Tools for Change
Adapted by Ed Sipler, Health Development Specialist and Pauline Murnin, Dual Diagnosis Practitioner in the South Eastern HSC Trust.

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What could be affecting your mental health?

- Smoking
- Drugs
- Loss
- Medication
- Alcohol
- Isolation
- Stress
- Other
**Self rating readiness scale**

**Readiness scale:**

**Instructions**

Please rate your feelings about the possibility of cutting down your use of ........

______________________________________________________________________________.

For each scale, circle the number that shows how you feel about cutting down today.

**How important cutting down is to me today?**

10 Extremely important

9 Somewhat important

8 Not at all important

**How confident I am that I can cut down if I decide to?**

10 Definitely can do

9 Maybe can do

8 Cannot do at all
Self rating readiness scale

Readiness scale: Quitting

Instructions

Please rate your feelings about the possibility of quitting your use of..........

______________________________________________________________________________.

For each scale, circle the number that shows how you feel about quitting today.

How important quitting is to me today?

How confident I am that I can quit if I decide to?
# How much do I use?

**Week commencing:** ________________________

<table>
<thead>
<tr>
<th>Day</th>
<th>List Substance</th>
<th>How Often</th>
<th>How Much</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<tr>
<td>Wednesday</td>
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<td>Thursday</td>
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<td>Friday</td>
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<td>Saturday</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How much do I drink?

Pattern of use in the past week.

Maybe it would be helpful to see where you are today.

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
</table>

Your largest number of drinks was______________. □ More than 4 units in a sitting.

Total number of drinks in the last week was ______________. □ More than 14 units per week. (woman)

□ More than 21 units per week. (man)

Low Risk Drinking is:

2-3 units a day for a woman

3-4 units a day for a man

With 1 or 2 alcohol free days

A General Guide to units is:

These measures are approximate and apply to ordinary strength beer, wine, cider. Extra strong brands contain more alcohol.

2 UNITS

3 UNITS (250mls)

1½ UNITS (35mls)

1½ UNITS (250mls)

250mls Glass of Wine = 1½ Units

175mls Glass of Wine = 2.1 Units
Alcohol consumption & the risk of physical harm

Definitions

Hazardous
A pattern of alcohol consumption that increases someone’s risk of harm. This includes any drinking by people who are ill, receiving medical treatment or who perform activities that are not advised when drinking. Pregnant women would be advised not to drink.

Harmful drinking
A pattern of alcohol consumption causing problems directly related to alcohol (including psychological problems such as depression, alcohol-related accidents or physical illness such as acute pancreatitis).

Heavy Episodic Binge Drinking: Sometimes called binge drinking. It is particularly damaging to health. Regular consumption (at least once per week) of 10 units is considered a ‘binge’. In Northern Ireland binge drinking is often referred to regularly as ‘drinking to get drunk’.

Dependence
Characterised by craving, tolerance, a preoccupation with alcohol and continued drinking in spite of harmful consequences.

Unit
In Northern Ireland a normal unit is equivalent to 8gs or 10 mls of alcohol.
How does my drinking compare to everyone else in Northern Ireland?

![Bar chart showing drinking patterns]

Adult Drinking Patterns Survey 2008
#### Instructions

Here are a number of events that people sometimes experience. Read each one carefully and indicate how often each one has happened to your during the past 3 months (0 = Never, 1 = once or a few times, etc). If an item does not apply to your circle zero (0).

<table>
<thead>
<tr>
<th>During the past 3 months, about how often has this happened to you?</th>
<th>Never</th>
<th>Once or a few times</th>
<th>Once or twice a week</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have been unhappy because of my drinking.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Because of my drinking, I have not eaten properly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have failed to do what is expected of me because of my drinking.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have felt guilty or ashamed because of my drinking.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have taken foolish risks when I have been drinking.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>When drinking I have done impulsive things that I regretted later.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Now answer these questions about things that have happened to you during the past 3 months, how much has this happened? Circle one answer:</th>
<th>Not at all</th>
<th>A little</th>
<th>Some what</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>My physical health has been harmed by my drinking.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have had money problems because of my drinking.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>My physical appearance has been harmed by my drinking.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>A friendship or close relationship has been damaged by my drinking.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>My drinking has gotten in the way of my growth as a person.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>My drinking has damaged my social life, popularity or reputation..</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have spent too much or lost a lot of money because of my drinking</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has this happened to you during the past 3 months? Circle one answer:</th>
<th>Not at all</th>
<th>A little</th>
<th>Some what</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have had an accident while drinking or intoxicated.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Negative effects of substance misuse

- Irrational
- Cancer
- Hangover
- High blood pressure
- Ulcers
- Trembling hands
- Decreased blood pressure
- Numb, tingling toes
- Vomiting
- Liver damage
- Cancer of throat and mouth
- Diarrhoea
- Make stupid decisions
- Dehydration
- Memory loss
- Brain damage
- Weight gain
- Self harm
- Low mood/depression
- Aggressive behaviour
- Memory loss
- Diarrhoea
- Liver damage
- Ulcers
- Cancer
Areas of your life affected by your substance misuse

Financial:

• Cost/week = £ ___________ (per week)

• List problems caused by substance use
## Decisional Balance Worksheet

### Good things (+) vs. Not-so-good things (-)

#### Keeping substance use the same

<table>
<thead>
<tr>
<th>Good things (+)</th>
<th>Not-so-good things (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
</tbody>
</table>

#### Making a change in your substance use

<table>
<thead>
<tr>
<th>Good things (+)</th>
<th>Not-so-good things (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
</tbody>
</table>
Readiness scale:

Instructions

Please rate your feelings about the possibility of cutting down your use of………

______________________________________________________________________________.

For each scale, circle the number that shows how you feel about cutting down today.

How important cutting down is to me today?

- Extremely important (10)
- Somewhat important (6-9)
- Not at all important (1)

How confident I am that I can cut down if I decide to?

- Definitely can do (10)
- Maybe can do (6-8)
- Cannot do at all (1)
Self rating readiness scale

Readiness scale: Quitting

Instructions

Please rate your feelings about the possibility of quitting your use of.........

For each scale, circle the number that shows how you feel about quitting today.
### Personal strivings worksheet

<table>
<thead>
<tr>
<th>Future goal</th>
<th>Effect of drinking or drug use on goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are some things you want to have happen for you in the near future (next several weeks to months)?</td>
<td>If you were to cut down or stop, would it make it easier or harder to reach your goal?</td>
</tr>
<tr>
<td>For example: • Something you would like to accomplish • Something you would like to get • Something you value and would like to keep.</td>
<td></td>
</tr>
</tbody>
</table>

| Goal 1: | |
|---------| |
| ✔️ Easier to reach goal | |
| ✔️ No difference | |
| ✔️ Harder to reach goal | |

| Goal 2: | |
|---------| |
| ✔️ Easier to reach goal | |
| ✔️ No difference | |
| ✔️ Harder to reach goal | |

| Goal 3: | |
|---------| |
| ✔️ Easier to reach goal | |
| ✔️ No difference | |
| ✔️ Harder to reach goal | |
Next steps worksheet - part 1
Where to go from here?
Goals for substance use

Where I want to be in the next 30 days:

Goal 1

Goal 2

Goal 3

Possible examples of substance use:

☐ Drink/use drugs - less often: _________ days/week (instead of _________ days/week)

☐ Drink/use drugs - in smaller amounts: _________ (instead of _________)

☐ Never drink/use drugs more than _________ at one time

☐ Use no alcohol/drugs for _________ days in a row

☐ Never drink/use drugs under these conditions.

The reasons this goal is important to me:

Goal 1

Goal 1

Goal 1

Goal 2

Goal 2

Goal 2

Goal 3

Goal 3

Goal 3
The steps I plan to take are:

Goal 1

Goal 1

Goal 1

Goal 2

Goal 2

Goal 2

Goal 3

Goal 3

Goal 3

Possible examples:

☐ Continue to talk about these issues with my key worker

☐ Get more information about available treatment options

☐ Attend/explore 12 step meeting (AA, NA)

☐ Get a sponsor/support person

☐ Avoid certain risky situations (eg. going into bars ____________________)

☐ Get more involved socially with those who don't abuse substances (eg. ____________________)

☐ Develop/engage in more healthy pleasures (movies, walks, free community events).
Some things that might interfere with my plan are:

1 _____________________________________________________________________________
2 _____________________________________________________________________________
3 _____________________________________________________________________________

Possible examples:

☐ Transportation problems (getting to meetings)
☐ Living environment where others use substances
☐ Risky situations: cravings
  peer pressure (eg. ‘meeting people on the streets’)
  negative feelings (lonely, depressed, angry etc)
☐ Having too much time, being bored, letting my mind wander...

How I could handle these barriers:

1 _____________________________________________________________________________
2 _____________________________________________________________________________
3 _____________________________________________________________________________

Possible examples:

☐ Practice how to say ‘no’ forcefully, like I mean it
☐ Distract myself, look away, leave the scene
☐ Avoid certain risky situations (eg. going into bars ____________________)
☐ Get more involved socially with those who don’t abuse substances
  (eg. ____________________)
☐ Develop/engage in more healthy pleasures (movies, walks, free community events).
Next steps worksheet - part 2 (cont’d)

The ways other people can help

1. ____________________________________________________________________________

2. ____________________________________________________________________________

3. ____________________________________________________________________________

Possible examples:

Friends/family

☐ Avoid drinking/using in my presence)

☐ Be a support person whom I can call when I’m feeling cravings

☐ Help me talk about how things are going, how I’m feeling.

Addiction Worker

☐ Talk with my addiction worker, share information about our work together.

Key Worker

☐ Help to identify triggers, high risk situations

☐ Role play various skills (eg. refusal skills)

☐ Help me get hooked up with ___________________ (eg. vocational training etc).

If you do want more help, talk to your key worker about who else is out there who can help.
This additional work is aimed at helping you stick to the goals you have already set for yourself.

**What are cravings?**

Cravings are normal and a part of the process of reducing or stopping. They are more intense in the early stages of cutting down or stopping. Cravings are thoughts about wanting to use alcohol or drugs.

Loads of things you hear, see or social situations can remind you of your past drinking or drug using. It may be a song on the radio, a smell, an object you see, a feeling or a situation you find yourself in.

Cravings can cause two reactions: How you feel physically feel and how you think. They can affect your body or your head.

These thoughts or feelings can be like a wave at the beach. It starts off small, builds up, then breaks and flows away. Surfing this urge can help you stick to the goal that you think is right for you.

**Coping with cravings and urges:**

1. **Recognise your cravings or urges**

   Think of the last time you had a craving or urge. Was it something you saw, smelt or heard? What makes you think about drinking or using drugs?

2. **Talk about it**

   Who do you feel good talking to? Make a list of these people how can help.

3. **Use the 3DS**

   - **Delay**
     When a craving or urge hits, delay your decision to drink or use drugs. This will help break the habit. A helpful saying is “THIS TOO SHALL PASS”

   - **Distract**
     Go for a bath, a walk, have some food, call a friend. When occupied or busy with other tasks, the cravings or urge will fade

   - **Decide**
     Remind yourself why you wanted to stop or cut down.
4. **Think positive**

Think to yourself “I have felt like this before. I didn’t drink or use; it went away and I coped! My family will be so proud of me”

Which of these would work for you?

5. **Be aware of your triggers**

This will help you avoid and overcome them. Get rid of all possible reminders, pipes, drink in the house, maybe avoid friends

6. **Devise your own craving plan!**

<table>
<thead>
<tr>
<th>High risk situation</th>
<th>My coping plan</th>
<th>What will help me to stick to my goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

7. **Don’t forget to use your Substance Diary!**

Drinking or using drugs will only keep cravings or urges alive.

Like a stray cat, if you keep feeding it, it will keep coming back!
Key Contacts

AA (029) 9043 4848
Action Mental Health (028) 9040 3726
Al-Anon (028) 9068 2368
Aware Defeat Depression (028) 9032 1734
LIFELINE 0808 808 8000
MindWise (028) 9040 2323
Nacotics Anonymous 07801 172 991
National Drugs Helpline 0800 776 600
Praxis Care (028) 9023 455
Samaritans Helpline 08457 90 90 90 / (028) 9066 4422

For a full list of support services contact your local Trust Health Development Department or visit the online directory of services at www.wellnet-ni.com/orgs

For a local directory of services in the South Eastern Trust Area contact the Health Development Department on (028) 9151 0275.

For more information on mental health visit:-

www.mindingyourhead.info
www.dualdiagnosis.co.uk
www.coventry.ac.uk