestions:

- Think of people who have been helpful to you in the past, such as friends, family, or other people that you know.
- Find people who are not biased. Those who will not pick sides.
- If you can't think of people who can be of help to you now, think of those who may be helpful later on.

2. How can these supportive people help you? List below.

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3. How can you get the support you need? List at least two examples.

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4. List an example of the right time and place for asking for someone's support.

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5. Name someone who could use your support with reducing or quitting their alcohol or other drug use. Tell how you might help them.

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# Worksheet #6: Establishing Goals

Name/ID (optional) \_\_\_\_\_ Date: \_\_\_\_\_

Some of the behaviors I will work on changing, about my drug or alcohol use during this next couple of weeks are:

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

What might get in the way of me being able to make these changes? What might make them difficult to achieve?

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

Things I can do to be successful dealing with these difficult situations if they come up. I can do the things listed below instead of using or to reduce how much I use.

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

Are there any people I can talk to who might help me be successful?

(List names)

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



# Worksheet #7:

## Emergency Plan Worksheet

Name/ID (optional) \_\_\_\_\_ Date: \_\_\_\_\_

List a situation where you cannot resist the temptation to use alcohol or other drugs.

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If one of these happens, here are a few things you might try to help you deal with the situation. Choose some that you find helpful. If there is none listed that you care for, write in your answer(s) below.

- Stop and think about the problem (*for example, the Five-Step Plan*).
  - Take a Time-Out
  - Distract Yourself by"
    - A physical activity: \_\_\_\_\_
    - Doing something that helps you relax: \_\_\_\_\_
    - Media material (*music, book, magazine, TV, movie, other:* \_\_\_\_\_)
    - Creative activity: \_\_\_\_\_
    - Ask for help: \_\_\_\_\_
    - Other ideas: \_\_\_\_\_
- 

### What NOT to do in an Emergency:

- Don't** overreact
- Don't** do anything without thinking first
- Don't** allow yourself to get over-emotional
- Don't** isolate yourself or be alone
- Don't** stay in a situation that puts you at risk
- Don't** try to cope with drugs or alcohol in an emergency

(Adapted from Sampl, S. and Kadden, R. (2001) Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 sessions. US Dept of Health and Human Services, Substance Abuse and Mental Health Services, Center for Substance Abuse Treatment.)



# Worksheet #8: How Ready am I to Change? (Part 2)

**Name/ID** (optional) \_\_\_\_\_ **Date:**\_\_\_\_\_

Are you seriously thinking about changing your alcohol or other drug use within the **NEXT 6 MONTHS**?

Yes

Maybe

No

Are you seriously thinking about changing your alcohol or other drug use within the **NEXT MONTH**?

Yes

Maybe

No

Here is the same scale that you have seen before. This will help us determine how ready you now are to change your use of alcohol and/or drugs. Circle the number that indicates how you feel about changing today.

**1 2 3 4 5 6 7 8 9 10**

Not Ready      Somewhat Ready      Very Ready

YOU HAVE CIRCLED A \_\_\_\_\_.

THIS MEANS YOU ARE \_\_\_\_\_ READY TO CHANGE.

**Please check the statement below that best describes you right now.**

- I don't want to quit using alcohol/drugs.
- I don't want to stop using alcohol/drugs right now.
- I am thinking about stopping my use of alcohol/drugs.
- I have definitely decided that I want to stop using alcohol/drugs.
- I have already stopped using alcohol/drugs.



# Worksheet #9: Setting New Goals

**Name/ID** (optional) \_\_\_\_\_ **Date:** \_\_\_\_\_

Some of the behaviors I will CONTINUE to work on changing, about my alcohol or other drug use, during this NEXT MONTH are:

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

What might get in the way of me being able to make these changes? What might make them difficult to achieve?

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

Things I can do to be successful in coping with these difficult situations, if they come up. I can do the things listed below instead of using, or to reduce how much I use.

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



# Worksheet #10: Parent/Guardian Questionnaire

**Name/ID** (optional) \_\_\_\_\_ **Date:** \_\_\_\_\_

Please answer whether you agree or disagree with these statements about your child, by making a check in the appropriate box. Your answers will be kept confidential.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
As a parent/guardian, I have great concerns about my child's use of alcohol and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want my child to receive help for alcohol and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want my child to QUIT using alcohol and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want my child to REDUCE use of alcohol and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a parent/guardian, I am willing to do whatever it takes to stop my child from using alcohol and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that my child has a problem with alcohol and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child's use of alcohol and other drugs is just "typical teenage behavior."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is okay for my child to use alcohol and other drugs every now and then.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried to help my child change their alcohol and other drug use but it didn't work out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe my child can change their alcohol and other drug use without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will make time to help my child with their alcohol and other drug use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Worksheet #11: Family Rules about Alcohol and Other Drug Use

**Name/ID** (optional) \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Studies have shown that it can be helpful to include your child or children in creating household or family rules. Do you have family rules about using or not using alcohol and other drugs? If so, would you be willing to share them? Please record your answers in the space below.

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2. If you were to have a family meeting to create concrete rules about substances, who would you want to invite? This list can include extended family members such as grandparents, aunts, uncles, a neighbor, a friend, a priest or rabbi, a counselor, or anyone else who you think of as being helpful and supportive in the life of your family. List the names of the people in the space below.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. If you were to have a family meeting to create these rules, when would be a good time and place for you to have this meeting. Be specific as far as a date, time and place. Think about where you could meet and not be interrupted or distracted. If you're ready, list a day, time and meeting place below. Can you make a commitment today, to have this meeting?

**Day:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Place:** \_\_\_\_\_

(Adapted from Walking the Talk: A Program about Alcohol, Tobacco and Other Drug Use and Non-Use – A Participant Manual. Developed by the Center for Substance Abuse Prevention, Rockville, MD 2001)



# HANDOUTS



## CHARACTERISTICS OF THE DIFFERENT STAGES OF CHANGE – IMPLICATIONS FOR A SUCCESSFUL INTERVENTION

Stage	Process	Intervention
<p><b>Pre-contemplation</b> The user does not believe they have a problem or does not want to change regardless of negative consequences.</p>	<p>In this stage, there is resistance to explanations about how to 'give up' using. However, relevant information about risks, and how to avoid or minimize them, may be well received (Harm Reduction).</p>	<p>The primary objective at the pre-contemplation stage is to build rapport. One can explore the connection between current problems and negative consequences that are associated with their continued use.</p>
<p><b>Contemplation</b> The user is beginning to recognize some positive and negative consequences related to their use. They begin to evaluate their use and start to think about changing their behavior. No commitment to change has been made.</p>	<p>In this stage the balance between the costs associated with continued use begin to shift. The individual often has experienced a consequence because of their use. However they are often ambivalent about making a change in their behavior.</p>	<p>The objective in this stage is to get the individual to consider change and explore their ambivalence concerning their substance use. This can include examining the benefits and costs associated with continued AOD use.</p>
<p><b>Preparation</b> The user has decided they want to change their substance use and begins to make preparations for this change.</p>	<p>In this stage, the balance has changed. The individual has made a commitment to change their use behaviors. Change is seen as worthwhile.</p>	<p>The objective in this stage is to support the individual in their decision to change. This is often the planning stage and can involve steps such as goal setting and identifying strategies to support the decision.</p>
<p><b>Action</b> The user changes by quitting or cutting back on their use.</p>	<p>The user is taking steps to change their behavior. Often they are in some form of support system or counseling. Relapse is a possibility in this stage given their awareness and thinking about past use.</p>	<p>The development of a specific, individual plan of action is necessary for this transitional stage. Identifying external and internal supports and resources and strategies to support the decision to stop or cut back on use are important at this stage.</p>
<p><b>Maintenance</b> The individual keeps maintaining their reduced level or no use behavior.</p>	<p>The individual in this stage has typically found replacement activities that revolve around being sober. Changes in behavior maintained for six or more months are usually associated with substantial improvement.</p>	<p>In this stage, prevention of relapse is the main objective. Individuals in this stage must be encouraged to explore and talk about the positive outcomes associated with their reduction or cessation of substance use.</p>
<p><b>Relapse</b> The individual returns to use or increased use.</p>	<p>The individual in this stage can experience a one-time relapse or plunge into their use behavior. Relapse is common and a normal step in overall process.</p>	<p>In this stage it is important to stress the fact relapse is a normal step in the overall process. Review the triggers leading to the relapse and better ways to deal with these in the future.</p>



# Brief Intervention Principles

- This program is about you and for you.
- The purpose of this program is to help you to explore ways of doing things in your life that might work better for you.
- You are the only person who can decide if you want to change.
- You are the only person powerful enough to make any changes that you decide on.
- I am not here to make you change.
- I am here to help you explore the possibility of changing.
- To help you explore if changing is something you want to do...and if so, what those changes might be and how would you accomplish them.



# Situations That Make Me Want to Get High/Use/Triggers

Name/ID (optional) \_\_\_\_\_ Date: \_\_\_\_\_

## Cravings

Intense feelings that are uncomfortable that indicates to me that I need to use. A strong desire to use.

## Triggers

- Seeing other people use
- Seeing my friends that I use with
- Being in situations where I usually use
- Having certain feelings like:
  - Boredom
  - Frustration
  - Excitement
  - Anxiety
  - Depression
- Seeing the substance
- Hearing certain music
- Being alone
- Being with my using friends
- Weekends
- When I smell certain smells
- Doing certain activities (Playing ball, Hanging Out)
- Not feeling well, or feeling tense
- Seeing advertisements on TV
- \_\_\_\_\_
- \_\_\_\_\_



# Situations That Make Me Want to Get High/Use/Triggers – Part 2

Name/ID (optional) \_\_\_\_\_ Date: \_\_\_\_\_

1. You are standing in the kitchen and you are watching your parent/guardian take a beer out of the refrigerator. In the past, you have secretly taken one for yourself. This time you don't want to do this.

**What could you do instead of taking the beer?**

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2. You are at a party with your friends and someone passes you a joint/blunt/bowl. You don't feel like smoking right now.

**What could you do instead of smoking the pot?**

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3. You have had a really hard day. You got an 'F' on your test, your best friend turned on you and you are really frustrated.

**What can you do instead of using alcohol or drugs to manage these feelings?**

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4. You have a big presentation in front of the entire school tomorrow. You are really nervous and are having a hard time falling asleep.

**What can you do instead of using alcohol or other drugs to help you relax?**

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(Adapted from National Institute on Alcohol Abuse and Alcoholism. US Dept. of Health and Human Services, 1999. Cognitive Behavioral Coping Skills Therapy Manual)



# Possible Advantages of Not Drinking Alcohol or Using Drugs

**Name/ID** (optional) \_\_\_\_\_ **Date:**\_\_\_\_\_

- Be able to think more clearly.
- Might have a better relationship with my family.
- Feel better physically.
- Save money.
- Wouldn't have to hide my use anymore.
- Wouldn't have to lie and pretend.
- More time to do hobbies and sports.
- Better able to control my moods and feelings.
- Don't have to worry about whether I made a fool of myself the night before.
- Don't wake up wondering what I did last night.
- No more hangovers and comedowns.
- Feel better about myself because I feel success in making some changes in my life.
- I might feel less regret about my actions.
- Feel better about not freaking my parents/guardians out so much.
- Might sleep better.
- Able to plan for the future.
- Able to make commitments and keep them.
- Feel Better.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



# How to Avoid a 'Use' Situation

- Avoid the potential use situation entirely – if use of alcohol or drugs is going to occur – don't go.
  - Strength in numbers – be with friends you can trust and who have also agreed not to use.
  - Use your health as an excuse, e.g. "I have asthma – smoking can trigger the condition."
  - Indicate your parents are very strict and examine you closely when you come home – you don't want to be grounded for the rest of your life!
  - Change the subject – start talking about something else.
  - Walk away – ignore the person
  - Be honest; tell them you are not into it, e.g. "it's not my thing" or "I'm trying to cut down," etc.
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# Five Step Plan

When Confronted with Decisions...

**1. Stop! Think about the problem.**

**2. What are some possible alternatives to using?**

(List at least 3)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**3. Choose One**

**4. Do It!**

**5. How did it Work?**

\* Adapted from Bloom's Taxonomy. Referred to as the 'Five Step Plan.'



# Six Steps: Talking to Kids about Alcohol/Drugs

## STEP 1 – “I Care”

Tell your child that you care about him or her. Attempt to build upon your relationship to help reduce the potential defensiveness in your child. An example of this approach is, *“I care about you and I don’t want you to get hurt.”*

## STEP 2 – “I See”

In this step, you need to tell your child what they have done that has caused you concern. Just give the facts, not your opinion, based upon what you have seen or found. An example is, *“When you came home last night, you were three hours late and smelled like alcohol.”*

## STEP 3 – “I Feel”

This is where you tell your child about how this behavior discovery has made you feel. Be sure to take away any blame from this step. For example, *“I am really worried that you might get hurt or killed.”*

## STEP 4 – “Listen”

This has to be one of the most important steps. You will need to listen to what the adolescent has to say about their drug use or drinking behaviors. Some may not say anything at all at this point, but it is useful to allow this opportunity for the young person to tell their side. It is possible that your child is not ready to talk. You can tell them that you are available to listen to what they have to say at another time.

## STEP 5 – “I Want”

After hearing your child’s side, you need to tell them what you want to happen next, and what you want them to do. For example, *“I don’t want you to use drugs at all.”* Reinforce that you “want” him or her to continue to see the therapist if the problem does not get better.

## STEP 6 – “I Will”

The final step is where you tell your child what you will and will not do in order to help them with this problem. Some may choose to be available to just listen when the young person chooses to discuss the issue. Other parents may choose to make an appointment with a chemical health counselor. The best time to talk is when you have calmed down from the initial shock of learning about your child’s use of alcohol or other drugs. You will need to find a place to talk where you cannot be interrupted. The time to talk is not while your child is still under the influence of drinking or using other drugs. If the problem persists, encourage your child to make an appointment with the therapist.



# Tobacco BIS Additional Handout/Questionnaire

- 1) How did you feel about getting caught smoking at school?  
\_\_\_\_\_
- 2) What is the one thing you like about smoking?  
\_\_\_\_\_
- 3) What is the one thing you don't like about smoking?  
\_\_\_\_\_
- 4) What are two questions you have about smoking?  
\_\_\_\_\_
- 5) How did you start smoking and when did you start?  
\_\_\_\_\_
- 6) How much do you currently smoke?  
\_\_\_\_\_
- 7) Any members of your family smoke?\_\_\_\_\_ What percentage of your friends smoke?  
\_\_\_\_\_
- 8) Who do you smoke with? \_\_\_\_\_
- 9) Have you ever tried to quit? \_\_\_\_\_ If so, how many times? \_\_\_\_\_
- 10) What did you try?\_\_\_\_\_
- 11) If you quit and started again, what was the trigger (the situation that made it hard to keep from smoking)?  
\_\_\_\_\_
- 12) How many times do you think most people try to quit before they finally do?  
\_\_\_\_\_
- 13) Why do you smoke?\_\_\_\_\_  
How much is social?\_\_\_\_\_  
How much is habitual?\_\_\_\_\_



- 14) How much do you think you need nicotine?\_\_\_\_\_
- 15) When do you smoke (how much at what different times of the day)?\_\_\_\_\_
- 16) What brand do you smoke?\_\_\_\_\_
- 17) How far down the cigarette do you smoke?\_\_\_\_\_
- 18) How much money do you spend on smoking?\_\_\_\_\_
- 19) Have you noticed any physical changes due to smoking? (Sense of smell, shortness of breath, cold hands, etc.)\_\_\_\_\_
- 20) Has anyone ever commented on the smell of smoke on you? \_\_\_\_\_
- 21) Do you know anyone who has been able to quit? \_\_\_\_\_
- 22) Has anyone in your family died of smoking? \_\_\_\_\_
- 23) Is there anybody in your life who smokes whom you are worried about?\_\_\_\_\_
- 24) What are the three biggest stressors in your life right now?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 25) What kind of preparation would it take for you to quit cigarettes?  
\_\_\_\_\_
- 26) Is there anybody you know who would support you in trying to quit?\_\_\_\_\_ Who?\_\_\_\_\_
- 27) Please check any of the following that apply to you:
  - \_\_\_ I would like more info about tobacco
  - \_\_\_ I would like to talk to you again
  - \_\_\_ I am interested in joining a Cut Back/Quit Group



