

LESSON 1



PROGRAM ORIENTATION

DEVELOPING A WORKING RELATIONSHIP

LESSON TIME: 2 HOURS

“It is caring about others and living in harmony with our community that makes us human.”

—Unknown

“No one soars too high who soars with his own wings.”

—William Blake

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W E L C O M E

Welcome to our program, *Driving With CARE®: Alcohol, Other Drugs, and Driving Safety Education, Strategies for Responsible Living and Change, Level II Education*. You are in this education program on impaired driving because you have been convicted of a charge related to the use of alcohol or other drugs (AOD) and driving a motor vehicle. The Probation Department evaluation, or a similar evaluation that you underwent, showed that you were in need of an alcohol, drug, and driving safety education program that addresses responsible driving attitudes and behaviors. Your evaluation may have not shown that you had a clear pattern of life disruption due to AOD use. In fact, you may be wondering “Do I have a problem related to the use of alcohol or other drugs?” To answer this question, you might ask yourself: “Has being charged and convicted of driving while impaired caused me problems?” If your answer is yes, then you have had problems related to AOD use.

You may have already completed, or are in the process of completing, an in-depth assessment to determine what areas of your life may have contributed to your driving while impaired (DWI). These may include actual problems related to the AOD use, or they may include other aspects of your life that could have contributed to your DWI. The program you are now in is **DWI education**. However, some of you in this education program may be required to continue in an impaired driving treatment or therapy program that will provide additional support for helping you better understand and work on areas of your life

that have contributed to your impaired driving and for making changes in those areas of your life. It will also provide you additional self-understanding and skills beyond the DWI education program that you are now in that will help you in all areas of your life, not just with AOD (alcohol and other drugs) use.

If you do need to complete a therapy or treatment program after this education program, you may be asked to complete several worksheets that are in Appendix A at the back of this workbook. These include Worksheet 59, “Problem Areas for Your Master Assessment Plan,” Worksheet 60, “The Master Profile (MP)” and Worksheet 61, “The Master Assessment Plan (MAP).” Some jurisdictions may require you to complete the MP and MAP along with a comprehensive assessment at the beginning of this educational program. Your facilitator or counselor will work with you in completing the MP and MAP.

We know that part of you does not want to be here. We want you to tell us about that part of you. We want to understand those thoughts and feelings. We also know that part of you **does want** to be here and wants to change the direction of your life to prevent any further problems related to AOD use and driving a motor vehicle. This is the part of you that we want to support and help grow.

We want you to have a rewarding and successful experience. We will do everything we can to make this happen.

LESSON OBJECTIVES

- ▶ To introduce you to what *Driving With CARE*[®] (DWC) and *driving while impaired* mean
- ▶ To understand how DWC works, its purpose, and your agreement for being involved in DWC
- ▶ To understand what *relapse* and *impaired driving recidivism* mean
- ▶ To have you state your commitment to the community and to yourself as to never again drive when impaired
- ▶ To learn the cognitive-behavioral MAP for learning and change
- ▶ To learn how to chart your thinking and action patterns around the risks of future alcohol and other drug use

DRIVING WITH CARE

Driving With CARE[®] means caring about yourself and caring about others. When you drive with care, you do exactly that. But we want CARE to become a central part of your driving. We can apply the word CARE to our driving and to living by giving meaning to each letter of the word.

THIS IS WHAT IT MEANS TO DRIVE AND LIVE WITH CARE	
C	concern, careful, competent, compassion, conscientious
A	awareness, attention, attitude, alertness, ability
R	responsible, restraint, regard, rapport, recognition, respect
E	empathy, empower, effective, effort

THIS IS WHAT IT MEANS WHEN WE DO NOT DRIVE WITH CARE	
C	catastrophe, criminal, crash
A	anxiety, anguish, accident, arrest, affliction
R	regret, remorse, ruin, rage
E	emergency, eviction

CARE IS A POWERFUL WORD. WE WANT IT TO HAVE POWER IN YOUR LIFE, AND MOST IMPORTANT, IN YOUR DRIVING.

DRIVING WHILE IMPAIRED

In this workbook, we use DWI (driving while impaired) to refer to driving while ability impaired (DWAI) and driving under the influence (DUI). Your actual charge and/or conviction may have been a DWAI or a DUI. In some states, DWAI is a lesser charge and a DUI a more serious charge based on blood alcohol concentration (BAC). Other states may use another term when referring to impaired driving.

HOW IS THIS PROGRAM SET UP?

This program is made up of 12 lessons with 24 hours of learning experiences. These lessons will be scheduled in blocks of time. It could be that you will have 12 different blocks of time to cover all 12 lessons with a separate block of time for closure. Or, you might do several lessons in one block of time.

You will receive this *Driving With CARE*[®] (DWC) education program in a *closed group* or an *open group*.

- ▶ **Closed group:** This involves a 24-hour program where the same clients enter Lesson 1 and go through 12 lessons together. The first lesson involves an orientation to the program, and the last lesson includes a closure and graduation experience.
- ▶ **Open group:** Persons in this setup will receive the 2-hour orientation lesson in a separate group. Following the orientation, you will be placed in an open group, that is, in the process of going through the 11 remaining DWC lessons. Some members of this group will have been in the program for several weeks; others will have just started the program. Your last lesson will include a short closure and graduation period during which you can share the progress you made in the program.

OVERALL PURPOSE AND GOALS OF DRIVING WITH CARE EDUCATION

The purpose of *Driving With CARE*[®]: *Alcohol, Other Drugs, and Impaired Driving Education* is to prevent the operation of a motor vehicle while under the influence of or impaired by AOD. Together, we will develop knowledge and learn skills that will help us to engage in CAREFUL and responsible thinking and behavior about AOD use and to prevent involvement in impaired driving. Here is what we want you to learn in this program:

- ▶ How to stop future driving while under the influence of or impaired by AOD—**TO PREVENT RECIDIVISM**
- ▶ How to never return to a pattern of alcohol or other drug use that is destructive and disruptive to your normal living and that led you to being charged with driving under the influence of or impaired by alcohol or other drugs—**TO PREVENT RELAPSE**
- ▶ To gain knowledge, skills, and tools that will help you have a more satisfying and fulfilling life

A. PREVENTING RECIDIVISM

Our first goal is to prevent future driving while under the influence of or impaired by AOD, or to prevent *recidivism*. Recidivism is going back to the behavior of driving while under the AOD influence or impairment. It is a process that occurs over time. It involves thinking and behavior that lead to DWI (driving while impaired). When you put yourself at risk by taking part in a thinking pattern involving drinking and driving, or by putting yourself in situations where you run the risk of driving when drinking, then you are into a pathway to recidivism. Later in this program, we will look at what recidivism means and help you to develop skills to prevent it from happening. There are two parts to this goal of preventing recidivism:

- ▶ To help meet your legal obligations or commitment to your community
- ▶ To help meet your personal obligations or commitment to yourself

Your community commitment: The first part of this goal is to help you meet your legal commitment to your community, that is, to prevent full *legal recidivism*. This is a commitment to **never again drive at any time when your BAC is .05 or higher, or if you are under the age of 21, to not drive if your BAC is .02 or higher**. This also means **you will not drive at any time when you are impaired** by any mind-changing and behavior-changing drugs. Most states use these impaired driving rules that are based on a sound, research approach to traffic safety. We will look at what BAC means later in this workbook. This goal and commitment fulfills your responsibility to your community. **YOU DRIVE WITH CARE WHEN YOU MEET THIS COMMUNITY COMMITMENT.**

Your personal commitment: We would like you to set a personal goal and commitment of never driving when you have any alcohol or drugs in your system. We call this *zero tolerance–zero risk* for preventing recidivism. This is more than the legal requirements of your community. This means that you would make a personal commitment to being drug and alcohol free every time you operate a motor vehicle.

We encourage you to consider this zero tolerance–zero risk goal for yourself for three reasons:

- ▶ You never know just how much alcohol you have in your body or that your BAC level is above or below the .05 limit, or .02 for those of you under 21 or the level of any other drugs in your body.
- ▶ If you never have alcohol or other drugs in your body when you drive, you can be sure that you are at ZERO RISK for ever getting another DWI charge. You will also be at ZERO RISK of harming yourself or others. That may be of comfort to you. It will prevent anxiety and prevent risk.
- ▶ When we use any illegal drug, then we are at double risk or double jeopardy—we violate the law by illegal possession and by driving under the influence of, or impaired by drugs.

YOU DRIVE WITH CARE WHEN YOU MEET THIS PERSONAL COMMITMENT.

Recidivism is not just getting rearrested. It involves any time when you drive when your BAC is above legal limits *or when you are impaired by any mind-altering drug.*

A goal of this program is to help you commit or make a promise to making one of these goals a part of your life. Here are the two recidivism prevention goals:

Given everything that is involved in being convicted of DWI, we ask you to think about committing yourself to both of these goals.

COMMUNITY COMMITMENT: NEVER DRIVE WHEN THE PRESENCE OF ALCOHOL IN YOUR BODY IS EQUAL TO OR GREATER THAN THE .05% BAC (.02% IF YOU ARE UNDER 21), OR WHEN OTHER DRUGS IN YOUR BODY CAUSE YOU TO BE IMPAIRED.

PERSONAL COMMITMENT: TO BE ALCOHOL OR OTHER DRUG FREE EVERY TIME YOU OPERATE A MOTOR VEHICLE— TO NEVER DRIVE WHEN ALCOHOL OR OTHER DRUGS ARE PRESENT IN YOUR BODY.

B. PREVENTING RELAPSE

The second overall goal of this program is *preventing relapse*. Relapse and recidivism are tied closely together. Yet, one can use alcohol or other drugs and not go into recidivism—drinking and driving. We will talk more about relapse later. For now, we look at what relapse means.

- ▶ A pattern or *pathway* to relapse involves the process of thinking about drinking or being in situations around drinking that could cause one to return to a harmful pattern of AOD use.
- ▶ A lapse is going back to any pattern of AOD use that could lead to harming oneself or others after making a commitment to a nonharmful pattern of use or to no use at all.
- ▶ A **relapse** is going back to the point of having further problems from alcohol or other drug (AOD) use or back to a harmful pattern of AOD use, which may or may not involve DWI recidivism.

There are two parts to this goal of preventing relapse:

- ▶ To help you meet your legal obligations or commitment to your community
- ▶ To help you meet your personal obligations or commitment to yourself

The legal and moral promise and commitment to your community. This is the same as the legal community commitment around recidivism: not to drive after having alcohol to the point of going beyond the legal limits of BAC. This is the legal and moral obligation to the community.

The personal commitments or goals around AOD use. We have asked you to strongly consider the goal of *ZERO TOLERANCE-ZERO RISK*—to never drive when there is a presence of alcohol or other drugs in your body. Now, we want you to consider setting your personal commitments around the AOD use. Here are some choices you can make as to your personal commitment.

- ▶ To not drive when the presence of alcohol has gone beyond the legal limits or to not drive when you are impaired by the presence of other legal or illegal drugs
- ▶ To not use alcohol or other legal or illegal drugs to the extent of causing harm to yourself, others, or the community. Remember, the fact of being convicted of a DWI charge means that you have had an AOD use problem. DWI behavior is the result of losing self-control over drinking and other legal or illegal drug use, and it almost always upsets and causes problems with you and others.
- ▶ Or, you can make the personal commitment to live an AOD-free life. This means abstaining from the use of alcohol and all mind-behavior altering drugs, unless prescribed by a medical specialist, and follow the rules of that prescription. This personal commitment may depend on the extent of problems that AOD use has caused you, which we will look at later in this program. For now, we ask you to consider this as your goal for two reasons.
 - If you go back to a pattern of drinking or drugging that you were into before your DWI, you will be at high risk for recidivism—driving while using AOD.
 - If you remain AOD free, **you will never** run the risk of recidivism. In fact, if you never use AOD again, you will never again have a problem from AOD use. You will be at zero risk for all AOD use problems.

YOU LIVE AND DRIVE WITH CARE WHEN YOU MEET THESE COMMUNITY AND PERSONAL COMMITMENTS AROUND ALCOHOL OR OTHER DRUG USE.

COMMUNITY COMMITMENT GOAL: NEVER TO DRIVE WHEN YOUR USE OF ALCOHOL EXCEEDS THE LEGAL BAC LIMIT OR WHEN YOUR USE OF OTHER DRUGS IMPAIRS YOUR ABILITY TO DRIVE.

PERSONAL COMMITMENT GOAL I: PREVENT AOD USE FROM CAUSING HARM TO YOU OR OTHERS OR UPSETTING AND DISTURBING YOUR LIFE AND/OR THE LIVES OF OTHERS.

PERSONAL COMMITMENT GOAL II: TO LIVE AN AOD-FREE LIFE—TO ABSTAIN FROM THE USE OF ALCOHOL OR OTHER MIND- AND BEHAVIOR-CHANGING DRUGS.

What do you think and feel about the statements on the previous page?

MY THOUGHTS ABOUT PERSONAL AND COMMUNITY COMMITMENTS TO PREVENT RELAPSE

Given your past AOD use, what would be best for you as to your goal around future use?

WHAT IS BEST FOR YOU AS TO YOUR FUTURE AOD USE?

THE SPECIFIC OBJECTIVES AND BENEFITS OF THIS PROGRAM

Remember our most important purpose? To prevent recidivism by helping you to improve your understanding, skills, and attitudes about AOD use and driving with care. Here are the objectives and benefits of this program.

- ▶ To help you to become aware of your *past history* of DWI and to understand your current DWI charge and conviction
- ▶ Learn how to change your *thinking, beliefs, and attitudes* that control your actions and behavior
- ▶ Understand how AOD use and abuse *affect and influence* your mind, body, social behaviors, relationship with others, and your responsibilities toward the community
- ▶ Understand the impact of DWI on your *personal life* and on the *community*
- ▶ Understand the laws of your state around impaired driving and to be clear about your obligation to the court and to the Department of Motor Vehicles
- ▶ Prevent returning to a pattern of AOD use that is harmful and disruptive to your normal living—*prevent relapse*

- ▶ Prevent returning to driving a motor vehicle while exceeding the legal limits of BAC or while having ingested any other mind-altering drugs that impair driving behavior—*prevent recidivism*
- ▶ Encourage you to commit yourself to a goal of *zero tolerance–zero risk*—never driving while you have alcohol or other mind- or behavior-altering drugs in your system
- ▶ Challenge you to commit yourself to living an AOD *problem-free* life
- ▶ **DRIVING WITH CARE**

THE PARTNERSHIP OF CARING—THE BIG PICTURE

The DWC program is only one part of the large picture of the effort of preventing impaired driving conduct. This effort involves a working relationship among three partners.

- ▶ **The community**, including the court, Department of Motor Vehicles, and fellow citizens, all of whom are represented by a probation officer. This partner is responsible for community safety; for seeing to see that citizens follow the law; for meeting the needs of victims; for evaluating, sentencing, and supervising impaired drivers; and provide resources of growth and change for those convicted of impaired driving.
- ▶ **Your provider or agency** that has the responsibility to conduct programs of education and therapy to help impaired driving clients prevent relapse and recidivism, to become more caring and responsible to themselves and their community, and to live a more fulfilling and meaningful life.
- ▶ **The third member in this partnership of caring is you, the client.** You have the responsibility to fulfill the requirements related to your impaired driving offense, to be more caring and responsible in the community, to learn skills that prevent recidivism and relapse, and to work on making changes and improvements so that you are able to live a more fulfilling and meaningful life.

One way to meet your obligation to the community and yourself is to complete this DWC program. This also involves making a report to your community through your probation officer of the progress and changes you are making in DWC. You are asked to complete the Client Progress Report (CPR) in the back of this workbook

- ▶ at the end of your sixth lesson and
- ▶ at the end of your eleventh lesson.

You will be given a copy of the CPR for you to complete and then give this to your counselor. If you want to, you can also give a copy of the CPR to your probation officer or court supervisor or you can ask your counselor to do this.

PROGRAM AGREEMENTS AND GUIDELINES

Here are the expectations and guidelines for clients in this program. These guidelines will help us build a good working relationship.

- ▶ To attend and be on time for each class and take an active part in listening to and discussing the material
- ▶ To be courteous and respectful toward group members and leaders
- ▶ To keep the names of and information about members of the group in trust and confidence and to not talk about what is learned about group members with anyone outside of the group
- ▶ To have a positive attitude toward class peers and group leaders
- ▶ To make up any lessons that are missed
- ▶ To complete classroom worksheets and homework
- ▶ To take responsibility for your learning, behavior, and your group
- ▶ To make the group part of your life and actively apply what you learn in group to your life
- ▶ To speak in the first person using “I” statements
- ▶ To give your feedback so it is about your experience of the other person, and not a judgment of how they are
- ▶ To not use alcohol or any mind-altering drugs while in the program and to not attend any session after using alcohol or any other drug unless *prescribed* by a doctor or medical specialist
- ▶ To take part in any alcohol or other drug testing that is required by this agency or the court
- ▶ To not operate a motor vehicle while impaired by AOD
- ▶ To not drive a motor vehicle without a valid driver license
- ▶ To understand that a client has the choice to withdraw from this program at any time, yet to know that such withdrawal will be reported to the Probation Department or referring agency and that there may be judicial consequences for such withdrawal
- ▶ To sign a consent for involvement in this program and understand that this consent may include the above agreements and guidelines

WHAT ARE YOUR OBJECTIVES AND EXPECTATIONS OF THIS PROGRAM?

- ▶ What would you like to get from this program? What would you add to the program objectives outlined above? Share these with the group.
- ▶ What would you like to add to the above agreements so that you feel relaxed and safe and so that you can get the most out of this program? Share these with the group.

GROUP ACTIVITY: GROUP AGREEMENTS

- ▶ Your group facilitator will hand you a few index cards. Write down thoughts that would make you feel safe in group. One per index card. If you need more, ask!
- ▶ Once you are done, find someone else, and share your thoughts and what you wrote down. If what someone else wrote is similar, put those index cards together. You are looking for thoughts and ideas that are the same. If there are none, then go to the next person.

Once it seems that your group has found as many ideas or thoughts as you can, find words that summarize those thoughts or ideas. These will be what your group shares with the total group.

Share with the group what you will do if you notice someone else sharing the same thoughts about feeling safe in the group or if someone writes down a thought that goes against your thoughts about feeling safe.

WHAT IS OUR APPROACH?

We have listed some very specific objectives and what we would like from you. But what is our approach and our goals for you? How will your facilitator guide you in this program?

Let us use the example of the person who is building and wanting to maintain athletic skills at a top level of performance. The first step to being a good athlete is to learn the skills and lessons used in playing the sport. This requires practice and a willingness to commit to that sport. Then, once the skills and lessons of the sport are learned, there is the process of fine-tuning those skills, to maintain those skills, and to stay in shape. This involves practice and getting feedback from others. Finally, we know that good athletes CARE about their sport.

Many people who are involved in DWI behavior have not learned important lessons and skills that

- ▶ give them self-control over their thinking and actions,
- ▶ help them be effective in relating to others and to deal with relationship conflicts, and
- ▶ help them develop and maintain responsible (trustworthy) and caring thoughts and attitudes toward the community.

This program will lead you down the path of doing just this—learning lessons and building on the lessons that you have learned to have more self-control, to be stronger in relating to others, and to be more caring

in relationship to your community. Your group facilitators and/or counselors are educators, coaches, and teachers who will share with you some important lessons of living. These lessons will help you learn and practice the skills that build and maintain patterns of self-control and develop strategies for responsible living and change.

We have been taught that *experience is a good teacher*. **But is this true?** Yes, we learn much from experience, and it is important as we practice the skills that give us self-control and help us live in a responsible and caring way. **But, experience is not usually a good teacher.** With experience, we always get the test before the lesson. What good teacher will give the test in class and expect us to pass it before we receive the lesson? A good teacher first gives us the lesson so then we can pass the test. Too often, we have been faced with passing many life tests but did not have the lessons needed to pass them. Thus, as facilitators, counselors, teachers, and coaches, we will work together

- ▶ to help you become a better “athlete” in the art of responsible living and driving by strengthening your skills, learning new ones, and staying in shape and
- ▶ to help strengthen the lessons you have learned and to learn those lessons that you may not have learned that would have prevented you from engaging in the action of DWI.

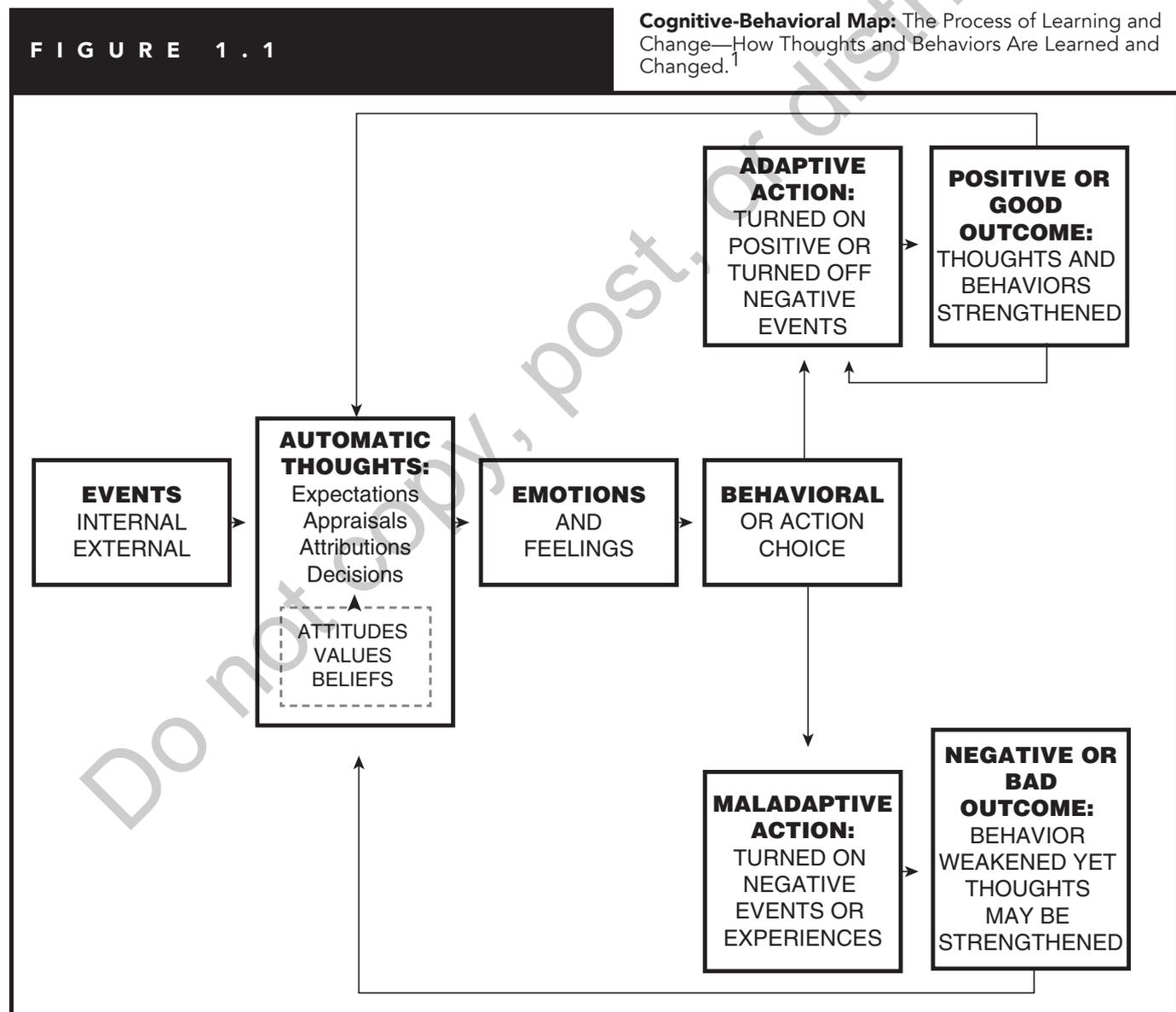
We will use several approaches to meet the goals and objectives of this program. First, we will start with some very simple questions. We want you to tell us about yourself. What has happened to you that brought you to this point where you ended up with a charge of *DWI by AOD*? We will ask you about your history of AOD use. We will want you to describe the events surrounding your DWI arrest and conviction. You will be asked to share this information through formal questionnaires and through sharing in group.

Second, our approach is built on what we call a *cognitive-behavioral* approach to preventing or stopping future involvement in DWI. This approach means that we make changes in our actions by changing how we think, what we believe about ourselves and the world, and how we feel. In other words, change and improvement begins first in our mind. It is simply this: It is our *thoughts and our beliefs and our attitudes*—not what happens around us or to us—that cause us to act and feel in a certain way. It was your *thinking*—**not the events outside of yourself**—that led you to getting a DWI. In this program, we will learn how to change our mental world so as to give us more control over our lives and to prevent repeating the behavior or action of DWI or driving when using AOD. This will involve learning

- ▶ how our thinking, attitudes, and beliefs control our actions and behaviors;
- ▶ how our actions or behaviors become habits or patterns—habits that can result in positive or negative outcomes;
- ▶ three kinds of skills that will give you more self-control in relationship to yourself and others, as well as to your community, and to prevent you from taking part in impaired driving and continuing to have problems with AOD use:

- Skills to change thinking, attitudes, and beliefs to give you more self-control over your actions. We call this **mental restructuring or thought changing**.
- Skills that help you change your social and relationship actions or behaviors to give you more self-control in relationships with others and more meaning from those relationships. We call this **social and relationship skills training**.
- Skills that help you increase reliable and responsible actions in the community. We call these **community responsibility skills**.

We will now introduce you to a picture that describes how we make changes in our feelings and actions. We will look at this picture in Figure 1.1 in more detail in later lessons. It is important that you understand this picture from the beginning of this program since it is an important part of what you will be learning.



¹ This Cognitive-Behavioral Map for Change was developed by K. W. Wanberg and H. B. Milkman and first published in K. W. Wanberg and H. B. Milkman (1998), *Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change*, SAGE Publications.

When we are faced with an experience or a certain event, such as a memory inside of us or something that happens outside of us, we usually respond with what we call automatic thoughts or thought habits. These thoughts are inside of us. Underlying these thoughts are our attitudes, our values (what is important to us), and our beliefs. These cause our automatic thoughts. These thoughts lead to certain feelings and certain behaviors or actions. These actions may be adaptive or work for a positive or good outcome. Or, the actions may be maladaptive, or they lead to negative or bad outcomes.

Figure 1.1 shows that whether the outcome is good (positive) or bad (negative), the thoughts that lead to the behavior are strengthened (we call this reinforced). If the outcome is good or positive, the positive behavior will also get strengthened. Remember: The basis of our automatic thoughts are our attitudes, our values, and our beliefs. These drive our automatic thoughts and automatic thinking. When we make changes, we start with changing our automatic thoughts or thought habits. But to make these changes stick, we will need to change our underlying attitudes, values, and beliefs.

Your facilitator or group leader will now give you an example of how this works. We will continue to use this picture in our work in preventing recidivism and relapse.

Third, people make more responsible and CAREFUL decisions about their AOD use or non-use if they have knowledge and awareness of how DWI affects their lives and the lives of others. Therefore, an important part of this program will be to give some facts and information about

- ▶ alcohol and other drug (AOD) use;
- ▶ the consequences and effects of AOD use on your life and the lives of others;
- ▶ how your life, the lives of others, and the community are affected or influenced by AOD related behaviors and actions;
- ▶ legal information, the penalties and outcome or consequences related to DWI or under AOD influence; and
- ▶ how to help you apply these facts to you and your situation.

Fourth, we will give specific ways to *prevent relapse and recidivism*. Remember, your Community Commitment goal of this program is to help you to never again drive when your BAC is equal to or exceeds the legal limit—.05 BAC or .02 if you are under the age of 21—or you are impaired by having other drugs in you. But keep in mind, you have the choice of making a zero tolerance—zero risk decision of never operating a motor vehicle with any alcohol or mind-altering drug in you—your personal commitment.

SHARING THE STORY OF YOUR DWI ARREST AND CONVICTION

An important part of this first lesson will involve you sharing with your group your story of what brought you to this program. Here is what we would like for you to share:

- ▶ Your first name and then briefly what brought you to this program
- ▶ Something important about yourself that will help us remember who you are
- ▶ How you see your pattern of alcohol or other drug (AOD) use
- ▶ Your DWI arrest by putting the facts about it on Worksheet 1, page 18. Only share these arrest events if you feel comfortable doing so.

PREPARING FOR FOLLOW-UP THERAPY AND TREATMENT

As discussed at the beginning of this lesson, those of you who have been recommended or required to continue on into an DWI therapy program after completing this Level II DWC Education program may be asked to complete Worksheet 59, “Problem Areas,” for your Master Profile, Worksheet 60, and your Master Assessment Plan Worksheet 61 in Appendix A at the end of this workbook. Appendix A also gives instructions on completing these worksheets. Worksheet 59 is a list of problems that you may have had in various times and areas of your life. You will use what you put on Worksheet 59 to complete your MP and your MAP. The MAP is a list of problem areas you may work on during your DWC Education program and continue to work on when in DWC Therapy and Treatment. Those who will be completing these worksheets will work with their group leader in an individual session, who will guide them through completing these three worksheets.

CHARTING YOUR THINKING AND ACTION PATTERNS AROUND AOD USE AND DRIVING

Remember, we said that recidivism is a process that involves thinking and action and this process can take part in several steps. First, there is a pattern of thinking about using alcohol or other drugs. Second, you begin to think about and put yourself in situations where you could drink or use drugs or you are already in that situation. Third, you may stop yourself and think, “I’m not going to use.” Or you think, “I may just as well use.” Fourth, if you did use, you might think, “No, I am not going to drive.” Fifth, you think, “I may just as well drive, I’m OK and anyway, everyone drives when they are a bit high.”

One of the exercises you are asked to do for each lesson is to complete the *Thinking and Action Patterns (TAP) Chart*, which helps you look at the process of thinking about AOD use and going back to driving while impaired during the week before each lesson. You will be given time at the beginning of each lesson to complete the TAP chart, which will be provided as a worksheet at the end of each lesson. Your group leader will now go over the following steps for completing TAP.

- ▶ Column 1: TAP Chart gives the week for which you are doing the charting.
- ▶ Column 2: Check “yes” or “no” as to whether you thought about using alcohol or other drugs in the past week. If you put yes, write one of those thoughts.
- ▶ Column 3: Check “yes” or “no” if you were in a place where you could drink or use other drugs, such as **a bar, a party,** or a **friend’s house**. If you checked “yes,” write down the place and what you did.
- ▶ Column 4: Check “yes” or “no” as to whether you used alcohol or other drugs. If you checked “yes,” write what you drank. Be as honest as you can. If you checked “no” then check “no,” for Columns 5 and 6.
- ▶ Column 5: If you did drink or use other drugs, check “yes” or “no” as to whether you thought about driving. If yes, write down one of those thoughts.
- ▶ Column 6: Check “yes” or “no” if you drove with any alcohol or other drugs in your system. If yes, put down where you drove.
- ▶ Column 7: Briefly describe the events related to your thinking (or not thinking) about using or your actual use. Maybe your thought was “sure, it would be nice to have a beer.” The event might have been that you had a hard day at work and stopped to have a couple of drinks at the bar with some friends.

Exercise: You are now asked to complete the TAP Worksheet 2 (end of this lesson) for the past week—the week before you started this program. Group members may be asked to share what they thought about doing this exercise.



YOUR CLASS EXERCISES

- A. Complete Worksheet 1.
- B. You have done your TAP chart for the past week, Worksheet 2. Group members may be asked to share what they thought about doing this exercise.
- C. *The DWC Lesson Progress Rating Scale.* At the end of each lesson, you are asked to rate yourself as to your understanding of each lesson using the DWC Scale. For this lesson, rate yourself on the following:
How well you understand the DWC program:

1		2		3		4		5		6		7		8		9		10
POOR				FAIR				GOOD				VERY GOOD						

Your understanding of the DWC CB Map for Change:

1		2		3		4		5		6		7		8		9		10
POOR				FAIR				GOOD				VERY GOOD						

- D. Homework: Read the next lesson in your workbook.

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W O R K S H E E T 1

Your DWI Event: Describe and evaluate the specific circumstances surrounding your DWI arrest

TYPE OF EVENT OR CIRCUMSTANCE	YOUR SPECIFIC SITUATION
1. Date of arrest	
2. Time of arrest	
3. Location of arrest	
4. Persons you were with	
5. Time took first drink/drug	
6. Total drinks or drug doses from first to arrest	
7. Kind of alcohol/drugs	
8. Where did most drinking	
9. Blood alcohol level (BAC)	
10. Events before started to drink: who with, where, what was happening, conflicts with people	
11. Events during drinking: who with, where, what was happening, conflicts with people	
12. Feelings and emotions you remember before and after started drinking	
13. How did you act when you were arrested?	
14. Where were you taken after your arrest?	
15. How long did you stay where you were taken?	
16. Who were among the first persons in your family that you spoke to after you were arrested?	
17. What did they say and do? Write down their reaction.	
18. What were your thoughts after you returned home?	
19. What were your feelings after you returned home?	

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