

SESSION 1



PROGRAM ORIENTATION

**UNDERSTANDING AND ENGAGING
THE PROCESS OF CHANGE**

Do not copy, post, or distribute

OVERVIEW AND SESSION OBJECTIVES

This session introduces you to **Driving With CARE® (DWC) Therapy** and describes how the program is set up, the goals and objectives of the program, our expectations of you and your participation agreements, and a summary of the approach we take in the learning and change process.

This session will also focus on ideas and concepts of how our thinking, attitudes, and beliefs control our actions, and how we change those thoughts, beliefs, and actions. We study the five rules of thinking that lead to our actions and three rules of learning that determine how our behaviors are strengthened. We will study the map that shows how our thinking leads to good or bad outcomes and how those outcome behaviors get strengthened or reinforced. We look at the steps and tools for changing our thoughts and our behaviors. For those of you who completed Driving While Impaired (DWI) Education, this will be a review.

In this session, we also look at the problem areas in your life that may have contributed to developing problems in the area of alcohol and other drug (AOD) use and to your involvement in impaired driving. If you completed Enhanced (Level II) DWC Education, then you will have completed some worksheets and a treatment/service plan for working on these problem areas. In some states/jurisdictions, you will update the plan since the initial one was completed at the start of Enhanced (Level II) Education.

SESSION OBJECTIVES

- ▶ Review the introduction to DWC Therapy
- ▶ Review how our thoughts, attitudes, and beliefs lead to feelings and how we act
- ▶ Review how our behaviors get strengthened or weakened
- ▶ Practice applying the cognitive-change map to how our thinking leads to good or bad outcomes and how our thoughts and behaviors get strengthened
- ▶ Apply the steps and tools to changing our thoughts and behaviors
- ▶ List the problem areas for your Master Assessment Plan

SESSION CONTENT

We start by looking at key ideas about changing our thoughts, beliefs, and actions. This will be a review for those who have gone through *Driving With CARE®: Alcohol, Other Drugs, and Impaired Driving Education—Level II*.

A. WHAT IS OUR APPROACH IN DWC THERAPY?

We use a cognitive-behavioral approach to learning and change. This means that we change our actions by changing how we think, what we believe about ourselves and the world, and how we feel. Your thoughts and beliefs and attitudes—not what happens around you or to you—that cause you to feel and act in a certain way. It was your *thinking and your thinking habits*—not the events outside of yourself—that led you to getting a DWI. DWC Therapy helps you

learn to change your thinking habits and mental world so as to give you more control over your life. It was your BAD THINKING HABITS that led you to the driving impaired. We do not BREAK BAD THINKING HABITS THAT LEAD TO BAD ACTION habits. We REPLACE them with thinking and action habits that lead to positive and good outcomes. Driving impaired will never lead to a positive outcome in the short run or long run.

Here are three skills that will give you self-control—changing thinking and actions—in relationship to yourself, to others, and your community:

- ▶ Mental restructuring or thought changing
 - ▶ Social and relationship skills training
 - ▶ Community responsibility skills or skills that help you to increase reliable and responsible actions in the community.
- You think, “I don’t have to change or even improve myself.” The fact is that your patterns of thinking and living led you to driving under the influence of AOD and brought you here.
 - Self-control leads to positive outcomes. Self-control comes from managing our thoughts and being responsible in our relationships with others and our community.

B. FIVE RULES OF THINKING THAT LEAD TO ACTIONS OR BEHAVIORS

1. **Thinking Rule 1: Your thoughts, attitudes, and beliefs—not what happens outside of you—control your emotions, your actions, and your behaviors.**

- **Automatic thoughts:** a thinking pattern or thought habit already formed inside our heads. We call these **thought habits**.
- An **attitude** is a thought for or against a situation, person, idea, or object outside of ourselves. It directs how we think, feel, and act. It may be hooked into an emotion or feeling. It is usually described as being “good” or “bad,” “positive” or “negative.”
- A **belief** is a value or idea we use to judge or evaluate outside events, situations, people, or ourselves. A belief glues or bonds you to the outside event. It is powerful and will form your attitudes toward things or people. We all have a set of *core beliefs*.

Exercise: Use Worksheet 1, page 23, to list some of your automatic thoughts, attitudes, and beliefs that led to your impaired driving behavior.

2. **Thinking Rule 2: When faced with the need to change, we often resist or fight that change. When we do this, we defend our view of ourselves and make excuses.** When you were arrested for DWI, what was your first thought? Was it “I only had a few drinks,” or “I wasn’t really drunk”? Do you still believe that? If not, then you have changed your thinking and beliefs.

- ▶ What are some ways you are still fighting change in your drinking or other drug use?
- ▶ When we fight changing some of our beliefs, we hold fast to our view of ourselves. We call this the *belief clutch*. It is a do-or-die view of ourselves. What are some belief clutches around your drinking or other

drug use? Here is the story about the famous high-wire act of the Flying Walendas. The father thought that you always hold on to the balancing pole, no matter what. When a gust of wind caught him off balance, his thought was “hold on to the pole.” He fell 12 stories to his death. His hands were so tightly “clutched” to the pole they had to be pried loose. Had he let go of the pole and grabbed the wire, he might have lived. Are you still clutching?

3. **Thinking Rule 3: We choose or make choices about the thoughts we have about ourselves and about the outside world. This means you can be in control of your thoughts.** What are some choices you make that lead to bad outcomes? What are some that lead to good outcomes?
4. **Thinking Rule 4: There can be errors in our thinking or thought habits (automatic thoughts) about the outside world and about ourselves.** These are *errors in logic* that can lead to bad outcomes. Here are some: “blaming others,” “don’t care,” “don’t need help,” “stubborn-thinking/won’t change,” “lying,” and “better than others.” What are some thinking errors that you still use that lead to bad outcomes?
5. **Thinking Rule 5: Before you act, train yourself to think, “What is best for me in the long term?” “What is in my best interest?”** Take the *long-term look*. It will help you think about the results or outcome of your actions. Would thinking this way have stopped you from driving impaired? When we drink and drive, we don’t think what could be the outcome. We don’t think, “What would a DWI cost me? Cost my family?” “How would I get to work if I lost my license?” Think about what is really important. It would take you a lot less time to call a friend for a ride home when you know you were drinking and about to drive. What would it be? Three extra hours? How many hours has your DWI arrest/conviction cost you? Don’t ignore what is really important and play around with what is not so important!

C. THREE RULES OF LEARNING THAT STRENGTHEN OR REINFORCE OUR BEHAVIORS OR ACTIONS

When our thoughts and beliefs lead to an action or behavior, both the thoughts leading to the action and the action or behavior also get reinforced. The behavior repeats itself. **The thoughts and behavior are learned.** The behavior may form a behavior habit or action habit. Now we have **thought habits** or automatic thoughts and **action habits** or automatic behaviors. *How does this learning of action habits take place?*

1. **Learning Rule 1:** If a behavior turns on something positive, such as a pleasant feeling or a sense of well-being, **that behavior gets strengthened** and most likely repeats itself. It can become a habit. This is the *turning on positive events rule*. If drinking alcohol or using other drugs makes us feel good, gives us pleasure, or turns on positive feelings, then drinking is reinforced. We will do it again to feel good.
2. **Learning Rule 2:** If a behavior turns off or shuts down a negative event—something that is unpleasant, stressful, or painful—that behavior gets strengthened and will be learned. It will become a behavior habit. We call this *turning off negative events rule*. This is the most powerful way to reinforce behavior. When we feel stressed, we take a drink or use a drug, the stress goes away. This reinforces the drinking or drug use.
3. **Learning Rule 3:** If a behavior turns on a negative event—something unpleasant, stress, or depression—that behavior should be weakened, or never occur again. This is called *turning on negative events rule*. We drink too much. We get sick, have a bad hangover. This rule says we should not drink like that again.

However, *Learning Rule 3* doesn't always work. Why do we continue behaviors that cause us problems? Why would you ever drink to excess again if you got sick from drinking? Here is why.

- First, it's the power of Rules 1 and 2. Behaviors that turn on something pleasant or turn off something unpleasant give us immediate rewards, even though those behaviors can lead to negative or bad outcomes or pain.
- Second, it is the power of the thoughts that lead to the outcome. *Learning Rule 3* doesn't always work because the bad results from a behavior also strengthen our automatic thoughts and beliefs that led to the behavior and bad outcome.
- Third, *Learning Rule 3* doesn't always work because thoughts and behaviors *do not always* lead to a bad outcome. We drive impaired and get by with it. Our behavior is not punished because we don't get caught, and our thoughts that led us to the driving, "I can get by with it," get reinforced or strengthened.

D. THE MAP FOR COGNITIVE-BEHAVIORAL LEARNING AND CHANGE

Figure 1.1, page 17, gives the map that shows *how thoughts lead to feelings and actions, and how those thoughts get strengthened and reinforced*. This is shown by the lines that return from positive outcomes to our automatic thoughts or the lines from the negative or bad outcomes that return to our automatic thoughts.

When we experience an outside event or a memory inside of ourselves, we usually respond with these automatic thoughts.

- **Expectation:** What we expect if we do a certain thing. "If I take a drink, I'll relax. If I talk with a friend, I'll feel better."
- **Appraisal:** Thoughts that judge or give meaning to what happens to us and what we do. "I can drive. I've only had a few beers." "If I feel positive about being in this program, I'll get more out of it."
- **Attribution:** Why we think things happen to us or explanations of certain outcomes. "I got this DWI because the cops were after me."
- **Decision:** Thoughts about what we decide to do. "I'll drive home. I won't get caught." "I'm going to make the best of this program."

These automatic thoughts could be *errors in thinking*. Errors in thinking often lead to bad outcomes.

Figure 1.1 shows that there are core attitudes, values, and beliefs within us that lead to our automatic thoughts. To make lasting changes, we must change our core beliefs and attitudes. Figure 1.1 also shows that our behaviors are strengthened when the outcomes of our actions are positive. This is the arrow that goes from the positive outcome back to the positive action. The action or behavior can be any response such as drinking or talking to a friend. It is the result of the behavior that counts.

Note, there is no arrow going from the bad or negative outcomes back to the negative or maladaptive action or behavior. Avoiding the maladaptive or negative behavior may become an action habit. But regardless of the outcome of the behavior—positive (adaptive) or negative (maladaptive), good or bad—the automatic thoughts are most often strengthened. The thought habits, the beliefs, the feelings, and the attitudes are strengthened. They are reinforced—learned. They become stronger *thought habits*—automatic thoughts.

EVEN BAD OUTCOMES STRENGTHEN THE THOUGHTS THAT LEAD TO THEM!

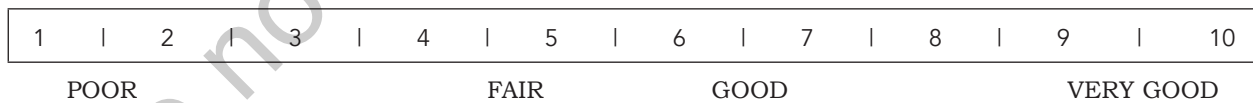
E. USING THE COGNITIVE-BEHAVIORAL (CB) MAP TO MAKE CHANGES

How can we make changes? By *changing our thinking* so that we take positive adaptive action that leads to a good outcome. **Good outcomes will strengthen the thoughts that lead to them.** This is shown by the arrowed line going from good outcomes to our automatic thoughts. But good outcomes also strengthen the behaviors that lead to them. This is the arrow that goes from positive outcomes to adaptive actions.

Exercise: Your counselor will now show you how to use the CB Map in Figure 1.1. A group member will be asked to share an event and then will be asked to identify the automatic thoughts that led to the feelings and the behavior or action choice and then the outcome from that behavior. Then, the counselor will ask the group member to change the thinking that can lead to a different outcome.

- ▶ We will use the CB Map in this way at the beginning of most sessions to see how we handle events and how to change our thoughts, attitudes, and beliefs to have better outcomes.
- ▶ We call this the **CB Map Exercise**.
- ▶ **Now, each group member is asked to do the CB Map exercise in his or her head by taking an event, review the thoughts, the feelings, the action, or behavior that resulted, and the outcome.**

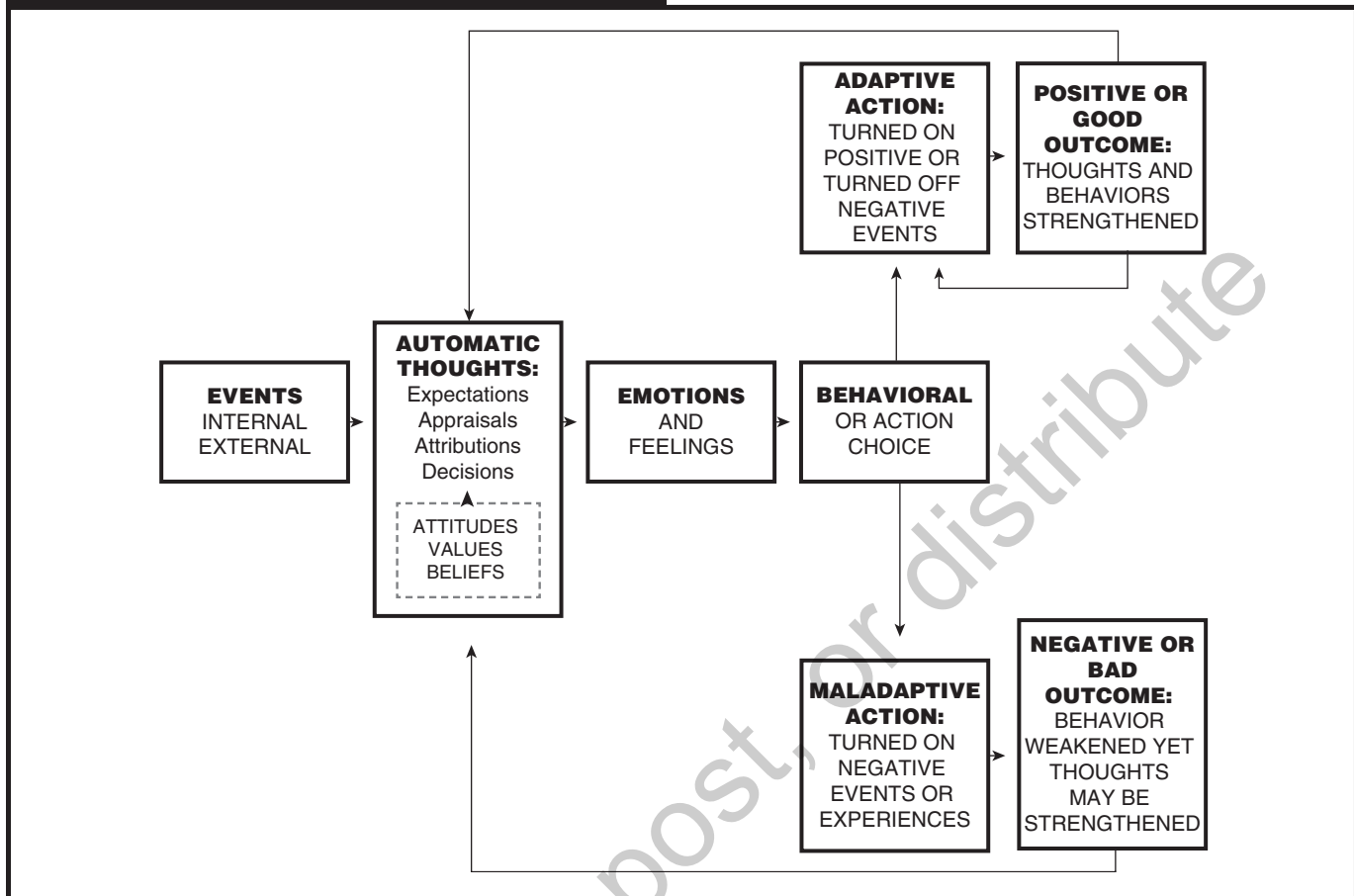
Exercise: Using the DWC Session Progress Scale, rate yourself as to your level of understanding of the CB Map and the CB Map exercise.



Share with the group what gives you the confidence to choose the number you did and not a lower number. What would you need to do to increase your confidence by at least 1 point?

FIGURE 1.1

Cognitive-Behavioral (CB) Change Map: The Process of Learning and Change: How Thoughts and Behaviors Are Learned and Changed¹



¹This 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*. Thousand Oaks, CA: Sage.

F. MENTAL/COGNITIVE SKILLS TO CHANGE OUR THINKING AND OUR ACTIONS

► **Self-Talk.** Teaching ourselves by talking to ourselves. Here are some self-talk methods.

- **Thought stopping:** I want to stop being distrustful. If I think, “I can’t trust this person,” I can stop this automatic thinking by saying, “I’m feeling distrustful, I’m not going to think this way.” You may still feel slightly distrustful, but you interrupted your automatic thinking and made yourself think new thoughts.
- **Thinking “responsibility” and “their position”:** What if I were in THEIR POSITION? What are they thinking? RESPECT the other person as a human being. Think of THE PERSON YOU WANT TO BE. “Responsibility” and “their position” help us to think and act in a prosocial way. Prosocial means that we follow the laws and rules of our community and society. They help us take responsibility for our own behavior and place ourselves in the other person’s position.

- **Planting a positive thought:** When you find yourself into negative thinking, *replace a negative thought with a positive thought*. Do it every time it happens. Negative thoughts will lead to negative behavior. When you change your negative thinking or thought-habits, you will have different and more positive thoughts toward people with whom you have problems.
 - **Countering or going against a thought:** Arguing against an error in thinking or a thought that does not make sense makes that thought weaker. A counter can be one statement: “That’s stupid.” “Not true.” Sometimes, it is a coping statement: “I can do it.” Or a self-supporting statement: “I’m not perfect.” “I’ve gotten high but I’m OK to drive! No, I’m not OK to drive. That is stupid thinking. I’ll have a friend take me home.” Babe Ruth struck out 1,330 times. But he always said, “I can hit home runs.” He did and hit 714!
- ▶ **Get an Image.** Imagine yourself doing a new behavior that can follow your new thought. Is it a better outcome? Imagine yourself talking slower, being calm. “I’m driving. I’m not going to drink or get high! I don’t drink or use drugs and drive. I’m the designated driver.”
 - ▶ **Shifting the View—Perceptual Shifting.** This is *changing our mental sets or views*. Getting caught up in destructive and damaging beliefs and thoughts can lead to AOD misuse and impaired driving. These are errors in thinking as to how we think about the world. If we can change our view, we can see the other side of the belief or thought. The brain can shift what it sees.

Over a long period of time, you may have held on to the belief “I deserve more than what I’m getting. I’ve been cheated.” This view of yourself and the world can lead to going out and getting what you feel you have coming. It may lead to you doing something irresponsible. It may lead to failing to *drive with CARE*.

- ▶ **Exaggerate or Overstate the Thought.** When Victor Frankl, a famous psychiatrist, was in a German concentration camp, he found people wanting to give up. He would say, “Go ahead and give up. See if I care. Do it right now. Give up.” He found that often this forced the person back to reality and doing just the opposite. When you find yourself worrying about something in an irrational way (a way that doesn’t make sense), you can say, “OK, I’m going to worry about this for the next 10 hours. I’ll show you how much I can worry about this.” This forces us to look at the error in our thinking.
- ▶ **Conditioning—Making Our Thoughts Weaker or Stronger.** Reward the positive thoughts. Make your destructive or negative thoughts weaker. If you think about driving after you have had several drinks or gotten high, then think about all of the bad things that happened because of your DWI arrest. When you replace drinking with a positive activity, think about the rewards that come from the positive activity. When you want to drink but do not, reward yourself. Buy yourself something.
- ▶ **Logical (Sensible) Study—Going to Court With Your Thought.** Fighting your nonsense (irrational or stupid) thoughts with logic or (sensible) thinking. You want to go get drunk. **Think:** Does this make sense? In the long run, is it logical? There are three simple steps to this technique:
 - State your thought.
 - Get your evidence.
 - Make your verdict—is it sensible or an error in thinking? Is it stupid-think?

This gives you time to think it through!

- **Relaxation Skills.** When under stress, tense, or tired, we let our automatic thoughts or thought habits and behavior habits take over. The fatigue and stress reduce our mental control. Learning to relax gives us control. Here are some relaxation skills that give you self-control.
- **Muscle relaxation:** Learn to tense and then relax your muscles one at a time.
- **Imagining calm scenes:** Put yourself in a calm and relaxing place such as on the ocean side, by a mountain stream.
- **Mentally relaxing parts of your body:** By closing your eyes and saying to yourself, “My arms are heavy and relaxed; my forehead is cool, my hands are warm.”
- **Deep breathing** is a powerful relaxation skill that you can do at any time. You take in your breath deeply and let it out; we do this almost naturally when we give a “sigh” of relief. Do it only three or four times and then go back to normal breathing.

Now, start to use these techniques. Feel their power to help you change your thinking and actions.

Exercise: Each group member will be asked to use one of these skills. For example, you may be asked to state out loud a negative thought and then replace it with a positive thought.

G. HERE IS HOW THOUGHTS LEAD TO ACTIONS. FOLLOW THESE STEPS IN FIGURE 1.1, PAGE 17.

Step 1. Look at an event that led to a bad or negative outcome. It may have been an argument with someone, going to a party, or getting a DWI.

Step 2. What were your thoughts? “He doesn’t understand me,” or “I’ll get drunk”?

Step 3. What was your attitude? Was it negative? Was it “To hell with you”?

Step 4. Try to identify the underlying belief. Was it, “I’ve never been treated fairly”?

Step 5. What did you feel? Were you angry? Were you sad? Were you stressed?

Step 6. What was your action or behavior that followed? Remember, you chose that action.

Step 7. What was the outcome of your behavior? Was it a good or a bad outcome?

REMEMBER, EVEN BAD OUTCOMES WILL STRENGTHEN THE THOUGHTS THAT LEAD TO THEM!

H. REVIEWING THE STEPS TO CHANGING YOUR THOUGHTS AND YOUR BEHAVIORS

Step 1. Recognize the thoughts that will lead to problem behaviors and outcomes.

Step 2. Change your thoughts *that lead to bad outcomes*. Imagine the positive outcomes that can follow the new thoughts. Repeat impaired driving offenders did not change their thinking that led to their impaired driving pattern and their first DWI arrest.

Step 3. Get in touch with your feelings that come from your new thoughts. Do you feel more in control? Are your feelings more positive?

Step 4. Change your attitudes and beliefs. This is hard. You might have discovered that one of your beliefs is “Life has not been fair.” Change that belief to “Many good things have happened to me.”

Step 5. Think in the direction of behaviors and actions that *turn on positive events* and turn off negative events but do not lead to bad outcomes. Instead of going to the bar to relax and drink with friends to turn on good feelings, go to the gym and work out to feel good.

Step 6. Make a list of your behaviors that led to bad outcomes or caused problems. Make a list of your behaviors that led to good outcomes. Go back to the thoughts that led to those behaviors. What were the beliefs underneath those thought?

Step 7. Reward your positive thinking and behaviors that turn on positive events. Reward your positive thinking that turned off negative events *but that lead to good outcomes*. Make a list of things that reward you. You deserve to have good outcomes. Reward those behaviors.

I. WHAT IS YOUR RECIDIVISM PREVENTION GOAL?

The most important goal of DWC and this treatment program is to prevent recidivism. In DWC Education, you defined your recidivism prevention goal. As we begin this program, we would like for you to state that goal. Here are the two recidivism prevention goals you can choose from.

1. To prevent legal recidivism:
 - To never drive a motor vehicle when your BAC is .05 or higher, or if you are under the age of 21, if your BAC is .02 or higher
 - To never drive at any time when you are under the influence of mind-changing or behavior-changing drugs
2. To being alcohol and drug free every time you drive a motor vehicle (or the goal of zero tolerance—zero risk)

Recidivism is not just getting caught for impaired driving. It is any time where you drive when your BAC is outside the legal limits or when you are impaired by other drugs.

Exercise: You are asked to write your recidivism prevention goal on the next page. Is this goal different or the same as the one you wrote in DWC Education? Share this with the group.

YOUR RECIDIVISM PREVENTION GOAL

J. MAPPING YOUR DWI ARREST EVENT

Exercise: Using Worksheet 2, page 24, have the event represent what took place right before you were arrested for DWI. Write in that event in the top rectangle, such as “Was at a party.” In the second rectangle, on the right side, write what your thoughts were during the event, such as “I’ve had a tough week, life is tough, things are not going well. I’m getting high and cut loose.” Were these thoughts **expectations, attributions, appraisals, or decisions**? Identify your attitudes, beliefs, and feelings on the right side of the next rectangle. Your ACTION CHOICE was to “drive after drinking.” In the *negative action* rectangle, there is written “drove after drinking.” “Arrested for DWI” is written in the *negative outcome* rectangle. Did getting arrested strengthen the thoughts you had around the event, such as “Life is tough,” or “Things are not going well?” Add to the action choice, negative action, and negative outcomes rectangles.

Now, go back and change your thoughts. On the left side of the *thoughts* rectangle, write new thoughts that are different from the ones on the right side. What thoughts can you put there that can lead to positive feelings and a positive outcome other than a DWI? What are the new feelings that come from those thoughts? Write in those feelings. What are the attitudes and beliefs that you need to have to produce those thoughts? Write in the new attitudes and beliefs. What are the action choices and positive actions that these changes lead to? Write in a behavior other than driving while impaired. Write in the positive or adaptive outcome. How does that outcome strengthen the changes you made in your thinking, in your attitudes, and your beliefs? Work on this in class and share your work with the group. If you did this in DWC Education, how did your work on this now differ? Were you more open? Was it easier? Discuss this in group.

K. LISTING PROBLEM AREAS FOR YOUR MASTER ASSESSMENT PLAN

Using Worksheet 3, page 25, list the problem areas that you will work on during your DWC Therapy program. You may have completed this in DWC Education. If so, complete Worksheet 3 using the worksheet you did in your DWC Education Workbook. We will use this in our next orientation session.

SESSION AND HOMEWORK ACTIVITIES

- A. Complete Worksheet 1.
- B. Complete Worksheet 2.
- C. Complete Worksheet 3.

D. Using the DWC Session Progress Scale, rate yourself as to how well you understand how you change your thinking to get better outcomes for yourself.

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

Your skills in changing thinking will improve as you go through DWC Therapy.

CLOSURE PROCESS GROUP

Share with your group the following:

- ▶ Your first name
- ▶ Your best understanding of why you were referred to Therapy and Treatment
- ▶ What you want to get out of the program
- ▶ Your concerns and worries about being in the program

You will also be asked to share what you did in Worksheets 1 and 2.

NOTES

WORKSHEET 1

List some automatic thoughts, attitudes, and beliefs that are part of your DWI behavior: These are thoughts, attitudes, and beliefs that you had when you drove and knew you had too much to drink or you knew you were impaired.

YOUR THINKING, ATTITUDES, AND BELIEFS WHEN DRIVING WHILE IMPAIRED

Automatic thought(s):

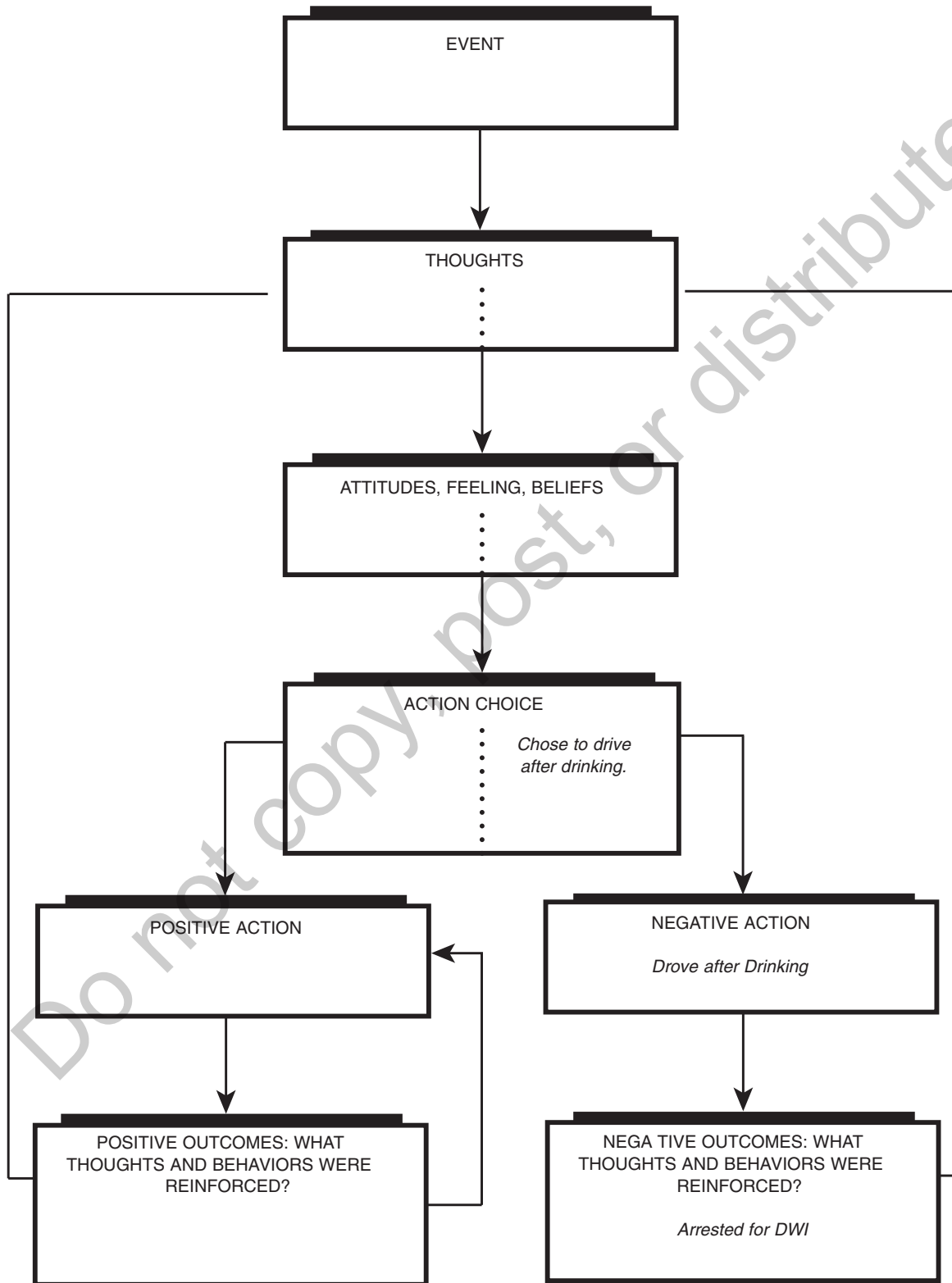
Attitude(s):

Belief(s):

NOTES

Do not copy, post, or distribute

The process of cognitive and behavioral learning and change.
 Complete this picture. Take an event that took place before your DWI arrest. On the right side of the rectangle, note your thoughts, your feelings attitudes, and beliefs leading up to the DWI. Go back and change your thoughts, feelings, beliefs, and attitudes. Now write in a positive action and the outcome.



LIST PROBLEMS THAT YOU NEED TO WORK ON FOR EACH OF THE FOCUS AREAS

A. Problem areas you carried over from childhood and youth:

B. AOD use problems:

C. Problems related to your DWI:

D. Problem thinking, feeling, and attitudes:

E. Current life situation problems:

F. Employment and job problems:

G. Living situation and accommodations:

Do not copy, post, or distribute

H. Social and relationship problems:

I. Marital and family issues and problems:

J. Emotional-psychological problem areas:

K. Physical health problems:

L. Problems with the law:

NOTES
